



NORTHWEST TERRITORIES
LEGISLATIVE ASSEMBLY
TERRITOIRES DU NORD-OUEST
ASSEMBLÉE LÉGISLATIVE

MEETING GO 54-20-25

STANDING COMMITTEE ON GOVERNMENT OPERATIONS

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THURSDAY, JUNE 19, 2025
EAGLE ROOM, LEGISLATIVE ASSEMBLY
9 AM

AGENDA

1. Call to Order
2. Prayer/Reflection
3. Review and Adoption of Agenda
4. Declarations of Conflict of Interest
5. Public Matters
 - a) Bill 29, First Responders Workers' Compensation Amendment Act: public briefing with bill sponsor MLA Kieron Testart and Christian Bittrolff, President, International Association of Fire Fighters Local 2890
 - b) Bill 26, An Act to Amend the Public Service Act: public briefing with bill sponsor MLA Shauna Morgan
6. In Camera Matters
 - a) Debrief
 - b) Correspondence review:
 - i. 2025-06-04 – Minister Responsible for the Northwest Territories Power Corporation – Confidential
7. New Business
8. Date and Time of Next Meeting: Thursday, June 19, 2025 at 3:30 p.m.
9. Adjournment

Offering GNWT Nurses
the Freedom to Choose
a Separate Bargaining
Unit

Shauna Morgan, MLA
for Yellowknife North

BILL 26 – AN ACT TO AMEND THE PUBLIC SERVICE ACT



Purpose of the Bill: To empower NWT nurses – so more will want to come work in NWT communities, more will want to stay, and nurses can bargain directly for safer healthcare workplaces and better patient care.

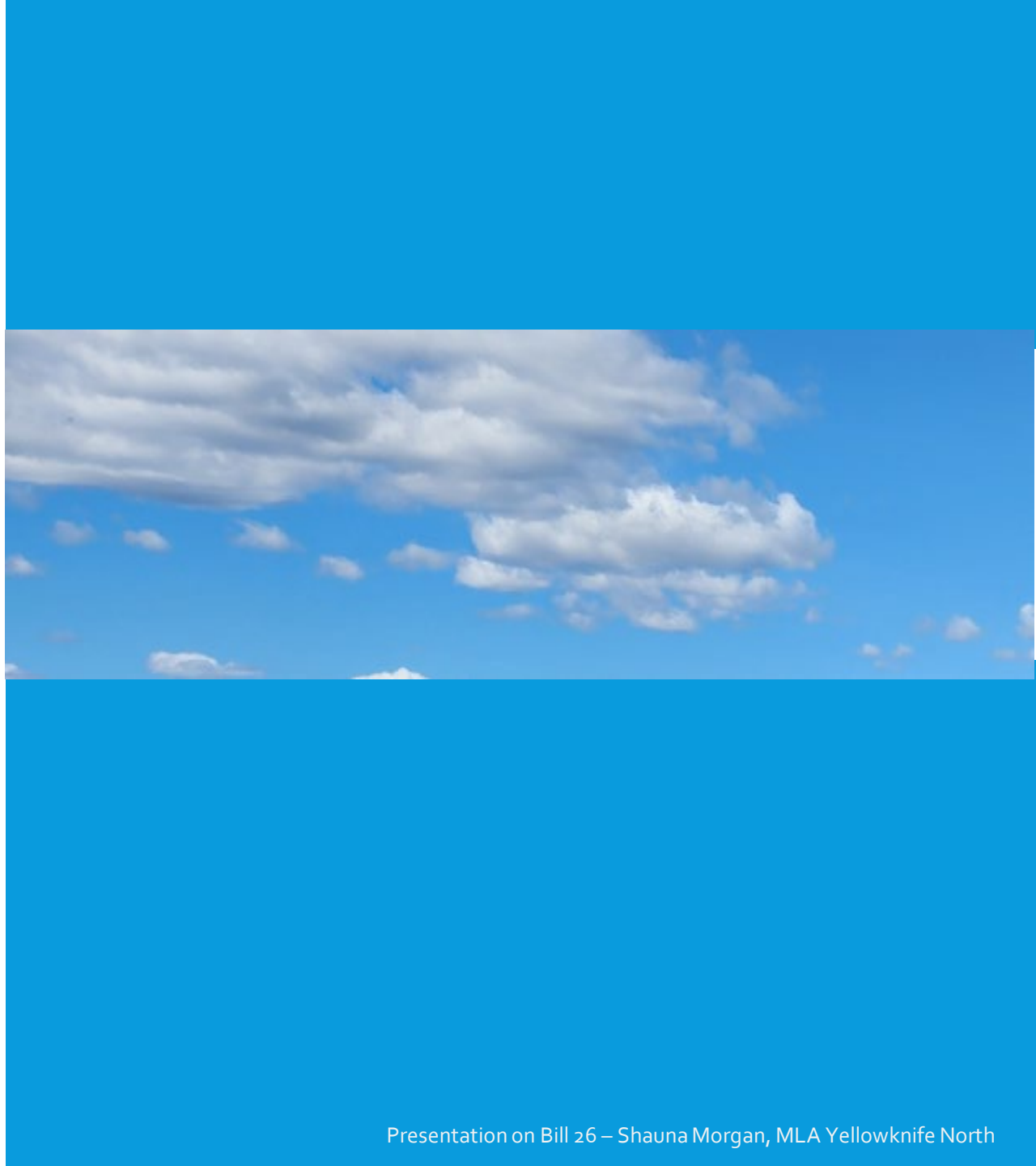


CURRENT SITUATION:

- The Public Service Act (section 41) interferes with workers' Charter rights.
- The Act creates a monopoly for the UNW and does not allow nurses to have a voice of their own at the bargaining table.
- This problem has long been recognized, and nurses and others have actively fought for change since 1988 when the Act was established.
- Work to "modernize" the Public Service Act has been underway since at least 2017; section 41 was intentionally left out of that work because the government and/or UNW did not want to change it.
- Within the last month, public pressure has led the GNWT and UNW to finally agree to begin looking at section 41 together, with no indication there is a common understanding of the problem.

PROPOSED SOLUTION IN BILL 26:

- Offers nurses the option of holding a vote amongst themselves on whether they want to bargain separately, and who they want their bargaining agent to be.
- Vote could be by paper or secure electronic ballot.
- Nurses would apply to the NWT Supreme Court for authorization; the Court would have to make sure that all GNWT nurses had a fair opportunity to vote, and that the majority voted in favour.





IN BILL 26, STATUS QUO IS THE DEFAULT!

Nothing would happen automatically if the bill passes.

Nurses could choose never to even hold a vote. Nurses could hold a vote and fail to get majority approval. The Court could reject the application if it felt the vote was not fair or credible. In all of those cases – status quo prevails.

Even if nurses did vote for a separate bargaining unit, and the Court authorized it, the existing collective agreement would continue to apply to nurses for as long as it took to negotiate a new agreement (“bridging”).

Occupational Grouping	Total Vacancy Rate		
	Dec 23	Mar 24	Jun 24
Licensed Practical Nurse	27.1%	24.3%	22.8%
Nurse Practitioners	40.0%	36.0%	36.0%
Registered Nurse	26.8%	29.7%	27.7%

Costs for agency nurses:

Fiscal Year**	NTHSSA Total	TCSA Total	HRHSSA Total	TOTAL HSS
2021-2022	\$515,737	N/A	\$15,831	\$531,568
2022-2023	\$5,330,579	N/A	N/A	\$5,330,579
2023-2024 *	\$4,227,014*	\$195,890	\$18,331	\$4,441,235

**actuals not yet finalized*

*** HSS did not start using agency nurses until 2021-22*

In Feb 2025 we approved an additional \$2.42 Million for 2024/25 (Supplementary Estimates No.2) for “costs associated with agency and contract staffing”.

A BAD DEAL FOR NURSES COSTS ALL OF US!

The costs continue to pile up, as our continuity of care goes down...



BENEFITS FOR ALL NWT COMMUNITIES, INCLUDING SMALL COMMUNITIES

- *Why focus on nurses only?* If we want to prioritize improving access to primary healthcare in small communities, Community Health Nurses (CHNs) need to be prioritized.
- We can improve recruitment and retention of Community Health Nurses through better pay, safer working conditions, improved professional development opportunities and better supports.
 - Many of these could be addressed at the bargaining table.



EXAMPLES OF CURRENT CHALLENGES AT STANTON AND BARRIERS TO ADDRESSING THEM


Nurses are not satisfied that workplace grievances and safety issues are likely to be worked out smoothly by simply continuing to meet with management.

-GNWT is unlikely to give nurses the pay they deserve and what is required to be competitive with other jurisdictions, if it means the entire public service must get the same pay raise.

-UNW must balance the needs of all public servants and limit the attention and resources devoted to nurses at the bargaining table.

-Nurse-specific needs cannot practically or sustainably be shoehorned into appendices and one-off MOUs and labour market supplements—especially when more nuance is required to distinguish between needs amongst different kinds of nurses (e.g. Community Health Nurses).

WHY CAN'T NURSES GET WHAT THEY NEED WITHIN THE CURRENT SYSTEM OF BARGAINING UNDER UNW?



Nurses are NOT all considered “essential workers” by default. In the event of a strike/job action, non-urgent health services could be suspended.

Bargaining power comes from many other things besides the threat of a strike – e.g. the threat of nurses leaving, the difficulty and cost of replacing them, etc.

Compare with the status quo – how much bargaining power do NWT nurses currently have? When has the GNWT gone on strike to fight for nurses’ needs?

WOULD NURSES LOSE ALL THEIR BARGAINING POWER?

WOULD NURSES EVEN HAVE THE OPTION OF GOING ON STRIKE?

IDEA OF AN INCLUSIVE HEALTHCARE BARGAINING UNIT

- Nurses are working on developing this idea of bargaining together with certain allied health workers. Bill 26 is the first step.
- It can only be achieved through comprehensive changes to section 41 that give all workers freedom to organize themselves in ways that make sense to them, according to job types that align.
- Many NTHSSA employees have jobs that are nothing like nurses (e.g. office workers, cleaning staff) – a simple carve-out of NTHSSA will not work.

NO. There is no conflict between Bill 26 and the comprehensive “phase 2” changes being promised now by the government and the UNW.

Bill 26 is an interim measure given that GNWT-initiated legislation often takes a decade to be enacted. **Retention of nurses is an urgent priority.**

The May 24, 2025 joint press release between GNWT/UNW committed only to “continuing our conversations”, not to achieve an outcome that respects Charter rights.

DOES THIS BILL INTERFERE WITH THE
GOVERNMENT MAKING MORE COMPREHENSIVE
CHANGES TO THE PUBLIC SERVICE ACT?

-It allows nurses to organize themselves free of interference from either the GNWT or UNW executive.

-It opens up options rather than prescribing outcomes.

-The ultimate decision-maker would not be legislators or the GNWT but **the Court**, which is completely impartial and independent; its basic role is to uphold rights and freedoms, which is what the nurses are seeking.

-In contrast, negotiations over the establishment of a Labour Relations Board, while necessary, are to be led by the two groups with vested political and monetary interests—the GNWT and the UNW executive.

BILL 26 PRESENTS THE MOST IMPARTIAL SOLUTION FREE OF POLITICAL INTERFERENCE

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MAHSI CHO!
THANK YOU!

QUESTIONS?