



NORTHWEST TERRITORIES LEGISLATIVE ASSEMBLY

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The Honourable Jackie Jacobson, Speaker

Legislative Assembly of the Northwest Territories

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YELLOWKNIFE, NORTHWEST TERRITORIES

Monday, February 25, 2013

Members Present

Hon. Glen Abernethy, Hon. Tom Beaulieu, Ms. Bisaro, Mr. Bouchard, Mr. Bromley, Mr. Dolynny, Mrs. Groenewegen, Mr. Hawkins, Hon. Jackie Jacobson, Hon. Jackson Lafferty, Hon. Bob McLeod, Hon. Robert McLeod, Mr. Menicoche, Hon. Michael Miltenberger, Mr. Moses, Mr. Nadli, Hon. David Ramsay, Mr. Yakeleya

The House met at 1:31 p.m.

Prayer

---Prayer

SPEAKER (Hon. Jackie Jacobson): Good afternoon, colleagues. Mr. Hawkins.

POINT OF ORDER

MR. HAWKINS: Thank you, Mr. Speaker. I rise on a point of order. I've waited until today to raise the point of order because I wanted to review the previous day's Hansard. During an exchange with the Premier regarding the courthouse, I made note that on Friday, February 22, 2013, on page 26 of the Hansard, Premier McLeod makes the following statement: "We did, as the government put it, have that project, called the NWT Law Courts Project, and we put \$40 million in the capital budget in 2005-2006. Committee took it out of the budget." There lays the point of order issue.

So I draw all Members' attention to Rule 2(g) of the Rules of the Legislative Assembly which states, "Point of Order' means any departure from any written or unwritten rule or custom of this Assembly or of Parliamentary tradition." It is, in this instance, the House is governed by its own precedence and long-standing parliamentary traditions and convection.

To confirm this, I have searched high and low and combed committee reports, and I have not found any formal position taken on it, so I draw the attention of the House that that was a breach of committee confidentiality. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Hawkins. I will allow a little bit of debate on the point of order. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Speaker. I want to just make the point that if the Member says that he couldn't find any reference to it high or low and then he says it's a breach of committee confidentiality, if in fact there's no evidence or reference to it, how can it be a breach of committee confidentiality? I think the Member is really reaching here on a fairly specious matter. So I would just put that on the record for your consideration as you look at this particular matter. Thank you.

MR. SPEAKER: Thank you, Mr. Miltenberger. To the point of order. Honourable Premier, Mr. McLeod.

HON. BOB MCLEOD: Thank you, Mr. Speaker. I know that the \$40 million was put on the capital budget as a marker. It had considerable opposition. It was my understanding that that's what happened. So we'll search as well. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. McLeod. Mr. Hawkins.

MR. HAWKINS: Thank you, Mr. Speaker. There was no formal direction on this particular initiative and I have comments that say as such. That only causes me to conclude two things: the discussion of the courthouse future and its followance, missing or absence on any future capital plan, had to have been done in camera; second, with the lack of any formal correspondence, it's only reasonable to assume the deletion of the courthouse from its capital plan must have formally been done either in Cabinet, which does not include Members. Accordingly, I will speak to the appropriate order, as such, with this sort of supporting documentation.

In terms of precedence, I would like to draw and highlight page 891, dated October 21, 2004, where Speaker Delorey says, on an identical breach – oddly enough by Michael McLeod who was Minister then – says, "I am guided by a ruling by Speaker Whitford on February 14, 2001, in which he rules: "It is an infringement of our rules and contrary to parliamentary practice for Members to refer to committee proceedings that have not been reported to this House. Specifically, I want to caution Members about making reference to what may or may not have been said or who may or may not have been in attendance in any proceedings or events outside of this House."

Speaker Delorey goes on by saying, "I am also guided by page 885 of Marleau and Montpetit House of Commons Procedures and Practices: 'It is not in order for Members to allude to committee proceedings or evidence in the House until the committee has presented its report to the House. This restriction applies to both references made by Members in debate or during oral question period.'"

What becomes further relevant here is Speaker Delorey rules that Minister Michael McLeod can quote himself as in any case they can speak to their

decision as a department lead or the department's position on the particular case, but they cannot quote things that have happened in camera, or a discussion of those meetings.

Speaker Delorey reminds the House that a Minister can quote public documents, again, that have been tabled before the House.

As I cited in my earlier comments, in my research over the weekend I found no comment in Hansard or reports that have been laid before the House, and I've studied all relevant information over the 15th and 16th Assemblies, Mr. Speaker. Therefore, there seems to be an absence of any direction, or the House's direction, either by the Minister of Justice or by the appropriate Minister.

Finally, Mr. Speaker, the point I'm getting to, is that nothing can be found, so where did this information, "committee took it out of the budget," come from? It can only be found because the Premier has made a statement and I'm not sure from where.

That's the crux of the issue. Concluding that this discussion Premier McLeod is referencing is from an unknown in-camera discussion perhaps, it can only be considered maybe from the Cabinet table.

In closing, it's critical to note that this matter can only be dealt with by way of point of order. Breaches of committee confidentiality are a breach of privilege, Mr. Speaker. I'm sure you are well aware of the rules.

Again, referring to Marleau-Montpetit, my last point here on page 838 of the House of Commons Procedures and Practices, "Divulging any part of our proceedings, an in-camera committee meeting has been ruled by the Speaker to constitute a prima facie matter of privilege." So Members are often blamed for the release of the findings, or findings of confidential information to the public. My point is such that clearly there's been one done here. Even Cabinet can be capable at times as well. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Hawkins. To the point of order. I will take it under advisement, Mr. Hawkins and Mr. Premier, and I will bring it back to the House at a later day. Thank you.

Item 2, Ministers' statements. The honourable Minister of Transportation, Mr. Ramsay.

Ministers' Statements

MINISTER'S STATEMENT 24-17(4): HIGHWAY TRAGEDY

HON. DAVID RAMSAY: Mr. Speaker, last week we learned of the tragic loss of two truck drivers and serious injuries to a third person as a result of a collision between two commercial vehicles. Our thoughts and prayers are extended to the families and friends of those who perished and to the

survivor who is now recovering from the injuries sustained in the collision. This is a tragedy that has had a devastating effect on the families and loved ones involved. Our condolences go out to those affected by this terrible event.

I want to acknowledge the efforts of those who were first on the scene and rescued the survivor, the RCMP officers who are managing a very challenging scene and investigation, the highway staff and highway transport officers who provided support, and the medical personnel from Fort Providence and Yellowknife. These professionals kept the site safe and secure through difficult conditions and long hours.

I also wanted to thank the stranded motorists and truck drivers for their patience while everyone worked to make the crash site safe and passable. Your patience and understanding are greatly appreciated.

Now that the crash site has been cleared and the highway re-opened, it is time to begin the healing process. Mr. Speaker, we need to let all the truck drivers know that their work is appreciated and valued. We can't take the work that these men and women do for granted. Their work is not recognized enough, in part because the transportation system works so well. It isn't until a disruption in delivery service or a rare tragedy like this happens that we stop and think about the importance of their work. Let this tragedy remind us all of the value of their services. These skilled men and women drive long distances through challenging conditions to ensure we have fresh produce on our tables and fuel to heat our homes. Their work is essential to our daily lives.

This tragedy should also remind us that we all have a role to play to reduce the risk of collisions, injuries and fatalities on our highways, streets and trails. Check road conditions before you leave, and always give driving your full attention. Use appropriate safety equipment and prepare for the unexpected. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Ramsay. The honourable Minister responsible for Seniors, Mr. McLeod.

MINISTER'S STATEMENT 25-17(4): SUPPORTED HOUSING FOR SENIORS

HON. ROBERT MCLEOD: Mr. Speaker, I rise today to provide an update on plans for supported housing for seniors. One of the priorities of the NWT Housing Corporation's strategic plan, Building for the Future, was to develop infrastructure based on community needs including approaches to support housing for seniors and aging in place.

Seniors are the fastest growing segment of the territorial population. Currently, there are about 600 seniors that reside in public housing and the NWT

Housing Corporation has units targeted for the senior population in many communities. Providing the opportunity for seniors to live independently in their home communities is an important part of the housing continuum and for the continuum of care for seniors.

We are all aware of the importance of seniors being able to stay in their own communities for as long as possible. Long-term care is necessary for seniors that need more additional support, but many seniors are able to keep living independently with a little help. We also know that it takes a lot of resources and effort to maintain their own house for some seniors, and supported living facilities provide a good option for these residents.

Mr. Speaker, I am pleased to announce today that the NWT Housing Corporation is planning to add four seniors facilities in the communities of Fort McPherson, Fort Good Hope, Fort Liard and Whati.

We will begin planning with these communities, to better understand their needs and to help determine an appropriate location and the types of services that would be available in these facilities. We expect that each facility will contain eight independent housing units, space for the delivery of home care and other services for seniors, and a place for residents and other seniors in the community to gather and to undertake additional programming. There will be caretakers units and security in these facilities.

Mr. Speaker, the Minister of Health and Social Services and I are working closely on this initiative as the services and programming that will be provided through these facilities are as important as the units themselves. We expect to have the planning and design for these facilities completed during the upcoming fiscal year and to start construction in the summer of 2014.

Mr. Speaker, I also wanted to take this opportunity to update Members on the Joe Greenland Centre in Aklavik. After an extensive review of this facility, we have determined that it will be more cost effective to replace the Joe Greenland Centre than to renovate. We will immediately start to work with Aklavik on planning for a new facility.

The vision of the 17th Legislative Assembly includes strong individuals, families and communities. The steps that we are taking today will contribute to this vision and I look forward to working with all Members as we continue to work on our priorities. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. McLeod. The honourable Minister of Industry, Tourism and Investment, Mr. Ramsay.

MINISTER'S STATEMENT 26-17(4):

SAHTU OIL AND GAS DEVELOPMENT UPDATE

HON. DAVID RAMSAY: Mr. Speaker, oil and gas development has the potential to grow and diversify the Northwest Territories economy, a key priority of this government. Nowhere has this reality been more apparent than in the Sahtu region. Today I would like to give this Assembly an update on the activity in the Sahtu over the past few months and the plans for moving forward.

More than \$600 million in work commitments has been pledged for the region over the next few years. As the busy winter work season draws to a close, early indications are that this has been a successful one for the local businesses and for the development companies.

Husky Oil, ConocoPhillips, MGM Energy and Explor Data all performed work in the Sahtu this season. Feedback from all companies has been extremely positive and they have all indicated they are moving forward with their plans for the region. Although there have been challenges, we are pleased to see that they were all addressed in a positive and timely manner to get things back on track. Shell Canada and Imperial Oil were not as active during this past work season but remain committed to development in the area.

This government wants to ensure development continues in a timely yet sustainable way, and that local residents and businesses benefit. By keeping the lines of communication open with resource companies, local residents, business leaders and Aboriginal organizations in the Sahtu, we will ensure development continues in a way that benefits all of our people.

Part of this engagement was the Sahtu Exploration Readiness Session held this past fall. This event was extremely well attended and attendees noted it was an effective platform to discuss our collective goals, objectives and priorities. We intend to continue this sort of initiative every year.

The entire NWT will benefit from the lessons learned as petroleum development progresses in other parts of the territory.

Mr. Speaker, one area of concern highlighted to us this work season is the stresses that oil and gas exploration can have on existing regional infrastructure. As activity continues and even increases, we can expect this stress will only continue to grow. This government will continue to look at ways to improve on and invest in our infrastructure.

Several GNWT departments are working together to address this. Industry, Tourism and Investment, together with the departments of Executive; Justice; Education, Culture and Employment; and Environment and Natural Resources are investing \$1.2 million in various programs and initiatives to

that ensure environmental impacts are monitored, that businesses of the Sahtu region continue to benefit from this exploration growth, and that residents are well positioned to seize training and job opportunities.

By taking the time now to address concerns and maintain our consistent dialogue between industry, NWT residents and businesses, and Aboriginal organizations, we will ensure the petroleum resource sector continues to be part of our diversified economy that provides all communities and regions with opportunities and choices. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Ramsay. Item 3, Members' statements. The honourable Member for Range Lake, Mr. Dolynny.

Members' Statements

MEMBER'S STATEMENT ON HIGHWAY EMERGENCY RESPONSE SERVICES

MR. DOLYNNY: Thank you, Mr. Speaker. The devastating deadly crash last week just north of Fort Providence has, clearly, troubled many residents of the Northwest Territories. Such accidents, although rare, open the debate about how our government emergency systems work in remote parts of our highway network. One only has to stop and ask, what if that was my wife or kids or neighbour. Even the Minister of Transportation indicated today we all have a role to play. Does our government have the proper rescue and medical support framework to act accordingly? I believe the answer to this question is maybe.

In essence, your chance of survival clearly depends on what location you would be in the event of a severe auto accident. Should this accident happen between Yellowknife and Rae, the Yellowknife Fire Department is under jurisdiction to respond, yet beyond Rae you're on your own. Although we pray for all families involved, the accident last week clearly proved that our systems of emergency response, patient mobilization, dispatch, medical support and medical transport are in dire need of an overhaul or, at best, a plan.

I say this as non-government and non-industry information has been given to me that clearly begs to ask some serious questions as to emergency response systems and protocol. For example, why did medical travel request a medevac helicopter staffed with two skilled Yellowknife Fire Department EMTs, auto extrication NFPA-1001 certified firemen only to be told to stand down when the chopper was ready to lift off. How did this non-aviation extraction delay the care of the victim, keeping in mind that a round trip to the crash site and back to Stanton Hospital would have been approximately two hours? How is a ground transport to Fort

Providence and eventually medevacced to Stanton Hospital two hours later more efficient than a direct helicopter medevac? Who is making these decisions?

We now know that a victim was transported from the crash site in a health centre van. Was this a professionally equipped van ambulance or just a passenger van? How was the patient secured? Does this van have any emergency medical transporting standards? What level of care was provided to the patient on his 84-kilometre drive to Fort Providence?

Unfortunately, deadly accidents all too often forces one to review the safety and security of our residents. Our Cabinet has been asked many times in this House about the highway emergency response capabilities and our medical support systems and procedures. Last week's accident proves that our questioning was warranted. We need a plan, but first we need to ask the appropriate questions. I will have such questions for the first round for the Minister of Health later today.

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

MEMBER'S STATEMENT ON NEED FOR NURSE IN WRIGLEY

MR. MENICOCHÉ: Thank you very much, Mr. Speaker. It is one of our government's priorities to bring health services as close as possible to the people who need them, but we still have communities without nurses. Wrigley is one of these communities. Three years ago I thought we were making progress towards restoring this critical service for the people there, then the Deh Cho Health and Social Services Authority decided not to go ahead. It seems to have forgotten about it ever since. Why our government has not insisted that nursing service in Wrigley is a priority I do not know. It is time to revisit that decision.

With new oil and gas exploration in the Sahtu region, Wrigley is experiencing more visitors, activity and traffic. It is the only community on the long winter road from the Sahtu to the Mackenzie Highway and it is about halfway between Tulita and Fort Simpson.

The decision to hire a nurse in Wrigley should not depend on the \$500 million Pipeline Impact Fund, which was going to be tapped for that back in 2010. We are seeing the impacts of increased development now, but not a pipeline. In any case, the decision should be based on what is best for the health of our people.

I will remind the Minister that there is already a nursing station in Wrigley; a nurse is all that is lacking. People have felt this shortage for far too long. Diagnoses of some illnesses can take longer than it should. In the cases of some cancers, for

example, this can be a matter of life or death. This is a problem in Aboriginal communities across Canada, but I thought we were doing better than the rest.

I will have questions for the Minister at the appropriate time.

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

**MEMBER'S STATEMENT ON
QUEEN'S DIAMOND JUBILEE MEDAL
HAY RIVER RECIPIENTS**

MRS. GROENEWEGEN: Thank you, Mr. Speaker. This past Friday night I had the pleasure, with my colleague from Hay River North and Minister Ramsay, to present some Queen's Jubilee celebration medals in Hay River. I'd just like to quickly note some of the folks who received that recognition, and also say that Hay River has many, many wonderful volunteers and wonderful citizens, and we did get a chance to recognize a few.

Pat Bobinski. For the last 40 years, community volunteer, sport builder in cross-country skiing, biathlon and snowshowing, who has been recognized by many as an inspirational coach and mentor to elite athletes in the NWT, including our own Olympian Brendan Green.

His Workshop Mayor Andrew Cassidy, recently nominated for this prestigious award by the Federation of Canadian Municipalities. Mayor Cassidy is an accomplished community leader who makes exemplary efforts to make Hay River a great place, and he has a very strong interest in agriculture and healthy lifestyles as well.

Darm Crook – many of you will remember that name – started the union movement in the North as a steward in the early '70s and held a variety of progressively more senior regional and local union positions in the UNW, capping his career with a 12-year run as its president from 1985 to 1996. Under his leadership the GNWT greatly extended its reach, organizing workers in towns, hamlets, housing authorities, mines and hospitals across the NWT. Mr. Crook, when he received this award, made comment that it was great as union leader to get recognition at a Chamber of Commerce event.

Mr. Paul Delorey, well known to everyone here, served the people of the North with much distinction and dedication and commitment as a Member of the Legislative Assembly for Hay River North. Mr. Delorey was elected in 1999. During his term as MLA, he served seven years as Speaker of the Legislative Assembly. He retired from politics in 2011 and has an extensive history of volunteering in our community.

Brendan Green, biathlete who was born and raised in Hay River, NWT. He's a product of Hay River's

Ski Club Nordic Program and was introduced to the sport by his coach, Pat Bobinski. Brendan now ranks among some of the greatest athletes ever from the Northwest Territories.

Vicki Latour has made a significant contribution to Hay River and the North in general. She's had a successful career in journalism spanning over 20 years, and owned and operated a local newspaper and publishing company, co-founder and 20-year co-president of the Hay River Museum Society.

Wilson Claude McBryan, better known as Buffalo Joe, as he's affectionately known around the world, is a vital and key member of the North's aviation family. In 1970 he founded Buffalo Airways.

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

---Unanimous consent granted

MRS. GROENEWEGEN: Thank you so much. In 1970, Joe founded Buffalo Airways, a truly family business, and Joe is known for his vast collection of vintage airplanes and cars, and is the careful and dedicated custodian of an aviation era from World War II.

Ross Potter. Mr. Potter was honourably nominated by the NWT Fire Chiefs Association. Ross Potter is emergency services in Hay River. He's been with the Hay River Fire Department for over 35 years and is now Hay River's full-time fire chief.

Lastly, we recognize Jill Taylor, a supporter, mentor and advocate for youth at risk, helping each achieve their truest potential. For many years now she's been the driving force behind the Hay River Interagency Group, a team of community representatives from many organizations dedicated to helping build a stronger and healthier community. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mrs. Groenewegen. Member for Range Lake, Ms. Bisaro.

**MEMBER'S STATEMENT ON
DIABETES, OBESITY AND
BARIATRIC SURGERY**

MS. BISARO: Thank you, Mr. Speaker. As we continue to consider the budget for the Health department today, I want to talk about a health-related issue.

The NWT has a number of chronic diseases which plague our territory. One of them is diabetes. The rates of diabetes in NWT residents are markedly higher than in the rest of Canada. More than one in four residents in the NWT lives with either diabetes or prediabetes. Prediabetes is a condition which, if left unchecked, puts you at risk for developing type 2 diabetes. Statistics also indicate that, on the whole, NWT residents are overweight compared to the rest of Canada, and that statistic continues to increase.

Some of our residents recognize their overweight condition as obesity, and unsuccessfully struggle to overcome it. In Canada, about 2 percent of men and 4 percent of women are morbidly obese. Obesity-related death rates are at least on par with deaths related to smoking, and the World Health Organization links obesity to a doubled risk of premature death.

The only viable solution for some is bariatric surgery – gastric bypass, for instance – a procedure which is not an insured service for NWT residents. But we would be wise to reconsider that position. The drain on our health resources due to obesity and its associated health conditions is large. Diabetes is one such condition; hypertension, or high blood pressure, another; then there is cardiovascular disease, sleep apnea, liver disease, orthopedic problems and asthma. In the NWT the rates of diabetes and heart disease are particularly troubling, but studies have shown that 83 percent of patients are cured of their diabetes after bariatric surgery. A similar percentage of patients, 80 percent or more, are cured of other health conditions, as well, after surgery – hypertension, sleep apnea, asthma, liver disease and cardiovascular disease – and there is an 89 percent reduction in the death rate for the morbidly obese.

It may cost our health system a bit more for surgery in the beginning than just treating the systems of obesity, but in the long run our costs are significantly reduced and the quality of life for the patient very much improved.

Elsewhere in Canada, all provinces cover at least lap band surgery; some cover both lap band and gastric bypass surgeries. We would do well to do the same.

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

---Unanimous consent approved

MS. BISARO: The GNWT's own description of NWT insured health services states, "The Minister may add, change or delete insured hospital services." With that authority, the Minister and his department must consider including bariatric surgery as an insured service for NWT residents. It will mean gains for everyone involved.

I will have questions for the Minister of Health and Social Services at the appropriate time. Thank you.

MR. SPEAKER: Thank you, Ms. Bisaro. Member for Weledeh, Mr. Bromley.

MEMBER'S STATEMENT ON DEVELOPMENT OF ARTS AND CULTURE INDUSTRY

MR. BROMLEY: Thank you, Mr. Speaker. Huge benefits accrue from investing in our artists and their industry. The 2011-12 economic review shows

the arts and crafts industry produced about \$7 million. Three thousand NWT residents participated in producing some form of art or craft for sale, although most earned less than \$1,000 a year on their sales.

Spending in the cultural sector multiplies enormously. For every million dollars of output, the arts sector generates 13 jobs, compared to only one job by the diamond mining industry. We have a good start, and since 2007 we have increased annual arts funding from about \$900,000 to about \$2 million. That's good, but doing more will yield even greater benefits.

It's a growing sector. In 2008 national consumer spending on cultural products increased by 49 percent. Canadians spent twice as much attending performances as on sporting events. Arts events don't just sell tickets, they sell sales of meals, accommodation, recordings and artwork. Two-thirds of Canadians read. Let's sell them a book.

Employing 100 people with full-time jobs, our film industry contributed \$9 million to the economy and paid \$5 million in wages in '11-12. Film products are attracting attention from North America and the world, and are putting the NWT and our people on the map. The free tourism promotion is enormous, but relative to other jurisdictions like Yukon, Nunavut and the provinces, our industry support is still nickel and dime compared to what's needed. The talent is demonstrated. Let's learn from our neighbours and take the next steps with a significant film granting and local job support programs.

Social benefits are equally impressive. A recent study shows at-risk youth who take arts instruction succeed more in school, drop out less, go on to college, and volunteer and participate more in society. I attended the Yellowknife performance of the renowned Gryphon Trio on Saturday at NACC and was pleased to learn that wasn't just a Yellowknife event. With NACC staff efforts and government support, audiences in Hay River, Inuvik, Fort Simpson and Norman Wells were also able to take in shows and enjoyed master's workshops for aspiring musicians.

Increased support will swell the opportunities for fulfilling careers here at home. Performance, crafts and artwork, recording, publishing, news media. Add them up with the spinoffs in spending to other sectors and the social well-being created, the arts makes sense. Mahsi.

MR. SPEAKER: Thank you, Mr. Bromley. Member for Hay River North, Mr. Bouchard.

MEMBER'S STATEMENT ON
2013 HAY RIVER
CHAMBER OF COMMERCE GALA

MR. BOUCHARD: Thank you, Mr. Speaker. As my colleague indicated, we had the honour of attending the 2013 Chamber of Commerce gala in Hay River on Friday night. Typically this is one of the big events of the year in Hay River, where the Citizen of the Year is named. This Citizen of the Year is Lilian Crook. Lilian Crook is a long-time Hay River resident. She's a valuable asset to the community of Hay River. She does a great deal of volunteering in the community. She is the leader of the Hay River Persons with Disabilities and she's the successful award winner of this year's Citizen of the Year.

During this awards presentation they also recognized Customer Service Person of the Year and this year's recipient is Steve Campbell. Steve can be seen at the Hay River town pool assisting all of the people that are there, a very enthusiastic young individual. The town should be proud of a staff member like that.

I'd like to at this time take an opportunity, on behalf of the chamber and my colleague Mrs. Groenewegen, to thank the Minister of ITI and Transportation, Mr. Ramsay, for attending the gala and coming down to Hay River for the event. I'd also like to send out congratulations to all the award winners of the Queen's Jubilee. I'd like to thank the chamber themselves and the hardworking individuals who helped make this a successful event. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Bouchard. The Member for Deh Cho, Mr. Nadli.

MEMBER'S STATEMENT ON
HOUSING ARREARS IN FORT PROVIDENCE

MR. NADLI: Thank you, Mr. Speaker. Housing continues to be a major problem in my home community of Fort Providence. There are people who are in desperate need of housing. For example, I know a few people that live at the winter crossing. I also know of a few people that live with their parents or their family.

I hope all Members will think about that, especially the Minister responsible for the Northwest Territories Housing Corporation. It's not acceptable to leave families out in the cold when there are alternatives and practical ways to help them. I think that last summer there were five empty houses, housing units in Fort Providence. I believe some are still vacant. They could be allocated to people who need them if some decisions were made to do it.

One of the major barriers is arrears to the Housing Corporation. People become ineligible for programs and assistance if they have previous arrears. I'm

not sure of the origin of these arrears, or if past arrears of former housing clients are being reduced in the corporation's current re-evaluation of arrears. I know that that will help some current tenants, if the reduction of arrears could also be available to former tenants.

I don't know where some families are going to find the money to clear their housing arrears. There are lots of jobs here in Yellowknife, but none in Fort Providence. With the opening of the Deh Cho Bridge, Fort Providence has lost jobs. There were 13 jobs on the ferry alone, plus some more on the ice crossing. It remains to be seen whether the Deh Cho Bridge will bring any new business and job opportunities.

What I see, Mr. Speaker, is hard times for people who lack health and housing, and few ways that they can escape that predicament entirely on their own. The only solution for now is better management of our housing programs and filling empty units. Mahsi.

MR. SPEAKER: Thank you, Mr. Nadli. The Member for Sahtu, Mr. Yakeleya.

MEMBER'S STATEMENT ON
HYDRAULIC FRACTURING (FRACKING)
ENVIRONMENTAL CONCERNS

MR. YAKELEYA: Thank you, Mr. Speaker. It is said water is life and life is water. Hydraulic fracking will be a big issue for the Northwest Territories now. During the review of the Department and Natural Resources' budget, some of the Members of this side of the House shared some concerns about fracking because of the oil and gas development in the Sahtu, and that it's putting pressure on the Government of the Northwest Territories, federal regulatory and Aboriginal organizations to make decisions about the use of this technology.

Fracking would make us wealthy, but at what cost? The process involves blasting thousands of gallons of water treated with chemicals deep underground to release the oil and gas resources. Flowback from the wells is very polluted and often pumped back underground. When we take the water and put it underground, it can never be used again. Are we putting our water quality at risk?

The sand used in fracking is in such high demand it creates its own industry. Entire hillsides are being excavated, landscapes changed in order to mine the sand for fracking wells. The sand is just one of the many loads that our ice roads will have to carry if we allow fracking in the Sahtu. This winter we have seen hundreds of truckloads of supplies on our winter roads, putting demand on our infrastructure like never before.

There are some concerns. Fracking is completely banned in some places and very controversial in other jurisdictions. We in the Sahtu need to know

the unknowns about fracking. Canada has invested a lot of education and publicity on the hydraulic fracking. Provinces such as BC and Alberta have regulatory systems that handle issues such as water use and drilling procedures. Their inspectors have substantial enforcement powers. We will need that in the Northwest Territories. For example, the National Energy Board's recent action with Husky Oil in the Sahtu demonstrates that effective enforcement is possible in the Northwest Territories as well.

The environmental impact of hydraulic fracking is a global issue.

I seek unanimous consent to conclude my statement.

---Unanimous consent granted

MR. YAKELEYA: I encourage the Department of Environment and Natural Resources to begin to pay close attention to all developments in the areas of protection and environmental stewardship, and to study best practices in other jurisdictions. We need to make the best choice and find ways to mitigate the impacts of this technology on our land, water, people and animals. Life flows from our water.

MR. SPEAKER: Thank you, Mr. Yakeleya. The honourable Member for Inuvik Boot Lake, Mr. Moses.

MEMBER'S STATEMENT ON NWT SENIOR CAGER BASKETBALL TOURNAMENT

MR. MOSES: Thank you, Mr. Speaker. This past weekend I had an opportunity to become a fan of a tournament that I'd been part of growing up in Inuvik and participating in the NWT Senior Cager Basketball tournament. While I was watching the tournament, it was great to see all the kids having a good time and seeing the teamwork, the great camaraderie amongst teammates and the teams playing each other.

Just in regard to following up with last week's Education Week and all the hard work that our educators do, what I noticed was sitting on the benches with the kids was a lot of teachers who were also coaches. Some of these coaches are also parents back home.

Today I just want to take the time to recognize and acknowledge all the hard work and dedicated staff that we have in the Department of Education that also provide a lot of time and services to community projects and developing students outside of the classroom in such sports as basketball, and all the effort that they put into making this past weekend a success, and giving these kids the opportunity to experience such a great basketball tournament.

Not only was it the coaches, but also the volunteers, parents, referees that spent a lot of time

all weekend, from early in the morning until late at night, to make sure these kids had a great time, had a safe and fun weekend, and also made a lot of new friends.

My experience with the tournament is when kids come in, it enhances them in so many different areas. It enhances new coaching techniques for the coaches and the teachers that do come and participate in the event. It allows the participants to make lifelong friends. It also helps these student athletes develop life skills through leadership, through strategic planning, through team play, through respect, and also building sportsmanship among one another. This is great. The tournament has been very amazing in that it allows to build these life skills in our youth.

In closing, it was a great event, very successful, and I just want to congratulate all the teams from the communities that came into Yellowknife, and thank Yellowknife for being a great host for such a great tournament.

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

MEMBER'S STATEMENT ON GASOLINE PRICES IN THE NORTHWEST TERRITORIES

MR. HAWKINS: Thank you, Mr. Speaker. Inflation is at a three-year low. Why? Because of cheaper gas prices across Canada, everywhere but the Northwest Territories. The Canadian Consumer Price Index is saying that it is at its lowest since 2009 in January. Why? Because of gasoline prices, yet again everywhere but the NWT.

I visited the fuel pumps this week, like many Northerners, and we all continue to experience the high prices of gasoline here in the Northwest Territories. Since raising this issue almost four weeks ago, Northerners keep telling me that they feel like they're at the mercy of the local market controlling the gas prices, which are truly not reflective of what should be considered fair market price. Northerners, like all Canadians, are willing to pay their fair share, but are Northerners being taken advantage of?

I'm not a fan of needless, useless, continuous government regulation, but we need, maybe, regulation in this particular case to ensure that Northerners are protected and are defended from price poaching.

Gas prices in Saskatchewan dropped almost nine cents. Almost 7.5 cents they were lower in Alberta and that led the country. They're dropping everywhere but the Northwest Territories. How much longer do the people of the Northwest Territories have to be held victim or hostage to gas poaching?

In short, we need consumer protection that speaks for Northerners, that protects, Northerners because we cannot allow this any further. I again stress that regulation may be the answer and it's important that the government steps to the plate, leads by example, and shows that they are interested in protecting Northerners. If they are not, who knows who is, because I can tell you that gas sellers are not.

MR. SPEAKER: Thank you, Mr. Hawkins. Item 4, returns to oral questions. Item 5, recognition of visitors in the gallery. Mr. Bouchard.

Recognition of Visitors in the Gallery

MR. BOUCHARD: Thank you, Mr. Speaker. I'd like to recognize two Pages from Hay River North: Nadia Wood and my niece, Sherisse Bouchard. Also in the gallery is my sister-in-law Leslie Bouchard, who is their guardian for the week.

MR. SPEAKER: Thank you, Mr. Bouchard. I'd like to welcome all visitors in the public gallery here today. Thank you for taking an interest in our proceedings.

Item 6, acknowledgements. Item 7, oral questions. The honourable Member for Sahtu, Mr. Yakeleya.

Oral Questions

QUESTION 132-17(4): ENVIRONMENTAL IMPACTS OF HYDRAULIC FRACTURING (FRACKING)

MR. YAKELEYA: Thank you, Mr. Speaker. My questions are directed to the Minister of ENR regarding the fracking technology that will possibly be used in the Sahtu. I want to ask the Minister regarding this technology what the Environment and Natural Resources baseline data information he's using to measure the impacts and quality of land, air, water, animals. What type of information does he have to look at the types of impacts that fracking could cause in our region?

MR. SPEAKER: Thank you, Mr. Yakeleya. The honourable Minister of Environment and Natural Resources, Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Speaker. The government's working collectively to assess the potential impacts of fracking. We're working, and have involved the committee, to pull together guidelines and best practices. We intend to come forward in the next couple of months with what we think are guidelines for consideration as it pertains to fracking. We're working, as well, to establish baseline information on groundwater, surface water, wildlife habitat issues working with, of course, the Environmental Research and Studies Fund that exists. It is funded partially by industry. We want to pull all this information together. This is

not going to be a short-term commitment, it's going to be a longer-term commitment as we look at the potential in the central Mackenzie Valley.

MR. YAKELEYA: The oil companies are very encouraged with the Canol shale play in the Sahtu. I want to ask the Minister, within the next couple months, I believe even by next month, there might be possibly an application going in for horizontal fracking in the Sahtu. The Minister has talked about the long term. Is there anything in the short term between now and the application that has reached the regulatory boards? Is this information going to be sufficient for us to judge it on the merits of this procedure?

HON. MICHAEL MILTENBERGER: Every application, as far as I'm aware, has to do in their area some initial drilling to set a baseline so they know exactly what is going to be taking place in the ground beneath their feet. There are processes the application will have to go through and we will see what is contained in the detail of the application. It will go through the appropriation processes and the determinations will be made in due course.

MR. YAKELEYA: Thank you, Mr. Speaker. As the process of the application for fracking does go through in the Sahtu possibly next month, possibly this summer, do we have enough protection for the people of the Northwest Territories, protection for the people in the Sahtu region that we could withstand the test of the application saying yes, we have the baseline information? Can the Minister assure me we have the baseline information on the animals, the water, the air, the things that need to be to ensure our lifestyle will remain intact, even if we go ahead with the fracking?

HON. MICHAEL MILTENBERGER: I can tell the Member that we're hard at work putting all the pieces in place, doing the proper groundwork to make sure we have the procedures and practices that are necessary if horizontal hydraulic fracturing is going to be considered and contemplated, and to get ready for the use of that technology.

MR. SPEAKER: Thank you, Mr. Miltenberger. Final supplementary, Mr. Yakeleya.

MR. YAKELEYA: Thank you, Mr. Speaker. Part of the application for the hydraulic horizontal fracking would be, of course, the application. Is our government going to wait to see what type of information the application is going to be calling for, or are we going to go ahead and say, well, we have to look at the baseline for the water, quality of the air, the animals? I'm trying to get a sense that we have a good stance in terms of responding to the application that when it does come through, it is coming through.

HON. MICHAEL MILTENBERGER: We have been hard at work on this now for well over a year, gathering information, doing our planning work.

We've had meetings with the National Energy Board. There is a clear recognition that we're coming into a territory where there are some gaps in terms of groundwater, surface water and wildlife data that have to be made up. Each project will be looked at on its merit as we continue to do the broader required work in terms of gathering the baseline data.

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

QUESTION 133-17(4):
DISPLAYING NWT ARTIST PRODUCTS
IN PUBLIC BUILDINGS

MR. BROMLEY: Thank you, Mr. Speaker. My questions are in follow-up to my Member's statement earlier today and are addressed to the Minister of Public Works and Services. In May I raised the idea of providing space in GNWT buildings for the display of artist products supported with government policy. The Minister said he thought this was a great idea and that he would work with his colleagues and have conversations with some of the local artist organizations to gather their input. Could the Minister inform us of his progress on that work?

MR. SPEAKER: Thank you, Mr. Bromley. The honourable Minister of Public Works and Services, Mr. Glen Abernethy.

HON. GLEN ABERNETHY: Thank you, Mr. Speaker. I still think it's a good idea, and to that end we've actually formed a working committee or working group that consists of Education, Culture and Employment; Industry, Tourism and Investment; Transportation; as well as Public Works and Services. We've had a number of meetings. We had some meetings prior to Christmas, where we actually had some input from art organizations in the Northwest Territories. The most recent meeting, trying to put together a plan – and Public Works and Services is taking the lead on the development of a program or policy – was just last week or the week before, February 12th. I don't have the information from that last meeting but what I'll do is I'll get a recent or current update and provide that information to the Member and committee.

MR. BROMLEY: Just to remind the Minister, he didn't say good idea, he said great idea. I just want to keep things going there.

As we know, a brand new GNWT office building is going up right here in Yellowknife. One of the things taken into account in the design of the building is, or should be, the design of viewing spaces. This is established practice in Europe, integrating culture into public life. The new office building presents an ideal opportunity to develop and implement the

policy while ensuring a start on rolling this practice out across our facilities.

Will the Minister commit to pursue and complete this policy soon, identifying the physical space requirements, beginning the arrangement with producers that need to be put in place and making this happen at our new building?

HON. GLEN ABERNETHY: We plan to have this policy done long before the building is open. Interestingly enough, it is a great idea. I will stick to great.

In talking to some of the arts communities, different ideas were brought forward. One of the ideas that was brought forward was, rather than having dedicated space for a hanging or painting, it may be better to bring in screens that have rotating art on them so that we can see carvings, paintings, many different art forms on a rotational basis. That means we'll get a greater degree of artists being presented on a regular basis. We can do things like this in airports, in other areas where we have screens available. We're just trying to work out some of the details that will actually create the greatest amount of awareness and the largest number of artists that we can support. If we stuck with just a painting on a wall that just rotated every once in a while, the number of artists who would get exposure would be far less.

So we're very excited by some of the ideas being brought forward. As I indicated before, as we move forward, I will certainly bring that information to the Member and committee. Thank you, Mr. Speaker.

MR. BROMLEY: Thanks to the Minister. The Minister had some great ideas there. It shows the value of consulting with the artist, which I very much appreciate.

Concerns were also expressed that such an arrangement would create competition with art retailers, and I supported checking with businesses to see if they had a problem with this art display opportunity. Clearly, the government would not be selling the art.

In his early effort to develop the policy, has the Minister consulted with our business organizations to solicit their feedback and learn whether this would be a good promotion or a problem for them?
Mahsi.

HON. GLEN ABERNETHY: I will get back to the Member on that. Thank you.

MR. SPEAKER: Thank you, Mr. Abernethy. The honourable Member for Inuvik Boot Lake, Mr. Moses.

QUESTION 134-17(4):
INFRASTRUCTURE FOR
ADDICTIONS TREATMENT PROGRAM

MR. MOSES: Thank you, Mr. Speaker. I had some questions that I wanted to address in terms of one of our priorities in the 17th Legislative Assembly, and that deals with investing in prevention and education and also enhancing our addiction treatment programs. Really, we only have one treatment program in the Northwest Territories and that's on the K'atloodèche First Nation Reserve. I wanted to talk to the Minister in terms of what he is doing, just get an update of where we are in enhancing those treatment programs, and also looking at existing infrastructure in the Northwest Territories that will be able to provide such services and programs for those in need.

Can I ask the Minister of Health and Social Services, has he identified, to date, any existing infrastructure in the Northwest Territories that would be suitable to operate as an addictions treatment centre that would provide the adequate and appropriate programs and service for those that are suffering from addictions? Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Moses. The Minister of Health and Social Services, Mr. Beaulieu.

HON. TOM BEAULIEU: Thank you, Mr. Speaker. We are waiting on recommendations from the Ministers' Forum on Addictions and Community Wellness. We do suspect that one of their recommendations may be to place an additional treatment facility somewhere. Once we get their recommendations, if that is one of the recommendations, we will weigh those against the current treatment centre we have in place and then move forward from there.

MR. MOSES: I'm glad the Minister has mentioned that he's waiting for recommendations from the Ministers' Forum. With that said, would the recommendations from the Mental Health Addictions Plan, the recommendations from the Beaufort-Delta meeting Building on our Foundation, Regional Dialogues, 2010-2011, the budget dialogues from this year, would those recommendations not say the same thing, and why are we waiting when I've got one, two, three, four, five, six reports here that say the same thing? I'm just trying to prove a point here that we need to start creating action rather than continue to consult and make these reports to tell us what we already know.

I would ask the Minister of Health and Social Services if he hasn't found any existing infrastructure to date – we have a lot of great NGOs in the Northwest Territories that are doing a lot of great work in these services but they need the program and service dollars – would he commit to looking at these NGOs, partnering with them,

providing them with the dollars they need, whose main mandate is to provide programs and services for addictions treatment? Would he commit to working with these NGOs and help them and support them so they can support ones that are in need? Thank you, Mr. Speaker.

HON. TOM BEAULIEU: I recognize that we do have several reports. What I also recognize is, up until 16 months ago when I became Minister of Health and Social Services, there seemed to be a lot of issues surrounding a lack of treatment to the individuals suffering from addictions. So this forum was struck so we could go out and hear from the people firsthand. I'm not sure that those reports had full cross-the-board community consultation like we're doing with the Ministers' Forum. We do try to fit what we have into the system, but so far we are hearing some preliminary things from the forum that we haven't thought of that aren't in those reports. So once we get that information back, then yes, we will work in other reports, as well, to see how they line up with what the Ministers' Forum tells us and we will move forward from there. We are almost there. We are now just entering into March and the plan is to have the report back from the forum at the end of March. Thank you.

MR. MOSES: I did make reference to reports, but I didn't ask the question specifically on the reports. I asked the question: Is the Minister willing to work with these NGOs that are providing good services and programs on a very stretched dollar? Would he be willing to work with them, provide funding dollars so they can provide more adequate and appropriate services for those people that are in need in the regional centres, here in Yellowknife, and doing the work in the NWT? Would he commit to working with the NGOs... Not work with them, support them financially so they can provide the services. I'm not asking him to work with them, but provide them with the appropriate resources so they can deliver these programs. Thank you, Mr. Speaker.

HON. TOM BEAULIEU: If additional financial resources are going to be issued to NGOs that are not currently in the budget, we would have to go back through the business planning process. Thank you.

MR. SPEAKER: Thank you, Mr. Beaulieu. Final, short supplementary, Mr. Moses.

MR. MOSES: Thank you, Mr. Speaker. I just want to ask one quick question here. The Minister said that he was waiting to hear back from the forum. I just want to know if the Minister is familiar with the Health and Social Services Regional Dialogue, 2010-2011. Can he just answer yes or no? Does he see the recommendations and directions that came from all the regional communities in the Northwest Territories, because he says he's waiting to hear those recommendations. Is he familiar with any of these dialogues, yes or no? Thank you.

MR. SPEAKER: Thank you, Mr. Moses. Minister of Health and Social Services, Mr. Beaulieu. Member for Nahendeh, Mr. Menicoche.

QUESTION 135-17(4):
NEED FOR NURSE IN WRIGLEY

MR. MENICOCHÉ: Thank you very much, Mr. Speaker. I just want to ask the Minister of Health and Social Services a question regarding nursing in Wrigley. I know when he was a Regular MLA, he certainly supported my cause in putting a nurse in Wrigley during the 16th Assembly and that was much appreciated. Now that there's increased demand for it, will the Minister of Health and Social Services commit to re-examining and reopening the nursing station in Wrigley? Thank you.

MR. SPEAKER: Thank you, Mr. Menicoche. The honourable Minister of Health and Social Services, Mr. Beaulieu.

HON. TOM BEAULIEU: Thank you, Mr. Speaker. Yes, I will commit to re-examining the possibility of having nursing services in Wrigley. Thank you.

MR. MENICOCHÉ: I guess it involves working with the Deh Cho Health and Social Services Authority. Just moving forward to the next step towards that commitment, I would like to ask the Minister of Health and Social Services to examine it and can he commit to research it to see what kind of resources we need to establish nursing services in Wrigley.

HON. TOM BEAULIEU: I will commit to researching, working with the Deh Cho Health and Social Services, to see exactly what type of medical services are needed in Wrigley, specifically nursing services, and get back to the Member on what is needed.

MR. MENICOCHÉ: Mr. Speaker, the last time I went down this road, our government gave all kinds of reasons not to establish nursing services in Wrigley. I think here I was using the point that there is extra development and extra impact on the community of Wrigley because of the development in the Sahtu. That alone makes the case that we should examine the need for nursing in Wrigley. Can he also include the impacts of development on Wrigley in his assessment? Thank you.

HON. TOM BEAULIEU: Mr. Speaker, yes, we will look at the impacts of exploration that's happening in the Sahtu on Wrigley when we examine the need for nursing in Wrigley. Thank you.

MR. SPEAKER: Thank you, Mr. Beaulieu. Final, short supplementary, Mr. Menicoche.

MR. MENICOCHÉ: Thank you very much, Mr. Speaker. I am also well aware that our budget is very limited and stressed, as the Minister of Finance is quick to point out to Members on this side. Also, I think this strategy of introducing

nursing in Wrigley involves working with our federal counterparts.

Will the Minister also work with our federal counterparts to see if impact funding is needed for this development? That way, I think we can work towards getting nursing in Wrigley. Thank you.

HON. TOM BEAULIEU: Mr. Speaker, each time there's an opportunity for the federal government to participate in any of our medical health services, we always take the opportunity to try to work with them. Yes, I can discuss this with our federal counterparts. Thank you.

MR. SPEAKER: Thank you, Mr. Beaulieu. Member for Deh Cho, Mr. Nadli.

QUESTION 136-17(4):
ADDRESSING RENTAL ARREARS
IN FORT PROVIDENCE

MR. NADLI: Thank you, Mr. Speaker. My questions are to the Minister of the Housing Corporation. Just over the course of a few years, there has been a trend of people moving to the winter crossing. These are people that have gone through the housing programs, and most of the time they have been evicted or else they have arrears with the Housing Corporation. There have been noticeably several houses that have been sitting empty in Fort Providence that the Housing Corporation owns. How much longer will those empty houses sit there idle and empty? Mahsi.

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

HON. ROBERT MCLEOD: Thank you, Mr. Speaker. We do have a few empty houses in Fort Providence. There are a number of reasons people are evicted. Arrears is one of them. There could have been noise and disturbance, and a number of other issues that they are evicted from public housing. Usually there is opportunity there for them, if they enter into some kind of agreement, to try and get back on to the public housing waiting list and hopefully back into public housing.

Our goal as NWT Housing Corporation is to house people, not to evict them. But at the same time, as a partnership, they have to work with us. Many times we have exhausted all other options and eviction is the last resort. Thank you, Mr. Speaker.

MR. NADLI: I'd like to thank the Minister for outlining at least the process of trying to exhaust all options. The focus of my questioning is not so much the eviction practice but to try and highlight just the issue of arrears. Most of the time people are facing obstacles in small communities as it is, so it becomes an obstacle.

Will the NWT Housing Corporation remove the barriers of these obstacles standing between

homeless families and empty houses in Fort Providence? Mahsi.

HON. ROBERT MCLEOD: Mr. Speaker, the NWT Housing Corporation will do our part in trying to get people into units. At the same time, the clients themselves have to remove some of their own obstacles. In many cases all we ask is that they enter into some kind of an agreement with the LHO, and not only enter into it just to get back on the waiting list, but we would like them to honour it. We've seen situations in the past in a number of our communities, where a lot of clients that have been evicted have entered into a repayment plan or some kind of option with the LHO and they have honoured it. We've seen some success stories in that. A lot of times it is just a partnership that has to be worked out between the client and the local LHO.

I repeat again, Housing is not in the business of evicting people. We are in the business of housing them, but they have to work with us also. Thank you.

MR. NADLI: Mr. Speaker, will the arrears be adjusted for previous public housing tenants as they will be for current tenants, so they have at least a starting chance to restore their credit ratings and eligibility for housing programs? Mahsi.

HON. ROBERT MCLEOD: Mr. Speaker, no, we will not adjust their arrears. There have been opportunities in the past through a number of different programs where the arrears have been adjusted, the latest one being when it was transferred. The role of the assessment was transferred back to the Housing Corporation or the LHOs from ECE. A lot of adjustments were made at the time and there was a significant decrease in arrears.

Again, a lot of times it's a matter of the client coming in, verifying their income, because if you don't verify your income, you are automatically assessed at market rate and that tends to have their arrears build up. But there is always opportunity for adjustment. Again, verification of income is the biggest one. If they feel that they have been charged too much, then they can verify their income and adjustments will be made. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. McLeod. Final, short supplementary, Mr. Nadli.

MR. NADLI: Thank you, Mr. Speaker. Aside from evictions and looking at a repayment plan, at least there are options for clients or previous clients, what level of assurance can the Minister provide in terms of looking at some immediate options in terms of addressing people with arrears that want to get into the housing system? Mahsi.

HON. ROBERT MCLEOD: Mr. Speaker, the first thing that could happen is the tenants themselves

could make a point of going into the LHOs and working out some kind of plan with the local housing authority, and then they can honour the plan. I believe that once they do that and they show good faith, I think good faith will be shown on the LHO's part.

As I said before, it is a partnership. We will work with them, but they have to be willing to work with us also. Thank you, Mr. Speaker.

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

QUESTION 137-17(4):
FORTUNE MINERALS AND
TLICHO WINTER ROAD ALIGNMENT

MR. HAWKINS: Thank you, Mr. Speaker. The realignment of the Tlicho winter road was Premier-directed, not a Cabinet initiative or brought forward by the Members-at-large as Caucus. It has been my understanding that there has been some type of formal instructions with Fortune Minerals about creating a year-round road out all the way to the community of Whati and even to Gameti.

I would like to ask the Minister of Transportation, if this is the case, what is actually happening out there that Regular Members have not been informed of. Thank you.

MR. SPEAKER: Thank you, Mr. Hawkins. The honourable Minister of Transportation, Mr. Ramsay.

HON. DAVID RAMSAY: Thank you, Mr. Speaker. We continue discussions with the Tlicho Government on the winter road realignment and trying to identify monies going forward to allow us to carry out that work. As far as the road the Member talks about to Fortune Minerals, nothing has been decided in that case. Thank you.

MR. HAWKINS: Mr. Speaker, as many of us know, this is approximately a 120-kilometre road which could run anywhere about a \$2 million project. In speaking to some people who work for Fortune, they've coined it as a deal has been struck to work on a framework to do this road and that they're planning for investment.

I'm trying to find out what has been struck in the form of a deal with Fortune Minerals in order to either build a road, lease back a road, or create a road. What is happening on this issue? Thank you.

HON. DAVID RAMSAY: Mr. Speaker, in my role as Minister of ITI I do meet frequently with industry representatives. I have met with Fortune Minerals a number of times in the past. Certainly, a road to the project is really fundamental to the project going ahead.

We haven't signed any agreements. We haven't entered into any negotiations on a road. None of this has happened. It's all, I guess, just guesswork

on the Member's part. When that does happen, you can rest assured Members of this House, the Member and his committee will know about it. Thank you.

MR. HAWKINS: Mr. Speaker, the Minister can say it's guesswork on my part, but it was a Fortune Minerals person who told me they were in discussion with the Department of Transportation on this. So if he would like to change departments on the discussion, that's up to the Minister. In this case, it happens to be the same person which obviously can mean it is.

Maybe for the record officially in this House, what work is being done on that road to the communities of Whati and Gameti and, specifically, how much has been the investment on that work to those communities, because I'm not aware of anything specifically asked for in any budget. I just want to make sure that's clear in the House today.

HON. DAVID RAMSAY: Thank you very much. I'll get that information for the Member. Thank you.

MR. SPEAKER: Thank you, Mr. Ramsay. Final, short supplementary, Mr. Hawkins.

MR. HAWKINS: Thank you, Mr. Speaker. The issue I'm raising here is not that I'm not in favour of the road. The fact is, is it seems like we're in the dark. So I guess my next question is the issue of what threshold of work agreement, compliance or negotiation is needed in order to bring Members into the fold of the discussion. It seems as if there's some type of discussion and work going on behind the scenes, but Members, in the context of transparency, are in a position where we don't know anything, but yet industry is coming to tell us work is being done. Thank you.

HON. DAVID RAMSAY: Thank you. The Member would know the Government of the Northwest Territories is not in a financial position to spend \$150 million on a road to Fortune Minerals. That's not something that we have the financial wherewithal to accomplish. I'm not sure who the Member is speaking to at Fortune, but I will talk to the folks at Fortune Minerals, and the next time they are in Yellowknife, I will set up a meeting through the Member and have Fortune Minerals sit down with the Member and his committee, and I'd certainly make myself available to attend the same meeting so that we're all on the same page. Thank you.

MR. SPEAKER: Thank you, Mr. Ramsay. The Member for Frame Lake, Ms. Bisaro.

QUESTION 138-17(4):
DIABETES, OBESITY AND
BARIATRIC SURGERY

MS. BISARO: Thank you, Mr. Speaker. My questions are addressed to the Minister of Health and Social Services. I want to follow up on my

statement. I mentioned a number of statistics in my statement and I want to provide a few more.

Diabetes prevalence rates among Aboriginal populations are at least three times higher than the general population. Aboriginal populations face higher risks for prediabetes and obesity, and Aboriginal women are particularly vulnerable to diabetes. They have four times the rate of non-Aboriginal women. They also have a higher risk for gestational diabetes.

I spoke to the cost of diabetes to our system, to our health system, to our government, and in the NWT those costs are fully borne by the government. Diabetes treatment is fully covered as an insured service. So I would like to say to the Minister that we are managing this problem and this is an opportunity to solve the problem. I'd ask the Minister to explain to me and to the House the rationale for the exclusion of bariatric surgery in the list of insured services for the NWT. Thank you.

MR. SPEAKER: Thank you, Ms. Bisaro. The Minister of Health and Social Services, Mr. Beaulieu.

HON. TOM BEAULIEU: Thank you, Mr. Speaker. The Department of Health and Social Services recognizes, and also in discussion with many people recognize that bariatric surgery and other issues or other medical services that could address obesity are something that we are looking at adding to our insured services. Thank you.

MS. BISARO: Thanks to the Minister. I'm glad to hear that this is something that may be on the horizon. The Minister mentioned he's in discussion and that the department, I gather, is looking into this. I'd like to know from the Minister what kind of discussions are these, are these taking us forward to action and when might that action be. Thank you.

HON. TOM BEAULIEU: Thank you. As Minister I have the authority to add, delete or amend insured services. In May 2012 we had put a committee together with the NWT Medical Association, and now we're in the process of developing the terms of reference for that so that we can look at making those changes to the medical services through looking at the regulations of the act. Thank you.

MS. BISARO: Thanks to the Minister. I didn't mean a committee that was established almost a year ago. I hope he meant terms of reference for including bariatric surgery under our insured services.

Since we don't currently provide insurance coverage for bariatric surgery, I'd like to know from the Minister if an individual in the NWT chooses to improve themselves, chooses to go and get the surgery done on their own and pay for it on their own, why do we not then assist them with any follow-up procedures, follow-up consultations that are required because there is very often, following

the surgery, several visitations to doctors that are necessary and we refuse to do that. So why do we do that? Thank you.

HON. TOM BEAULIEU: That committee will be looking at bariatric surgery. Why currently the physicians are refusing to assist individuals that have bariatric surgery, I don't know, but it's on the agenda for that committee to look at, at specifically the whole area of bariatric surgery, the whole area of obesity and how it impacts and how it has a direct correlation on chronic disease such as diabetes. Thank you.

MR. SPEAKER: Thank you, Mr. Beaulieu. Final, short supplementary, Ms. Bisaro.

MS. BISARO: Thanks, Mr. Speaker. Thanks to the Minister. I don't know if the Minister understood my question. I'm not asking him at this point to cover the cost of the surgery, but following surgery there are very often follow-up consultations and follow-up procedures that are required and the Minister says physicians are refusing that. If the Minister gives direction for the system to cover the costs of follow-up, if people are trying to improve themselves, I don't understand why we would not assist them in doing that. Thank you.

HON. TOM BEAULIEU: Thank you. Yes, I did misunderstand the question. I thought she was telling me that the physicians were refusing and I said I didn't know why that was happening. But again, we are looking at that. We think that is one of the emerging issues in the whole issue of chronic disease management, and we recognize that this is an issue and we're hoping that once the committee is able to discuss this, that changes can be made in the system and it can become part of the insured services. Thank you.

MR. SPEAKER: Thank you, Mr. Beaulieu. The Member for Range Lake, Mr. Dolynny.

QUESTION 139-17(4):
MEDICAL TRAVEL PROTOCOL
FOR HIGHWAY EMERGENCIES

MR. DOLYNNY: Thank you, Mr. Speaker. I rise as a follow-up to my Member's statement earlier today, which put into light last week's devastating deadly highway crash near Fort Providence. However, before I proceed, I wish to once again indicate our prayers to all families involved.

I realize there is still an RCMP investigation involved with this. However, my questions today do not deal with this accident, but more importantly deal with the level of first responder care, patient immobilization, dispatch, medical support and transport.

Of course, I realize that there are really three Ministers involved with such questioning: the Minister of Transportation, the Minister of Municipal and Community Affairs and the Minister of Health

and Social Services. Therefore, today I will begin my questions with the Minister of Health and Social Services.

Can the Minister of Health and Social Services describe the role of medical travel in the event of a highway or road accident that requires immediate triage, patient immobilization and medical support? Thank you.

MR. SPEAKER: Thank you, Mr. Dolynny. The Minister of Health and Social Services, Mr. Beaulieu.

HON. TOM BEAULIEU: Thank you, Mr. Speaker. I don't have the information here that specifically provides the role of the whole medical travel area, the medevac area. What I know about that so far is that the medical travel, essentially, is taking people from the communities into a medical point where they need to go to get a service and that could be done through a medevac or it could be done through regular medical travel. But I don't have any information indicating that we have to go away from the outside of the range of where there might be some ground ambulance service and how we go and get those people. I don't have that information with me. Thank you.

MR. DOLYNNY: I appreciate the Minister's response. Can the Minister indicate what protocol or what algorithm of care is used by medical travel to make decisions of highway air ambulance patient extraction, and is this protocol communicated with all levels of NWT first responders such as RCMP and fire departments across the Northwest Territories?

HON. TOM BEAULIEU: Again, if there's an accident and someone is in an accident that is on a highway that is out of one of the communities and it's not something covered by medical travel or medevac services, as for the information I have, I'm not familiar with what the protocol is for getting people on the highways for such an accident as this. The first responders recognize that we're trying to put regulations in to add emergency medical services in the medical professional umbrella legislation so that we can have that, so that we can have ambulance services where people would be qualified and insurable to be able to do that kind of work on the highway.

MR. DOLYNNY: Can the Minister of Health and Social Services also indicate what criteria are used by medical travel when making a decision to abort a mission for highway air ambulance patient extraction?

HON. TOM BEAULIEU: All calls on medical travel, whether it be medevacs or medical travel, are made by a physician. If a physician has made a decision that they are going to be able to get to the patient quicker through another avenue, that may be a reason for aborting a medical travel or medevac. If

we're talking about something that's outside of a community, not moving from one point within a community to a point where an individual can get medical travel, then I'm not familiar with why or what the protocol is to abort such a trip.

MR. SPEAKER: Thank you, Mr. Beaulieu. Final supplementary, Mr. Dolyunny.

MR. DOLYNNY: Thank you, Mr. Speaker. Given the limited information and criteria provided today by the Minister of Health and Social Services, it is clear that the public and Members need a better understanding on the role of medical travel in highway and air ambulance situations. Will the Minister of Health and Social Services commit to a proper inquiry of the role of medical travel in situations of highway air ambulance call events, and will the Minister report and table these findings to this House?

HON. TOM BEAULIEU: I'm not sure I would commit to doing an inquiry, but I think we could check out, to keep it simple, to determine whether or not it's our responsibility to go on to the highways through the Medical Travel Policy, medical travel to be able to go on the highway and get people through that service or if we're using the system where we are trying to enhance certain ground ambulance services and key strategic communities throughout the North. I'm not sure if I could call for a public inquiry, but I could get that information and find out how this process works and get back to the Members.

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

QUESTION 140-17(4):
MIDWIFERY SERVICES

MRS. GROENEWEGEN: Thank you, Mr. Speaker. Today I'd like to follow up on some questions that were being posed here in the Legislature last week on midwifery. I want to say in my preamble that I was very glad to hear the Minister of Health and Social Services not agreeing with everything that was being suggested about midwifery, and using words like "common sense" and "basically pushing back" a little bit on this theory that midwifery is the panacea of birthing opportunities in the Northwest Territories.

Being from a community where there are currently no resident physicians, certainly the desire of people to have their children in their home community is real, and I understand that. I had three kids. I had them all in Hay River not two blocks from where I lived at the time, and that is wonderful when those children can be born there. I think we are deluding ourselves if we think that midwifery in and of itself is the answer to all of that.

I'd like to ask the Minister, even after midwifery is in place, will people who are having a first child, a high-risk pregnancy, will they still need the conventional medical services in order to birth?

MR. SPEAKER: Thank you, Mrs. Groenewegen. The honourable Minister of Health and Social Services, Mr. Beaulieu.

HON. TOM BEAULIEU: Thank you, Mr. Speaker. Yes, that service will still be available and needed. Midwifery will not replace that. Midwifery will be a complementary practice.

MRS. GROENEWEGEN: So it will be a complementary service and it will be optional. People could still have their choice of being in a hospital and going through child delivery in what I'll call kind of a more conventional sense. Midwifery is an optional, additional, supplementary service that will be operated. I keep hearing people say let's roll it out, let's roll it out faster. I don't want to see it roll out and then have to roll up because we didn't lay the necessary groundwork. There seems to be some confusion about protocol, about best practices, about liability, about all of the issues that need to be addressed and the backup and support. There seems to be a lot of question out there about where we're at with the model. Now, we know that it's been happening in Fort Smith for a long time, but maybe the Minister could bring some clarity to the kind of groundwork that needs to be laid before this service can be rolled out in a community like Hay River.

HON. TOM BEAULIEU: Just to make it simple, I think one of the key things is developing midwifery regulations. The thing with it is to ensure that the model would work effectively and would be beneficial to the region. Once the health centre is built, Hay River is going to be like a small regional operation as opposed to just a community operation like it is in Fort Smith. That is why we are rolling it out in that fashion. The next step after that would be a larger regional operation, or people grabbing midwife services in Inuvik would be coming from further away, so the visits are different and the care is different. It's going to be that type of service.

MRS. GROENEWEGEN: So then one of the questions that begs to be answered and I'm hearing in various places is: If we have to have midwifery regulations in place first, how is it then that Fort Smith has operated with midwives and midwifery services for all the years that it has, but when it comes to Hay River we have to create new regulations? I'm not saying that we don't, I just want people to understand why that's necessary.

HON. TOM BEAULIEU: The regulations being developed for Hay River, again, would be a regulation that's developed so that the midwife services are delivered on a regional basis but not the full regional basis. We are trying to, as we're getting the new hospital and health centre in Hay

River, then we're going to roll midwifery services into that facility and there will be more regulations developed in order to do a regional and, ultimately, a territorial one that will be based out of Yellowknife. That is the reason that we're rolling it out in that way.

MR. SPEAKER: Thank you, Mr. Beaulieu. Final supplementary, Mrs. Groenewegen.

MRS. GROENEWEGEN: Thank you, Mr. Speaker. One of the foundational pieces to expanding midwifery services in the Northwest Territories is going to be the engagement of a midwifery consultant. Perhaps the Minister, for our benefit, could also explain what the role of that consultant's position will be.

HON. TOM BEAULIEU: At this point we are thinking of approaching the midwives that are in Fort Smith to talk to us about how the program functions in Fort Smith. Right now the midwives have been doing deliveries in Fort Smith for the last several years, I think since 2005 when those regulations were developed for the community of Fort Smith. Now that they have doctors in Fort Smith, how that will change and how the system will work with doctors and how the system would work without doctors. The role of the midwives would be to give us the on-the-ground information on what works and what does not work. We're hoping to use the current midwives to do that.

MR. SPEAKER: Thank you, Mr. Beaulieu. The honourable Member for Hay River North, Mr. Bouchard.

QUESTION 141-17(4):
INSURANCE COVERAGE FOR
BARIATRIC SURGERY

MR. BOUCHARD: Thank you, Mr. Speaker. I'd like to follow up on questions that Ms. Bisaro was asking about bariatric surgery and weight loss program to the Minister of Health. He has indicated he has a committee and they're doing some reviews. I'm looking for a timeline when we can see some implementation to the changing of the act and the funding of these types of surgeries.

MR. SPEAKER: Thank you, Mr. Bouchard. The honourable Minister of Health and Social Services, Mr. Beaulieu.

HON. TOM BEAULIEU: Thank you, Mr. Speaker. Once the determination has been made that we will add this bariatric care or obesity or in the whole area of those being overweight to the insured services and how we deal with obesity into insured services, then we will make a decision on when and how we will go through the process. Part of the process would be if an insured service is added, then it will be more cost. Once that determination is made by the Medical Association and by the department that bariatric services will be added,

then we will come back to the House for more money to carry out that service.

MR. BOUCHARD: I appreciate the Minister's answer, but in that answer there's no indication of any kind of timeline. Are we expecting to see this in a month? Three months? Are we expecting to see it in the fall? Or are we going to deal with it in another Assembly?

HON. TOM BEAULIEU: I don't want to be throwing out dates guessing at these things. All I can say is that bariatric surgery is on the agenda for the team of individuals or the committee that has the NWT Medical Association and the department on it looking at the system now. I'm hoping that it doesn't take years to come out with something. However long it does take, it would be once we've decided that this would be an insured service in the system, then we come back through the regular business planning process. However long it takes for us to add this and get this approved through the business planning process, considering all the other pressures on the system, then we will have a better idea of when this can be approved. It may be in the next business cycle. If it's in the next business cycle, it will be a year from now.

MR. BOUCHARD: I appreciate the timeline there. I'd also like to ask the Minister if, to speed the process up, they have looked at any other jurisdictions such as Alberta and Quebec who are funding some of these types of surgeries.

HON. TOM BEAULIEU: I don't have that information, but I'm assuming that when we move into any area that may have already been covered by other jurisdictions that we do look at best practices. If we haven't looked at best practices, then I'll ask the committee to look at best practices in this area.

MR. SPEAKER: Thank you, Mr. Beaulieu. Final supplementary, Mr. Bouchard.

MR. BOUCHARD: Thank you, Mr. Speaker. I have no further questions but I do look forward to seeing that happen sooner than later.

MR. SPEAKER: Thank you, Mr. Bouchard. The honourable Member for Range Lake, Mr. Dolynny.

QUESTION 142-17(4):
COMMUNITY PREPAREDNESS
FOR HIGHWAY EMERGENCIES

MR. DOLYNNY: Thank you, Mr. Speaker. I rise once again as a follow-up on my Member's statement earlier today on last week's devastating deadly highway crash north of Fort Providence. Again, our hearts do go out to the families involved.

As in my last question with the Minister of Health and Social Services, my questions will not deal directly with the accident itself as it is still under RCMP investigation. However, they will deal with

the level of first responder care, patient immobilization and highway medical transport in the NWT. My questions today are for the Minister of Municipal and Community Affairs.

Can the Minister of Municipal and Community Affairs indicate 33 communities in the NWT have proper ambulance or a van ambulance that has all the safety standards to secure, immobilize and transport victims in the event of a highway accident?

MR. SPEAKER: Thank you, Mr. Dolynny. The Minister of Municipal and Community Affairs, Mr. McLeod.

HON. ROBERT MCLEOD: Thank you, Mr. Speaker. I'm not sure of the exact number; however, I would assume that in places like Yellowknife and Hay River and those on the highway system with properly trained first responders would have ambulance services.

MR. DOLYNNY: The Minister of Municipal and Community Affairs has commented, many times in this House, on the incomplete emergency action plans of the NWT communities. Can the Minister also indicate if all 33 communities have roadside emergency action plans in the event of a highway crash?

HON. ROBERT MCLEOD: I do know that we have 33 communities in the Northwest Territories. We have 16 of them that do have updated emergency plans, we have 15 that have emergency plans that need to be updated, and we have two communities without any type of emergency plan at all.

MR. DOLYNNY: I appreciate the Minister with those statistics. Can the Minister indicate what is the policy, really, to road emergencies between Yellowknife and Fort Providence, who are the exact care providers and what services are being offered?

HON. ROBERT MCLEOD: As far as the policy goes, if there is an accident on the highway such as there was last week, I mean, first of all, being good neighbours that NWT people are, they will respond to accidents and do what they can to assist. As far as whose jurisdiction that is, that is a question that I'm not sure about. We would like to think that our communities would be equipped to deal with situations on the highway, and that's part of how we're going to do business now. The plan, through MACA, is to offer training to those that want to be qualified as first responders, and that way that will enable them to get the proper equipment and they'd be able to go out and respond to an accident. They'll respond to an accident and then we'll worry about the jurisdiction later.

MR. SPEAKER: Thank you, Mr. McLeod. Final, short supplementary, Mr. Dolynny.

MR. DOLYNNY: Thank you, Mr. Speaker. It is evident that the Yellowknife Fire Department has well-trained staff that are NFPA 1001 certified, and that could provide a level of rescue and care along the entire length of Highway No. 3. Has the Department of Municipal and Community Affairs or the Minister considered a formal policy to contract these services in the absence of any formal emergency action plan along this stretch of highway?

HON. ROBERT MCLEOD: We will have a discussion within the department and then we can further that up with a discussion, if need be, with the folks in Yellowknife, because they do have a lot of qualified personnel here.

At the end of the day, our goal is to have qualified first responders in many of the highway communities in the Northwest Territories, then they would be better equipped dealing with emergencies such as this and other such emergencies involving vehicles on the highway.

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

QUESTION 143-17(4):
RESIDENCE FOR EXPECTING MOTHERS
IN YELLOWKNIFE

MRS. GROENEWEGEN: Thank you, Mr. Speaker. I am going to ask questions again of the Minister of Health and Social Services, and it's along the lines, as well, about the lack of services for being able to have babies in Hay River. It's not on the midwifery line.

It's going to be a while before we probably have resident doctors in Hay River who have the credentials that would allow us to allow our residents of Hay River to have their children in Hay River. That being the case, they have to come to Yellowknife or they can go someplace else, but most do come to Yellowknife. They have to come three weeks before their due date. I believe they receive a \$50 per day allowance or they can stay at the Vital Abel Boarding Home. This boarding home, although it may be a wonderful service, is in a very out of the way location, and it is not convenient unless you want to be down there the whole time. It costs a lot for cabs and so on.

I have an idea. For those coming from Hay River, \$50 is a long ways from the cost of any hotel room in Yellowknife. I would like to ask the Minister if his department has ever entertained the idea of having some form of a residence here in Yellowknife that could be accessed by expectant families coming into Yellowknife to await the arrival of a baby.

MR. SPEAKER: Thank you, Mrs. Groenewegen. The Minister of Health and Social Services, Mr. Beaulieu.

HON. TOM BEAULIEU: Thank you, Mr. Speaker. I don't believe that we have examined the possibility of having a residence for expecting mothers here in Yellowknife to accommodate mothers from out of the communities.

MRS. GROENEWEGEN: Does he know what the per diem cost to this government is of the Vital Abel Boarding Home? If someone was going there to await the arrival of a baby and they were there for three weeks, there must be a cost to this government on a daily basis. Does he know what that cost would be?

HON. TOM BEAULIEU: I don't have the daily cost of the individuals to stay at Vital Abel, but I can easily get that information for the Member.

MRS. GROENEWEGEN: I'm going to guess that that per diem cost per patient is not a small amount of money, and I also think that there is probably a fair amount of uptake of beds in that facility. When you look at a community the size of Hay River, which is the second largest community in the Northwest Territories, and the number of people that have to come over here and pay out of their pockets causing financial stress, I think that we need to do a cost-benefit analysis of some other form of accommodation for expectant mothers when they come here that is perhaps specific to Hay River or specific to communities outside of Yellowknife besides the Vital Abel option.

HON. TOM BEAULIEU: Hopefully, by the time we look at the cost of trying to get a residence in Hay River we would have the new health centre functioning with doctors and midwives, hopefully. But I have no issue with looking at the possibility and examining what the costs of Vital Abel are and what it would cost to provide that service for Hay River.

MR. SPEAKER: Thank you, Mr. Beaulieu. Final, short supplementary, Mrs. Groenewegen.

MRS. GROENEWEGEN: Thank you, Mr. Speaker, and I thank the Minister for those answers. I want to tell him that I'd be very happy to work with him on that. I think that we are hopeful we will have doctors. I'm hopeful we'll have midwives. I'm hopeful we'll have a lot of services that won't require people to travel. But in the meantime, even a rented residence dedicated to offsetting the costs of expectant mothers waiting here in Yellowknife to have babies would be great, so I would just like to offer to help him work on that cost-benefit analysis.

HON. TOM BEAULIEU: As we examine this possibility, we will work with the Member to look at the costs and so on.

MR. SPEAKER: Thank you, Mr. Beaulieu. Item 8, written questions. Ms. Bisaro.

Written Questions

WRITTEN QUESTION 15-17(4): HOUSING FOR ADULTS WITH DISABILITIES

MS. BISARO: Thank you, Mr. Speaker. My questions are for the Minister of Health and Social Services related to the lack of infrastructure in the NWT to house adults with many different disabilities.

1. Please provide information, by community, about NWT residents in need of independent, 24/7 supported living housing.
2. Please provide information on all waitlists for independent supported living housing, with particular regard to Yellowknife.

MR. SPEAKER: Thank you, Ms. Bisaro. Item 9, returns to written questions. Item 10, replies to opening address. Item 11, petitions. Item 12, reports of standing and special committees. Item 13, reports of committees on the review of bills. Item 14, tabling of documents. Mr. Hawkins.

Tabling of Documents

TABLED DOCUMENT 27-17(4): PHOTO OF GAS PRICES IN YELLOWKNIFE

MR. HAWKINS: Thank you, Mr. Speaker. I would like to table a document, a picture I took which demonstrates that regular gas is sold at \$1.389 per litre here in Yellowknife and continues to underscore my issue with gas prices. Thank you.

MR. SPEAKER: Thank you, Mr. Hawkins. Mr. Moses.

TABLED DOCUMENT 28-17(4): SOCIETY OF OBSTETRICIANS AND GYNAECOLOGISTS OF CANADA POLICY STATEMENT ON RETURNING BIRTH TO ABORIGINAL, RURAL AND REMOTE COMMUNITIES

TABLED DOCUMENT 29-17(4): SOCIETY OF OBSTETRICIANS AND GYNAECOLOGISTS OF CANADA REPORT ON BEST PRACTICES FOR RETURNING BIRTH TO RURAL AND REMOTE ABORIGINAL COMMUNITIES

MR. MOSES: Thank you, Mr. Speaker. I would like to table two documents today. One is the policy statement from the Society of Obstetricians and Gynaecologists of Canada. It is a policy statement, entitled Returning Birth to Aboriginal, Rural and Remote Communities. I also have a report here from the same organization. This one is entitled A Report on Best Practices for Returning Birth to Rural and Remote Aboriginal Communities. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Moses. Item 15, notices of motion. Item 16, notices of motion for first reading of bills. Item 17, motions. There is a call for Motion 4-17(4). 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 9-17(4), NWT Main Estimates, 2013-2014, Health and Social Services.

By authority given to me as Speaker, by Motion 1-17(4), I hereby authorize the House to sit beyond the daily sitting hour of adjournment to consider business before the House, with Mrs. Groenewegen in the chair.

Consideration in Committee of the Whole of Bills and Other Matters

CHAIRPERSON (Mrs. Groenewegen): I'd like to call Committee of the Whole to order. The Speaker has indicated the matters before committee today. What is the wish of the committee? Mr. Dolynny.

MR. DOLYNNY: Thank you, Madam Chair. The committee wants to continue consideration of Tabled Document 9-17(4), NWT Main Estimates, 2013-2014. The committee would like to continue the Department of Health and Social Services. Thank you, Madam Chair.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Dolynny. Does committee agree?

SOME HON. MEMBERS: Agreed.

CHAIRPERSON (Mrs. Groenewegen): Thank you. We will continue with this after a brief recess.

---SHORT RECESS

CHAIRPERSON (Mrs. Groenewegen): Okay, I'd like to call Committee of the Whole back to order. When we left off on Friday we were on the Department of Health and Social Services, page 8-13. I'd like to ask the Minister if he'd like to bring witnesses into the Chamber so that we may resume the consideration of Health and Social Services. Mr. Beaulieu.

HON. TOM BEAULIEU: Yes, Madam Chair, I would.

CHAIRPERSON (Mrs. Groenewegen): Is committee agreed?

SOME HON. MEMBERS: Agreed.

CHAIRPERSON (Mrs. Groenewegen): Thank you. I'll ask the Sergeant-at-Arms to please escort the witnesses to the table.

Minister Beaulieu, one more time for the record, could you please introduce your witnesses.

HON. TOM BEAULIEU: Thank you, Madam Chair. To my right I have Debbie DeLancey, deputy minister of Health and Social Services. To my left is

Jeannie Mathison, director of finance, Health and Social Services. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Minister Beaulieu. We left off on page 8-13, Health and Social Services, operations expenditure summary, directorate, \$8.559 million, and when we recessed on Friday there was Mr. Bromley, Ms. Bisaro and Mr. Yakeleya on the list to speak. Are any of those three Members interested in speaking to page 8-13? Mr. Bromley.

MR. BROMLEY: Thank you, Madam Chair. I just wanted to follow up on a couple of things on the Territorial Health System Sustainability Initiative. The Minister mentioned that was coming to an end. He's responsible for negotiating, hopefully, a new one. What fiscal year does it end, will it no longer be active?

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Bromley. Mr. Beaulieu.

HON. TOM BEAULIEU: Thank you, Madam Chair. The current agreement is scheduled to expire March 31, 2014.

MR. BROMLEY: I think the Minister said we can't just stop the program when this ends. We have to fund it. How much of the funding, the THSSI funds are being used to fund core programs?

HON. TOM BEAULIEU: We're just going to quickly add up the number here. I think it is \$6.5 million.

MR. BROMLEY: I just want to be clear. I know the Minister made a clear commitment not to drop these programs, if it's not renewed that we would fund them. Obviously, if we get to that point, we'll be asking some hard questions because the money has to come from somewhere. I just appreciate being on top of that and knowing what the timing is.

The emergency medical records, we're hoping they will lead to some savings. I'm just wondering if that is still considered a potential as well as a more effective health care delivery. Is there a potential we will realize some savings from it as well?

HON. TOM BEAULIEU: We believe that the electronic medical records will provide some savings further down the road. The immediate benefit is to the patient care at this time. We're doing it because we do see an immediate benefit to the way we care for our patients.

MR. BROMLEY: Really, that's it. I can see that if we do care for our patients better, hopefully there will be some preventative aspects and the long-term costs will give us some savings as well. I will leave it at that. That's all I have for this page.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Bromley. I'll now go to Ms. Bisaro. You were on the list to speak to this page on Friday.

MS. BISARO: Thank you, Madam Chair. I do have some more questions on this page. My first one has

to do with medical travel and the review that is apparently ongoing. My first question has to do with when that review is intended to be completed. I think the Minister has spoken about it before, but I don't think we've had a definitive answer. I'd like to know from the Minister when we can expect the results of the medical travel review.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Ms. Bisaro. Mr. Beaulieu.

HON. TOM BEAULIEU: Thank you, Madam Chair. I will have Deputy Minister DeLancey run through the process and come down to when we can produce some results.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Beaulieu. Ms. DeLancey.

MS. DELANCEY: Thank you, Madam Chair. Actually, the review of the Medical Travel Program is completed and Members did receive a briefing on that just over a year ago, the Standing Committee on Social Programs. Based on the outcome of the review, we have two distinct and interrelated pieces of work going on. One is a development of a discussion paper on a proposed new policy. The Medical Travel Policy is a Cabinet-approved policy. It's quite out of date. It's quite complex. From the several reviews that have been done, we are drawing together a summary of the changes that are required and how this might be addressed. That will eventually have to go to public consultation.

The second piece of work is actually looking at the program. The most recent consultant's review, which was completed about 18 months ago, identified many ways that the program could be made more efficient and more responsive, so we are working with a team at Stanton Health Authority, who administers medical travel, to look at a program design using more lean processes to create a more efficient program.

Those are two separate but very related pieces of work that are moving together in tandem. We had hoped to be further along but we encountered a number of delays, first of all, in staffing. We had to go out twice just in order to find people to carry this work forward. We now are fully staffed and are hoping to see progress over the next year.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Ms. DeLancey. Ms. Bisaro.

MS. BISARO: Thank you, Madam Chair. Thanks to Ms. DeLancey for the clarification. My frustration was rising because it has been a very long time. I appreciate it's a difficult issue and it is very out of date, but I'm glad to hear that there's going to be public consultation on this because everybody who has ever had to travel for a medical reason is going to have an opinion on it, similar to education. Everybody has an opinion on how we should be educating our children because we've all been through it. I'll just leave that at that and the sooner

the better, I guess, in terms of getting a new policy out there.

Sort of falling from that, one of the things that Members have heard about with changes to the system and so on is the establishment of a... I'm not sure if they're one and the same, but kind of a territorial support network or a call centre for physicians and for communities who can contact a central call centre for advice and with questions. I'd like to know if I could get an update on where that's at. It's been a long time in coming, from my recollection, so when will this support network or the call centre system be set up, in place and running?

CHAIRPERSON (Mrs. Groenewegen): Thank you, Ms. Bisaro. Minister Beaulieu.

HON. TOM BEAULIEU: Thank you, Madam Chair. With the positions that are in the current budget under review, we would be able to roll out, I guess sort of like a pilot for TSN, this fiscal year.

MS. BISARO: I presume the Minister does not mean the sports network. I presume he means the Territorial Support Network. Thanks to the Minister for that.

I did want to ask, as well, there is a review, I understand, of the ISDM, the Integrated Service Delivery Model. That has also been a long time in the making or in the offing, so I'd like to know from the Minister where the review of the ISDM is at this particular time and when it will be finished.

HON. TOM BEAULIEU: We have hired a doctor to do the review of the Integrated Service Delivery Model and we're expecting the results of his work to be completed in August.

MS. BISARO: I hope that's August of 2013, not '14.

Another question I have revolves around legislation. There are a number of pieces of legislation that have been referenced. I know I spoke in the House last week about the Child and Family Services Act and legislation changes or amendments with that particular act. The Minister has talked about governance and governance changes, and that we want to try and streamline our authorities and provide a different model of governance for our authorities. I believe that there is a governance act that is being proposed at some point in time. Could I get the Minister to confirm that, and if that is the case, is he intending to go to public consultation on that act?

CHAIRPERSON (Mrs. Groenewegen): Thank you, Ms. Bisaro. Ms. DeLancey.

MS. DELANCEY: Thank you, Madam Chair. Yes, the HHISSAA, the Hospital and Health Insurance and Social Services Administration Act – I think I may have gotten that wrong – does establish boards of management and the powers of boards of

management. In order to undertake governance reform at the legislative level, we would have to bring forward changes to that act. They are on our legislative agenda right now. Once we have undertaken or completed the discussions that are going on currently with the existing authorities, as we've previously advised this House, we would be bringing forward, for public discussion, a discussion paper. We have had a couple drafts of that discussion paper that have gone to the Joint Leadership Council and we've been asked for changes, so it's still being put together. We would then go to the standing committee, eventually to the public, and then there would be a more formal public consultation process as is required for any legislative changes. Thank you.

MS. BISARO: Thanks to the deputy minister. I guess, as I tend to always do, I would suggest that standing committee would be better served by getting the drafts earlier rather than later. You may find that input from standing committee on the draft may have some impacts on the next draft. I know we usually get stuff when it's kind of finished, but very often if we get it when it's halfway through or three-quarters of the way through, it will develop a faster and better product in the end.

The last thing I wanted to mention has to do with accountability. That's another area that the directorate, I believe, has been working on, again, the accountability of our health authorities. Sort of hand in hand with that is service partnership agreements which have been, according to the Human Resources Minister, established and there is a pilot that is going on.

To the service partnership agreements, have those all been signed? Are they up and running? My understanding is they are. My question has to do with whether or not there are service partnership agreements with each and every one of our health authorities. I'll stop there. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Ms. Bisaro. Minister Beaulieu.

HON. TOM BEAULIEU: Thank you, Madam Chair. There will be a lot of detail and bureaucratic response, so I will ask the deputy to respond to the Member on that.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Beaulieu. Ms. DeLancey.

MS. DELANCEY: Thank you, Madam Chair. There is one service partnership agreement that has been signed between the Department of Human Resources and the Department of Health and Social Services on behalf of all eight authorities. We do have a small working group between ourselves and the Department of Human Resources which includes one of our CEOs. We have involved all eight CEOs in the development of a service partnership agreement.

We are now, as Members may have heard previously from the Department of Human Resources, doing a pilot project for the government. We signed this agreement off in the fall. We are finalizing a monitoring and evaluation framework. All of the authorities are actively participating in reviewing that framework, making sure that the kind of things that are being measured are the kind of outcomes that they care about and that they feel will need to be improved in order to make us more efficient. That work is rolling out. We don't expect to have anything to share in terms of a report, though, until the end of the one-year pilot project. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Ms. DeLancey. Ms. Bisaro, your 10 minutes are up. I'm going to ask Mr. Yakeleya, do you have comments still on page 8-13? You were on the list on Friday. Mr. Yakeleya.

MR. YAKELEYA: Thank you, Madam Chair. My questions have to do with medevacs in the Northwest Territories. I want to ask the department when will this exist, and who and when will this contract be up for renewal, or when is the department going to go out for additional airline companies to look at this contract.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Yakeleya. Mr. Beaulieu.

HON. TOM BEAULIEU: Thank you, Madam Chair. The existing medevac contract has been extended for us to do a thorough and proper review. The RFP will hopefully be out in April and we're expecting to have a new contract in place by September 30, 2014.

MR. YAKELEYA: Madam Chair, the new contract is next year, so they are extending it until next year. As the Minister indicated, due to the evaluation or analysis of the medevacs, in that case what is the backup plan if it's not possible to get medevacs out of the communities. What is the backup plan?

HON. TOM BEAULIEU: Madam Chair, I think I will ask the deputy minister to respond to that. I'm not 100 percent sure that I understand the question. I think the deputy can respond.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Minister Beaulieu. Ms. DeLancey.

MS. DELANCEY: Thank you, Madam Chair. Just to be sure I understand the question, the question is about what's the backup plan if a medevac can't get into a community to pick up a passenger.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Ms. DeLancey. Mr. Yakeleya.

MR. YAKELEYA: Madam Chair, maybe I could have expanded a little more on the question. That is the answer from the deputy minister, is usually a normal backup plan is to provide by the carrier. Sometimes that may not be the case. If one plane

is not available, and another aircraft carrier is not available, then what is the backup, say, in the Sahtu region if the aircraft are not available and we have an aircraft company sitting in the Sahtu and just sitting at North-Wright in Norman Wells? Are they being asked to help with the medevac services for that period of time? Thank you.

MS. DELANCEY: Madam Chair, right now part of our contract for air ambulance service is what we call the triage and dispatch function. What the Member is referring to would be part of that whole complex decision-making process, if there is more than medevac required at a time, and looking at what is the most urgent, consultation with the emergency room in Stanton, consultation with medical personnel determining what patients can be stabilized. It is the responsibility of the contractor to find a way to get that patient out, though. Thank you, Madam Chair.

MR. YAKELEYA: Madam Chair, I have some questions I'm going to give to the Minister and get some response to my questions. I have two more questions.

Why are there two budgets, one for the air carrier and one for the medical service when other organizations can provide a service that accounts for both in the pricing? Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Yakeleya. Minister Beaulieu.

HON. TOM BEAULIEU: Thank you, Madam Chair. One is an air carrier and one is for personnel services to support the air ambulance flights and so on. For a more detailed reason on why there are two separate contracts, I'd like to ask the deputy minister to provide a response.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Minister Beaulieu. Ms. DeLancey.

MS. DELANCEY: Thank you, Madam Chair. I'm not familiar with the details of why the RFPs were constructed the way they were when the current contracts were let. It may be that it was felt that was the way to get the most effective service and the best price. It is one of the issues that are being considered right now in constructing a new RFP. I think it's very possible that you may see one in the future. It's possible that one party could bid on both elements of the service. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Ms. DeLancey. Mr. Yakeleya.

MR. YAKELEYA: Thank you, Madam Chair. I look forward to some of the rationale and to see where we go from there.

I want to ask the Minister, in light of the recent attention that the Sahtu is receiving with the oil and gas exploration activities and the number of workers coming into the region, when we're looking at medevacs, it seems logical that a community

such as Norman Wells would serve the Sahtu region and would be more stabilized in terms of medevacs for our region.

I want to ask the Minister, when the evaluation is being looked at, that the community of Norman Wells or the Sahtu is the hotspot or it could be with this type of service. Is that something the Minister is going to consider other than the pricing of this service? We're looking at services now for the Sahtu region.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Yakeleya. Mr. Beaulieu.

HON. TOM BEAULIEU: Thank you, Madam Chair. We are going to look at actuals on all of the medevac flights as we roll out the new RFP. The new request for proposals will have that type of information to support the RFP so that individuals who are bidding on the contract and companies that are bidding on the contract will know what is required of them, where the majority of the flights will be originating from. Definitely, if there is the exploration activity in the Sahtu, it nets a lot of additional medevac flights out of the Sahtu, then that would form part of the RFP and that would be considered in the evaluation of the RFPs.

MR. YAKELEYA: I'm looking forward to the actuals in the evaluation. We're looking at the quality of medical services in our community. I wanted to ask the Minister on the monitoring of how many medevacs, and the Minister said he would look at the actuals. How many medevacs in the community for each month, is it monthly, seasonal, or annually? How we are measuring ourselves? Right now there's one carrier that does all the medevacs in the Northwest Territories. How do we measure that in terms of services? They might be quite busy; they might be doing a really good job. I'm not too sure.

Like I said, there are people in my region who said we could work together. Not one company can have everything. That puts us against them. That's not fair. There are other airline companies that can also do the work, and they are up to the challenge. This is an opportunity to work together. I want to ask the Minister in terms of the trend of monitoring this medevac contract.

HON. TOM BEAULIEU: We do get monthly reports from the current provider. There is a requirement within the current contract for that information to be gathered by the contractor and provided to our department.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Beaulieu. I'm just going to call the page again, and then I have Mr. Bromley. Health and Social Services, operations expenditure, directorate, \$8.599 million. Mr. Bromley.

MR. BROMLEY: Thank you, Madam Chair. I just want to follow up on a couple of my colleagues'

questions. Just on this most recent one, I know the Minister is aware of my thoughts on this. I was disappointed that the contract didn't go out for RFP when it came due and that there was a decision made to extend that. I don't know if there was an additional cost to that or not.

I think one of the issues that we're raising is often we have small airlines that are based in our smaller communities, but without support they're not able to maintain their services like they would otherwise be able to. Of course, since they're already there, the service is better, the potential service is considerably greater. I don't have any questions. I think my colleague Mr. Yakeleya asked the questions there, but I do want to underscore the same concern. I'll look forward to this coming out in April and see what we can do on that front.

I also wanted to follow up on Ms. Bisaro's question. I note under grants and contributions there is a difference of \$70,000, and that is explained on the following page with a review of the Integrated Service Delivery Model that was done by the Hay River authority. Here it says that review was completed. My two questions are: Are we talking about the same review, or was this a separate review than the one that the Minister and Ms. Bisaro talked about? And can the Minister encapsulate the results of what was the main message we learned from that review?

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Bromley. Mr. Beaulieu.

HON. TOM BEAULIEU: Thank you, Madam Chair. I guess I wasn't clear on this. The review portion of the ISDM is complete. Right now the doctor that we have hired is doing the clinical services plan to develop or to upgrade or amend, I guess, the Integrated Service Delivery Model.

MR. BROMLEY: What I'm hearing is the review was completed, as stated on page 14, and in actual fact what is coming due in August this year is the clinical services plan, which takes off from the results of the review and addresses it, and that would be brought before committee. Am I correct there?

HON. TOM BEAULIEU: Yes, that is correct.

MR. BROMLEY: I think I will leave it at that. I am interested in results, but committee is there to deal with that. I'll look forward to that.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Bromley. Anything further on page 8-13, Health and Social Services, activity summary, directorate, operations expenditure summary, \$8.599 million?

SOME HON. MEMBERS: Agreed.

CHAIRPERSON (Mrs. Groenewegen): Page 8-14, Health and Social Services, activity summary, directorate, grants and contributions, \$35,000.

SOME HON. MEMBERS: Agreed.

CHAIRPERSON (Mrs. Groenewegen): Page 8-15, Health and Social Services, information item, directorate, active positions. Mr. Moses.

MR. MOSES: Thank you, Madam Chair. I just wanted to ask the Minister, in terms of under the territorial health services division, if he's got a plan in place for the oral health care, such as dental health for some of the smaller communities that don't have those services, and if he would be willing to commit to having a more ongoing presence in the smaller communities, such as possibly creating some type of mobile dental unit.

Dental care services that are needed for some of the dental care in the small communities are not being addressed, and in some cases our dental hygienists are only going in for a day and coming out and not providing the proper services or quality of services to the small communities. I'd just like to see where the Minister is at with that.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Moses. Mr. Beaulieu.

HON. TOM BEAULIEU: Thank you, Madam Chair. We have some progress to report within the last month. I would like the deputy minister just to provide the details of the progress we've made in this area.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Beaulieu. Ms. DeLancey.

MS. DELANCEY: Thank you, Madam Chair. Yes, this is a concern that is shared among all three of our territories, especially in areas where dental services are not readily available. We are having a harder and harder time to recruit dental therapists because the dental therapy school in Prince Albert was shut down.

Under the Territorial Health System Sustainability Initiative, THSSI, there is a pot of money that is set aside for pan-territorial initiatives. We did propose with the other territories a co-operative project to hire staff. NWT will be the lead to look at developing a broad oral health strategy for remote communities. We were not able to do anything on this until Canada had signed off, but we do have agreement on this pan-territorial initiative.

We do have funding to hire staff for the next year to work on this. We do hope, with that funding, to come up with some cost-effective and, actually, meaningful on-the-ground initiatives that we can roll out in the small communities, in addition to some of the work that we already do. We do have a Dental Therapy Program. We do have many of our dental therapist positions filled, and we do do a fair amount of oral health work through the Healthy Families program and through the schools, but we know we need to do more. We are developing this strategy over the next year.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Ms. DeLancey. Mr. Moses.

MR. MOSES: Under the territorial health services division, and particularly with home care and home care with seniors and people with disabilities going into some of the communities, I know in Inuvik the home care staff do a great job of getting out to the communities, but they are being overworked in a sense to try to keep up to the demand of home care needs. I'm sure it's similar in some other communities or smaller communities that might not even have the home care provided.

In terms of Inuvik specifically, does the Minister know if there is a need to increase the home care, either possibly a half PY or another full PY, to address some of the other home care needs that I feel are going not above and beyond but above the capacity that we have right now?

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Moses. Mr. Beaulieu.

HON. TOM BEAULIEU: Thank you, Madam Chair. Yes, we do need an increase in all of the home care. We are hoping to expand the home care services right across as part of the continuum of seniors' care. We can provide perhaps some of the other financial details. For that I can ask the deputy minister to provide that.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Beaulieu. Ms. DeLancey.

MS. DELANCEY: Thank you, Madam Chair. We are in the last stages of negotiating a new agreement with Health Canada for our home care funding to kick in on April 1, 2013. We do understand that there will be a slight increase in the funding, probably from this year's amount of \$4.6 million to \$4.7 million. We're also being told that there's likely to be an escalator, so we should see that amount increasing. In terms of actual plans to expand services, of course, we need to wait and see what our actual budget is going to be.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Ms. DeLancey. Mr. Moses.

MR. MOSES: Just staying under this division here, in terms of long-term care, I know in Inuvik we do have a waiting list of seniors that are requesting to get into the long-term care facilities and also looking at funding for the day program use. Kind of two questions, but the first one is: Does the Minister have a plan to address the waiting list of seniors wanting to get into the long-term care unit within the regional hospital? Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Moses. Minister Beaulieu.

HON. TOM BEAULIEU: Thank you. To introduce more long-term care beds is a capital item, but we are working on that. So just to indicate what type of work we're doing, I guess leading up to the need for

more capital, I again ask the deputy minister to provide some detail.

CHAIRPERSON (Mrs. Groenewegen): Thank you. Ms. DeLancey.

MS. DELANCEY: Thank you, Madam Chair. As Members are aware, in our capital plan now we are expanding the number of beds that are available at the Jimmy Erasmus Centre in Behchoko. We do have capital funding to construct long-term care beds in Norman Wells and those will be the first beds available in the Sahtu. That will take some pressure off existing long-term care facilities.

At the same time, as I believe the Minister had indicated last week, we are just putting the finishing touches on a request for proposals that should be going out within the next two weeks in which we're asking for an overall strategic plan for the continuum of care.

We realize that there are gaps in service. We realize that we need to do everything from working in partnership with the Housing Corp to do more supportive living, to expanding elders' day programs, to eventually expanding services for when people do need to be in long-term care facilities. So part of that project will be updating the estimates based on demographics of what our long-term care needs will be over the next 25 years so that we can make sure, through the capital planning process, we continue to address them. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Ms. DeLancey. Mr. Moses.

MR. MOSES: Thank you. Then just moving into another area under the population health division in the area of health promotion, intervention. With the Health Promotion Fund... Sorry; I'm moving all over the place. Sorry. No further questions there, Madam Chair.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Moses. On page 8-17 I have Mr. Hawkins.

MR. HAWKINS: Thanks, Madam Chair. The question I have is under Health and Social Services Authority administration. Maybe the Minister could break down what the activities associated with the management and administration are just to help get some clarity. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Hawkins. Minister Beaulieu.

HON. TOM BEAULIEU: Thank you, Madam Chair. We didn't hear the question.

CHAIRPERSON (Mrs. Groenewegen): Great, thank you, Mr. Beaulieu. Some discussion going on here about what page we're on. I know I had called Health and Social Services, directive, active positions, information item. Agreed?

SOME HON. MEMBERS: Agreed.

CHAIRPERSON (Mrs. Groenewegen): Agreed, thank you. Health and Social Services, program delivery support, operations expenditure summary, \$40.686 million. Mr. Hawkins.

MR. HAWKINS: Thank you again, Madam Chair. I'm wondering if the Minister can provide some details as to what activities are associated with the management and administration under the health authority administration, if he could provide a breakdown as to what that is. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Hawkins. Minister Beaulieu.

HON. TOM BEAULIEU: Thank you, Madam Chair. We're talking about 8-17, the health services administration division. I just want to get clarification because I'm not clear on what page we're on here.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Minister. We're on page 8-17. Mr. Hawkins.

MR. HAWKINS: Yes, Madam Chair, the funding actually shows up on that page, but the detail of the heading title is on page 8-16, which we deal with together.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Hawkins. Minister Beaulieu.

HON. TOM BEAULIEU: Thank you, Madam Chair. I will have the director of finance provide the response.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Beaulieu. Ms. Mathison.

MS. MATHISON: Thank you, Madam Chair. That budget line is for the staff of the health services administration office. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Ms. Mathison. Mr. Hawkins.

MR. HAWKINS: Thank you. So is the whole sum total paid out for the staff, or are there other activities associated with the management and administration?

MS. MATHISON: Thank you. \$1.486 million of the amount is for compensation and benefits. The remainder is for other expenses, travel, materials and supplies.

MR. HAWKINS: Sorry; did I hear the director correctly, tourism supplies did she say? I was making a note. Maybe if she could explain what that is under this health line. Thank you, if that's what she actually said.

MS. MATHISON: Thank you. It's for materials and supplies. So for office supplies and that kind of thing.

CHAIRPERSON (Mrs. Groenewegen): Okay, there is such a thing as medical tourism, but that's not what she said. Okay, thank you, Mr. Hawkins. Next I have Ms. Bisaro.

MS. BISARO: Thank you, Madam Chair. I have a number of questions in this section. I want to first talk about midwifery, and we've talked a great deal about midwifery in our statements and oral questions in the House, but I want to try and get my point across to the Minister here that I don't believe we need a clinical coordinator position, which is what is called for in this budget. I believe that we don't need to do any more planning. I believe that we have the act on the regulations in place which are currently governing the Midwifery Program in Fort Smith, and I believe really strongly that we can hire a couple of midwives and put them into Hay River and start the program in Hay River in 2013-14, as opposed to spending the year and the money planning and start the program in '14-15.

I think we do this too often. We plan more than we need to, and I recognize that the regulations may be out of date, but the regulations seem to be doing just fine, thank you very much, for Fort Smith and have been doing just fine since 2005. So I don't quite buy the argument of the department and the Minister that we need to put money into a coordinator, or to put midwifery into a new community, and I don't buy the argument of the department that we need to spend a year planning and drafting regulations and policies and whatever. So I wanted to make that statement.

I wanted to also ask a question with regard to the health services administration division. The administration of our health benefits programs is done through Inuvik, the department has located that section of the department there. There have been, I think the Minister is well aware, a number of issues with customer service and particularly with an inability for residents to get somebody to call them back. I understand that often staff are busy, but there have been situations that I am aware of where people either e-mail or phone, and the e-mail is never responded to, the phone calls or the phone message that is left is not responded to. In one situation the resident had to contact me as their MLA and ask me to intervene. For whatever reason, our phone call, the phone call from my office got results within a couple of days, but this person had been trying for two and three months to get an answer out of health services in Inuvik. So I would like to suggest that the Minister needs to look at the operation of the office in Inuvik and try to not streamline it, because I don't think we need to streamline it any more, but we do need to look at it with a view to better customer service.

My question here has to do with health care cards, and I think somebody mentioned it last week, that there's always been the perception that we have more people with health care cards than we do have residents in the NWT, and a couple of years ago the Health and Social Services department did do, I think, an audit of health care cards. I'd like to know the results of that audit and I'd like to know if

the current practice of asking people to reapply for their health care card is expected to solve the problem of people with health care cards not living in the Territories. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Solve the problem if it ever existed. Thank you, Ms. Bisaro. The result of the study, Mr. Beaulieu.

HON. TOM BEAULIEU: Thank you, Madam Chair. The whole issue of midwifery, if we put midwives on the ground, we will do it without working with physicians and doctors that are in place now. We will do it without community consultation. We will do it without educational standards for midwives. We will do it without having territorial standards for midwives. These are the things that we want to put in place before we proceed.

We're going to get the money on April 1st. We think that, as people working in the system, developing standards in education, setting up other standards territorial-wide, and working with the physicians on the role of the midwives in the whole system are important. We think it's important to do some community consultation. We don't really think we should rush into this. We don't really understand why there is an insistence that we rush into this and hire midwives immediately. We think that we want to develop a program that will have long-term success, not something that we want to put in place and then try to make it work as we are running through the system.

Right now we have an opportunity to what I think is put a good complementary system in place for midwives that work with the physicians in the system. We seem to be getting a lot of pressure to be able to just hire midwives. We need an opportunity to go through the system, not slowly but in a reasonable time in order to make good decisions with this.

On the health care cards, we are trying to improve the system. We recognize that a few people have had issues in the system as we change the way we are going about renewing health care cards. Instead of sending out forms to individuals, we're sending out postcards, giving people personal responsibility to fill out the forms and get them into the office and then a new health care card would be provided. We recognize that there are some glitches in the system and that there is some fine-tuning that is needed. We have a systems navigator in place at Health and Social Services that can work with individuals that have issues with health care cards. There is a 1-800 number. If there is an issue with communicating that to people, that we have someone that's prepared to, in the system, help them with getting their health care cards in time, then we can send that information. We can communicate that out to the general public.

The majority of the time it is not an issue, but as issues come up in the system, then yes, we hope to

address the issues. We are doing health care cards expiring, I think, over the next two years. We have indicated that we thought there might be about 3,000 per month, but it could be less than that, as well, depending on how many of them are expiring next year as opposed to expiring this year.

MS. BISARO: Madam Chair, I didn't hear an answer to the customer service issue there, but I'll just leave it at that. It was a comment.

I did want to ask the department about another change which apparently is in the works and it has to do with recruitment of physicians. There has been some talk about the development of a physicians pool to try and deal with the absence of physicians in some communities; Hay River, for instance.

I'd like to ask the department with regard to this change in our system to go to a physicians pool. Is that something which is still in the works? When can we expect to see that finished if it is? Thank you.

HON. TOM BEAULIEU: Madam Chair, yes, that is in the works. As I indicated in the House several times, we are making a strong effort with the health authorities to bring doctors to communities where the doctors should be. We are definitely having difficulties getting doctors into Hay River. We are hoping that with the new health centre, plus our work with the NWT Medical Association, we are going to be able to have doctors in Hay River. If that doesn't work, and if that doesn't work in any of the other communities where there should be doctors, then yes, a plan B would be to move to a pool within the NWT, a territorial pool where doctors would be located somewhere in the Northwest Territories that could be working in one of the communities designated to have doctors.

Right now the schedule as is, there are nine doctors in Inuvik, of which we have five two doctors in Norman Wells; two in Simpson, neither of which has doctors living in them; two doctors in Behchoko that live here; five doctors scheduled for Fort Smith, of which we have two; and seven scheduled in Hay River, which we have none. The plan is, once we work with the Joint Leadership Council – that is the chairs and the public administrators of all the health authorities across the territory – then we will develop something such as a territorial pool that would... The territorial pool of doctors would not necessarily be in Yellowknife, but somewhere in the territory. In reality, we could have a territorial pool of doctors, as an example, in Inuvik that would work the Sahtu. We could even have a territorial pool doctors in Smith or Hay River that work in other parts. Like, many of them do come to Stanton to work in Stanton.

An example is of the two doctors we have in Fort Smith, one of the doctors does shifts up here at the Stanton. That would be an example where doctors

would be free to move around within the system to provide a better service for the people of the Territories.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Beaulieu. Ms. Bisaro, your time is up. We are moving on now to Mr. Moses, please.

MR. MOSES: Thank you, Madam Chair. I had some questions earlier, so there was a little bit of mix-up over on this side of the table here.

In terms of the telehealth coordinator position, I would like to ask the Minister if he can give us just a quick update on how the telehealth program is being administered, and the effectiveness, and how many of all the communities hooked up to the telehealth system are actually utilizing the telehealth services. Thank you, Madam Chair.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Moses. Minister Beaulieu.

HON. TOM BEAULIEU: Madam Chair, we can provide a general response. I will have the deputy minister do that.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Beaulieu. Ms. DeLancey.

MS. DELANCEY: Thank you, Madam Chair. We will certainly get some further information. I don't believe we have one telehealth coordinator in the system. Most authorities have either a telehealth coordinator or an individual whose job it is to do that in addition to other duties.

We do have telehealth capability in all of our communities. We understand that while usage is increasing, there is still some reluctance to use telehealth. In some cases, it's simply because we are relying on locum physicians or locum nurses who may not be familiar with it or know how to use it. In other cases, we have heard there is some concern about using it when the technology is not 100 percent reliable. We still have delays. We still have slower services in many regions than we do in Yellowknife. In some cases, it's simply an infrastructure issue where the telehealth equipment may not be attractive or readily accessible. For example, I believe it's in the Beaufort-Delta that they're looking at actually relocating it so that it's more an integral part of the clinic and the physicians find it more convenient.

We do still have some challenges to overcome but, certainly, the measures that were tabled last fall, we do see an increase in utilization. It's being used extensively for speech language pathology. It's being used for professional meetings and discussions. It's being used for professional education as well as for actual direct treatment. Then, of course, quite exciting is the recent partnership that we've entered into with Dalhousie University where we are now not only getting psychiatric services here on a rotating basis but

psychiatric telehealth from Dal when there's not a psychiatrist available in Yellowknife.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Ms. DeLancey. Mr. Moses.

MR. MOSES: The question that I wanted to ask earlier was with the Health Promotion Fund. Can the Minister maybe just give us an update in terms of funding for the dollars, if there has been an increase in the terms of dollars specifically towards the Health Promotion Fund over the last, let's say, maybe three or four years. If he can give us an update on that.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Moses. Minister Beaulieu.

HON. TOM BEAULIEU: Thank you, Madam Chair. We don't believe there has been an increase. If there has been an increase, then we can get back to the Member, but we don't believe there has been an increase in that area in the last three or four years.

MR. MOSES: I think it was during general comments that I made some comments towards the Health Promotion Fund and asked about multi-year funding. The Minister did confirm that there was multi-year funding with no cap on the years that a certain organization can continue to get that funding, and if it is a successful program, it would possibly turn into core programming dollars to fund the successful program. In terms of the Health Promotion Fund, if it hasn't increased and we do get the same organizations utilizing the same dollars for successful programs, that doesn't free up any new dollars for any other organizations that are coming up with unique or innovative ideas that can have an impact on the health of our residents of the Northwest Territories.

In that sense, does the department look at creating some type of limit on the number of years that an organization can access funding? If it's continued, then it just becomes core funding, from what I'm thinking.

HON. TOM BEAULIEU: There is no limit in the time that we can provide funding to an organization, and then we look at any new organization in this area on a case-by-case basis.

MR. MOSES: A last question on this page here. It goes back to the Midwifery Program and some questions that were brought forward by my colleagues here. In the midwifery report there was a standard of practice for registered midwives in the NWT, February 2005. You go through it and there is some really good information there in terms of standards for midwives that would practice in the Northwest Territories. We constantly hear the Minister say that they need this coordinator to develop regulations, standards and competencies before moving forward.

I'd like the Minister to give me his reasoning why we're not using these standards of practices for midwives that were signed off by one of our previous Ministers of Health, and why do we have to reinvent the wheel. Why do we have to go back out and continue to try to develop these standards that are sitting right in front of me? I'd like to ask the Minister why we are going to waste a year developing standards when there are midwives in the communities that need healthy pregnancies and healthy deliveries.

HON. TOM BEAULIEU: This is the 2005 standards that will have to be updated. I do believe that the 2005 standards were developed for community midwifery, which was midwifery that is continuing on in Fort Smith. We recognize that that has been a successful program. We're trying to develop territorial standards. We are trying to build on the standards around the education requirements for midwives. As I indicated, there is going to be some consultation within our system with physicians and also community consultation. Also, the plan was to have a discussion and utilize the current midwives in order to develop and update the standards. We don't consider it a waste of our time to be doing this work.

MR. MOSES: Just continuing on, the Minister mentioned that these standards were made for a community recommendation, and the recommended model that was based out of the midwifery report specifically asks for community-based models. That's what we're trying to get started up in Hay River, on-the-ground running. We have the standards.

With that said, can I ask the Minister what standards are the midwives in Fort Smith using right now? If these need to be revised, and it's a successful program in Smith, and we're going to support it, what standards are they using in Smith, and why do we have to revise if it's a successful program? It confuses me and this Minister's confusing me.

HON. TOM BEAULIEU: We will revise or upgrade the standards to the standards of today. Those midwifery standards were community standards also developed in 2005. I'm assuming that even in Fort Smith we were planning on updating the standards, even with the one that's operational in Fort Smith.

Also, the thought is that Hay River would become more of a regional midwifery operation, so that we're going to look at incorporating the regional standards into this, and so that when we move to Inuvik we will have a lot of the standards developed. But then in Inuvik it's going to be slightly different, because in Inuvik the catchment area for the midwives in Inuvik would be some communities that are fly-in only. There are some regulations around the flights people are taking, pregnant

women, on when they would fly, when they would see the midwives and so on, assuming they choose to have their deliveries with a midwife.

In Hay River, the regional program there, we're going to have the catchment area there all be driving into Hay River. The standards are going to be slightly different than just the community one. We're looking at upgrading or revising the standards to develop standards that would encompass every midwifery program available. The education standards we also consider to be important. Right now we don't know if we're going to educate our own midwives or if we're going to draw on midwives that are already educated in other parts of Canada or other parts of the world. Right now we want to look at our education standards around the midwives also.

We're hoping that at the end of this coming fiscal year we're able to have children from Hay River born in Hay River. We also hope by that time there is also physicians in place that will support that. We think that the fact that two new physicians have come to Fort Smith, it's going to increase the amount of children from Fort Smith born right in Fort Smith. Right now, with only midwives, about 50 percent of the children from Fort Smith are born in Fort Smith. We're hoping to increase that number by introducing physicians. In Hay River we hope to have the same type of success when the midwives are in place and there are also Hay River doctors in place.

CHAIRPERSON (Ms. Bisaro): Thank you, Mr. Beaulieu. Mr. Moses, your time is up. I can put you back on the list if necessary. Next on the list is Mr. Bromley.

MR. BROMLEY: Thank you, Madam Chair. I guess I just want to start by saying I support my colleagues on this demand for midwifery service now in Hay River. I recognize that we could do public consultation on this, but I don't see any conflict with getting something going now. I am surprised by the Minister's question about why are we pushing this. I wish he'd had time to go out and speak to the young ladies, young families, moms and dads and kids that were walking outside the building here a couple days ago. The demand is there. People want it and they want it now.

We have had programs. We've cut back on our programs. That was years ago now. It was so-called temporary, cutting back the Yellowknife program. Now Yellowknife is completely out of the ballgame here. There is certainly no level of trust in the public on this issue. People want action now. They don't want us talking about it anymore. We are supporting our public in this case.

My understanding is the federal funding for the midwife goes through 2013-2014. If that's the case, we should be using that money to hire midwives. The bottom line is we have to get something on the

ground in Hay River, be it a couple of part-time, half-time midwives or whatever, but let's get going. None of that would prevent the Minister's methodic and thorough, and some might say pedantic but I realize that work needs to be done, but none of that would be delayed. That could be ongoing.

I certainly agree with comments on standards. We have a very happy community that is, as far as I know, enjoying a sterling record of midwifery services without kerfuffles, given the standards that they're meeting. The experience communicating with other providers, physicians and so on, are there. We have those, and those are available for consultation as we put this program in place in Hay River. I don't have questions there.

We have a report that again outlines many of the benefits which I know the Minister recognizes. Again, there is no question in terms of why we want this. They demand it, and the benefits are huge. That's why they're demanding it. So let's get going with some on-the-ground services on midwifery.

The Healthy Families program, I believe that's under this page, but it may come under community health later. I see community health programs are here as well as later. I'm just wondering what our expansion plans are for Healthy Families this fiscal year that is being proposed, 2013-2014. I know we've done some expansion in the past on this program that I heartily endorse, and I appreciate the efforts of the department to do that expansion. I'm wondering where our expansion is this year.

CHAIRPERSON (Ms. Bisaro): Thank you, Mr. Bromley. Mr. Beaulieu.

HON. TOM BEAULIEU: Thank you, Madam Chair. I guess for clarification, I just want to explain what it is that we're doing with Healthy Families and the internal discussions we're having for expansion. The Healthy Families have been expanding to all of the regions. I believe we have a program in every region. Just expanding now into the Sahtu, and then that would place us into all of the regions.

The next plan for expansion, I guess contingent upon getting the funding through the business planning process, is to expand to the larger communities in the regions that don't have a Healthy Families program. It is very much contingent upon where the children are born, which community the children are born in. If we have a lot of births out of Tuk and Aklavik, then the plan is to expand into those two communities.

So any communities where we have a lot of births, that is the plan. But for now what we have on the books is what we're funded for. Anything beyond that, we come back through the business planning process for additional dollars to expand beyond the last thing we're putting in the Sahtu.

MR. BROMLEY: Thanks to the Minister. That sounds like a plan. Is the Sahtu being done during

this current fiscal year that we're in? And if that's the case, and we've heard the plan to go where there are lots of new babies, where in the budget do we have the proposal for expanded healthy families programs for this fiscal year coming?

HON. TOM BEAULIEU: We don't, beyond what is indicated in our business plan now, have in our mains more money targeted in here. However, we are working with the Department of Education, Culture and Employment in the early childhood development. Some of that money could be used to expand Healthy Families beyond what we have laid out, which would, I think, include most communities where there are a number of births.

MR. BROMLEY: I guess I'm disappointed that we're not identifying new dollars for this year, but I appreciate the Minister's answer there. I will just mention that the Healthy Families program is what I consider promotion and prevention. It's the number one program in the promotion and prevention. I know we're going to be speaking to that throughout the department here, but I want to raise that flag.

I guess my last question. Do we have regional programs? I know in Yellowknife we have a number of homes for people who require supportive living. It's almost independent supported living, but often in groups. I believe that is a co-operative program between Health and Housing. I'm wondering, do we have those programs in our regions, and do we have an inventory of the people who require this sort of support and housing?

HON. TOM BEAULIEU: We would be able to provide an inventory of units that are targeted to supported living, but we don't have that information with us here today.

CHAIRPERSON (Ms. Bisaro): Thank you, Mr. Beaulieu. Mr. Bromley, you have 53 seconds. Do you have another question?

MR. BROMLEY: Thank you, Madam Chair. That's all I have for this page.

CHAIRPERSON (Ms. Bisaro): Thank you, Mr. Bromley. Next is Mr. Dolynny.

MR. DOLYNNY: Thank you, Madam Chair. My questions will be on EMR, so that gives the Minister a chance to find the queue in the page.

One of the five priorities of the 17th Legislative Assembly was to ensure fair, reasonable and sustainable health care systems. EMR was not directly mentioned in our original priorities, but it was implied as something we were going to invest in for our future. Currently, Yellowknife and Hay River are fully operational EMRs, and we know that the Department of Health and Social Services has received territorial funding for this as well as federal funding through I believe it's called the Infoway funding.

Can the Minister or the deputy minister give us a clear indication of how much money we have spent so far in EMR and how much of that money was federal money that we have?

CHAIRPERSON (Ms. Bisaro): Thank you, Mr. Dolynny. Ms. Mathison.

MS. MATHISON: Thank you, Madam Chair. On the EMR project, Infoway funding is projected to be \$4.1 million and GNWT funding is \$6.2 million.

MR. DOLYNNY: Okay. I appreciate those numbers. Now, we're very much aware that this is going to require a territorial rollout at some point in time. It's very difficult for me to see here within this budget how much this rollout is going to be in this fiscal budget. I'm assuming there's going to be some type of O and M cost or operational cost to maintain this EMR program.

Can we get a bit more elaboration? Where is it embedded within the framework of program delivery support in this activity summary, and what is going to be the ongoing cost as we move forward?

CHAIRPERSON (Ms. Bisaro): Thank you, Mr. Dolynny. Mr. Beaulieu.

HON. TOM BEAULIEU: Thank you, Madam Chair. We are just going to locate that information and then we will have the... Okay. Perhaps I could get the deputy minister to provide some detail on the expenditure.

CHAIRPERSON (Ms. Bisaro): Thank you, Mr. Beaulieu. Ms. DeLancey.

MS. DELANCEY: Thank you, Madam Chair. I believe that the funding that's new O and M money in this year's budget is in fact under hospitals. So we're not actually on that page yet.

I can talk a little bit about the rollout plan. As the Member indicated, the EMR is being used now in Yellowknife and Hay River. Both Yellowknife Health and Social Services and the Hay River Health and Social Services Authority had chosen the same EMR program, which sets the stage for them to start moving towards greater compatibility.

Work that's been done to date over the last year, we do have an EMR committee that is co-sponsored by Dr. Ewan Affleck, who you've probably all seen on national ads as an EMR champion, identified by the Canadian Medical Association. He co-chairs this initiative with the department. As was noted, we have received a fair amount of support from GNWT capital funding as well as Canada Health Infoway. That funding will support planning, development, purchasing of software, customizing of software and the rollout, but it does not support the ongoing O and M costs. We do have in the budget new funding of \$489,000. That's proposed to support four positions, which

would start to address the need for the ongoing O and M.

In terms of rollout, the first step, and we're doing this right now, we have chosen a vendor. We have a short-term contract with the vendor, the vendor is for the same EMR program that's currently in use in Yellowknife and Hay River and as part of that short-term contract we are doing proof of concept, doing some adaptation, because right now the two authorities use the program differently in order to realize the benefits to all our residents, to realize the benefits for chronic disease management, we really need to have consistent use across the Territories. So the first focus is on working with Yellowknife and Hay River authorities and then the rollout to the other authorities is going to take place in a phased approach. There's a number of building blocks we need to put in place. Right now we only have two of our authorities that take advantage of these services of the TSC within the GNWT. That's the Deh Cho and Sahtu. In order for us to effectively use the EMR, we really need our authorities all to be on the same platforms, to be using the same software. So our first step is to work with all our authorities to bring them on to the TSC.

Then there's an issue of capacity. Some authorities are more eager or more ready to get started than others. Right now part of the work that we're doing at our steering committee is planning the rollout, identifying who wants to be first, who wants to be second, who do we migrate to TSC. We're getting, actually, great support from the Department of Public Works and Services right now in looking at what's involved in migrating our authorities to the TSC. So it's a fairly comprehensive undertaking and we would expect the rollout to take as much as four years, depending on how quickly we can put all these pieces in place. Thank you.

CHAIRPERSON (Ms. Bisaro): Thank you, Ms. DeLancey. Mr. Dolynny.

MR. DOLYNNY: Great, thank you. I appreciate the deputy minister's thorough reply there. It's good to hear that we're definitely moving along in this area. So the numbers I did receive, I believe my math is okay, \$10.3 million that we've spent this far; \$4.1 million was federal money. We see in the budget, and again I do appreciate leniency, we're talking about something further on in our activity summary at \$489,000. Does the department have a number in mind as to what the annual cost or estimated costs are going to be at the end of the four-year so-called rollout? So something that we can maybe anticipate on a yearly costing for the maintenance and the continuance of electronic medical records. Thank you.

MS. DELANCEY: Just by way of correction, we have not actually spent \$10 million to date. In fact, we just signed the agreement with Canada Health Infoway for the \$4.1 million. We may not spend all

of that \$4.1 million. The way Infoway works is we are reimbursed as we roll the program out to a certain number of providers. So that's a maximum amount of money that we could spend. In terms of ongoing O and M costs, we have been told by our technical experts that to fully operate this system throughout the Territories on an ongoing basis could take up to as many as 10 or 12 positions, and these positions, they're doing security, they're doing data integrity, they're training, they're upgrading the system, they're testing new applications, they're supporting practitioners.

It's difficult to give an accurate sense of the ongoing incremental cost because we know that some of these functions are going on today in our authorities. So there may be some net savings. We also are working towards the concept of a back office where, very much, we are looking at authorities sharing resources, not necessarily centralizing positions, but sharing expertise so that we don't have to duplicate the same functions eight times. We really hope that by taking a virtual back-office approach to operating the EMR, we will be able to achieve some savings. It would, however, probably be safe to estimate that you're looking at somewhere in the range of \$800,000 a year to a million a year to the full care and feeding of the EMR on an ongoing basis. Thank you.

MR. DOLYNNY: No further questions. But I do appreciate the thoroughness of the reply and I appreciate the numbers being shared today. Thank you, Madam Chair.

CHAIRPERSON (Ms. Bisaro): Thank you, Mr. Dolynny. Next on my list is Mr. Bouchard.

MR. BOUCHARD: Thank you, Madam Chair. I appreciate the department's answers to all these questions and I appreciate the Minister's responses as well. I guess this is the beginning of the process that, when coming into this job, I thought I might find it frustrating being in private business where we implement stuff a little quicker than the government, and this is one area that I think is lacking with our government system, and it's in the area of midwifery.

The Minister has asked why we're so concerned about trying to implement things quickly and trying to move things ahead. It's basically because I think most Members here and the general public are concerned and frustrated with the system the way things are set up. Midwifery is already set up in Fort Smith. In Yellowknife they stopped the process, did a study, which took them a long time to do, re-established it in Fort Smith and that study indicated this is what we should suggest for implementation. Now we're given that we need to create a bureaucracy where we have a coordinator the first year, then the second year we go into Hay River, the third year we go into Inuvik and Behchoko, then the fourth year we'll go into other communities like

Yellowknife and Norman Wells and other potential sites. So I think the area of timelines is the fact that we're seeing a project, something that's been assessed, something that we did a study on, and now we're looking at implementing it over four years. Why can't we do a coordinator and implement Hay River in the same year, if that's the wish of the department or if that's the way it's going to go forward? Why can't we multi-task in this system?

So, as I indicated, I respect the department's hard work, but I think we should be implementing this quicker. This is what people want. The Minister has asked why we want this so quickly. I've been in this House, I've shown people sitting in this Legislative Assembly, friends of mine waiting to have a baby in Yellowknife. We want to have babies in our communities and the Minister knows that. These are people that are, you know, the one person it was her third child. She's got a husband waiting in Yellowknife, she's got kids waiting in Hay River and she's got family in Hay River waiting to have a child. That's why we're looking to implement this.

So we are frustrated with the system and I'm glad to hear that Fort Smith is doing well, and I know the percentages go up when you have a full-time position and I know the department is working on that stuff. The timeline is also due to the fact that we know once we say, okay, we're going to implement this in Hay River, it's going to take just about a year to implement it. So if we're going to wait a year to do it in Hay River, that means you're two and a half years from now from actually having a midwife in place and operational. I know that our authority is interested in putting in a new facility, but that doesn't mean that we can't have somebody lined up, the hiring process, the review process of that person, the implementation in the authority needs to be in place, as well, for that new facility, and no different in Inuvik or Behchoko.

So the timelines just get extended and extended. Now we've got to do more studies, we've got to do more implementation, we've got to study it some more. That just drags it out. So this four years for Yellowknife to be implemented in the fourth year may take five years. Like, is that reasonable for people, where the program was already in place, to expect them to see that?

I'm just really frustrated with the government system and the fact that we're implementing something that is operational in Fort Smith. It's something that was operational before. We have done a study. Now we allow it. It just frustrates me to no end that we're doing this.

The other area that people are concerned with, and we're no different, Mr. Yakeleya talked about the short time and attention span of the government. This Legislative Assembly is interested in midwifery, but the next one to two and a half years

may not have an interest in it. It may fall off the map. He's had issues where it was a hot button item, and then the next Assembly it gets dropped and it's not being implemented anymore. That's why people are interested in it being implemented now, not as opposed to later. I think we're very interested in seeing some of these things implemented right away.

Like I talked about the hiring, we know, through physicians, that it takes a while to hire physicians. Your midwives are the same way, training. But let's get this process going now as opposed to hiring a coordinator the one year, having that person do, a manager or coordinator doing something when there's no staff there and no midwives to coordinate. So what's the coordinator doing? Let's implement them at the same time, if that's the wish of the department to have a coordinator. I question whether we need a coordinator or not. I'm just saying, if the department wants to do that, let's do it the same year.

The other issue that is frustrating with me is the department talks about midwifery implemented in Hay River will be regional. We're going to use the other parts of the communities. That's fine, that's a great concept, but Hay River is funded not as a regional hospital. It's a community health centre. We're not only funded that way operational-wise, but we're funded that way capital-wise. When they're building this new facility, it's not a regional hospital; it's a community centre. Now the department is talking about bringing things into the regional. Now we in Hay River are being asked to do more capacity with less infrastructure money and less operational money.

If the department wants to do this, I want to make sure the department knows that Hay River wants to be funded for this. If the dollars we're getting now are going to be the same dollars we get when we have to do a regional implementation of midwifery, that's more burdensome on our system and it impacts the community of Hay River.

I'm very frustrated with the system. I don't really know if I have any questions for the Minister other than a statement of frustration with the way this thing is being implemented.

CHAIRPERSON (Ms. Bisaro): Thank you, Mr. Bouchard. Perhaps your question is why are you frustrated. Order please, Members. Minister Beaulieu.

HON. TOM BEAULIEU: Madam Chair, although we feel at the department that there's some risk to manage in monitoring and auditing what we're doing, we need to provide comfort with the physicians that are going to work within the system. There seems to be a groundswell of support to go into the midwives. If we just added the midwives this coming fiscal year in Hay River, it would cost us additional money. If we were to move money within

our midwives plan, move money around, we could move to hiring midwives. But to clearly understand here that we could run into some serious issues with managing risk, we need to have a process, a quick... We will try to speed up the process. We need to have a process where we are dealing with the physicians.

At the end of the day, many of the people that go to midwives choose to have their babies with a doctor. If we are moving into it without this proper consultation with doctors and we are moving into another midwife program or another midwife delivery, then we are going to have to fast-track this process or consultation with doctors, discuss the management of risk with doctors. We will essentially have to drop some of the monitoring auditing of what we are doing, and we have to do a consultation with the Hay River Health and Social Services Authority.

Because there is no board, we will talk to the public administrator and the CEO in Hay River to do this. This will require us to then do some shuffling within the entire midwife budget as we plan to roll it out. It essentially could mean that we will drop what we think is a very, very essential piece of developing this whole thing that is a midwife coordinator at the department level. We want to move through this system to make sure that the midwives and the system are able to stand up to any scrutiny and would be able to also be something that has long-term success.

I recognize that people from Hay River are having their babies in Yellowknife. That has been going on for quite some time. We are seeing the light at the end of the tunnel here in trying to set up a system that is going to bring midwives in what we consider to be a reasonable, coordinated fashion. MLAs are saying that they want us to put midwives in Hay River now. So we will go back and start our consultation process with the health authority, health and social services authority, Hay River and Stanton. They will be involved. Stanton is going to be the people that don't want to, and that is proven. Fifty percent of the people in Fort Smith still choose to have their babies at Stanton. There is communication between the midwives in Fort Smith and Stanton. Stanton is a territorial hospital. If the people are not comfortable going from the prenatal stage right through birth with midwives only in the room, then those people have to be moved to Yellowknife because we don't have physicians in Hay River at this time.

As much as I sat here for the past several months trying to explain that we need to move this through in an orderly fashion, it appears as though the MLAs are going to push until we actually put midwives in Hay River. So we're prepared to warn, I guess, the MLAs that there could be some risk involved here, but at the same time maybe move

some funding around to provide some midwives. I couldn't really say midwife service in Hay River, but midwives in Hay River. I guess if several months ahead of schedule, if that is what the MLAs want to do... We don't really know how they're going to engage into the system at this time. But if that's what the MLAs want within our current budget, we will look at that.

CHAIRPERSON (Ms. Bisaro): Thank you, Minister. Mr. Bouchard, your time has expired. I'll put you back on the list, if you need to be. Next on the list is Mr. Hawkins.

MR. HAWKINS: Thank you, Madam Chair. I just want to come back to something that I was thinking about when I asked questions about the health and social services authorities' administration money. I think it was mentioned that \$1.4 million, I assume we are still talking about the same pot of money of \$15.5 million but \$1.4 million is allocated to staffing, sort of, compensation and benefits. If that's the case, why wouldn't this be further labeled or better labelled as a travel fund, and maybe if they could talk specifically around who accesses this funding.

CHAIRPERSON (Ms. Bisaro): Thank you, Mr. Hawkins. Minister Beaulieu.

HON. TOM BEAULIEU: This is for staff of the Department of Health and Social Services, not the authorities. This is for staff that are in Inuvik.

MR. HAWKINS: Is the Minister saying that just, you know, making numbers easy, \$14 million is used for travel by the staff in Inuvik?

CHAIRPERSON (Ms. Bisaro): Thank you, Mr. Hawkins. Are we talking about the same numbers, perhaps? Minister Beaulieu.

HON. TOM BEAULIEU: I apologize. I thought that the Member had indicated that he was talking about the health services administration again, as he did in the first question. This is a question on the health and social services authority administration. I will have the director of finance provide a response.

CHAIRPERSON (Ms. Bisaro): Thank you, Minister. Ms. Mathison, please.

MS. MATHISON: Thank you, Madam Chair. This budget line item encompasses funding to the authorities for their administration areas. At the hospital, for example, their finance or their executive offices or their HR. Not HR necessarily, other than in Hay River. The registration and just more administrative areas of the authorities. It is typically mostly about 70 percent compensation related.

CHAIRPERSON (Ms. Bisaro): Thank you, Ms. Mathison. Mr. Hawkins.

MR. HAWKINS: Okay. Then earlier I had asked a question to expand on what it actually represented, and I think I understood it was, unless we were talking about two different areas, I got a \$1.4 million

figure and then the rest was travel and some of it was office supplies. Are we talking about all the same thing or are we talking about two different items here? I just want to first make sure we're talking about the same item, and I'm speaking to health and social services authority administration, and then, of course, if you read the detail, it includes the funding for HSS authorities for activities associated with management and administration. Let's make sure first, I guess, we're talking about the same one and how did we have \$1.4 million in compensation before and now we're not.

CHAIRPERSON (Ms. Bisaro): Thank you, Mr. Hawkins. Minister Beaulieu.

HON. TOM BEAULIEU: We were initially responding to the third item down on program delivery details on 8-17. We thought we were responding to health services administration so, yes, we were responding to a different item the first time when we talked about \$1.4 million for salaries. We were talking about that item. I just for a minute thought that we were still talking about that line item, but now we've moved to the bottom one and that's what we're responding to now.

MR. HAWKINS: Okay. No problem. I understand accidents happen. No, I was always speaking to HSS authorities administration. Maybe, for the record, if we could get the breakdown of exactly what that is. Let's start with that. Let's start with the full breakdown in some detail.

CHAIRPERSON (Ms. Bisaro): Thank you, Mr. Hawkins. And you're referencing \$15.588 million? Mr. Hawkins.

MR. HAWKINS: That's correct, Madam Chair. I believe that's the only item, financial item that's attributed, but that said, maybe the Minister can clarify if there's more as well. Thank you.

CHAIRPERSON (Ms. Bisaro): Thank you. I'm just trying to clarify. Minister Beaulieu.

HON. TOM BEAULIEU: Thank you, Madam Chair. To read the fine print I have to remove my glasses. The \$15.588 million, I could give the breakdown of the authorities first of all. Starting with Beaufort, \$3.3 million, roughly; Deh Cho, \$1.4 million; Fort Smith, \$1.4 million; Hay River, \$2.6 million; Sahtu, \$1.2 million; Stanton, \$2.6 million; Tlicho, \$900,000; YK, \$2 million. This is for executive, corporate board trustees, planning and development, quality assurance, risk management, internal audit, finance, human resource system support, communications, material management and volunteer services.

MR. HAWKINS: Okay. That's the type of detail that was very helpful. Thank you very much.

CHAIRPERSON (Ms. Bisaro): Next on my list is Mr. Moses.

MR. MOSES: Thank you, Madam Chair. Just for some clarification here. I didn't really want to get into all the super detail about the Midwifery Program, but responses that I've been hearing from the Minister this afternoon have really got me concerned, actually. My first question, he mentioned earlier, and I could go to Hansard for clarification, but just for the record, I want to ask the Minister of Health and Social Services, when he made reference earlier to looking at a territorial model as the model that he was looking at implementing, can he confirm that under his leadership that he was confirming that he wanted to implement the territorial model out of Yellowknife?

CHAIRPERSON (Ms. Bisaro): Thank you, Mr. Moses. Minister Beaulieu.

HON. TOM BEAULIEU: Thank you, Madam Chair. We were looking to put the territorial midwifery program in place three fiscal years from now, so we are discussing, assuming that the mains that we're talking about now is 2013-14, so 2014-15 of the next phase and then 2015-16 would be the regional. The expansion for Yellowknife would be in year 2016-17. I guess it would not be in this government but we would hope to have all of the funding approved and the program moving through the system if we stay with that schedule.

MR. MOSES: Also for clarification, the Minister had mentioned managing risks, and he made reference to it on more than one occasion. I just want to get clarity on what the Minister means when he says managing risks. In terms of the Midwifery Program, residents of the NWT, the report, all the stakeholders made a recommendation that the community-based model is the most recommended model that we should be moving forward with. They didn't ask for a consultant. They asked for a community-based model. I want to know what these risks are that the Minister is talking about.

HON. TOM BEAULIEU: The risk that I am referring to, the management risk that I am referring to was the involvement of physicians. We have a Midwifery Program in place that, as I indicated, would involve physicians as well. Some of the risks associated with childbirth are considered to be risky, so we just wanted to ensure that we had the support of the physicians in order to manage the risk surrounding childbirth. That's what I was referring to when I said we were trying to manage the risks by engaging the physicians.

MR. MOSES: There are just so many areas that I can continue on. Managing risk. The Midwifery Program is put in place to help a lady when she finds out that she's pregnant. It helps support her through her pregnancy so that she gets the counselling that she needs, she gets the support, she gets the alcohol and drug treatment, healthy pregnancies. If midwifery is not there to give the support, especially for single mothers, then the high

stress level of flying to Yellowknife from the small communities and spending all the time here to give birth without the support of a midwife in the community, the cost to the government as well.

There was a question about costs. It's in the report. I think on average it was somewhere around \$12,500 for perinatal care, and the highest cost was in Ulukhaktok for about \$16,000. Managing risks, we can manage risks during the birth, but we can do a lot of preventative and supportive work nine months leading up to the day of the birth.

Other questions here. In terms of legislation, in the report it says the NWT government passed the Midwifery Professions Act in 2005. If this Minister wants to update these regulations, there's probably going to be a cost to change the act. There's going to be also, following regulations – the midwifery professions general regulations, prescription and regulation of drugs and other substances regulations, and the screening and diagnostic test regulations – there are going to be added costs to that.

Can I get confirmation on whether that legislation is going to need to be revised, or reviewed and amended, as well as all the regulations? And does the Minister believe there's going to be a cost to changing those as well?

HON. TOM BEAULIEU: We don't see any need to change the act. If he's referring to the cost of changing the act, then no, we don't see any cost.

MR. MOSES: How about the regulations? The Minister said he was going to change some of the standards earlier, in the discussions earlier today. I think that is going to have an effect on regulations. And when it has an effect on regulations, there's going to be something in there that's going to have an effect on the act. I just want to get confirmation if the Minister feels there's going to be also some changes needed to be put to those regulations.

HON. TOM BEAULIEU: We're not anticipating that change. We were going to change the standards. Maybe we could have further clarification. We weren't thinking of changing the act or regulations but putting in territorial standards and other standards around education and so on. Perhaps I could get the deputy minister to provide some detail on what we consider or think the cost would be around that change.

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Beaulieu. Ms. DeLancey.

MS. DELANCEY: Thank you, Mr. Chairman. I'm not a practitioner, so I can only go so far. My understanding is that the act is relatively recent, would not need to be updated. The regulations are also timely. The act does provide for the Minister to approve a framework of practice. My understanding is that when we talk about standards, we do not have an updated framework of practice.

The Member has noted that there was some work done in 2005 but that it may not be current with standards nationally, it needs to be updated. That is the work that we are talking about when we talk about establishing this consultant position that would initially do some of that developmental work and then would have on an ongoing basis a training mentorship and oversight role.

When we talk about risk management, we're talking in large part about being able to monitor midwives. I understand, from a professional perspective only a midwife can monitor or audit the practice of another midwife. So we need to have somewhere in our system the capacity to do that on an ongoing basis.

CHAIRMAN (Mr. Dolynny): Thank you, Ms. DeLancey. Mr. Moses.

MR. MOSES: Two really quick things before my time runs out here. In terms of doing more consultation, the co-ordinator position there, I just want to, for the record, mention the groups that were consulted initially. There were 31 participants throughout the NWT as well as national organizations from the communities, as well, also a topical expert. Actually, I won't even get into it. Hopefully the Minister does know who they are as it is in the report.

For the record, can the Minister let me know what the total costs of all the consultations – all the costs to get this report done in terms of consultation and hiring staff – what was the total cost to the government to put this report through that he seems like he doesn't want to put any action to?

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Moses. Mr. Beaulieu.

HON. TOM BEAULIEU: Thank you, Mr. Chairman. We don't have that information here with us today.

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Beaulieu. Mr. Moses, your time is up. I know you had a second question. If you want, I could put you back on the list. Moving on with questioning I have Ms. Bisaro.

MS. BISARO: Thank you, Mr. Chairman. Just a couple other questions on this page. One has to do with – and it was briefly mentioned I think when either the Minister or the DM talked about governance and change – there has been talk about centralizing the administration of the authorities. I didn't quite understand where things were at with regard to that centralization of the administration for authorities. I gather it's in the works. When might we expect that is going to be finalized? Is that another four- or five-year project?

CHAIRMAN (Mr. Dolynny): Thank you, Ms. Bisaro. Mr. Beaulieu.

HON. TOM BEAULIEU: Thank you, Mr. Chairman. If centralizing means we are bringing people into the centre, then we are not centralizing. I can get

the deputy minister to provide details and timelines. The plan is to have the services standard with all the authorities using the same system. I will have the deputy do a detailed response to that.

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Beaulieu. Ms. DeLancey.

MS. DELANCEY: Thank you, Mr. Chairman. I believe we did share, with at least the Standing Committee on Social Programs, the consultant's report that we had on collaborative or shared services, or what we commonly refer to as the back office. In order to move towards these collaborative services, of course it requires a great deal of change. We spent some time with our consultants, asking for recommendations on what the priorities were and what the quick wins were. As a result, the Joint Leadership Council has directed that we move forward with a couple of key areas.

The first one is procurement. We now have a project manager putting together a work plan for moving towards shared procurement. The second area is in information systems and technology. When I responded to the question on electronic medical record, I talked about the move to get all the authorities on the TSC on similar platforms using the same information systems. The third area is in accounts receivable and accounts payable. As basic as that sounds, right now the authorities are using different financial systems. As a first step we are actually moving them towards common manual systems towards accounts receivable and accounts payable to set the stage for moving towards common financial systems.

These are just three of about 65 areas that could eventually be brought together into a virtual back office because this work is being done over and above people's day-to-day work. We are moving slowly. We are trying to demonstrate some success. Right now we are developing governance structures, templates and work plans for those three areas. We'd like to roll those out over the next year and then, based on that, we will determine the next priorities.

CHAIRMAN (Mr. Dolynny): Thank you, Ms. DeLancey. Ms. Bisaro.

MS. BISARO: Thanks to Ms. DeLancey for the explanation. I appreciate that it's a long-term objective to get this done, and it is going to take a lot of time before it does happen. It sounds as though the changes that are being instituted this next fiscal year are coming from within or ones that are happening right now. Are we going to be looking at an increase in the budget after the fiscal year 2013-2014 in order to get some of these things done, or will all the changes be handled from within?

CHAIRMAN (Mr. Dolynny): Thank you, Ms. Bisaro. Mr. Beaulieu.

HON. TOM BEAULIEU: Thank you, Mr. Chairman. We're not anticipating any increase in the budget. It just would be a reallocation of the same money.

MS. BISARO: One last question. It has to do with the administration of supplementary health benefits, which I understand is done on this page. I've said this before, there was quite an involved investigation, consideration. There was a joint working group that looked at the administration of our supplementary health benefits, and there were a number of recommendations that came out of it. Some of them have been implemented, and I think they were changes to the good.

But we still have a certain segment of our population which has no supplementary health benefits coverage. I would like to know from the Minister – there is obviously no money in this budget to cover what have, unfortunately, been called the working poor; it's not a lot of people – if there's no money in this budget to cover this segment of our population, will there be money in the 2014-2015 budget, and how much does the department estimate that it will cost?

HON. TOM BEAULIEU: It is not in this year's budget, this year's mains. We had not anticipated putting it into the 2014-2015 mains at this time. We don't know what the cost of that would be at this time.

MS. BISARO: I guess I would request the department to provide that information to committee if they would.

HON. TOM BEAULIEU: We can do that.

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Beaulieu. Page 8-17. I have Mr. Bouchard.

COMMITTEE MOTION 6-17(4):
ESTABLISHMENT OF MIDWIFERY SERVICES
IN HAY RIVER,
CARRIED

MR. BOUCHARD: Thank you, Mr. Chairman. I have a motion. I move that this committee strongly recommends that the government identify the necessary funding to accelerate the establishment of midwifery services in Hay River to commence in the 2013-2014 fiscal year.

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Bouchard. We're just going to distribute this motion, so just give us a second.

A motion is on the floor. To the motion. Mr. Bouchard.

MR. BOUCHARD: Thank you, Mr. Chairman. As I've indicated in statements today, I think it's something very important that we implement sooner than later. I'm quite confident the department can implement this sooner than later. I'm very comfortable with the Minister. I made this motion so that we implement this sooner than later, and it

moves everybody's midwifery programs ahead by a year.

CHAIRMAN (Mr. Dolynny): To the motion.

SOME HON. MEMBERS: Question.

CHAIRMAN (Mr. Dolynny): Question is being called.

---Carried

CHAIRMAN (Mr. Dolynny): Page 8-17, Health and Social Services, activity summary, program delivery support, operations expenditure summary, \$40.686 million.

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Dolynny): Page 8-18, Health and Social Services, activity summary, program delivery support, grants and contributions. Mr. Hawkins.

MR. HAWKINS: Thank you, Mr. Chairman. Under grants and contributions there, we have professional development recruitment and retention in the range of \$2.7 million. I'm just wondering what exactly that is and if we can get some breakdown to help me understand it or appreciate where the money is going. It just seems like a lot of money that we continually book off almost \$3 million for professional development. Why is it covered under this area, why wouldn't it be a human resource queue of some sort? Thank you.

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Hawkins. For that we'll got to Ms. DeLancey.

MS. DELANCEY: Thank you, Mr. Chair. This is funding that goes to authorities for a number of professional development related initiatives. The breakdown is \$40,000 for a casual relief pool, \$25,000 is for specialty training, \$400,000 is for community health nurse development, \$640,000 is for the Graduate Nurse Placement Program, \$240,000 is for the Social Work Graduate Placement and about \$1 million is for the Professional Development Initiative. This is funding that provides support for any health professional or allied health professional in our system once a year to do the upgrading and training they need to remain certified. We have funding in there, as well, for a residency program. Thank you.

MR. HAWKINS: Thank you. Just for clarity's sake, is that \$1 million package that goes to allied health considered a normal part of the negotiation in their contract that they're upgrading or, probably, yearly requirements of taking training? Is that normal to be negotiated in their contract?

MS. DELANCEY: I do not believe that this is part of the negotiated contract for our allied health professionals. It's something that was put in place many years ago to go with the Recruitment and Retention Initiative. Thank you.

MR. HAWKINS: Thank you. Is this considered consistent with other places who hire nurses under this Allied Health Program? I'm just trying to get a sense here. Thank you.

MS. DELANCEY: Thank you. It is certainly common across the country. The level of support that we provide may vary, but it's absolutely consistent. Most progressive employers will, of course, provide some support for training and professional development for all professionals, but particularly in the health and social services fields where there is so much competition across the country it's considered almost an essential part of a recruitment and retention package. Thank you.

MR. HAWKINS: Thank you. Would this be similar for doctors that have to do yearly testing or upgrading or skill development per se? I know some dentists, I think every year, have to do some type of week or a day or two and there are other industries within health that require, obviously, a day or two seminar or whatnot to keep their credentials up to speed. Is this somewhat similar and do we pay for those as well? Thank you.

MS. DELANCEY: Thank you. Yes, it is similar and it's part of our contract with physicians. We do provide funding for what's called continuing medical education and it is very similar. Thank you.

MR. HAWKINS: Just one last question, I believe, on this particular area. Would we be considered part of the norm or would we be considered part of the generous group? So in other words, is this consistent amongst pretty much every other jurisdiction or is this considered maybe over and above services that we offer just to keep them coming to the North, which isn't as common in other areas? Thank you.

MS. DELANCEY: Thank you. Based on the most recent research that we've done, I wouldn't say that we are considered part of the norm, but probably not part of the most generous group. Thank you.

CHAIRMAN (Mr. Dolynny): Thank you, Ms. DeLancey. Moving on with questions I have Mr. Bromley.

MR. BROMLEY: Thank you, Mr. Chair. Just the last item on the page. I see we're down about half a million bucks for health promotion and prevention activities by the authorities. I guess I'm wondering why the drop there from \$715,000 to \$221,000 there in this fiscal year. How'd we do with the \$715,000 in terms of promotion and prevention activities in '12-13 and why the cut there by 70 percent? Thank you.

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Bromley. For that we'll go to Ms. Mathison.

MS. MATHISON: Thank you, Mr. Chair. The line item is actually a reallocation. In '11-12 and '12-13 opening mains, the expenditures actually show up

in activity 500, but we've done some reorganization at the department and this line was not restated to reflect the reorganization.

MR. BROMLEY: Thank you. An area I have no expertise. I have nowhere to lodge that answer, so I'll have to just trust the director here, which is fine. If I can jump ahead just a little bit because they may be related here on the next page, I see that we've increased \$360,000 for population health contributions in the area of tobacco, and healthy choices by about \$360,000. Is that part of this shuffling?

MS. MATHISON: Thank you. Yes, it's the same explanation.

CHAIRMAN (Mr. Dolynny): Thank you. Moving on with questions I have Mr. Moses.

MR. MOSES: Sorry, Mr. Chair, Mr. Bromley asked the questions that I was going to ask. Thank you.

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Moses. Last on my list I have Mr. Hawkins.

MR. HAWKINS: Thank you, Mr. Chairman. I'm just wondering if the Minister can provide a breakdown of the territorial health services contributions. It's listed as \$739,000. Thank you.

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Hawkins. I'll just give the Minister a chance to find it in the briefing. Minister Beaulieu.

HON. TOM BEAULIEU: Thank you, Mr. Chairman. The breakdown is NWT Midwives Association, \$8,000; NWT Seniors' Society, \$188,000; Canadian Institute for the Blind, \$100,000; NWT Council for the Disabled, \$183,000; Hay River Committee of Persons with Disabilities, \$35,000; in-house respite contributions, \$225,000.

MR. HAWKINS: Thank you. I notice there seems to be an absence of the description under this particular title. Is there a reason why in-house respite services at \$225,000 isn't listed in some type of detail, or furthermore, why isn't it broken out on its own? Thank you.

HON. TOM BEAULIEU: There was no specific reason for it to be here. The only other option would be to break it out on its own, and if that's the request of the House, then we would break it out on its own in the next cycle.

MR. HAWKINS: Just trying to understand, why would in-house respite be treated as a program delivery under grants and contributions? To me I think in-house respite services would be, if it's a grant under grants and contributions, something we'd supply to some association or organization that does that. So why would we refer to it as in-house? Thank you.

HON. TOM BEAULIEU: Thank you. For that detail we would have to get back to committee.

MR. HAWKINS: Thank you. Sure, if you can have an answer by 6:30, that would be good.

---Laughter

That's fine. I was only kidding on that one. I'd be happy if they could get back as soon as possible. That would be quite helpful. Furthermore, I would also hope that they would take the guidance of maybe profiling it under a different method. It seems strange that it's parked there.

The only thing I would ask, then I think we could probably leave this page, is why was there such a jump between the '12-13 mains and the revised estimates. I mean, what actually changed in the game? We went from \$473,000 to \$739,000, so there was a significant change between the two of them, those two numbers between the mains and the revised. Thank you.

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Hawkins. Ms. Mathison.

MS. MATHISON: Mr. Chair, this was another reallocation from mental health and addictions in activity 500. The funding was moved over here to activity 200. Thank you.

MR. HAWKINS: What was the reallocation? Would we find that corresponding difference somewhere else? Thank you.

MS. MATHISON: Mr. Chair, specifically it was the in-house respite contribution that was reallocated.

MR. HAWKINS: Then maybe, in case I missed it, where was it reallocated from?

MS. MATHISON: It was reallocated from activity 500, mental health and addictions.

MR. HAWKINS: Sorry; calling it activity 500 doesn't mean anything to me and I would be surprised if it means anything to anybody else, except unless you're an accountant. I think it is important to say, on the record, as Members we don't get allocations broke out by activity listed as their unit block, although I know from a coding point of view, when you implement it into the accounting systems, you would implement it 500 slash whatever. Just to let the Minister and the staff know, 500 doesn't mean anything unless it's money. Thank you.

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Hawkins. I believe your comment was noted by that department. Thank you. Page 8-18, Health and Social Services, activity summary, program delivery support, grants and contributions, contributions. Are there any questions?

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Dolynny): Health and Social Services, information item, program delivery support, grants and contributions, total contributions, \$20.521 million.

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Dolynny): Thank you. Page 8-20, Health and Social Services, information item, program delivery support, active positions. Any questions?

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Dolynny): Page 8-22 and 8-23. Mr. Bromley.

MR. BROMLEY: Thank you, Mr. Chair. It's just a sort of semantics here, but I'm wondering where the travel budget is for authorities. I think each division here has travel. Does it include travel by authorities or is it essentially in the \$34.992 million? It's just not broken out here. Is that correct? Thank you.

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Bromley. For that we'll go to Minister Beaulieu.

HON. TOM BEAULIEU: Thank you, Mr. Chairman. The funding for the authorities in the travel area is not broken out separately. It is rolled into the grants and contributions.

MR. BROMLEY: I see the \$152 million, so in terms of fees and payments, the \$35 million and the program delivery details, \$198 million. So all the travel by the authorities would be within the grants and contributions. That seems strange, but I just want to get that clear. Thank you.

HON. TOM BEAULIEU: Yes.

MR. BROMLEY: Thank you for that. I never would have guessed that, so I appreciate that information. Would we know what proportion of that \$152.568 million is travel? I see it's on the next page. I withdraw any further questions. Thank you.

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Bromley. Any questions? Ms. Bisaro.

MS. BISARO: Thank you, Mr. Chair. I just have one question here I wanted to ask with regard to data collection from the Health and Social Services authorities. It has been expressed to us in committee a number of times that the department sometimes has difficulty in providing information to Members because it's not all that easy to collect data from the authorities. Is the department working on that with the authorities and does that mean that there's a money issue here? Thank you.

CHAIRMAN (Mr. Dolynny): Thank you, Ms. Bisaro. Minister Beaulieu.

HON. TOM BEAULIEU: Thank you, Mr. Chairman. I would have the deputy minister provide response to that. Thank you.

CHAIRMAN (Mr. Dolynny): Thank you, Minister Beaulieu. Ms. DeLancey.

MS. DELANCEY: Thank you, Mr. Chair. There are a number of reasons for the difficulties in getting data from authorities. One reason is capacity. Sometimes authorities are challenged with staff

vacancies and turnover. Another reason, as I have mentioned, is that authorities are using different information systems. They have different financial systems. They have different risk management systems. So when we try to roll out data on a territorial basis, we get lots of information but quite often the information is apples and oranges: it's not comparable, we can't use it to analyze trends, so it becomes like reams of useless information.

I talked about the back office. One of the priorities that was identified in the back office is for information management and information systems. Part of that is because we recognize that we can't do proper trend analysis without getting everybody on common systems, using the same systems, the same definitions.

Another thing we are doing to try to respond to that is the accountability framework that we talked about in the House last week where we will come up with an agreement that everybody measures the same things and reports on them in the same way. We are putting some steps in place to try to address this deficiency. Thank you.

MS. BISARO: Thanks to the deputy minister. I have one last question in regard to this. If it is a capacity issue, which is what it sounds like, and it is a fairly large change, I gather there's no funding in this budget to effect the changes. I think the DM said earlier that any changes will be done from within. Is it reasonable for Members to expect a request in the 2014-15 budget for funding to increase capacity to get these sorts of things done? Thank you.

MS. DELANCEY: Mr. Chair, the only funding that's in this budget is under directorate where we do have two additional positions being funded through THSSI funding. That is, our project manager for the back office project was working with authorities on this. There will be one-time costs that we would likely bring forward through the business planning process to bring all the authorities on to the TSC. Just as when the TSC was created, there were one-time costs to bring every department up to a standard, because right now the authorities have different standards. That is one cost that we can anticipate for sure. Thank you, Mr. Chair.

CHAIRMAN (Mr. Dolynny): Thank you, Ms. DeLancey. Committee, we've been at this for a number of hours here. Does committee agree that we need a short recess?

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Dolynny): Thank you. We will just take a short recess and come right back. Thank you.

---SHORT RECESS

CHAIRPERSON (Mrs. Groenewegen): Okay. I'd like to call Committee of the Whole back to order.

We left off on page 8-23, health services programs, operations expenditure summary, \$198,000. Is that \$198,000 or \$1.98 million? Sorry; \$198.582 million. Mr. Hawkins.

MR. HAWKINS: Thank you, Madam Chair. I know I'd like to read a motion on this page, but I think I'll start with a question or two first. That said, the question I have is under grants and contributions to the hospital services that we provide. One of the primary funding problems that we have, and I highlighted it the other day in the opening comments, which was how we fund medical travel and physician services. I'm just wondering, would the Minister speak to that as to what type of funding model he would consider, in the context I've asked, the department to think about or consider or even go so far as I think they should implement funding doctors and medical travel out of the department and not at the health authority.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Hawkins. Minister Beaulieu.

HON. TOM BEAULIEU: Thank you, Madam Chair. In our medical travel review we are looking at medical travel being probably brought back to Health and Social Services and would be one of the projects under the back office functions.

MR. HAWKINS: I'm terribly sorry to say this. I actually couldn't hear the answer. Could the Minister repeat a quick summary of that? Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Hawkins. Ms. DeLancey.

MS. DELANCEY: Thank you, Madam Chair. With respect to medical travel, we have the program redesign going on right now in partnership with Stanton, and one of the things we're looking at is where that medical travel budget and program administration should be placed. We're really leaning towards seeing it not just in Stanton, as the Member said, but more of a back office function. Where that budget would show up would probably be in the department.

With respect to physician services, the Stanton physician budget is specifically for their pool of specialists. It makes sense to have that budget stay with Stanton, but we do recognize that it is structurally underfunded, that they are now relying annually on THSSI funding to make that up, and that is part of our work with the authorities to right size the budget, is to make up that deficit.

MR. HAWKINS: I was able to hear all of that this time around. Thank you very much for repeating it. I apologize for that.

As far as the specialist money, that doctors money tends to be oversubscribed and underfunded, as the deputy minister knows, as well as the Minister, obviously. Does the Minister see that maybe there's

a possibility of paying actuals until we get a new program in place? That's always treated as a deficit. Sorry. That is one of the causes for Stanton, in particular, to be recognized as always carrying a deficit. That too, as I've heard, sounds like a good plan to solve some of the medical travel funding problems, but it would further work to solve some of the problems if actuals were paid on the specialists' fees.

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Hawkins. Minister Beaulieu.

HON. TOM BEAULIEU: We will provide a detailed response. I will ask the director of finance to do that.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Beaulieu. Ms. Mathison.

MS. MATHISON: Thank you, Madam Chair. Yes, the Stanton physician budget is over-expended annually. It is offset by the THSSI funding, \$612,000 a year. It does offset Stanton's deficit but they do carry additional deficit related to physician programs on their books and it contributes to their accumulated deficit.

CHAIRMAN (Mr. Dolynny): Thank you, Ms. Mathison. Mr. Hawkins.

MR. HAWKINS: When does the Minister see a restructuring of this actually taking place to account for the oversubscribed physician funding column that can't keep up to the pace of the demands?

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Hawkins. Minister Beaulieu.

HON. TOM BEAULIEU: The department would have to go through this process, the business planning process, to make a case to cover the shortfalls at the Stanton so there is no deficit accumulating as a result of specialists.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Hawkins. Mr. Moses.

MR. MOSES: Thank you, Madam Chair. Just a quick question here in terms of health services and emergency care in the Northwest Territories, and this is specific to infants. I'm pretty sure that in Inuvik, for babies that are born with jaundice, one type of therapy is to wrap them in a BiliBlanket as opposed to phototherapy, because it's a little bit more safe. I believe there's only one BiliBlanket available in the Inuvik Regional Hospital. Should there ever be more than one baby that was born with jaundice, the other one would get medevaced to here to get wrapped up in a BiliBlanket or go under phototherapy.

Is the department looking at the possibility of possibly getting a second BiliBlanket to the regional hospital in Inuvik?

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Moses. Mr. Minister.

HON. TOM BEAULIEU: Thank you, Madam Chair. We have not received a request from the Beaufort-Delta Health and Social Services Authority to provide this material. What we would be prepared to do is we could check with the authority, and then we will get a determination from them if they're going to make a request for that. Then we will take it from there.

MR. MOSES: No, that's a great idea to check with the authority, because I think a BiliBlanket only costs about \$4,000, and then if another infant is born with jaundice and they need to be medevaced to Yellowknife, you just have to do the cost of what it costs for a medevac and everybody to come here to just get the baby wrapped in a blanket when it could be preventative measures and investing in, you know, prevention of these babies that have jaundice and, you know, jaundice is pretty dangerous to a child's health.

With that said, are there any BiliBlankets or phototherapy in the small communities, in terms of health centres?

HON. TOM BEAULIEU: For that price, the authority can, if they need a BiliBlanket, proceed with purchasing one. On the other question, we don't know if there are BiliBlankets in some of the small health centres or not.

MR. MOSES: Leading on to the next question, does the Minister know the stats of babies that are born with jaundice in the past fiscal year? Can he provide those kinds of stats?

HON. TOM BEAULIEU: No, I don't know the stats for the number of babies born with jaundice, but we would be easily able to get that information from the places where the babies are born.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Beaulieu. Next I have Mr. Dolynny.

MR. DOLYNNY: Thank you, Madam Chair. I do have a committee motion.

CHAIRPERSON (Mrs. Groenewegen): We'll distribute the motion.

Please proceed, Mr. Dolynny.

COMMITTEE MOTION 7-17(4):
REPROFILING MIDWIFERY COORDINATION
FUNDS IN COMMUNITY PROGRAMS,
CARRIED

MR. DOLYNNY: Thank you, Madam Chair. I move that this committee strongly recommends that the funding identified for the territorial midwifery clinical coordinator position be re-profiled and directed towards community program delivery initiatives.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Dolynny. A motion is on the floor. To the motion. Mr. Dolynny.

MR. DOLYNNY: Thank you, Madam Chair. I appreciate the ability to present this motion today to Committee of the Whole. I don't want to spend a lot of time reviewing a lot of the items that were covered today. There was a lot of passion in this House with respect to midwifery. I do want to say, for the record, that I've had a long and promising affair, I guess, with midwifery in a way that most people don't have. I mean that in the kindest sense. It's late at night.

---Laughter

AN HON. MEMBER: This is a Harlequin romance.

MR. DOLYNNY: I was brought in early on in the infancy stages of the Midwifery Program and was part of the consulting team to put together the legislation for midwifery. I have a very long cardinal relationship with them in terms of understanding their needs and their scope of practice, their ethics and standards that they govern themselves by. They are quite a dynamic group of individuals, and over the years I have been very appreciative, having witnessed going through the process. These people are very, very value-added to our health care system.

It has been talked about in here that we want to look at developing territorial standards in relation to what we already have, and community standards. I think many of us have a hard time grasping that whole concept. We've got some very strong community-based programming right now that has done very, very well for us. I think Members here, as general public, really want to see the continuance of the community-based programs. Not to undermine the territorial aspects that the Minister is referring to, just that we do have a good program in place that we need to move quicker along the pathway that was clearly laid out in the March 2012 midwifery report.

The Minister also references the fact that there has been very little consultation. I, again, want to quote this on the fact that the March 2012 report was a compilation of many hours, many stakeholders to which the review and findings were tabled. That was with the collaboration of doctors, communities and stakeholders. To say that there was no consultation, that we've got a creative consultation process for a territorial model at this stage, really doesn't bode well, especially with the fact that this has already been in place for a number of years.

I know the Minister has indicated he doesn't want to rush into this. We do admire the stewardship of the Minister; however, there is a difference between not rushing into it and taking a snail's pace to implement it. I believe the Members here are very adamant in our resolve to push this agenda not according to the department staff wants and wishes but to the wishes and needs of the community and the Northwest Territories. We're hoping the department will understand and heed the wishes of

committee and also heed the wishes of the Northwest Territories.

I could go at great lengths to support the re-profiling of this money but we've heard many of these arguments this evening already, so I will refrain from continuing with the same. With that, I am hoping we will get support for this motion.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Dolynny. To the motion.

SOME HON. MEMBERS: Question.

CHAIRPERSON (Mrs. Groenewegen): Question has been called.

---Carried

CHAIRPERSON (Mrs. Groenewegen): Page 8-23, Health and Social Services, activity summary, health services programs, operations expenditure summary, \$198.582 million.

SOME HON. MEMBERS: Agreed.

CHAIRPERSON (Mrs. Groenewegen): Page 8-24, Health and Social Services, activity summary, health services programs, grants and contributions, grants, \$40,000, contributions, \$152.528 million, total grants and contributions, \$152.568 million. Mr. Yakeleya.

MR. YAKELEYA: Thank you, Madam Chair. I wanted to ask the Minister when his department will begin bringing forward plans to staff health centres or nursing stations that are without nurses in communities. How many communities does the Northwest Territories have without nurses at their health centres?

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Yakeleya. Mr. Beaulieu.

HON. TOM BEAULIEU: Thank you, Madam Chair. This will be part of our clinical services plan which we earlier talked about having completed the review of the Integrated Service Delivery Model. We expect to have a plan by August 2013.

MR. YAKELEYA: I look forward to the plan the Minister is working on and how we move this plan forward. How many communities are without a nurse stationed at their health centres?

HON. TOM BEAULIEU: We have eight communities that don't have nursing services at this time.

MR. YAKELEYA: So I look forward to this Minister moving with his other colleagues and looking at where these dollars are going to be spent for the upcoming years. We have eight communities. I hope the Minister can forward me a list later on as to which communities do not have health nurses actually in the community, so that we can look at some proper staffing of these communities with some of these basic essential needs such as the health nurses in our communities. In the same line I

will be asking questions to the Minister of Justice on communities that do not have RCMP, what type of plans are in place to work towards filling these communities with some of these basic necessities that we expect today.

Long gone are the days when it was okay, but now with today's standards it is not okay at this time in the year 2013. I just want to reiterate that the Minister is going to come sometime in August 2013 and I'm looking forward to some concrete plans where these eight communities would start to see nurses in their communities and not to be serviced by other communities on a one week per month date. I just wanted to let the Minister know I'm going to be looking forward to that and put him on notice that I will be doing some work for him.

HON. TOM BEAULIEU: I will commit to bringing our plan to the committee. As soon as we receive our plan on the clinical services for the communities, I will bring the plan to the committee.

MR. YAKELEYA: Under medical equipment under \$50,000, the funding for the minor medical equipment purchases, I wanted to thank the Minister of Health. One time when he went to Colville Lake, that certainly helped us with a dental chair. I believe it was Mr. Miltenberger who was the Minister of Health at that time. These simple things in our health centres that we have medical equipment that sometimes gets overlooked. Certainly, now the people in Colville Lake talk about that incident where the Minister had to come to the health centre to look at some of the equipment that we have there. They were second hand or hand-me-downs from other larger centres. The health equipment in our smaller communities certainly goes a long way towards medical care in some of the centres that we have. I look forward, again, to the Minister making some improvements in some of the smaller communities where even a kit for testing diabetes in health centres are some of the places that are certainly lacking in some of these basic medical equipment. I just want to again let the Minister know that whatever can help us in our small communities, we appreciate it. More of a comment.

HON. TOM BEAULIEU: We have allocated \$13,000 to the Sahtu Health and Social Services for equipment under \$50,000. In addition to that, the department has \$3.1 million in the capital budget for minor medical equipment.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Beaulieu. Page 8-24, Health and Social Services, activity summary, health services programs, grants and contributions, grants, \$40,000, contributions, \$152.528 million, total grants and contributions, \$152.568 million. Mr. Bromley.

MR. BROMLEY: Thank you, Madam Chair. Just on hospital services, it seems like we're really

towing the line, and maybe even decreasing the budgets over time, for hospital services. Obviously, I think we are providing more services, the more medical procedures and so on.

I'm particularly concerned at Stanton where, as the years go by, we realize how poorly designed the hospital is for modern health care delivery in a hospital situation, how bad that is. So I can't believe that we're really delivering better care with this stagnant or declining budget. I'm sure we are gaining some efficiencies. Can I have the Minister just comment on this situation? Are our hospitals really getting by on less and providing the same services or are we giving up more services or some services despite covering a broader diversity of services?

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Bromley. Mr. Beaulieu.

HON. TOM BEAULIEU: Thank you, Madam Chair. The way the budget is laid out, if you're comparing with the actuals, it looks like the budget has decreased, but if you compare with the mains, then you can see that there is a gradual increase. The reason the actuals are high is we have bumped up their budget on the redistribution of funding between all of the health and social services authorities, including Stanton. Some of the authorities that had deficits, we had moved money. We had an agreement with all of the authorities that we would move money around. This was the reason it shows as a bit of a bump up to \$87 million in actuals for 2011-2012. If you come back to the mains or even the revised mains for 2012-2013 compared to 2013-2014 there is a slight increase.

MR. BROMLEY: Thanks to the Minister for those comments. I take his point there. My concern remains for Stanton. As the Minister knows, we had a tour of Stanton not so long ago, a matter of days or a couple weeks. I think there are some real obvious difficulties there. I guess I'm asking, how are we handling that situation and how is it not reflected in this when it's clear that there's a very inefficient delivery of health services at Stanton. Our needs are increasing. I think it was something like 20,000 when it was designed for 10,000 visits and it's actually handling 20,000 visits now. If I could get some comments from the Minister on how we're dealing with that situation. Thank you.

HON. TOM BEAULIEU: Thank you. We recognize that Stanton was not designed to handle the volume of visits, the volume of patients that they currently face. That is why we're going through the planning and going through the capital budget to come back to the House to make some renovations, possible additions and reallocations of space in Stanton.

As far as this budget goes and the \$84 million, the budget moving from the revised mains to what we have here as the mains, there's a difference of

\$3.36 million and I would say that a large portion of that has been allocated to Stanton. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Beaulieu. On page 8-24 then, health services programs, grants and contributions, grants, \$40,000, contributions, total contributions, \$152.528 million.

SOME HON. MEMBERS: Agreed.

CHAIRPERSON (Mrs. Groenewegen): Sorry; I didn't read that line. Total grants and contributions, \$152.568 million.

SOME HON. MEMBERS: Agreed.

CHAIRPERSON (Mrs. Groenewegen): Thank you. Moving on to page 8-27, supplementary health programs, operations expenditure summary, \$26.730 million. Ms. Bisaro.

MS. BISARO: Thanks, Madam Chair. I just have one question here with regard to the cost to us as a government for... We have many of our residents who are covered under the federal Supplementary Health Benefits Program, the NIHB program, and it's always a mystery to me whether or not we top up the NIHB payments to us, whether we provide a service which costs us more than what we get back from the federal government and I'm thinking particularly of travel costs. So I'd like to know from the Minister whether or not this budget includes any funding, any expenses, which are an expense to this government to top up the NIHB coverage from the federal government. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Ms. Bisaro. Minister Beaulieu.

HON. TOM BEAULIEU: Thank you, Madam Chair. No, we don't pay anything over and above what services are provided by them, the money that's provided by them to cover medical costs. They pay us in addition to that an administrative fee to administer that NIHB.

MS. BISARO: Thanks to the Minister. I don't know if this is a valid example or not, but I did hear somewhere that if NIHB only covers road travel from Yellowknife to Edmonton for a particular procedure, I would presume that we would not send the patient by road, we would send the patient on an airplane and are we then losing or gaining money with the cost from the feds based on road. Thank you.

HON. TOM BEAULIEU: Thank you. We are not familiar with any type of difference in what they would cover for travel and what we bill back. So when we bill back, when we have an NIHB client that travels, we bill back the actual to NIHB.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Beaulieu. Next I have Mr. Dolynny.

MR. DOLYNNY: Thank you, Madam Chair. The question I have for the Minister or deputy minister

is: When was the last time that the department has done a full review of the Supplementary Health Care Program in terms of criteria and eligibility for payment for whether it's appliances, prosthetics, drugs, medical expenses? Thank you, Madam Chair.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Dolynny. Minister Beaulieu.

HON. TOM BEAULIEU: Thank you, Madam Chair. I don't have that information on the date, but we think that review had occurred in 2007, but we can check to confirm that.

MR. DOLYNNY: Thank you. Can the department indicate whether or not we've got systems in place to have formal reviews done in supplementary health programs on a frequent basis or is this basically an on-demand request from the department when need be? Thank you.

HON. TOM BEAULIEU: Thank you. The department does not have a regular cycle for reviewing supplementary health benefits.

MR. DOLYNNY: Thank you. The purpose for my questions here is to show savings in design, and the Minister is fully aware that I have talked to him and I've talked to his department many times regarding the opportunities of savings within the framework of the Supplementary Health Care Benefits Program. It's unfortunate that a lot of the recommendations and a lot of the opportunities for savings have yet to be looked at or implemented. Again, my question is: Is that savings in design, and if we have not looked at this since, as the Minister indicated, potentially 2007, would the department commit within the life of this Assembly to do a full audit or a full review of the Supplementary Health Care Program to find ways to save money? Thank you.

HON. TOM BEAULIEU: Thank you. We will attempt to get to that review when we've completed the other reviews that are in the books now. We're hoping that we're able to complete the essential reviews that we had talked about on the other items that we've discussed here today. So if we've completed those reviews, then we will begin this review. I'm not sure that I can commit to completing a review within the next two and a half years, but we will attempt to do that.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Beaulieu. Next I have Mr. Hawkins.

MR. HAWKINS: Thank you, Madam Chair. On this particular section I'm just wondering, quite often the territorial government has been well known for providing more services than it covers and there's always been a dispute between the feds about what billable services can be reimbursed. This is the right section, I assume, for that detail. and if it is, just in case, then how far is the gap or what are we in delay of payments, because it's always been quite

a known subject that we've been behind on NIHB return payments owed by the feds. So let's start with that. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Hawkins. Minister Beaulieu.

HON. TOM BEAULIEU: Thank you, Madam Chair. There is no gap and no delay.

MR. HAWKINS: Thank you. So the Minister is saying that all our services that we pay under the NIHB program are completely paid up to date by the federal government and there has been no dispute on our funds and allocations of that? Thank you.

HON. TOM BEAULIEU: Madam Chair, through the regular time it takes to cycle through receivables and payables, that's the only thing we wouldn't consider a delay or a gap. It is just a normal time to do business.

MR. HAWKINS: Only a few short years ago, there were several million dollars outstanding in disputes and discrepancies between what the GNWT picked up the tab for under services we thought, or believed very strongly, were NIHB funds and, that said, were outstanding fees with the federal government. When was the last balloon payment they made to catch up to that disputed amount? Thank you.

HON. TOM BEAULIEU: Madam Chair, we don't know when the last payment was made to resolve this dispute. We could go back and check to see when the last time this was an issue, and we can check the date on that. But I can say that it's not an issue now.

MR. HAWKINS: Would the Minister be willing to provide that type of update and have it in a written form to me, and possibly other Members, as to the current status of this file? When was the last equalizing on the amount that we believe we were out?

I'm sure it was only a few years ago that it was tens of millions of dollars outstanding. I have to admit, I find it almost a bit of a shock to hear that the feds have either come forward and made up the difference, or maybe, rather, did we write down the difference on that particular amount and just walk away from it? It seemed to be a very bitter dispute between our government and the feds. We said they owed us money and they said they didn't, so if they had actually paid this amount, I would be surprised, if not shocked, that the really old Health Minister didn't inform all Members that they finally paid what was outstanding. I think it would be a cause for celebration.

I don't want to make needless or useless work, but this is going to have to go back, obviously, a couple of years. It is that easy to find out? I'll start with that,

because I'm really interested in this information. I suspect maybe other Members are as well.

HON. TOM BEAULIEU: I can't see it being too difficult. We can provide a briefing note to the Member.

MR. HAWKINS: On this section, I think that will be perfectly fine. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Hawkins. Next I have Mr. Bromley.

MR. BROMLEY: Thank you, Madam Chair. There was a federal Health Transfer Fund and I don't know whether it has to do with supplementary health programs or not, but the annual increase to the transfer was 2 percent. As the Minister knows, our health costs are going up about 7 or 8 percent. Does the Minister know what I'm talking about here?

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Bromley. Minister Beaulieu.

HON. TOM BEAULIEU: Thank you, Madam Chair. I would like if the Member could repeat the question. Maybe it is something that we would require assistance from the Finance Minister to respond to.

MR. BROMLEY: Madam Chair, I didn't mean any offence, but I don't know the name of it. It was the intent of my question. I know that during the 16th Assembly, it was well recognized, and I wonder if this might be part of what my colleagues are referring to, that this federal transfer – I believe it was related to NIHB or indigenous residents – was only increased by an inflation of 2 percent per year. We were suffering a penalty of the difference between that and the actual inflation rate which was about 6, 7 or 8 percent.

Again, I don't know whether it had to do with supplementary health or not, but I bring it up here because I thought it did. If the Minister is not able to identify that program for me, I'll just hold off on that question. But before I move on to my next, can I leave it at that and see if the Minister can shed any light? Thank you.

HON. TOM BEAULIEU: Madam Chair, I will just get the deputy to go through this information for the Member.

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Beaulieu. Ms. DeLancey.

MS. DELANCEY: Thank you, Madam Chair. I believe the Member is referring to a long-standing grant agreement for hospital and physician services to status Indians and Inuit which was formerly signed with DIAND and is now, of course, signed with ANSI. There is a 2 percent annual inflationary adjustment to this agreement. It's intended to provide funding for hospital services and physician services to a maximum limit of about \$28 million per year, and then we are poised to sign the agreement

for the next fiscal year and it does have a 2 percent escalator in it. Thank you, Madam Chair.

CHAIRMAN (Mr. Dolynny): Thank you, Ms. DeLancey. Mr. Bromley.

MR. BROMLEY: Thank you, Madam Chair. Certainly, and I think the Minister would agree with this, this means we are shouldering more and more of the costs because of this differential in real inflation rate versus what we are compensated for by the Government of Canada. I guess, at some point, I would be interested maybe in seeing the Minister provide a briefing on this and what the costs are. Just so I'm not so awkward next time, is there a name for this program and could it be shared? Thank you.

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Bromley. Minister Beaulieu.

HON. TOM BEAULIEU: Thank you, Mr. Chairman. This is an agreement for hospital and physician services to status Indian and Inuit. We would be pleased to provide a briefing note to the Member or committee.

MR. BROMLEY: Mr. Chair, my next question has to do with the pharmaceutical costs. I know seniors are going up something like 8 or 9 percent a year in the Northwest Territories and we are known to use a lot of drugs, apparently. The costs are going up. I know the Minister has been working hard to try and find out what we can do in the area of pharmaceutical costs.

Is there anything yet achieved or where are we at in our work towards trying to achieve some cost efficiencies with bulk purchasing or whatever? I know there have been a couple of things happen with just a couple of drugs at a federal or national level that have gained us significant savings. Thank you.

HON. TOM BEAULIEU: Mr. Chairman, the cost, just to provide some information, has gradually increased from 2007, about \$3.6 million, to in 2011-12 about \$4.1 million. In addition to that, I'll have the deputy minister provide some details on the work we're doing in the Pharmaceutical Management Strategy.

CHAIRMAN (Mr. Dolynny): Thank you, Minister Beaulieu. Ms. DeLancey.

MS. DELANCEY: Thank you, Mr. Chair. We did provide a briefing to the Standing Committee on Social Programs not long ago. We're still in the early stages, although we have put a number of pieces in place. We did have an initial report done by Alberta Blue Cross on considerations for developing a pharmaceutical strategy. We have done some work with Alberta Blue Cross in terms of implementing changes to how our programs are administered, but we're really at the early stages of putting together the components of a

pharmaceutical strategy. Some of the things we know we need to look at are catastrophic drug coverage, expensive drugs, and the possible review of our formulary. Right now we use the NIHB formulary. We are working with other provinces and territories under the Council of the Federation initiative to look at generic drug pricing.

A key priority on our work plan this year is to do what the Member is talking about, which is looking at potential for cost savings. Part of that will come through common procurement and bulk purchasing, and I did talk earlier about how all of our authorities have agreed that moving to common procurement has to be a priority under our back office initiative, so we're putting a work plan in place for that. We are also going to be working this year to do a more detailed analysis, drilling down into the potential for other cost-saving potential and how we acquire pharmaceuticals.

CHAIRMAN (Mr. Dolynny): Thank you, Ms. DeLancey. Mr. Bromley.

MR. BROMLEY: I think this is a big topic, but there's obviously a very rich area for ongoing work here and I think I'm going to leave it at that rather than drill down into this, and I'm sure we'll be visiting in committee about this further. I will leave it at that. That's all I have on this page.

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Bromley. Page 8-27, Health and Social Services, activity summary, supplementary health programs, operations expenditure, \$26.730 million. Does committee agree?

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Dolynny): Thank you. Page 8-28, Health and Social Services, activity summary. Mr. Hawkins.

MR. HAWKINS: Thank you, Mr. Chairman. If I was to look for a line on medical travel, is this the only funding source area that I would search out or is it listed in any other line somewhere within the government?

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Hawkins. For that we'll go to Minister Beaulieu.

HON. TOM BEAULIEU: Thank you, Mr. Chairman. We have some details here that I would maybe have the deputy minister just read the cost detail for the other areas like the revenues that come in to pay for medical travel and also the THSSI, I suppose.

CHAIRMAN (Mr. Dolynny): Thank you, Minister Beaulieu. Ms. DeLancey.

MS. DELANCEY: Thank you, Mr. Chair. This is the main line item in the budget for medical travel. There is another just over \$500,000 under hospital services which also relates to medical travel. What's important to note, though, is that this is not our full budget for medical travel. This is the full

amount that we vote, but Stanton Hospital, that runs the Medical Travel Program, gets an additional \$12.7 million in revenues so that their full budget for medical travel is about \$29 million. There is a shortfall. They are predicting a shortfall in that amount of about \$2.3 million for this year.

CHAIRMAN (Mr. Dolynny): Thank you, Ms. DeLancey. Mr. Hawkins.

MR. HAWKINS: I appreciate that answer and, certainly, the forthrightness of it. Where does the additional money come out of? Can I get some help in the description of, sort of, connecting the dots? I mean, it must come from somewhere.

MS. DELANCEY: The additional funding comes from third parties, so for example, costs that we recover from the Non-Insured Health Benefits program, costs that we recover from third-party insurance providers through our EHB program, out-of-territory residents' recoveries, recoveries from the RCMP, WCB and other private sources.

MR. HAWKINS: Thank you for that. Just adding a little further, so is it safe to say that... Sorry. Would it be correct to say that medical travel, then, is on budget for core cost and should we be including third-party cost in its normal line budget? If the taxpayers of the Northwest Territories asked the simple question does normal medical travel under the cost of our programs we offer as a government service, are we on budget or are we within budget, is that a fair statement to make?

MS. DELANCEY: The other portion of the budget that's realized through revenues is included in the main estimates on the revenues page. We do show anticipated revenues, and of course, that's based on historical trends, so we do our best guess at estimating that. It's fair to say that it is reflected in the budget under the revenues.

MR. HAWKINS: I appreciate the reminder of where that money comes into the system and then add it to the \$16 million, which brings us to the rough total of the whole program of being about \$29 million. I'm, I guess, really talking about the question of for what we're responsible. Are we within the normal budget threshold of what we're responsible for as a government? I'm going to ask, can we separate the third-party responsibility for a second, because it seems as if that is an actual cost, and I do have a separate question for that one.

If a little kid is out playing, trips, breaks his leg and has to fly to Edmonton, that would be our cost. If it's an RCMP member who did something and it fell under their insurance, that would be a separate cost. I'm really asking, is our responsibility under our budget, are we on the threshold of normal budget programming or over, under or within a normal tolerance?

HON. TOM BEAULIEU: We are underfunded for the medical travel of about \$5 million.

MR. HAWKINS: Thank you to the Minister. The next question I have is about the third-party gap. Under the third-party gap – and I appreciate the deputy minister's detail and highlight how she clarified some of that – do we find we get short-changed on any of that and, if so, could someone from the department, through the Minister obviously, provide that level of detail, what we're left on the hook for.

HON. TOM BEAULIEU: We are not aware of any shortfalls anywhere in the third-party billing.

MR. HAWKINS: Alright. Now, does this medical travel benefit here, adding all those numbers up, is that only reflective of what's transferred over to Stanton or is that also in consideration to what's farmed out to the authorities? When an individual authority needs to charge something to the medical travel budget before it gets on to the Stanton Territorial travel budget, would that be the global budget or is there a separate budget line item for all the authorities?

HON. TOM BEAULIEU: That's the entire budget, the global budget for the whole system.

MR. HAWKINS: Nope. That will be fine for now. Thank you.

CHAIRMAN (Mr. Dolynny): Page 8-28, Health and Social Services, activity summary, supplementary health programs, grants and contributions, contributions, \$16.259 million. Does committee agree?

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Dolynny): Page 8-30 and 8-31, Health and Social Services, activity summary, community wellness, social services, operations expenditure summary, \$89.259 million. Ms. Bisaro.

COMMITTEE MOTION 8-17(4):
CHRONIC DISEASE PREVENTION
AND PROMOTION,
CARRIED

MS. BISARO: Thank you, Mr. Chairman. I would like to move a motion in this section.

I move that this committee strongly recommends that the government take immediate action to identify additional funding for prevention and promotion-related activities to place greater importance and urgency on the prevention of diabetes, tuberculosis, heart disease and other chronic diseases.

CHAIRMAN (Mr. Dolynny): Thank you, Ms. Bisaro. We're just circulating the motion.

To the motion. The motion is in order.

AN HON. MEMBER: Question.

CHAIRMAN (Mr. Dolynny): Question. Ms. Bisaro.

MS. BISARO: Thank you, Mr. Chairman. I'd like to speak to this motion a bit. I discussed some of the statistics when I made my statement earlier today, but I wanted to remind people that in the NWT, if the rates of physical activity of our people – young people and older people – are going down and our rates of obesity are increasing, that does not bode well for our health system. It means we are going to have more and more demands and more and more of a drain financially on our health system and on our government.

We have pretty good services here in the city of Yellowknife and we have reasonably good services in our regional centres, but our smaller communities, anybody who lives outside of the city of Yellowknife or our regional centres tend to need greater support in terms of prevention and promotion. I want to recognize that we have had an increase in the budget to prevention and promotion over the last year or so, but this motion speaks to the need for even more money to be put into prevention and promotion.

One of the things that have been working reasonably well, from what I understand, is the diabetes clinic. It operates in a number of places. I can't remember how many right now, but we need to expand the Diabetes Clinic Program to more communities. That's the kind of thing that I'm referencing with this motion, is we need to expand all of the present programs and services that we have which deal with the prevention and promotion. Things like hypertension and cardiac disease are a large drain on our system. Tuberculosis screening is another one. We still, unfortunately, have difficulties with tuberculosis. It's a condition which has existed for a long time and continues to exist, so we need to make sure that we have enough screening to be able to catch it and, hopefully, eliminate it in the near future.

One of the things that I think we do a fair bit of but I think we need to do more of, and this goes to the promotion aspect of the motion, is we need to educate people, all of our residents – particularly our young people, though – and we need to raise the awareness of particularly our young people to the risks of poor health, to the risks of inactivity. Again, I don't think the department has enough money within their department to do the adequate education that is required.

Lastly, one of the other things that I think we've done a reasonably good job in the last couple of years on is increasing the screening for colorectal cancer. Colorectal cancer is the highest incidence of cancer in our territory. Caught early, it's a disease which can easily be cured, but without screening it cannot be caught. It's really important that we increase the colorectal screening and make

sure it's available beyond the city of Yellowknife and our regional centres.

Those sorts of things are what the motion references and I hope that Members will support the need for greater money for prevention and promotion.

CHAIRMAN (Mr. Dolynny): Thank you, Ms. Bisaro. To the motion.

SOME HON. MEMBERS: Question.

CHAIRMAN (Mr. Dolynny): Question has been called.

---Carried

CHAIRMAN (Mr. Dolynny): Mr. Menicoche.

MR. MENICOCHÉ: Thank you, Mr. Chairman. I move that we report progress.

---Carried

CHAIRMAN (Mr. Dolynny): I would like to thank Ms. DeLancey and Ms. Mathison for joining us today, and Mr. Beaulieu. I would ask the Sergeant-at-Arms to please escort the witnesses out of the Chamber. 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, Mr. Dolynny.

MR. DOLYNNY: Thank you, Mr. Speaker. Mr. Speaker, your committee has been considering Tabled Document 9-17(4), NWT Main Estimates, 2013-2014, and would like to report progress with three motions being adopted. Mr. Speaker, I move that the report of Committee of the Whole be concurred with. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Dolynny. A motion is on the floor. Do we have a seconder? The seconder is Ms. Bisaro.

---Carried

MR. SPEAKER: 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 Tuesday, February 26, 2013, 1:30 p.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. Report 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
 - Motion 4-17(4), Federal Support for Sahtu Jobs and Economic Growth
18. First Reading of Bills
 - Bill 2, An Act to Amend the Territorial Parks Act
19. Second Reading of Bills
20. Consideration in Committee of the Whole of Bills and Other Matters
 - Tabled Document 9-17(4), NWT Main Estimates, 2013-2014
 - Bill 1, Tlicho Statutes Amendment Act
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 Tuesday, February 26th, at 1:30 p.m.

---ADJOURNMENT

The House adjourned at 7:34 p.m.

