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**LEGISLATIVE  
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**The Honourable Shane Thompson, Speaker**

# Legislative Assembly of the Northwest Territories

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(Nahendeh)

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**YELLOWKNIFE, NORTHWEST TERRITORIES****Monday, February 9, 2026****Members Present**

Hon. Caitlin Cleveland, Mr. Edjericon, Mr. Hawkins, Hon. Lucy Kuptana, Hon. Jay MacDonald, Hon. Vince McKay, Ms. Morgan, Mr. Morse, Mr. Nerysoo, Ms. Reid, Mr. Rodgers, Hon. Lesa Semmler, Hon. R.J. Simpson, Mr. Testart, Hon. Shane Thompson, Hon. Caroline Wawzonek, Mrs. Weyallon Armstrong

The House met at 1:31 p.m.

**Prayer or Reflection**

---Prayer or reflection

**SPEAKER (HON. SHANE THOMPSON):**

Please be seated. Thank you, Joe Otokiak, for the prayer and reflections today.

Colleagues, when we started this sitting, I reminded you that we expect to hear respectful words and see respectful behaviour in this chamber. We have had three sitting days since I made those comments in my opening remarks and, honestly, I am disappointed.

When we are in this House, I don't want to hear heckling and jeering. I don't want to see eyes rolling or angry looks being directed at one another. I don't want to see and hear Members of this Assembly talking over one another or ignoring one another. This behaviour is I believe below us and the standard to which we should hold ourselves. It does not show the level of respect that each of us deserve. It does not show the level of respect that this institution deserves. And it certainly does not show the level of respect that our people, who have elected us as their representatives, deserve.

We can do better. We should do better. We must do better.

Colleagues, I am not saying that we should all be agreeing on everything. That's unreasonable. That's not possible. We are all independent, politically-minded people, who were elected to represent our people in the best way we can. Disagreement isn't just inevitable; it is necessary. It is through respectful disagreement, constructive discussions, and effective compromise that we can best represent our people in this form of consensus government.

Colleagues, we don't always agree. We don't always get what we want. That is true for the Regular Members, the Members of executive council, and for me as your Speaker. However, we can always choose to be respectful and I am, again, asking you to make that choice. Please choose your words thoughtfully and

carefully. Please show each other, this institution, and our people the level of respect that we all deserve.

Colleagues, I am not only asking you to police your own behaviour in this chamber but to help your colleagues police their behaviour as well. We have our rules and procedures that must be followed and, as your Speaker, I will always do my best to provide fair and impartial rulings and advice if matters are raised with me. However, if you see or hear your colleagues speaking or acting in a manner that you feel is not in keeping with the level of decorum expected in this chamber, please let them know. Tell them that you do not want a sidebar conversation when somebody else has the floor. Tell them, constructively, if you feel that they are approaching the line, or if they have crossed it.

Colleagues, I do not want to be delivering this message again in a few days. Or in a few weeks. Our time in this chamber is limited and, frankly, even if it is necessary this is not the best use of our time.

I am going to end this by thanking you for your time and attention today and by thanking you in advance for the improved decorum that I hope and expect to see as we continue through this sitting.

Thank you, colleagues.

Ministers' statements. Minister of Health and Social Services.

**Ministers' Statements**

**MINISTER'S STATEMENT 173-20(1):  
IMPROVEMENT TO LABORATORY AND  
DIAGNOSTIC IMAGING**

**HON. LESA SEMMLER:** Mr. Speaker, residents across the Northwest Territories rely on laboratory and diagnostic imaging services to get timely answers about their health, and they expect their government to respond when access to those services are not meeting their needs.

I have heard clearly from residents, from Members in this House, and from healthcare providers about long wait times and barriers to

accessing laboratory and diagnostic imaging services. These concerns were consistent, well-founded, and required action. As the Minister of Health and Social Services, I knew change was required, and I took steps to ensure that this government acted.

Mr. Speaker, demand for laboratory and diagnostic imaging services has increased significantly in recent years. More residents are living longer with chronic conditions. Chemotherapy services have expanded in the territory. Clinical practice has evolved, requiring more diagnostic testing to support safe, high-quality care. These pressures have contributed to delays in accessing testing and receiving results. This is why improving access to laboratory and diagnostic imaging services remains a priority for me as Minister and for this government. Through the proposed budget and targeted operational decisions, we have taken concrete action to improve access, increase capacity, and reduce wait times for residents.

As part of this work, Mr. Speaker, we have strengthened collaboration between the Northwest Territories Health and Social Services Authority and Alberta Health Services. In September 2025, new technology was introduced to support faster and more secure sharing of diagnostic images including CT scans, ultrasounds, and X-rays. This allows physicians in the Northwest Territories to quickly consult with specialists in Alberta when needed, supporting timely clinical decisions in critical situations such as stroke, major trauma, or potential patient transfers.

We have also removed unnecessary administrative barriers for residents receiving care in Alberta. Alberta physicians can now order laboratory tests directly for Northwest Territories patients, eliminating the need for residents to return home for follow-up appointments simply to obtain lab requisitions. This change improves continuity of care, shortens wait times for results, and frees up primary care appointments for other residents.

Mr. Speaker, demand for our outpatient laboratory services in Yellowknife has been a particular concern raised with me, and I am pleased to report that this is where residents are already seeing meaningful improvement as a direct result of actions taken by this government.

With additional resources put in place in January, the daily number of laboratory appointment slots in Yellowknife has increased by 47 appointments per day, bringing the total to 126 appointments daily. As a result, average wait times have dropped significantly from approximately 40 to 45 days down to about 10

days. Walk-in appointments continue to be available each day.

The new callback request system for laboratory appointments is also delivering results. Residents who submit completed request forms now receive a call back by the end of the next business day, providing a more predictable and accessible booking process.

Mr. Speaker, there is still work to do. Demand for laboratory and diagnostic imaging services will continue to grow, and this will remain an area of focus for me as Minister. However, the changes we have made, driven by concerns raised in this House and reflected by the proposed budget, are already improving access and reducing delays for residents. These actions demonstrate this government's commitment to listening, taking responsibility, and delivering practical improvements that help residents get the care they need, when they need it.

Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Minister of Health and Social Services. Ministers' statements. Members' statements. Member from Range Lake.

### Members' Statements

#### MEMBER'S STATEMENT 841-20(1): COMPASSIONATE MEDICAL EVACUATION POLICY

**MR. TESTART:** Mr. Speaker, last year Members of this Assembly spoke with a clear, unified voice when we passed a motion calling for compassionate medical evacuation policy to standardized escort support in emergency situations. Yet, despite this call to action, the Minister has still made no plans to support Northerners facing these kinds of medical emergencies. Far too often our constituents are forced to pay out-of-pocket just to be by their loved one's side. Families deserve support in moments of crisis, not confusion, stress, and financial burden. These are exactly the kind of broken policies MLAs are elected to fix, and I cannot tolerate these circumstances simply because the policy is the policy.

Now we have a medical travel modernization plan that focuses not on solutions but on communication. Information and navigation are the key words in this approach, a clever redirection from failing policies that portrays Northerners as having unreasonable expectations. But the Minister will never convince taxpaying Northerners to give up their right to be by their loved one's side during a

medical emergency, the same right they would have for a routine scheduled appointment.

These trips come at a heavy emotional toll, and in some cases with the very lives of their loved ones. Families must be there not just for comfort but to understand the plan of care and to make life-altering decisions. The financial cost to this government is insignificant compared with a human cost that they bear. Expecting them to cover flights and accommodations in these circumstances is unacceptable. Several Range Lake families are still waiting, Mr. Speaker, for some years for the Minister to address the wrongs they experienced. And if things don't change, sadly, there will be many, many more to come.

This is not about money. This is about the recognition and support that can make a real difference in people's lives. We can start today, Mr. Speaker. The only question is whether this Minister will finally show the leadership to do so. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Member from Range Lake. Members' statements. Member from Yellowknife North.

MEMBER'S STATEMENT 842-20(1):  
ACCESS TO PRIMARY HEALTHCARE

**MS. MORGAN:** Mr. Speaker, I want to talk health care. I know the Minister and I do see eye to eye on many broad principles, and likely we can all agree we're striving for continuity of care, recruitment and retention of practitioners, better care closer to home, cultural safety, integrated team-based care, ensuring patients are seen by the right provider at the right time for the right reasons. Great. What worries me is that when I ask for specifics on what progress we're going to see on any of these things and when, I keep getting responses like review is on going or we're always working to improve.

At first, that sounds like a good thing but if we haven't set any targets, if we haven't figured out how to measure progress and there's no timeline attached to the review, then it's not actually a review. That's called just muddling through.

I understand that every individual within the system is trying really hard, and it feels like it would be easier if MLAs over here would just shut up about targets and metrics because isn't it enough they're trying very, very hard. But wouldn't it help everyone if instead of this relentless pressure to always just try harder, we could think more carefully about what specifically we're trying to do and put the right amount of resources towards it.

For example, Yellowknife residents were all sent a letter in October 2024 that promised everyone would be assigned to a primary care team. This is an important goal. It's fundamental for good care, for patients to be seeing practitioners who know them and know their health history, except we don't currently have nearly enough physicians or nurse practitioners to accomplish this. When I've asked how we're planning to fulfill this promise, ensuring everyone is assigned to a team, the Minister has informed me that panel sizes will continue to be reviewed. Reviewed according to what criteria? To what end? How is this review helping people who do not currently have any regular doctor or MP to get assigned to a team? How is it helping people who are on a team actually get an appointment when the slots are booked up for the foreseeable future?

Mr. Speaker, to be clear, I believe every resident in this territory should be assigned to a primary care team. So enough vague promises, let's take the steps necessary to get there. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Member from Yellowknife North. Members' statements. Member from Yellowknife Centre.

MEMBER'S STATEMENT 843-20(1):  
IMPROVEMENTS TO NORTHWEST  
TERRITORIES MEDICAL TRAVEL

**MR. HAWKINS:** Thank you, Mr. Speaker. Like some of my other colleagues, we have frustrations with medical travel. For many residents of the NWT, though, the promise of equitable health care is a broken one.

Medical travel programs were designed to be a bridge to specialize care but instead, Mr. Speaker, often constituents tell me it feels more like a barrier. From staggering out to these convoluted policies, expenses to a labyrinth of confusing unanswered calls, Mr. Speaker, the system becomes so convoluted that you almost need a navigator for your navigator to navigate through the process, Mr. Speaker.

The Minister will point out the Office of Client Experience as a place where you can bring your concerns. But, Mr. Speaker, I feel it's more like an office of boundless void. It's where your questions go in and you never hear the answer. Patients' problems slip away into the darkness of administrative abyss never to be heard of from again. Mr. Speaker, if the Minister's truly listening, she would immediately implement an exit interview process and start to capture some of the raw feelings and data from people who have travelled south. Now, sure, most will be fine. It's the ones that we have travel -- problems with through this medical

travel process are the ones we need to get down to the nuts and bolts.

Mr. Speaker, healing does not happen in a vacuum. Mr. Speaker, while the staff are real people at medical travel, they are shackled but these antiquated policies, Mr. Speaker. Patients shouldn't feel like they're being managed by bots. Mr. Speaker, we could do some commonsense changes, such as an automatic escort -- sorry, tongue twister there -- an automatic escort for non-medical escorts criteria processes when it comes to seniors, elders, and vulnerable patients, Mr. Speaker. An automatic process, Mr. Speaker. Elders, no Indigenous elder should ever feel that they have to navigate a complex southern hospital system alone.

Mr. Speaker, failing to recognize that family supports are essential to the outcomes is a neglect, in my opinion, from people understanding the system. We need cultural safety, human safety, and certainly empathy, Mr. Speaker.

The logical failures are exhausting. Northerners tell me that they often feel -- when they take the medical travel system, they feel like untethered kites in the wind, tossing around, trying to figure out cancellation, fragment communication and, Mr. Speaker, the list goes on. Mr. Speaker, to be frank, health care is a right. It shouldn't be a privilege of geography. So, Mr. Speaker, in closing, if you're from a small community, Indigenous community, rural or whatnot, multiple everything I just said by a hundred. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Member from Yellowknife Centre. Members' statements. Member from Frame Lake.

MEMBER'S STATEMENT 844-20(1):  
STILL DARK MUSIC FESTIVAL

**MR. MORSE:** Thank you, Mr. Speaker. Mr. Speaker, this weekend, I attended the second annual Still Dark Music Festival which takes place in the heart of Yellowknife's downtown. The festival was established by a dedicated group of volunteers who were looking to help people through the dark months of winter when most of us aren't getting out as much, and it has quickly become one of my favourite events of the year.

My favourite aspects of this festival are how it highlights and celebrates both local artists and venues, and it's really clear from this year's festival that the Yellowknife's music scene is blessed with seemingly endless depths of local talent.

A few local highlights for me were seeing Jonny Vu at the Underground, Ben Pernel at the Top Knight, and Frame Lake's own punk band Upper Mall Rats who brought down the House at the Elk's Lodge. Their hit song, Medical Travel, was particularly raucous, not unlike when that subject hits the floor of this House, Mr. Speaker. And that's just scratching the surface. There were so many shows going on, you couldn't possibly attend them all.

Your Yellowknife MLAs were pleased to be able to contribute to the free event on Saturday afternoon at the visitor centre. I am pleased to note that the festival sold out as of Saturday, so I want to congratulate the board on a very successful weekend. I want to thank them for their huge contribution to our community's art scene and hope this festival continued success for many years to come. Events like this are what make our community such a wonderfully social place to live. I spoke to one of the bands attending from the south, and they were blown away at our diversity of venues, noting it was a much better scene than they enjoy in their larger southern city.

It's easy to get a bit downtrodden about Yellowknife these days, Mr. Speaker, so I really took this outside perspective to heart. We still have a lot of great things to appreciate here thanks to the people who put their time in to making events like Still Dark happen in our community. So please join me in thanking the board for their hard work and congratulating them on another successful festival. Here's to many more.

**MR. SPEAKER:** Thank you, Member from Frame Lake. Members' statements. Member from Great Slave.

MEMBER'S STATEMENT 845-20(1):  
SUPPORTING FAMILY VIOLENCE  
SHELTERS

**MS. REID:** Thank you, Mr. Speaker. And just a plug for the next festival which is the Still Dead Film Festival coming up next weekend, I think it is.

Mr. Speaker, causes of homelessness are varied and complex as discussed in A Way Home, the GNWT's strategy to address homelessness and to support residents and stakeholders such as NGOs in this space. As the strategy notes, one of those causes is gender-based violence. Disproportionately affecting women, girls, and queer folks, residents need a safe spot to land when their homes become too dangerous to stay in or return to. A Way Home also notes that better supports required for frontline workers and organizations assisting these folks fleeing

gender-based violence. And so GNWT action on homelessness needs to dovetail with existing support and expertise that exist in NWT NGOs. In this regard, the GNWT has taken great strides with NGO partners here in Yellowknife, and I am thankful for the transitional homes and spaces that have been created in the 20th Assembly.

Historically, family violence shelters have been funded by health and social services across the NWT since the 1980s. In 2019, YWCA-NWT was offered time limited funding by Women and Gender Equality Canada to establish two safe homes in communities without family violence shelters. These safe homes were launched in Fort Simpson and Fort Good Hope. For nearly three years, staff at the YWCA have been working with community, Indigenous, territorial, and federal governments, to try and secure other funding for these two safe homes where the wage funding lapses at the end of this fiscal year. So far, they have not been successful.

While I am appreciative that EIA and YWCA-NWT staff will be sitting down in the new fiscal year to discuss their fiscal picture and realities of many more core services that the territory's largest NGO provides for women, children, and families, I must also point out that if these safe homes close at the end of March, it is very unlikely they will be reinstated later in 2026. Starting from scratch months from now would cost more than the \$340,000 that YWCA is seeking from the GNWT at this time.

As we move towards a model of Housing NWT taking on support of spaces, EIA taking on a coordination of policy approach, and health supporting wraparound services, it is imperative that this Assembly have a fulsome understanding of how A Way Home will align with NGOs providing the frontline work in supporting residents fleeing gender-based violence, including at what cost to the public government. Mr. Speaker, I will have questions for the Premier at the appropriate time. Thank you.

**MR. SPEAKER:** Thank you, Member from Great Slave. Members' statements. Member from Inuvik Boot Lake.

MEMBER'S STATEMENT 846-20(1):  
FUNDING FOR AURORA COLLEGE ARI  
INNOVATE CENTRE

**MR. RODGERS:** Thank you, Mr. Speaker. Mr. Speaker, the Town of Inuvik, led by the mayor, has set up a community leadership group, and we meet once a month up there, Mr. Speaker. It's represented by both myself and my colleague from Inuvik Twin Lakes as well as the Indigenous -- both Indigenous governments as

well as various NGOs and other leadership that provide community -- organizations that provide community service. Last month's meeting, Mr. Speaker, took place at the Aurora College ARI Innovate Centre. The Innovate Centre, which was originally called the Micro-manufacturing Centre, was set up several years ago through Aurora College through ARI and was kind of set up to allow people to kind of get a leg up to potentially start a small-scale business, kind of an introduction to a little bit of technology, Mr. Speaker, such as silk screening, wood burning, 3D printing, etcetera.

Aurora College originally funded this initiative through various funding agreements such as NCIRC and ITI, but to date, this year, Aurora College has decided that they -- it doesn't seem to have a lot of interest in continuing this program, Mr. Speaker.

So, Mr. Speaker, at this point, we've got -- they've got funding until the end of March. They're looking at trying to acquire an additional approximately \$200,000 to maintain the staff member they have there, to give them a year to kind of research some options again, such as NCIRC or other science research institutes through our programs at GNWT through ITI to continue this important organization that provides for so many in the community. Things like they do workshops, Mr. Speaker, where people of all ages come, elders will come for -- there's been many elders attend. They do workshops that have attracted, you know, things like create a sign for your cabin night or they'll work with antler and do some I research on how that antler can be used, what sticks to it, how long does it last, things like that, for different arts and crafts.

So, Mr. Speaker, I think it's very, very important that we continue this, that we support this organization. And I'll have some questions for the Minister of ITI on how we can look at continuing this amazing organization stays in Inuvik. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Member from Inuvik Boot Lake. Members' statements. Member from Tu Nedhe-Willideh.

MEMBER'S STATEMENT 847-20(1):  
MEDICAL PROVISIONS IN TREATY 8

**MR. EDJERICON:** Mr. Speaker, during the negotiation for Treaty 8 on July 25th, 1900, in Fort Resolution, Northwest Territories, the Commissioner promised the First Nation signatories that supplies on medicine will be put into charge of a person selected by the government and will be distributed for free to those Indians who might require them and that the physicians attached to the Commissioner

should give free attendance to all Indians who might find them in need of treatment, as they passed through the country. As treaties negotiated between the Crown and Indigenous nations or provincial or territorial borders are irrelevant.

Section 35 of the Canadian Constitution upholds these rights nationally and through Bill 85 of this Assembly has committed to aligning territorial laws and policies with health-related rights and UNDRIP which affirms Indigenous people's rights to nondiscriminatory access to health and social services at the highest attainable standards. All of this means our modern date territorial government has a duty through health and social services to ensure care is provided and covered, yet these rights continue to be obstructed with irrelevant jurisdictions and borders get in the way.

Our rights are getting lost in an ever growing mess of policies and regulations and built on struggling, underfunded territory health systems. This government continues to focus on building up bureaucratic barriers instead of seeing the bigger picture, which is honouring the treaties and ensuring our people can actually access the care they are owed.

For example, last year when an elder from Lutselk'e became ill while travelling to Alberta, the Minister could not even clarify who had jurisdiction when they went to the hospital in Edmonton. At the end of the day, Lutselk'e Dene First Nation paid close to \$50,000 for their escort and accommodations while time and again the Minister expects me to call the chief and tell them to cover that cost. That should be the responsibility of this government. Even with municipal levels of government right enshrined in the Canadian constitution, an obligation recognized internationally, these sacred commitments are still not being fulfilled. The Minister must explain to our people and communities what is holding up our treaties and be transparent about her work with the federal government, and she cannot rely on Jordan's Principle as backstop. Mr. Speaker, I would have questions for the Minister of health at the appropriate time. Thank you.

**MR. SPEAKER:** Thank you, Member from Tu Nedhe-Wiilideh. Members' statements. Member from Monfwi.

MEMBER'S STATEMENT 848-20(1):  
DINAGA WEK'EHODI PROTECTED AREA IN  
MONFWI

**MRS. WEYALLON ARMSTRONG:** Thank you, Mr. Speaker. Mr. Speaker, Dinaga Wek'ehodi. Dinaga, in Denezo Yatii, means this land; Wek'ehodi look after in Tlicho language.

Dinaga Wek'ehodi is a landscape of profound natural, cultural, and political significance in the Northwest Territories, encompassing nearly 800 square kilometers along the North Arm of Great Slave Lake. It has been a place of gathering, teaching, and sustenance for Dene and Metis people for countless generations. This land is a living foundation of stories, language, ceremony, and knowledge passed from elder to youth, rooted in longstanding relationships with the water, the island, and the wildlife that thrive there.

Mr. Speaker, elders from the Tlicho Nation and neighboring communities remind us that the North Arm is woven into their cultural identity, used as camps, fishing, and hunting areas, travel roots, and places of spiritual power. It has been said Dinaga Wek'ehodi is a place of legends sharing, teaching, and learning. It is also a critical habitat for migratory birds, species at risk, and rich array of wildlife and flora, all of which contribute to its environmental and cultural significance.

Mr. Speaker, Dinaga Wek'ehodi is still a candidate protected area under the Protected Area Act. While this designation offers some protection, this space is meant to be temporary as establishment and management agreements are negotiated.

Mr. Speaker, this process has now been stalled for nearly a decade largely because parties cannot come to an agreement on how many seats each will hold on at co-management board. This agreement has overshadowed the common good and delayed long-term protection for an area of national and international importance.

Mr. Speaker, it is time to move forward. The people of the Northwest Territories and future generations deserve no less. Mr. Speaker, I will have questions for the Premier. Thank you.

**MR. SPEAKER:** Thank you, Member from Monfwi. Members' statements.

MEMBER'S STATEMENT 849-20(1):  
CELEBRATION OF LIFE OF CATHY  
KOTCHEA GONET

**HON. SHANE THOMPSON:** Colleagues, today, with great sadness, difficulty, and with a heavy heart, yet profound gratitude, to celebrate the extraordinary life of Cathy Kotchea Gonet. We are saying goodbye to an extraordinary woman - whose spirit, talent, compassion, strength, and unwavering dedication wove her deeply into the fabric of Fort Liard, Deh Cho region, and beyond. I know she touched countless lives within the community, region and the NWT.

Cathy's connection to traditional art was the heartbeat of her spirit. As the manager of the Acho Dene Native Craft Store, she poured her passion into getting art and crafts that preserved the stories of the Dene heritage through the beadwork, baskets and other items made of birch and teachings that bridged generations. She didn't just sell art; she taught it with infectious enthusiasm, empowering youth and community members to discover their own voices through hands-on lessons. Her shop became a gathering place where creativity flourished, and her guidance ignited pride in cultural traditions that might otherwise fade. I can tell you when people came to Fort Liard, they had to stop in at this store. I can tell you my office has several pieces that we use as gifts.

Cathy's strength shone brightest in her service to Fort Liard. A lifelong resident, she served as deputy mayor for two years before stepping up as mayor on April 15, appointed by her fellow council members to succeed the outgoing mayor. Humble yet resolved, she declared feeling honoured to lead, focusing on council goals like smooth governance and community priorities, including her role on the water advisory panel and district education authority. Even in her short term as mayor, she built bridges fostering unity, supporting essential services, and lifting others with her belief in collective progress. Her leadership exemplifies quiet power, listening deeply, acting decisively, and always prioritizing her people. She had a gift for bringing people together, creating space for dialogue and understanding, and reminding us that true leadership begins with kindness and respect.

Cathy faced challenges with courage and grace. She never wavered in her belief that a strong community is built by lifting one another up. Whether through her work, her guidance, or her laughter, she made others feel seen, valued, and capable of greatness.

Cathy's legacy endured in the art she inspired, the leaders she nurtured, and the community she strengthened. She taught us that true passion and strength create ripples of lasting change. As we say goodbye, we remember Cathy not with sadness alone but with gratitude, gratitude for her teachings, her strength, and the beauty she brought into this world. Her spirit lives on in the community she helped build and in the hearts of all who loved her.

Cathy was born May 10, 1982, in Fort Nelson to Gordon and Marie Kotchea. In Fort Liard, she met the love of her life, Michael Gonet. 15 years ago they welcomed their child Aiden Gonet into the world. After a long battle with cancer, she

passed away in Edmonton on December 5th, 2025.

She is survived by many loving family members including a daughter Angel Kotchea.

The family would like to thank everyone for reaching out to them during this difficult time. She will be sadly missed.

Members' statements. Returns to oral questions. Recognition of visitors in the gallery. Member from Range Lake.

### Recognition of Visitors in the Gallery

**MR. TESTART:** Thank you, Mr. Speaker. Mr. Speaker, I'd like to recognize my mother- and father-in-law who are visiting here from Saskatchewan, Ruth Welbourne and Wes Welbourne. Thank you for being here today.

**MR. SPEAKER:** Recognition of visitors in the gallery. Member from Nunakput.

**HON. LUCY KUPTANA:** Mr. Speaker, I'd like to welcome Deborah Raddie. Debbie is the constituency assistant for Nunakput and also a good friend of mine. I thank her for her role and the good work with constituents throughout the riding. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Member from Nunakput. Recognition of visitors in the gallery. Member from Monfwi.

**MRS. WEYALLON ARMSTRONG:** Thank you, Mr. Speaker. Mr. Speaker, I would like to recognize and acknowledge one of the pages. She is a Tlicho citizen originally from Behchoko, MMika Kotchilea. And her grandpa, from Gameti, is my first cousin. Thank you.

**MR. SPEAKER:** Thank you, Member from Monfwi. Recognition of visitors in the gallery. If we missed anyone in the gallery today, welcome to your chambers. I would like to thank you for allowing us 19 Members to represent you in these chambers. I hope you enjoy the proceedings. It's always nice to see people in the gallery.

Recognition of visitors in the gallery. Replies to the budget address, Day 3 of 7. Member from Mackenzie Delta.

### Replies to the Budget Address

REPLY 25-20:  
REPLY BY MR. NERYSOO

**MR. NERYSOO:** Thank you, Mr. Speaker. Today I would like to start my 2026-2027 Budget response by acknowledging the

residents of the Northwest Territories, the Yellowknives Dene First Nation, especially to the residents of the Mackenzie Delta region. The contents within this proposed budget should shape your future, future of your community, future of the Northwest Territories and Canada. And it is our responsibility to ensure that your future is secure and safe, whether you live in Yellowknife, Hay River, Inuvik, or the small community of Tsiigehtchic. This proposed budget should reflect your fiscal and personal responsibilities from this government for the coming fiscal year.

Mr. Speaker, this proposed budget is more than dollars and cents. It should be a plan for a safe, vibrant, and sustainable future for all the residents of the Northwest Territories. It should measure the immediate needs of our homes, our communities, and our territory with a long-term vision that will shape the economic future of the Northwest Territories for generations to come. We are building on the past for our children and their children, not making promises, but making good on our promises. This government is more than halfway through its mandate, and we're still trying to make good on our priorities that we set in November of 2023, priorities that we set collectively to make the lives of the residents of the Northwest Territories healthier, economically sound and safe.

Mr. Speaker, every resident of the Northwest Territories needs assurance that their immediate and long-term future is secure and that their children's future is secure for generations to come. The security of their future weighs heavily on the decisions that we make as a government. Let us not be a status quo government but a government that will make good on the decisions that will bring prosperity to every person that calls Northwest Territories home. Let us continue to invest in our resources that will make Northwest Territories a place where investors will come and help build our economy. But we must invest in our greatest resources, and those resources are people of the Northwest Territories.

The residents of the Northwest Territories are concerned about the high cost of living, their housing needs, their health care, their children's education, just to name a few.

Mr. Speaker, if it was not for the Dempster Highway and the seasonal Aklavik-Inuvik ice road going through the Mackenzie Delta region, we would have nothing in this 2026-2027 proposed budget.

Our local Indigenous companies must be given every opportunity to participate in building the economy of the Northwest Territories. The

Mackenzie Delta electoral district is vast, and our residents should be able to be competitive in contracts with the Government of the Northwest Territories whether it is through incentives or negotiated contracts. The communities of Aklavik, Teetl'it Zeh, and Tsiigehtchic, need to be recognized by this government as equal partners in the Northwest Territories. We do not have rich deposits of resources, but our communities and its residents do have traditional and cultural knowledge to share with the rest of the world.

Mr. Speaker, we have a high number of Northwest Territories residents who are struggling with addictions, with a high percentage of them being of the Indigenous population. When an individual is plagued by addictions, it has a negative impact on every department within this government. I would like to see more emphasis put on homegrown treatment and aftercare. The Northwest Territories needs its own treatment centre where our own people heal our own people. Sending our residents down south should not be the only option given to our residents. We have to start the healing process right here in the North because it is where the problem exists. Aftercare is one area that I've been hearing about because when our people return back to their respective communities, they fall right back into the situation that they left a month ago.

Mr. Speaker, Yellowknife, Hay River, and Inuvik have the highest population of homeless people, and that is where the funding is being concentrated on. They have the highest rate of homelessness because there are no options within our smaller communities, and our residents go to the bigger centres to take advantage of the services. The homeless residents would like to stay in their communities, but they have nowhere to stay. More options should be given to them so they can stay in their communities to take some stress off the larger centres.

Mr. Speaker, the housing crisis is an international crisis that we have to deal with on a daily basis. Housing NWT is working hard to overcome this issue with what funding they have at their disposal. The local housing authorities have to play a bigger role in this crisis. It does not only affect their respective communities but the territory as a whole. The housing authorities have to meet and learn from each other. We have overcrowding in our communities, but we also have people living in units where there are more rooms than occupants. The local housing authorities have to meet the needs, the residents' needs. The conditions of these units are not in living standards and yearly housing assessments are

conducted but due to funding, we cannot fix these units let alone build new units. Building stick-built homes has to be a priority, not modular homes. Stick-built homes provide jobs. Jobs help stimulate the economy.

Mr. Speaker, the education system, kindergarten to grade 12, is not only failing the students within our smaller communities but is failing the communities. Implementing another jurisdiction's education system is not the answer. We have to educate our children so that they are vibrant members of our territory. Socially promoting our students is no longer an option that I agree with. We have a small percentage of graduates who are able to pursue post-secondary education and find a real career path. The higher percentage of graduates do not meet the requirements to go to college or university therefore are recipients of the income assistance program. Educating our children has to be a priority; a priority that every child, every parent, every community, and this government can be proud of. This is investing in our people.

Mr. Speaker, the healthcare system is another area of great concern. The residents of the smaller communities are deeply concerned about the quality of healthcare they are receiving. I understand that we are part of this international crisis when it comes to recruiting and retaining health professionals to our territory. Recruiting and retaining health professionals is just one part of the concern. Medical travel, medical escorts, and accommodations is also an area where improvement needs to be addressed.

I would like to see the Indigenous governments play a bigger role in accommodations for their membership. Collaboration between several Indigenous governments and the GNWT can address the accommodations concern. Having a patient advocate within each of the communities will bring more efficient services to the patients. A collaborative approach between the GNWT and the communities will bring relief and assurance to the residents of the smaller communities.

Mr. Speaker, I would like to bring forth the concern that has been addressed for some 40 years, the concern that the Tsiigehtchic residents have been calling for over 40 years; the concern is to obligate Treaty 11, and that is to provide police and nurse services within the community of Tsiigehtchic. The population of Tsiigehtchic should not be the reason as to why they are deprived of these essential services. Tsiigehtchic is on the highway system and with the high rate of hard drugs entering our communities, Tsiigehtchic needs these services today.

Mr. Speaker, the treaty obligations of the federal and territorial government has to be maintained and made a priority. This government seems to be forgetting that Treaty 11 and other treaties were signed with the residents of the McKenzie Delta and the territory will get the best education that is available to them and the best health care that is available. In recent years, since devolution, our treaty obligations have diminished a great deal, and this government needs to revisit how they are obligating our treaty rights. Every resident of the Northwest Territories needs to be treated fairly, treated with respect, and treated as though this government takes their needs very seriously.

Mr. Speaker, in closing, I would like to thank my colleagues on this side of the House for their continued support in helping me to try and meet the needs of the residents of the McKenzie Delta region and the territory as a whole. I would also like to thank the executive council for their efforts in running the territory, building the economy of the Northwest Territories, and providing essential services for the residents of the Northwest Territories. Working together can only strengthen our government therefore providing a brighter future for the people of the Northwest Territories. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Member from Mackenzie Delta. Replies to the budget address, day 3 of 7. Acknowledgements. Oral questions. Member from Inuvik Boot Lake.

### Oral Questions

#### QUESTION 965-20(1): FUNDING FOR AURORA COLLEGE INNOVATE CENTRE

**MR. RODGERS:** Thank you, Mr. Speaker. Following up on my Member's statement, I have a question for the Minister of ECE. I may ask her to change hats halfway through, but.

In her what I am assuming are her regular meetings with the Aurora College chairperson, Mr. Speaker, I wonder could she commit to bringing the urgent plight of the Innovate Centre in Inuvik to his attention and have a conversation around why Aurora College has decided that they will no longer be supporting this organization in Inuvik. Thank you.

**MR. SPEAKER:** Thank you, Member from Inuvik Boot Lake. Minister of Education, Culture and Employment.

**HON. CAITLIN CLEVELAND:** Thank you very much, Mr. Speaker. Mr. Speaker, I can certainly have a conversation. As the Member has outlined, with the chair we end up having quite

a few meetings or phone conversations, and I would be happy to bring up the Innovate Centre. Thank you.

**MR. RODGERS:** Thank you, Mr. Speaker, and I certainly appreciate that. We'll look forward to a reply on that. If the college is no longer interested in funding this, again this important organization, at least for another year so they can seek funding in other sources, would she commit to looking at either the department of ECE or ITI to look at ways we can at least short-term fund this organization for a year? Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Member from Inuvik Boot Lake. A little creative but I will allow it. Minister of Education, Culture and Employment and Minister of ITI.

**HON. CAITLIN CLEVELAND:** Thank you very much, Mr. Speaker; that's dangerous precedent setting.

Mr. Speaker, so ITI has funded the Innovate Centre over the course of the last few years just over, I believe, \$420,000. There's different funding avenues that might be available to the Innovate Centre, so I definitely suggest that they follow up with ITI specifically. Examples of potential funding pots for that that would be -- that already exist are the SEED funding avenue. There's also the large arts grants, depending on types of programming that they're looking to offer to residents of Inuvik. And there may even be avenues where we can look at potential business incubator type sites. So I certainly recommend a follow-up with the ITI regional staff for sure.

As far as ECE is concerned, that one would be a little bit trickier because there's not the same type of application-based funding, but I am certainly happy to continue the conversation with the Member. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Minister of ECE and ITI. You did a really good job of getting back to ECE. Thank you. Member from Inuvik Boot Lake.

**MR. RODGERS:** Thank you, Mr. Speaker. And thank you for your indulgence, certainly appreciate it. And I do understand there's been some funding, albeit not all through the core funding. I think the core funding they receive two times, 25K, for some of the infrastructure and some of the equipment that they purchased and whatnot in there. Other fundings were gotten, I think, through organizations who use that Innovate Centre because it is a membership-based centre, Mr. Speaker, where people can come in and access these fancy pieces of equipment, learn how to use them, maintain them and operate them, and so on.

What this does say, though, I mean -- and I know the VP position of Aurora College was out of Inuvik, is now based in Yellowknife, for various reasons I am sure, but maybe it's time we start looking, Mr. Speaker, as we've talked about in this House before, is having the Minister have a look at maybe putting ADM positions outside of Yellowknife and, in particular, somewhere like Inuvik where there's more than just this happening there as we know and to get some senior positions out of Yellowknife and into the regions. Thank you, Mr. Speaker.

**HON. CAITLIN CLEVELAND:** Thank you very much, Mr. Speaker. Mr. Speaker, where -- well, education is a great example where a lot of their staff are actually based regionally but whenever there is job applications for within the department that do go out across the government, I know that we as Cabinet Ministers encourage departments to use the remote work policy so that, really, people can be based across the territory if appropriate. So I can confirm for the Member that that work is done.

As far as Aurora College, as the Member knows, the operations of that really do fall under the president and the chair of the board of governors, so that's not one that I have control over, but the Member certainly has my commitment to continue encouraging regional representation within departments that I am the Minister of. Thank you.

**MR. SPEAKER:** Thank you, Minister of Education, Culture and Employment. Oral questions. Member from Yellowknife North.

QUESTION 966-20(1):  
INTEGRATED PRIMARY CARE TEAMS

**MS. MORGAN:** Thank you, Mr. Speaker. So in my statement, I spoke about the need for every resident in the territory to be attached or assigned to an integrated primary care team to have a relationship with a nurse practitioner or a physician as part of a team who knows the patient, knows their history. And the HSS report released last year called Equitable Access, Co-designing an Integrated Primary and Community Healthcare Framework, identified a goal of fully functional integrated care teams by 2028. So my question for the Minister of HSS, is HSS publicly committing to have every resident in the territory attached to a fully functional integrated primary care team by 2028? Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Member from Yellowknife North. Minister of Health and Social Services.

**HON. LESA SEMMLER:** Thank you, Mr. Speaker. Mr. Speaker, yes, the department has made this commitment. Fully functional means teams are appropriately staffed so that care is sustainable and relationship based. My goal is to progress towards an improved patient attachment to care teams while ensuring implementation is safe, sustainable, and responsive. The first step is the publication of the North Star primary care and community care framework in May 2026 of this year. Once the framework is public, the department will focus on developing guidelines for patient attachment and setting clearer expectations for team-based care. And this may look different where you live in the territories. Thank you, Mr. Speaker.

**MS. MORGAN:** Thank you, Mr. Speaker. It's good to hear the Minister make that commitment publicly.

So does the HSS actually have a plan for acquiring the human resources needed to staff all of those integrated care teams? Thank you, Mr. Speaker.

**HON. LESA SEMMLER:** Thank you, Mr. Speaker. Mr. Speaker, yes, right now we are working on the people strategy which is part of that. It's also a key strategy in the primary community health care framework. Integrated care teams include physicians, nurses, nurse practitioners, Indigenous health workers, community health representatives, administrative staff, mental wellness and social supports. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Minister of Health and Social Services. Final supplementary. Member from Yellowknife North.

**MS. MORGAN:** Thank you, Mr. Speaker. So finally, has HSS already identified standards or guidelines to ensure that the number of patients assigned to any one team is safe and manageable for practitioners? Thank you, Mr. Speaker.

**HON. LESA SEMMLER:** Thank you, Mr. Speaker. Mr. Speaker, in the Northwest Territories, there isn't a jurisdiction that's comparable to us, and with the changes to team-based care currently going through the rest of Canada, at this time there isn't one place that's ahead of us so there is no fixed panel size that's appropriate across all communities or care models. So panel sizes must consider patient complexity, the members on the care team, scope of practice, the environment where the care is being provided, and administrative support. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Minister of Health and Social Services. Oral questions. Member from Range Lake.

QUESTION 967-20(1):  
MEDICAL TRAVEL POLICY AND  
MINISTERIAL EXEMPTIONS

**MR. TESTART:** Thank you, Mr. Speaker. Mr. Speaker, in speaking about medical travel, especially around exemption policies, because we can't have a one-size-fits-all policy obviously but oftentimes concerns are supported by doctors, supported by medical personnel and we're told, time and time again, policy says no. So my question is does the Minister of Health and Social Services have the authority to approve exceptions for medical travel policies, yes or no?

**MR. SPEAKER:** Thank you, Member from Range Lake. Minister of Health and Social Services.

**HON. LESA SEMMLER:** Mr. Speaker, within my authority I have the ability to approve, but where I use the expertise of the medical advisor and the processes that we have to advise me on the recommendations, and then I make a decision based on that if it ever came to me. But, however, within this process, the majority of the exceptions that come to my office are not within the medical travel policy. They are usually when it comes to air ambulance. Thank you, Mr. Speaker.

**MR. TESTART:** Thank you. I am going to take that as a yes. But what is the point of an exception policy if the Minister isn't making exceptions to the policy? What is the point of this whole process if the answer's always going to be no, Mr. Speaker? Because constituents who go to the Minister expect help; they don't expect to be told no. That's why they're asking for an exception to the policies in the first place, Mr. Speaker.

**HON. LESA SEMMLER:** Thank you, Mr. Speaker. Mr. Speaker, as the Minister, you know, my role is to ensure that when these concerns are coming up that I am able to bring forward, through our processes, through our business planning process, the evidence and the data when spending and when asking this House to spend public dollars and that is the process that I have to go through. When it comes to exceptions, right now the policy we have is for medical travel for scheduled appointments. There is no escort policy for medivacs or ground ambulance or air ambulance, and that is why within the medical travel modernization process, that is where we are going to be working on once we figure out the whole processes where people are

travelling. We're trying to ensure that we're finding the money that's being spent on travel that probably could be saved and we can use that funding. Otherwise, you know, we would have to look internally and start to look at money that's within the NTHSSA and reallocate that from things that are also important to residents of the Northwest Territories. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Minister of Health and Social Services. Final supplementary. Member from Range Lake.

**MR. TESTART:** Thank you, Mr. Speaker. Mr. Speaker, I am all for efficiencies within the medical travel system, and there are a lot of baseline approval processes that don't have anything to do with medical travel exceptions that are costly, bloated, and inefficient. What we're talking about is people who need help when the system has failed them; they're falling through the cracks. Will the Minister do the right thing and approve the exceptions that are brought forward by our offices, supported by doctors' evidence, supported by the medical system; do the right thing and help these people because they need it. Thank you, Mr. Speaker.

**HON. LESA SEMMLER:** Thank you, Mr. Speaker. Mr. Speaker, when the patient needs access to healthcare, our system does get them to wherever the nearest service place is. It's when there's an exception process for an escort. That is usually the process that we use, and we have to use our policies as I mentioned. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Minister of Health and Social Services. Oral questions. Member from Yellowknife Centre.

QUESTION 968-20(1):  
MEDICAL TRAVEL MODERNIZATION  
PROCESS

**MR. HAWKINS:** Thank you, Mr. Speaker. Mr. Speaker, if I know of one policy that's been reviewed or could be referred to as an ongoing living document, it would be the medical travel modernization process. I can go back to memory of 2004 I was talking about it.

Mr. Speaker, my questions should -- if they're not aware yet who I am asking, I am asking the health Minister.

Mr. Speaker, my Member's statement today I talked about asking for an exit interview; in other words, people who go through the medical travel process, acknowledging formally right now most will probably not be a problem and they'll say it was great. That said, Mr. Speaker, people feel like they're being treated

as bots. There's an insensitivity to the process. Would the Minister consider the option of making some after-process connections to find out how people's experience was through the medical travel experience. Thank you.

**MR. SPEAKER:** Thank you, Member from Yellowknife Centre. Minister of Health and Social Services.

**HON. LESA SEMMLER:** Thank you, Mr. Speaker. Mr. Speaker, those processes are already in place, and I -- you know, I am not sitting here saying that there's no problems within the system. There is, and I've acknowledged it, and we are going through the process to look at escorts for air ambulance. We are gathering the data. You know, those processes then go through our business plan process. So within the Office of Client Experience, they have a very nice report that they have, you know, taken a lot of the data and the complaints and, well, my office has documented any exception requests that have gotten through the department. We keep those requests. Every MLA concern brought forward to my office. We know what the issues are. It's the process that we have to get to through getting a policy written and then funding attached to it. That's where we're in this medical modernization. Thank you, Mr. Speaker.

**MR. HAWKINS:** Thank you, Mr. Speaker. I appreciate the answer from the Minister. I mean, she says it's a very nice report. I guarantee you I bet it has a nice cover, etcetera. Mr. Speaker, the problem with this is the disconnect of the actual -- the report into action.

Mr. Speaker, is there a way to implement some of these results or recommendations earlier? Because if we all wait for medical travel to be repaired or fixed or modernized or whatever semantics we want to use, Mr. Speaker, the end of times are probably closer than this report being covered and then finally implemented. Thank you.

**HON. LESA SEMMLER:** Thank you, Mr. Speaker. Mr. Speaker, if this one file is the one that we've been most focused on, we've been moving it forward. You know, we have the patient journey, the Deh Cho patient journey mapping. We've got another medical travel piece going in to another couple more communities to be tracking to. Every community that travels is a little bit different, and so trying to come up with the process to one size fits all -- we just released the report on how much medical travel people are travelling, and it shows the costs of making sure that everybody -- and the amount of escorts that have happened and the cost of those escorts

travelling, and so it's really important and it's been a direct -- like, on my office, on my staff, on the NTHSSA, right now we are -- you know, with this budget, we've got case managers in the budget as mentioned there to be -- you know, to help with that. So there's more pieces that are still continuing through the life of this government that are going to happen. However, it's going through -- got to go through the business plans to get the money to do it. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Minister of Health and Social Services. Final supplementary. Member from Yellowknife Centre.

**MR. HAWKINS:** Thank you, Mr. Speaker. My next question to the Minister of health is about a health envoy. Now, I am not sure we need a senior health envoy. I don't know if we can afford a senior health envoy. But, Mr. Speaker, many people will tell me that their service response or service standards aren't being met, which is they go out, there's disconnect on timing, people delayed getting back to them, whether it's phone calls or emails, and the fact is they feel stranded and alone and there is the panic and frustration and hence that's why we're talking about it today, Mr. Speaker.

Mr. Speaker, in short, is the Minister able to create some type of navigator system specifically for medical travel while members are -- where our community, our people, our friends, our family, are out there getting services, because they do feel the disconnect. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Member from Range Lake. Minister of Health and Social Services.

(audio)

**MR. SPEAKER:** Please.

**HON. LESA SEMMLER:** Thank you, Mr. Speaker. Mr. Speaker, as per the service standards, the most recent conversation that I've had with NTHSSA and the department, within the direction that I've given them, is to be able to come back with a timeline, I hope before March, as to implementing service standards so that we can brief committee so that we can, you know, go out to the public. Because I too have raised that issue. I have constituents that continue to receive medical travel the day before and so this is not -- and I've said it in this House that it's not acceptable. We can't expect our sick residents to be worrying about whether they have their travel. And so within this last month, you know, I've directed that I have this in place before the end of this year so that we can make sure that at least that area -- and people know when they're getting -- needing to

travel, they're having their travel prior to a few days before, not the day of. So however with the -- I can take back as to how we can maybe do a -- you know, we know what the issues are. It's not that we don't know what the issues are. It's just the process of government through our business plans, and it's not always the fastest. So I will take that comment back to my department. Thank you.

**MR. SPEAKER:** Thank you, Minister of Health and Social Services. Colleagues, I need to remind you to slow down when we're speaking for our translators.

Oral questions. Member from Great Slave.

QUESTION 969-20(1):  
FAMILY VIOLENCE SHELTERS

**MS. REID:** Thank you, Mr. Speaker. I will endeavour to be slow.

Mr. Speaker, I wanted to say thank you before my questions that I am grateful that the Premier's staff has reached out to YWCA-NWT and begin to address some of their concerns, but I still have some additional ones to discuss today, Mr. Speaker.

Mr. Speaker, can the Premier tell me if due to EIA's function of both coordinating the policy of A Way Home and the NGO sector support initiative and as the department that houses the gender equity unit, if he will consider directing EIA to coordinate and lead a policy approach in partnership with NGOs that run family violence shelters across the NWT? Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Member from Great Slave. Mr. Premier.

**HON. R.J. SIMPSON:** Thank you, Mr. Speaker. So this is an issue that cuts across a number of different departments. Housing NWT is actually responsible for the coordination of the homelessness strategy although EIA does continue to play a role in there, and health and social services, as the establishment policy of that department, gives it authority over family violence and family violence shelters and the funding. So it goes beyond just EIA, and I wouldn't want to make a commitment and commit the Minister of the Status of Women and the Minister of health to something without having a conversation first. So now that this has been raised with me, I am happy to go have a conversation with them and look at -- have the discussion about this going forward. Thank you.

**MS. REID:** Yes, thank you, Mr. Speaker. And thank you to the Premier for that. I am glad the conversation can at least start.

Mr. Speaker, will the Premier reply to the YWCA-NWT regarding their financial ask of \$340,000 for the 2026-2027 fiscal year and to direct EIA staff to assist them in finding appropriate ongoing funding for the safe homes in both Fort Simpson and Fort Good Hope. Thank you, Mr. Speaker.

**HON. R.J. SIMPSON:** Thank you, Mr. Speaker. And as the Member mentioned, staff have reached out to have conversations with the YWCA about ongoing funding. I recognize the important work that NGOs do, and they do it at a fraction of the cost that the Government of the Northwest Territories can do it. So we always want to make sure that we are supporting them to the extent we can.

The program that has sunsetting funding is a federal program and so, you know, we see this quite often in the territory where the federal government will see an opportunity to fund something that's their flavour of the day I guess, and they'll put a time limit on it, and then they'll fund it, and then the new government comes in and that funding ends, and then we're in had the situation we find ourselves in now where we have these homes established, we have people working at them, but there's no funding, and so of course people look to the territorial government.

I will respond to the letter to the YWCA. I expected to be able to respond sometime this week, maybe even today. I won't guarantee today, but sometime this week I can assure the Member that I will get a response. Thank you.

**MR. SPEAKER:** Final supplementary. Member from Great Slave.

**MS. REID:** Thank you, Mr. Speaker. Mr. Speaker, can the Premier tell me if he sees value in and whether he would consider a round table or working group of NGO, community, and Indigenous government partners on how to effectively coordinate family violence shelters in safe homes across the NWT aligning with the MMIWG Call for Justice 4.7. Thank you, Mr. Speaker.

**HON. R.J. SIMPSON:** Thank you, Mr. Speaker. And EIA does work with NGOs. We have a very, very small unit, extraordinarily small unit with only a couple people in there so it's difficult to overcommit ourselves. Right now we are focusing on service integration with a specific focus on homelessness and people who are at risk of become homeless. And so that unit doesn't have a lot of additional horsepower to take on other roles. That being said, I am happy to speak with the other two Ministers who are involved in this and have a conversation because I do see the value in having some sort

of coordination. When you have a number of different organizations that don't have a coordinating body or necessarily working together, there's obviously things that could be missed there, and so I do see the value it in. So I will have the conversation with my colleagues on this. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Mr. Premier. Oral questions. Member from Tu Nedhe-Wiilideh.

QUESTION 970-20(1):  
NON-INSURED HEALTH BENEFITS  
POLICIES

**MR. EDJERICON:** Yeah, thank you, Mr. Speaker, and I will speak slowly. Mr. Speaker, during the negotiation for Treaty 8, the Commissioner promised the First Nation signatories that supplies of medicine will be part -- will be put in charge of persons selected by the government, in this case the GNWT, and will be distributed for free to those Indians who might require them and that the physicians attached to the Commission should the attendance to all Indians who might find them in need of treatment as they pass through the country.

Mr. Speaker, NIHB program is also funded by the Crown which also is bound legally for Crown accommodations as well for the Indians that made treaties with.

Mr. Speaker, my question is to the Minister of health. How is the Minister ensuring that negotiation obtaining new NIHB policies and adequate funding for the NWT are conducted with full transparency and meaningful involvement based on treaty with Indigenous governments and communities and not in isolation? Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Member from Tu Nedhe-Wiilideh. Minister of Health and Social Services.

**HON. LESA SEMMLER:** Thank you, Mr. Speaker. Mr. Speaker, the GNWT and Indigenous Service Canada and Indigenous groups all come together, they have a trilateral, they raise their concerns. At these meetings, I believe they are -- I can't recall if they're annual or biannual meetings. So they do address the concerns region by region specific. And at those meetings, then Indigenous Service Canada will take away, you know, what they're responsible for, GNWT takes away what they're responsible for, from those meetings. We also work with the Council of Leaders. And when it comes to the NIHB agreement, there has been very clear messaging from the Council of Leaders, the Indigenous leaders that sit at that table, is that the services that are currently

being provided in the Northwest Territories right now, their first and foremost is to ensure that Indigenous Service Canada is coming to the table and funding the Northwest Territories who is administering that policy. There has been a few Indigenous governments that had wanted to draw this down and do it themselves until they -- you know, they were -- they realized that we were being underfunded by at least \$25 to \$30 million a year that we aren't being able to get that funding. So it is important that I continue to work with the partners that I have been working with and then we direct the team to go and make sure that whatever's being negotiated is brought back and making sure that those leaders know that this is what we were going to consider once the agreement is finalized. Thank you, Mr. Speaker.

**MR. EDJERICON:** Thank you, Mr. Speaker. It's been 126 years since the treaty was made, 59 years since the territorial council was created and taken on the responsibility of health. Health does not have no boundaries as I mentioned earlier. In this case, in Lutselk'e last fall, the community made it clear that they were frustrated being asked to have the band pay for escorts for residents in hospitals down south. Does the Minister believe that limited resources our First Nation governments are meant to fulfill the GNWT treaty obligation and they should be reimbursed for the costs they incurred; would the Minister agree to that. Thank you.

**HON. LESA SEMMLER:** Mr. Speaker, I can't speak to the specifics. There are many instances where residents of the Northwest Territories end up in hospitals in the south. Many of them have come to the floor of this House. If people are leaving the territory on their own for a vacation or out of territory visiting and they end up in hospital, that -- you know, there is -- and we've -- I've shared the information that, you know, people leaving the territory should assume travel insurance when -- because anybody leaving the territory that's not referred out of the territory by medical travel, then there's no medical travel support. For escorts, again, the focus of our health -- making sure that we provide health care to every resident in the Northwest Territories is the patient is -- making sure the patient has that care. When it comes to escorts, we have the policy that we have for scheduled appointments. You know, we follow that because it's equivalent to NIHB's policy. So that way, everybody in the territory that is getting service has the exact same. It's the same. So, you know, when these issues come up and they come to my office, we respond the best that we can. Thank you.

**MR. SPEAKER:** Thank you, Minister of Health and Social Services. Final supplementary. Member from Tu Nedhe-Wiilideh.

**MR. EDJERICON:** Thank you, Mr. Speaker. Mr. Speaker, Jordan's Principle is a child-first legal requirement that says when a service is available to all children is needed for First Nation child, the government of first contact must provide it immediately and resolve any payments disputes afterwards. The question I have, Mr. Speaker, is why, then, does the GNWT try to make families access Jordan's Principle first instead of fulfilling its own responsibility to provide health care without delay? Thank you, Mr. Speaker.

**HON. LESA SEMMLER:** Thank you, Mr. Speaker. Mr. Speaker, in the Northwest Territories, under the Canadian Health Act, whenever this is an insured service that's available, when there's a non-insured service available, those are -- you know, we cover most of those services in the territory, whether you're First Nation or Inuit or not. The other part around -- you know, if it's medical travel, when children travel there's always an escort provided when it's the child that's the patient. When it comes to discrepancies and whether it falls outside of health, within health, you know, if there is certain issues that the Member is speaking to, I encourage him to bring those to my office so that we can look at those individual cases. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Minister of Health and Social Services. Oral questions. Member from Monfwi.

QUESTION 971-20(1):  
APPROVAL STATUS FOR ESTABLISHMENT  
OF DINAGA WEK'EHODI PROTECTED  
AREA

**MRS. WEYALLON ARMSTRONG:** Thank you, Mr. Speaker. Mr. Speaker, my question is for Premier.

Mr. Speaker, can Premier confirm the current legal status of Dinaga Wek'ehodi and the specific steps remaining to advance from candidate area to full designation under the Protected Areas Act? Thank you.

**MR. SPEAKER:** Thank you, Member from Monfwi. Mr. Premier.

**HON. R.J. SIMPSON:** Thank you, Mr. Speaker. I will do my best. This is more of a question for the ECE Minister but I understand, you know, from the Member's statement why she's directing this to me. So I will say that currently the area is protected under a land withdrawal until 2028 I believe, and there are a few steps

that need to take place before it can move from a candidate to a protected area. The majority of those are internal to the working group. There's a number of Indigenous governments and the GNWT who are all part of this process, and there needs to be some agreement, as the Member mentioned, on the number of seats allocated to each party on the eventual management board. And that seems to be the big hurdle. So addressing that is really the big step that needs to be addressed, and the rest seem like they would be relatively easy. Thank you, Mr. Speaker.

**MRS. WEYALLON ARMSTRONG:** Thank you. Thank you for the answer. So, Mr. Speaker, what step is the government taking to expedite the work required to establish Dinaga Wek'ehodi as a protected area as contemplated under legislation. Thank you.

**HON. R.J. SIMPSON:** Thank you, Mr. Speaker. So from what I understand, a lot of work has been done. There hasn't been I guess delays to the work for the sake of delays. Any delays are the result of some disagreements on the composition of the management board, and the other work that can happen has happened. So going forward, the ideal would be that we would have consensus from all of the groups involved on how that management board would be established and its composition. And so we really need to get through that process, and the GNWT has very limited ability to accelerate that type of collaboration and cooperation and consensus building among the group, but we'll continue to try. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Mr. Premier. Final supplementary. Member from Monfwi.

**MRS. WEYALLON ARMSTRONG:** Thank you. Will Premier commit to working with the relevant stakeholders to expedite this process so as to ensure that Dinaga Wek'ehodi is an established protected area before the end of this current government? Thank you.

**HON. R.J. SIMPSON:** Thank you, Mr. Speaker. I will have a conversation with the Minister of Environment and Climate Change who has oversight of this file and see what can be done. But, again, it's a matter of people working together and coming to a consensus in order to conclude this. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Mr. Premier. Oral questions. Member from Yellowknife North.

QUESTION 972-20(1):  
STAFFING OF PRIMARY CARE TEAMS

**MS. MORGAN:** Thank you, Mr. Speaker. I have more questions for the Minister of Health and Social Services.

So currently in Yellowknife we have four primary care teams. Each team is funded to include the full-time equivalent of three physicians and one nurse practitioner; however, I know we have struggled to keep that level of physician and NP staffing on every team.

So my first question is, for the Minister, on average, across the four teams, how many regular physicians and how many nurse practitioners do we actually have that live here and they work on staff? Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Member from Yellowknife North. Minister of Health and Social Services.

**HON. LESA SEMMLER:** Thank you, Mr. Speaker. Mr. Speaker, I don't have that number offhand so I would have to get back to the Member. Thank you.

**MS. MORGAN:** Thank you, Mr. Speaker. I am not sure if the Minister will have this either, but I know we're also bringing in a lot of non-resident locums to fill in shifts for our primary care physicians. So I am wondering if she has any estimate for once you include in the locums, are we filling up the full-time equivalent of three physicians on each of our primary care teams here in Yellowknife. Thank you, Mr. Speaker.

**HON. LESA SEMMLER:** Thank you, Mr. Speaker. Mr. Speaker, currently regular physician staffing average about approximately 1.4 full-time equivalent positions per team supplemented by locum coverage. So we can have, you know, another two locum physicians on any given day. There is one dedicated full-time equivalent position for locum coverage for same-day access across the program. And nurse practitioner ranges from point-8 to 1 based on certain accommodations with the full-time staff. And we continue recruitment to achieve full complement remains a priority. Thank you.

**MR. SPEAKER:** Thank you, Minister of Health and Social Services. Final supplementary. Member from Yellowknife North.

**MS. MORGAN:** Thank you, Mr. Speaker. Okay, so it sounds like even with bringing in locums, we're still not managing to achieve the full-time equivalent of three physicians per team. And if we fund the health authority for that, can the Minister explain what is done with the extra money that's apparently not going towards

those three regular full-time positions. Thank you, Mr. Speaker.

**HON. LESA SEMMLER:** Thank you, Mr. Speaker. Just to be clear, we are funding the vacancies with locums. So to have the three -- the three physicians. And the funding that's not being used for the full-time physicians that -- because many of our physicians -- a majority of our physicians in the territory don't work full time. They work quarter time, half time. And so it makes -- you know, it's like a puzzle putting them all in. And some of them work general practitioners, some of them are pediatricians, some of them are emergency room doctors, some of them are obstetrics. So trying to do that and making sure all of the areas are complemented. And then everything else -- all the other funding goes to pay for locums to fill in all the other spaces and wherever they're needed. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Minister of Health and Social Services. Oral questions. Member from Yellowknife Centre.

QUESTION 973-20(1):  
MEDICAL TRAVEL POLICIES REGARDING  
ESCORTS

**MR. HAWKINS:** Thank you, Mr. Speaker. I have more questions for the Minister of health with respect to the medical travel challenges, more particular to the escorts.

Mr. Speaker, I am going to give certainly her a softball question, and this is the very first one so we can get right down to the nitty-gritty. She's been hearing how our concerns are.

Mr. Speaker, can the Minister speak to this House to help everyone understand the barriers, the challenges of the medical escort policy, and the approval process. Thank you.

**MR. SPEAKER:** Thank you, Member from Range Lake. Minister of Health and Social Services.

**HON. LESA SEMMLER:** Could I use 20 minutes? So the medical travel policy, because it's not an insured service, we don't get funding for this and so what we do is we support, through our medical travel office that we fund currently, is we manage insurances. So behind the scenes, we try to manage insurances.

So if you're a GNWT resident, then you go through medical travel, your form goes in, then necessary decisions are made based on can this service be provided in the Northwest Territories in your home community, in the regional centre, in the capital, and if not, in Edmonton and where, and then that gets

approved. And then once that's approved by the -- through that process, then that goes to the insurances. So if it's GNWT, as I mentioned, it goes back to the benefits office. If it's NIHB, then we follow their travel policy. And then if you don't have any other insurances that somebody may have, if you don't have insurance, then it's based on your income. So if you're low income, then you would fall under our medical travel policy -- well, high income/low income base, and then if you are over the threshold for income, then you have to pay -- you know, you're on the cost for your own hotel. We pay the flight but we -- you know, and we reimburse you \$50 a day and \$18 for meals. If you're under the threshold, then you can -- we can approve you to stay in the boarding home in the -- if there's travel involved. So that's kind of -- hopefully I answered some of that. Thank you, Mr. Speaker.

**MR. HAWKINS:** Thank you, Mr. Speaker, and I appreciate it. I was trying to get a context on the record here because the next questions are when my colleague for Tu Nedhe-Willideh talks about families, including infants, being left in the cold -- I am not going to go through all the examples -- but the examples here really talk about the criteria for non-medical escorts such as breastfeeding infants, elderly people, people with language disabilities, etcetera, etcetera, Mr. Speaker. The question is why are these people still not -- you know, if they meet the qualification of the four-page policy -- and that's all it is, four pages -- why are we still getting phone calls repeatedly about them not getting the non-medical escort through this process? Because it should be pretty clear. Thank you.

**HON. LESA SEMMLER:** Thank you, Mr. Speaker. Mr. Speaker, I am not going to speak to specifics on any -- you know, on what any MLA has brought to my office. But raising the concern is the medical travel policy is for scheduled appointments and many of the issues that come through my office are for escorts for the patient. So when the patient is medivaced from community A to community B, there is no escort policy because the escort is the medical escort. And so when the patient arrives, then it's based on the practitioner and then we can get based on if there's decision-making, you know, if the patient is intubated and can't make decisions for themselves, then that's what goes to an exception request and our medical advisor, who is a doctor, not me, not the Minister, that makes that decision that says, yes, this is adequate and we can approve this. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Minister of Health and Social Services. Final supplementary. Member from Yellowknife Centre.

**MR. HAWKINS:** Thank you, Mr. Speaker. And my happenstance, she led right into the last question I was going to have, so I will take those circumstances as a blessing.

Mr. Speaker, in the medical travel policy -- and for those following along, on page 4 -- it says the attending physician basically can prescribe and recommend a non-medical escort to participate in the treatment program of the individual. Mr. Speaker, in short, why is a policy maker somewhere behind the scenes -- acknowledging these requests have to be pre-approved -- I am acknowledging that. But why is a policy maker behind the scenes rewriting doctors direction? Thank you.

**HON. LESA SEMMLER:** Thank you, Mr. Speaker. Mr. Speaker, yes, the doctor is the one that has to sign the patient travel escort requirement. The requirement under the guidelines, they are to make sure that they -- when they order the escort that it falls within. It's their -- they're the ones who are supposed to order the escort based on the criteria in the medical travel for scheduled appointments. That medical travel policy that the MLA is referring to is for medical -- for scheduled medical, not air ambulance, not ground ambulance; it's for scheduled appointments. When somebody has a specialist appointment, then they're booked, then they -- if they meet that. If they don't meet any of those requirements and they have to put the fulfilled answer as to why that it would entail a non-medical escort and then that's what gets put in as an exception request and, you know, there's many different reasons that they do get approved and the ones that don't get approved. Thank you.

**MR. SPEAKER:** Thank you, Minister of Health and Social Services. Oral questions. Member from Range Lake.

QUESTION 974-20(1):  
MEDICAL TRAVEL POLICY AND  
MINISTERIAL EXEMPTIONS

**MR. TESTART:** Thank you, Mr. Speaker. Mr. Speaker, I do have some specifics more or less. I won't use names, but these are files that have come across my desk that I have asked for exceptions for on their behalf.

I have a constituent whose husband passed away, and she was dealing with the grief and trauma of learning to become a new single mother. She needed medical travel, and she was told because her kids were under the age of 18, the medical travel system would be providing her with free child care. This is wrong on so many levels, and it prevented her from getting an extremely necessary diagnostic

appointment until she gave in and bought the tickets herself. She needed to have her children with her. She struggles with child care and needed them to provide emotional support after an extremely traumatic event. If this is not something that could be given the exception, I don't know what is. So will the Minister reimburse her, apologize, and recognize the sensitivity of families who are grieving from the loss of a loved one in this policy? Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Member from Range Lake. Minister of Health and Social Services.

**HON. LESA SEMMLER:** Thank you, Mr. Speaker. Mr. Speaker, I am not going to speak to specifics on the floor of this House when it comes to patients' health information and any issues that have come to my office. I am more than welcome to have that conversation with the Member. Thank you.

**MR. TESTART:** Thank you, Mr. Speaker. Mr. Speaker, I've already asked the Minister to deal with this. I've already had that conversation.

Mr. Speaker, I've got another constituent. The mother was sick. Stanton had to fly -- has always had to fly her out with kidney stones but they got so bad and she was told to wait. She went into septic shock and almost died. They refused to get her son to go as an escort. Instead, they had to pay thousands for hotels and accommodations, and medical travel ultimately paid for the days that they would send him down to pick her up and take her home but wouldn't pay for the weeks he was by her side. Will the Minister reimburse the full amount for that constituent for the moment they landed to the moment they left and provide support and relief for this family that's still struggling financially because of this discompassionate policy. Thank you, Mr. Speaker.

**HON. LESA SEMMLER:** Thank you, Mr. Speaker. I am going to take that question on notice. Thank you.

**MR. SPEAKER:** Thank you, Minister of Health and Social Services. Oral questions. Member from Tu Nedhe-Wiilideh.

QUESTION 975-20(1):  
NON-INSURED HEALTH BENEFITS  
POLICIES

**MR. EDJERICON:** Yeah, thank you, Mr. Speaker. Mr. Speaker, the 20th Assembly priorities speaks clearly, access to health care and addressing the effects of trauma.

Mr. Speaker, I went through the Premier's letter to the health Minister on her mandate letter. I looked at UNDRIP. I looked at the treaties, etcetera. But, Mr. Speaker, as I went through the mandate letter, it talks about working with -- sorry, intergovernmental governments -- sorry, Indigenous governments to advance modernization of the medical travel policy based on treaty.

Mr. Speaker, my question to the Minister is medical travel patients waiting for NIHB approval -- my question to the Minister can she write a policy so that she has a pot of money for emergency cases so that we are able to help out treaty Members who need our help. That would be my question. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Member from Tu Nedhe-Wiilideh. Minister of Health and Social Services.

**HON. LESA SEMMLER:** Thank you, Mr. Speaker. As I stated all last week to the Member, the NIHB policy -- you know, I can take this back and next time I meet with the Indigenous Services Canada Minister that if there's a way that they could provide a pot of money. But right now, GNWT is sitting in a deficit every year for medical travel. And so we already are providing a pot of money that's not being reimbursed when we approve exceptions and according to the processes that we use. Again, you know, we as a government are providing healthcare coverage to the patients when they need it when, you know -- and there are healthcare professionals that are making those calls. It's not a political call. It's not something that we're going to decide in this House. So, you know, when it comes to patient care, you know, I respect that the physicians and the healthcare providers are making the best decision with what they're -- with the patients that they're seeing. Thank you, Mr. Speaker.

**MR. EDJERICON:** Yeah, thank you, Mr. Speaker. I am deeply concerned. Mr. Speaker, you know, when I got sworn in to this Assembly, I agreed -- I will just read out the oath for the record. Oath of loyalty: I, Richard Edjericon, do swear that --

**MR. SPEAKER:** (audio).

**MR. EDJERICON:** (audio) we took oath of office to uphold the treaties and respect them.

Mr. Speaker, I am deeply concerned where we're going as a government. It seems like what we're doing now is that we're moving forward and not respecting the treaties. Thank you, Mr. Speaker.

My question: Can the Minister respect and honour the treaties and reimburse Lutselk'e Dene First Nation for maintaining the treaties on behalf of the GNWT and pay the \$50,000 back to them? Thank you.

**HON. LESA SEMMLER:** Thank you, Mr. Speaker. Mr. Speaker, I honour the treaties. And as an Indigenous health Minister, I am working extremely hard to fix this policy as it's different in every community. I went to this MLA's communities and spoke with them. You know, I asked them to address things that, you know, that they feel that -- however, when it comes to -- you know, when people are leaving the territory on their own, if this government has to pay for every single time somebody left this territory and had a medical emergency for their families to travel and stay with them, my whole budget would be based on paying for that. We have to stay within the process and the policies that we have. I understand the hardship that patients have to go through when they have to travel. That is why we're working so hard to try and bring care closer to home. You know, we're having virtual care so people don't have to travel so much, Mr. Speaker. So, you know, when I sit here and I -- you know, and I hear that I am not honouring the treaties as a health Minister, as an Indigenous, you know, I take that and, you know, I feel that this is not -- this is not what we're doing here as consensus government. We're all working together. They know I have processes that I have to go through to allocate millions and millions of dollars. So I will continue to advocate for the things that our northern residents need on getting, you know, an expanded escort policy developed before my term is done. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Minister of Health and Social Services. Final supplementary. Member from Tu Nedhe-Wiilideh.

**MR. EDJERICON:** Yeah, thank you, Mr. Speaker. I am glad to hear that she is honouring the treaties. But, Mr. Speaker, I don't see it.

Mr. Speaker, I am deeply concerned that in the 19th we had a Minister that stood up in the House, here, and talked about the forestry fires we had back in the day, made a policy on a Friday, implemented on a Monday. I don't know what's wrong here, Mr. Speaker. We need to have a policy created. Thank you.

**MR. SPEAKER:** Minister of Health and Social Services. The question was will you do the policy. Minister of Health and Social Services.

**HON. LESA SEMMLER:** Mr. Speaker, as I mentioned to the Member when they asked the question last week, there is no pot of money that I can create to make a policy tomorrow. If I

was to do that, I would have to bring it through, you know, and I would have to reallocate funds within my budget that would be way more than the transfers that we have because the cost of doing these types of things is in the millions. When we look -- like I said, I tabled -- you know, it's been public, the medical travel costs for 2024-2025. Alone for escorts it was almost \$8 million or more. And that's within just the scheduled appointments. And so at this point, I am going to stick to the policies that we have so that way when I am going to spend taxpayers dollars that I go through the proper processes to get the approvals to do that. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Minister of Health and Social Services. Oral questions. Member from Great Slave.

QUESTION 976-20(1):  
NORTHWEST TERRITORIES ARTS  
STRATEGY

**MS. REID:** Thanks, Mr. Speaker. Mr. Speaker, I have a question for the Minister of ITI, I think we moved arts money to. Perfect, ITI minister.

Mr. Speaker, the NWT arts strategy runs from 2021 to 2031, I believe, and I was searching around online and I found an action plan progress tracker. Mr. Speaker, when was the last time this tracker was updated? Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Member from Great Slave. Minister of ITI.

**HON. CAITLIN CLEVELAND:** Thank you very much, Mr. Speaker. Mr. Speaker, I would like to thank the Member from Great Slave for pointing out to me that I've got a little bit of extra homework to do on this transfer because this action tracker currently lives over in ECE and needs to be transferred over to ITI. So I will see that that gets done. Thank you.

**MS. REID:** Thank you, Mr. Speaker. And, Mr. Speaker, I am heartened to hear that this past weekend an artist reached out to me and said, you know, the new financial structure is working, it's clearer, it's understandable. But I am curious, Mr. Speaker, what more has her department been hearing about arts funding, and has this new structure been working for the majority of NWT artists? Thank you, Mr. Speaker.

**HON. CAITLIN CLEVELAND:** Thank you very much, Mr. Speaker. Mr. Speaker, I have -- we've maintained the program as it was over in ECE because it had recently gone through some shifts we're responding to artists, and we continue to treat it as a living program.

And so we are just at the tail end of continuing to do some of that work in order to make sure that we're being responsive to artists in the territory, that we're being responsive to business owners, and we continue to make sure that the programs are also listening to what people are looking for. Thank you.

**MR. SPEAKER:** Thank you, Minister of ITI. Final supplementary. Member from Great Slave.

**MS. REID:** Thank you, Mr. Speaker. And, Mr. Speaker, I am just wondering if the Minister can provide a listing of all of the large and medium project funding to Members that have been applied for and succeeded since the funding structure changed. Thank you, Mr. Speaker.

**HON. CAITLIN CLEVELAND:** Thank you very much, Mr. Speaker. Mr. Speaker, this is normally information that would come out publicly in our grants and contributions reporting, and so anything that is fair game for the public, I am more than happy to table here in the House as well. Thank you.

**MR. SPEAKER:** Thank you, Minister of ITI. Oral questions. Member from Yellowknife Centre.

QUESTION 977-20(1):  
ONLINE HEALTHCARE BOOKING  
SERVICES

**MR. HAWKINS:** Thank you, Mr. Speaker. My questions are again to the Minister of Health and Social Services. Mr. Speaker, on the weekend I was reminded by a Member of our community -- happens to be a senior -- and they were saying to me that how they wish they could book their health appointments online. They mentioned the last time they were uncomfortable standing up, getting there early and having to stand and wait at the door to squeeze in, and when they try to call, the fact is no one answers until after 8 o'clock and hence all the appointments are gone by then, Mr. Speaker, which they said begs the question why even have a phone number.

Mr. Speaker, can the Minister give this House an update when this government will proceed with an online medical appointment booking system. Thank you.

**MR. SPEAKER:** Thank you, Member from Yellowknife Centre. Minister of Health and Social Services.

**HON. LESA SEMMLER:** Thank you, Mr. Speaker. Mr. Speaker, I have brought this back to NTHSSA and they have not brought back the -- a timeline but however we have had many conversations on what -- versus buying a

program that's going to need to meet our OCIO standards for health information versus -- and that's not going to connect into our booking -- our EMR -- or EHR right now. So I will follow up with where we're at and if there is further discussions or options on that. Thank you, Mr. Speaker.

**MR. HAWKINS:** Thank you, Mr. Speaker. I am not a software engineer, but this appears, from my understanding and research, is it's simply just a software program issue, not a medical Act issue. Maybe it's an attitude issue. Maybe people don't want to do it this way. I don't know, Mr. Speaker. The question is really built around can the Minister make a decision in the House that this will be implemented before the end of this calendar year 2026 to give the public service something to work towards to. Thank you.

**HON. LESA SEMMLER:** Thank you, Mr. Speaker. Mr. Speaker, as we all know in this House, any time GNWT wants to implement some kind of a computer technology, it's not as easy as just the Minister saying it on the floor of this House. It's going to take analysis. It's going to see if it meets our standards of keeping health information, you know. So if there is an easier route, then I will definitely commit to being able to seeing if we can have -- you know, that through the next business plan rounds to implement; however, at this point I can't commit to ensuring that it's there. I will commit to seeing that if there's an easier route to bring that through our business planning process. Thank you.

**MR. SPEAKER:** Thank you, Minister of Health and Social Services. Final supplementary. Member from Yellowknife Centre.

**MR. HAWKINS:** Thank you, Mr. Speaker. Mr. Speaker, I know I am not the only person who's asked this question. I know my colleague from Range Lake has asked this question about where this software is. Did the Minister just say in some way -- and I will allow her to clarify -- is the public service saying no? Are they refusing to do it? Are they refusing to take directions? Can the Minister at the very least commit in this House that she'll have this so-called analysis produced before the end of the second quarter of this current year. Thank you.

**HON. LESA SEMMLER:** Thank you, Mr. Speaker. Mr. Speaker, what I have tasked NTHSSA to do is to do the patient journey through the primary care clinics in Yellowknife as this is where this issue has come up on and on again. And as part of that process, they will begin this -- I believe the patient journey, they're putting their metrics together, and they'll start this on April 1st. The booking -- with that

system, just like with the Deh Cho journey, many recommendations came out of that. And using that journey, then we were able to come up with some recommendations on where to implement different dollars, program changes, and things like that. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Minister of health. Ma'am,

Stop recording.

**MR. SPEAKER:** Ma'am, in the gallery; you can't take pictures.

(audio).

Thank you. Thank you, Minister of Health and Social Services. Time for oral questions is up. Mr. Clerk.

### Follow-up to Oral Questions

**CLERK OF THE HOUSE (Mr. Harjot Sidhu):** Thank you, Mr. Speaker. Pursuant to rule 7.2(7)(2), I've received follow-up information or the following oral questions from the first session of the 20th Legislative Assembly, 838 and 856. These follow-ups will be printed in full in today's Hansard. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Mr. Clerk. Colleagues, our time for oral questions is up. Oral questions. Written questions. Member from Yellowknife North.

### Written Questions

#### WRITTEN QUESTION 30-20(1): NORTHWEST TERRITORIES HEALTH AND SOCIAL SERVICES AUTHORITY ACTION PLANS

**MS. MORGAN:** Thank you, Mr. Speaker. I'd like to submit Written Question 30-20, Northwest Territories Health and Social Services Authority Action Plan.

During the December 4, 2025, public briefing to the Standing Committee on Social Development by the Northwest Territories Health and Social Services Authority and the healthcare system sustainability unit, the public administrator stated that the NTHSSA has completed 30-, 60- and 90-day action plans. My question is for the Minister of Health and Social Services:

1. Can the Minister provide the NTHSSA's 30-, 60- and 90-day action plans, along with a detailed accounting of which items have been completed?

Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Member from Yellowknife North. Written questions. Returns to written questions. Replies to the Commissioner's Address. Petitions. Reports of committees on the review of bills. Reports of standing and special committees. Tabling of documents. Minister of Finance.

### Tabling of Documents

TABLED DOCUMENT 453-20(1):  
SUPPLEMENTARY ESTIMATES  
(INFRASTRUCTURE EXPENDITURES),  
NO. 3, 2025-2026

TABLED DOCUMENT 454-20(1):  
SUPPLEMENTARY ESTIMATES  
(OPERATIONS EXPENDITURES AND  
BORROWING AUTHORIZATION), NO. 3,  
2025-2026

TABLED DOCUMENT 455-20(1):  
2025-2026 PUBLIC ACCOUNTS, SECTIONS  
1, 2, 3, AND 4 (FINANCE)

**HON. CAROLINE WAWZONEK:** Mr. Speaker, I wish to table the following three documents: Supplementary Estimates (Infrastructure Expenditures), No. 3, 2025-2026; Supplementary Estimates (Operations Expenditures and Borrowing Authorization), No. 3, 2025-2026; and, 2024-2025 Public Accounts, Sections 1, 2, 3, and 4. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Minister of Finance. Tabling of documents. Member from Great Slave.

TABLED DOCUMENT 456-20(1):  
LETTER DATED JANUARY 29, 2026, FROM  
YWCA NWT TO CABINET MEMBERS  
REGARDING REQUEST FOR FUNDS TO  
OPERATE SAFE HOMES IN FORT  
SIMPSON AND FORT GOOD HOPE

**MS. REID:** Thank you, Mr. Speaker. Mr. Speaker, I wish to table a letter dated January 29th, 2026, from YWCA-NWT to Cabinet Members requesting funds to operate safe homes in Fort Simpson and Fort Good Hope. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Member from Great Slave. Tabling of documents.

TABLED DOCUMENT 457-20(1):  
NORTHWEST TERRITORIES LEGISLATIVE  
ASSEMBLY PENSION ADMINISTRATION  
REPORT – RETIRING ALLOWANCES ACT  
AND SUPPLEMENTARY RETIRING  
ALLOWANCES ACT, AT MARCH 31, 2025

In accordance with section 21(1) of the Retiring Allowances Act in section 11.1 of the Supplementary Retiring Allowances Act, I hereby table the Northwest Territories Legislative Assembly Pension and Administrative Report Retiring Allowances Act and Supplementary Retiring Allowances Act at March 31st, 2025.

TABLED DOCUMENT 458-20(1):  
NWT LEGISLATIVE ASSEMBLY PENSION  
PLANS ANNUAL REPORT AT MARCH 31,  
2025

Pursuant to section 4(4) of the Legislative Assembly Retirement and Allowances Act and section 2.1(1) of the Supplementary Retiring Allowances Act, I wish to table the NWT Legislative Assembly Pension Plan Annual Report at March 31st, 2025.

Tabling of documents. Notices of motion. Motions. Notices of motion for the first reading of bills. First reading of bills. Second reading of bills. Consideration in Committee of the Whole of bills and other matters, tabled document 488-20(1), Tabled Document 453-20(1), Tabled Document 454-20(1), with the Member from Tu Nedhe-Wiilideh in the chair.

### Consideration in Committee of the Whole of Bills and Other Matters

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will now call the Committee of the Whole to order. What is the wish of the committee? I am going to go to the Member from Inuvik Boot Lake.

**MR. RODGERS:** Thank you, Mr. Chair. Mr. Chair, the committee wishes to consider Tabled Document 448-20(1), 2026-2027 Main Estimates, the Department of Health and Social Services. Thank you, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. Does committee agree?

**SOME HON. MEMBERS:** Agreed.

**CHAIRPERSON (Mr. Edjericon):** Okay. We'll take our short break. Thank you.

---SHORT RECESS

**CHAIRPERSON (Mr. Edjericon):** Okay, can I get some order. Thank you.

Committee, we have agreed to consider Tabled Document 448-20(1), 2026-2027 Main Estimates. We will now consider the Department of Health and Social Services. Does the Minister of Health and Social Services wish to bring in witnesses into the House?

**HON. LESA SEMMLER:** Yes, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** Does the committee agree?

**SOME HON. MEMBERS:** Agreed.

**CHAIRPERSON (Mr. Edjericon):** Thank you. Sergeant-at-Arms, please escort the witnesses into the chambers. Okay, we'll continue. Would the Minister please introduce her witnesses.

**HON. LESA SEMMLER:** Thank you, Mr. Chair. To my left, I have deputy minister Alan Doody. And to my right, I have assistant deputy minister Jeannie Mathison.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. Committee, we will resume consideration of administrative and support services starting on page 197, with information items on page 199 to 200. Are there any questions?

I am going to the Member from Great Slave.

**MS. REID:** Thank you, Mr. Chair. I just have one quick question about the legislative agenda in the business plan. I believe it has been updated such that the Change of Name Act is no longer on the legislative deck. Will the Minister give some rationale behind that considering that I've brought it up here in the House several times about the importance of amending that Act. Thank you, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Minister.

**HON. LESA SEMMLER:** Thank you, Mr. Chair. I believe with all of the legislation that was scheduled -- initially was scheduled to be able to go through for the 20th Assembly, my colleagues on the executive council and myself, we had to prioritize the legislation from each of our departments. I believe that the legislation that the Member has referenced to was lower on the list of the other legislation that we had that we wanted to ensure that got finished before the life of this government. Thank you.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go back to the Member from Great Slave.

**MS. REID:** Yeah, nothing further, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. Are there any other further questions? Okay, please turn to page 198. Health and

social services, administrative and support services, \$71,470,000. Does committee agree?

**SOME HON. MEMBERS:** Agreed.

**CHAIRPERSON (Mr. Edjericon):** Committee agreed, thank you. Moving on to health and social services programs, beginning on page 201, with information items on page 204-206. Are there any questions?

I will go to the Member from Yellowknife North.

**MS. MORGAN:** Thank you, Mr. Chair. So my first question is I understand that there's a new position allocated for supporting the delivery of hematology and medical oncology services. Can the Minister explain what type of position is the new full-time equivalent that's being added and how we're planning to enhance delivery of hematology and medical oncology services? Thank you, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Minister.

**HON. LESA SEMMLER:** Thank you, Mr. Chair. The hematology/oncology position that's in the budget is the nursing support to support the Alberta hematology/oncology program with Alberta Health Services. This is something that was -- you know, we moved and we actioned very fast to be able to get these -- this position and the funding for this; however, recruitment has been a challenge within the Alberta Health Services department and therefore we're still working with them to continue to be able to provide the service. However, they still are having challenges hiring oncologists to be able to designate to the NWT program. Thank you.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Member from Yellowknife North.

**MS. MORGAN:** Thank you, Mr. Chair. And first I should say, too, that I know this is an area that's important to many of my constituents and many others too who are suffering from cancer, blood cancer, who have seen changes in these services and are particularly, you know, vulnerable, especially going back and forth to Alberta. So can the Minister clarify, and so I can understand correctly, are we hiring a person that's going to be based in Alberta for this service? Thank you, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Minister.

**HON. LESA SEMMLER:** Thank you, Mr. Chair. So, Mr. Chair, when we have agreements with Alberta, especially with specialist services, the agreement is to offset their costs to be able to have that person designated for us and so they would be based in Alberta still; however, we

fund the position to be able to support the Northwest Territories. And I believe that it's two part-time positions that they're -- that they're looking at to be able to support the hematology/oncology. And I believe they have one, but they're struggling to find the second one, and according to their standards is that that's why they stopped providing the service in the Northwest Territories. And we'll continue to work on -- NTHSSA has continued to work with them to try and rectify that issue.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go back to the Member from Yellowknife North.

**MS. MORGAN:** Thank you, Mr. Chair. So just so everyone is clear, does this additional funding in the budget allow us to resume providing the service in the NWT, or it doesn't have anything to do with that? Thank you, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Minister.

**HON. LESA SEMMLER:** We continue to provide the services that we're able to provide for hematology/oncology in the Northwest Territories; however, there are portions of it that we continue to have to send patients to Alberta to see the haematologist/oncologist. And this funding is there. It is in the budget. It will continue to be in the budget because we are continuing to recruit for those positions. Once we are able to designate -- or Alberta is able to work with us to designate those positions, the oncologist positions to us, then, you know, that's what the money will be spent on. At this point it's there; it's allocated. Thank you.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Member from Yellowknife North.

**MS. MORGAN:** Okay, thank you, Mr. Chair. I will be trying to dig more into that to understand better. But at this point, I also just wanted to ask my understanding is that in terms of gender-based violence crisis hotlines, we've had a sunset in federal funding, at least \$125,000 that was supporting crisis hotlines for survivors in the NWT. So is it expected that we will be able to renegotiate this funding, or are we going to see loss of supports or services in terms of crisis hotlines? Thank you, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Minister.

**HON. LESA SEMMLER:** Thank you, Mr. Chair. I would have to follow up on that question and get back to...

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go to the Member from Yellowknife North.

**MS. MORGAN:** Okay, thank you, Madam Chair. So in the budget line for community, culture, and innovation, there's a significant increase there. I would say it's the most significant change overall from any of the other budget lines. I wonder if the Minister can explain -- well, I mean, I think we saw that in last year's revised estimates but then it's carrying on from there mostly. But what has changed from last year around this time for the 2025-2026 Main Estimates that's led us to such an increase in the work of community, culture, and innovation? Thank you, Madam Chair.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go to the Minister.

**HON. LESA SEMMLER:** Thank you, Madam Chair. This is really exciting because this change comes from the trilateral group that ISC and Indigenous governments and GNWT meet, and the Indigenous representation at the table highlighted how they wanted to take more involvement in home and community care in the things that they could provide under the social aspects, the transportation, those types of things. And so when renegotiating the Inuit home and community -- First Nations, Inuit home and community care agreement that there is an increase in that northern wellness agreement that will go directly to Indigenous governments to provide the home and community care that is not nursing care or personal care. They will be able to allocate -- so I believe there's about \$2 million -- so there, that's what that agreement is.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Member from Yellowknife North.

**MS. MORGAN:** Okay, thank you, Madam Chair. And finally, the line 4, community clinics and health centres has gone from about \$115 million last year, and this year we see almost \$111 million. So that's more than a \$3 million decrease. Why are we seeing that decrease in funding for community clinics and health centres? Thank you, Madam Chair.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go to the Minister.

**HON. LESA SEMMLER:** Thank you. I will turn that over to ADM Mathison.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the ADM.

**MS. JEANNIE MATHISON:** Thank you, Mr. Chair. That's related to the funding associated with the federal agreement for working

together. That money is money that sunset in 2025-2026 so that we're expecting to have represented in the budget for 2026-2027 once we finalize the agreement here in the coming weeks. Thank you, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go to the Member from Yellowknife North.

**MS. MORGAN:** Okay, thank you, Mr. Chair. And does that same explanation apply for the decrease under community mental wellness and addictions recovery, that it's just a federal sunset that we're renegotiating? Thank you, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go to the Minister.

**HON. LESA SEMMLER:** Thank you. No, that's the sobering centre staffing transferring to the housing. Thank you.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go back to the Member from Yellowknife North.

**MS. MORGAN:** That's all for now. Thank you, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I am going to go to the Member from Monfwi.

**MRS. WEYALLON ARMSTRONG:** Okay, thank you. Community clinics and health centre from 25 -- from previous fiscal year to upcoming fiscal year, there's a decrease in the budget. Can the Minister explain why? Because in the small communities, you know, like, I mean, there's a lot of places -- there's a lot of communities that does not have health centre, and we have been advocating for more health centres or a suitable health centre because in the -- one of the community that I represent does not have a health centre but the health centre is -- it's in the office building. So I just want to ask the Minister why there is a decrease from previous to the upcoming fiscal year. Thank you.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Minister.

**HON. LESA SEMMLER:** Yes, thank you, Mr. Chair. That's because we are -- sorry, we're in the negotiations with Health Canada for the Working Together Agreement, and so the positions that were previously funded were funded up until March 31st. And so this budget starts on April 1st, but we are in the process of negotiating and signing off a new agreement which will -- I believe is the same amount that will go back into that budget. Thank you.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Member from Monfwi.

**MRS. WEYALLON ARMSTRONG:** Okay, thank you. So then some of the communities that does not have adequate health centres, will they be getting the help that they need or build more health centres in small communities? I know that's a capital project, but still. Thank you.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go to the Minister.

**HON. LESA SEMMLER:** Thank you, Mr. Chair. Mr. Chair, this budget here is just for operations of community health clinics and health centres. It doesn't include any capital or -- yeah, it doesn't include any capital. Thank you.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go to the Member from Monfwi.

**MRS. WEYALLON ARMSTRONG:** Okay, thank you. With the hospital services, okay there is an increase from previous to current -- to upcoming. But, you know, I know my colleagues they talk about that medical travel and patient advocates was mentioned and, you know, like quite a few times that, you know, I've been hearing from my constituents and others as well regarding their experience with medical travel and a lot of times we were told, or they were told, go talk to the medical -- to the patient advocates. And some of them they said who, who do I go to, but -- so I don't know if they're being utilized, if -- you know, if that -- those positions are well utilized. So therefore I want to ask the Minister, okay, so we've been talking about improving the health system. Was there any discussion or any -- or if there's a plan in place to transfer these patient advocate positions to the regions because then if they were -- if those positions are located in the regions, then I am sure there's going -- the constituents, people from the region, will be in contact with them regarding their experience. Thank you.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Minister.

**HON. LESA SEMMLER:** Thank you, Mr. Chair. Mr. Chair, we currently have four Indigenous patient advocates: one in Yellowknife, one in Fort Smith, one in Inuvik, one in Hay River. And those are all -- they were put into those places specifically because that's usually where, like there's -- the hospitals and the larger health centres are in those communities so that when people are travelling in from small communities, you know, they're there to be able to help them navigate within that facility or to hear their concerns. However, although those are only in those communities, they can

reach -- any resident can reach out to any of the Indigenous patient advocate or through the Office of Client Experience which has the patient navigators. So at that point, this -- at this time, that's the only funded positions that we have. Thank you.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go to the Member from Monfwi.

**MRS. WEYALLON ARMSTRONG:** Okay. Okay, she mentioned all the regions, and I know that in Tlicho region, you know, we make up 10 percent of the population, and Behchoko is the largest community. Has the department ever thought about putting a patient advocates or Indigenous patient advocates in Tlicho region especially now with that -- and I know that language is -- for many, it's a barrier. So if we have a patient advocate in the region, people will know who to go to, and they can speak to the person in their language. So I just wanted to ask the Minister is there any -- is there a plan in place, or have they -- to put a patient advocate or Indigenous patient advocate in Tlicho region. Thank you.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Minister.

**HON. LESA SEMMLER:** Thank you, Mr. Chair. Mr. Chair, I can take that back and have conversations with the TCSA who administer the health file -- the health authority within the Tlicho region. But I can take that back to have that conversation with them. Thank you.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go back to the Member from Monfwi.

**MRS. WEYALLON ARMSTRONG:** Thank you. And I know it's not on here, but I know there was the out of territory treatment program but community wellness, mental health -- community mental wellness and addiction recovery, there is a decrease, the operation and expenditure summary. Why is there a decrease when we know that we have an addiction issue and problems in many of the small communities? Thank you.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Minister.

**HON. LESA SEMMLER:** Yes, the reason why that budget has decreased, that budget line item has decreased, is that that has been transferred to housing as that's the funding change -- the amount is the difference in the change that the Yellowknife sobering centre -- for the staffing. Thank you.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go back to the Member from Monfwi.

**MRS. WEYALLON ARMSTRONG:** So the operation for the small communities have not changed, then? Within that area, addictions recovery?

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Minister.

**HON. LESA SEMMLER:** That's correct. The only change is that decrease for the sobering centre. Thank you.

**CHAIRPERSON (Mr. Edjericon):** Okay. I will go back to the Member from Monfwi.

**MRS. WEYALLON ARMSTRONG:** Okay, thank you, Mr. Chair. My colleagues have -- you know, we all did at one time, too -- about treatment facility in the Northwest Territories. We all want a treatment facility because many of our young people are going south though talking to some people, and we heard that once a person goes south for treatment program they come back to the same scenario so, you know, they relapse, so the relapse is great. But what -- the success -- talking to some of the psychologists and some of the counsellors, the success with a treatment program is that they do 60 days and 60 days of the extended care, but it's the aftercare. I know those too is funded and approved by health and social services, but it's the aftercare. Why the department is not supporting the aftercare?

Some of the people that go south for treatment, they said they want to stay because they don't trust themselves or they're a bit apprehensive to come back going to the same situation and they don't want to relapse, they want to succeed, and some of the counsellors have said that if they are away from their community for one year and we walk them through the process, then they're -- they're more likely to succeed on their -- with their sobriety. So I just wanted to ask the Minister why the department is not funding the aftercare program. And I do -- I would like to say that thank you to some of the Indigenous governments that help their member with the recovery for aftercare program. Thank you.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go to the Minister.

**HON. LESA SEMMLER:** Thank you, Mr. Chair. And, yes, we do fund Indigenous governments. We have multi-year agreements with many Indigenous governments, and they are in those communities. And so with the community wellness and recovery fund, we do provide Indigenous governments to be able to provide that service. It's transferred directly to them, and they run that however they choose to use it, you know. Based on that, it's used for wellness and recovery.

We also as a government have opened a -- you know, we have two THARP, which is transitional housing and recovery programs, in the Northwest Territories now. We have one that's open and currently operating in Yellowknife, and it's run by an NGO. And then we have another one that will be opening in Inuvik, I believe, shortly. There's -- and it's been run by an Indigenous organization. And that is for when people are transitioning back. Exactly what you said, coming back to the North. They have a house, they have programming. There's people there 24/7 to support them on their next phase. And we are in the process of, you know, reviewing the one that's running right now after the first six months, I believe, and, you know, as we need to make changes we will, and as we see that this program is working, then, you know, we'll -- that's where we'll work through our business process to expand that.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go to the Member from Great Slave.

**MS. REID:** Thank you, Mr. Chair. I note that there is a \$740 -- or \$740, my goodness, if only -- \$740,000 allocation to support 8-1-1 now that the Government of Canada has ceased to fund 8-1-1. My question for the Minister is, is this going to be an expected ongoing cost? I am hoping that it will. 8-1-1 is a great help to many constituents. Thanks, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Minister.

**HON. LESA SEMMLER:** Yes, Mr. Chair, this is funded, and it's for ongoing funding. As the many gifts we get from the federal government, we start wonderful programs and then we have to decide and choose which ones we can bring forward to keep. This one is important because I believe that it also helps offset many of the calls that would -- like, would be going to a lot of our health centres. So yes, it's ongoing.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Member from Great Slave.

**MS. REID:** Thank you, Mr. Chair. That's good to hear.

I know my colleague from Yellowknife North has been very strong in her advocacy on this next item, and I expect that the Minister will say it might pop out in the people strategy and if so, I hope to have more details that she can share. But is there any progress being made in investigating the feasibility of an Office of Practitioner Experience? Thank you, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go to the Minister.

**HON. LESA SEMMLER:** Thank you, Mr. Chair. Mr. Chair, the public administrator and the NTHSSA work directly with the NWT Medical Association and, you know, this has been talked about on the floor of this House; however, it hasn't been brought back through that venue. But what I can do is I can take that back and add that to the conversation that I -- next conversation -- that meeting I have with the NTHSSA.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Member from Great Slave.

**MS. REID:** I think that's all for here and for me. Thank you, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. Is there any any further questions? Seeing none, no further questions, please turn to page 203.

Health and social services, health and social services programs, \$445,961,000. Does the committee agree?

**SOME HON. MEMBERS:** Agreed.

**CHAIRPERSON (Mr. Edjericon):** Thank you. Moving on to long-term care -- sorry, long-term and continuing care services, beginning on page 207, with information items on page 209 to 210. Are there any questions?

I will go to the Member from Yellowknife North.

**MS. MORGAN:** Thank you, Mr. Chair. So I wanted to start by asking about changes to outpatient IV therapy. I think it falls under this item. I believe we're seeing in the budget three and a half new positions, and I understand it's to somehow enhance the outpatient IV therapy program at Stanton. But I wonder if you could explain what improvements patients or outpatients should be expecting to see or what we're expecting to accomplish here. Thank you, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** Yeah, thank you. I will go to the Minister.

**HON. LESA SEMMLER:** Thank you, Mr. Chair. This was federal funding that expired, and so this program is very important to ensure that, you know, patients can be discharged earlier and be able to continue on IV therapy, so they will go through the outpatient IV therapy program. And also where people are, you know, going through emergency, they're not having to be admitted, they can just -- if they -- if they need to have IV therapy, they can be seen and then they can go to the IV therapy clinic to be able to get that outpatient treatment. It's very important that we make sure that, you know, we don't -- we put this in the budget because the

federal funding sunsetted, and we don't want that to be burdening our emergency room because if those positions were gone, then they would end up back in the emergency room. Thank you.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go back to the Member from Yellowknife North.

**MS. MORGAN:** Okay, thank you, Mr. Chair. Okay, so I am glad to hear that we're maintaining the outpatient IV therapy program. I agree that it is critical. It's frustrating that we're having to spend money just to sort of tread water and stay in the same place. I guess maybe I will first just ask what attempts were made to try to renegotiate this funding with the federal government. Thank you, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Minister.

**HON. LESA SEMMLER:** Thank you, Mr. Chair. Mr. Chair, there's -- as the Premier put it today, you know, every government comes up with some priorities and then they allocate dollars in these small little lumps of -- to each territory and province, and then we have to use them for specific areas and when that funding runs out -- and these are the conversations that we have at the FPTs, and one of the biggest conversations we had this last time was the Working Together Agreement which is, I believe, one of our larger programs that it was kind of first time and it was, like, announced and, you know -- it was the first time that the federal government ever increased funding to the health care in many, many, many, many years, and so we had to fight to renegotiate that one. So all of the smaller ones, sometimes they -- they just -- there's no -- there's not even any conversation about it.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go back to the Member from Yellowknife North.

**MS. MORGAN:** Okay, thank you, Mr. Chair. I also just wanted to ask for more explanation about the additional budget for home care and support services. I know the Minister just explained a moment ago that we did manage to negotiate a new agreement with the federal government that is seeing Indigenous governments take more control over home care. I am confused as to why we see -- so last year's mains, we had \$14.7 million for home care and support services. The actual estimates went up to \$25 million and now we're back down again to \$16 million, which is more than initially last year but less than -- anyway. So just to explain what is the roller coaster of numbers that we're seeing there and, I mean,

at the end of the day are residents going to see a change in home care services, like expanded home care services? What difference is this going to make to our residents? Thank you, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** Yes, thank you. I will go to the Minister.

**HON. LESA SEMMLER:** Thank you, Mr. Chair. I will get ADM Mathison to explain the funding roller coaster.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the ADM.

**MS. JEANNIE MATHISON:** Thank you, Mr. Chair. The 2025-2026 increase is a one-year amendment to the prior agreement. So that amendment expires March 31st, 2026. And then we're just in the final stages of renegotiating the new longer term agreement. So it's a new agreement which yet hasn't been reflected in the budget until it gets signed. Thank you, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go back to the Member from Yellowknife North.

**MS. MORGAN:** Okay, thanks for that. And I wonder if the Minister can explain whether residents in all communities, or some communities, are going to be seeing a change in home care? Are we going to have more access to home care? Different criteria -- like, expanded criteria or more services being offered or what changes are people going to see on the ground in their home? Thank you, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go to the Member from.

**HON. LESA SEMMLER:** So what the change with the -- the change in the funding, once we have the new agreement and the money that we are -- you know, I think that's the piece, where as I mentioned before, home care will continue to be run as it always has. We will have the nursing services. There will be self-referral. There will be home support workers when needed through the same process, through home care assessments. It's the personal pieces that Indigenous governments felt that they wanted to take on and they can do that themselves in the communities. They are more flexible to be able to do other things. They can hire staff that could do work more in the evenings. You know, there's many different -- every single community that I travel to, Indigenous community, has a different perspective on what they want to provide to their community residents and what their communities wanted.

So this is a way of ISC saying we will, through our northern wellness agreement, carve this out, and then they -- they can utilize that to do the -- more of the social aspect - the transportation, the non-nursing, the nonclinical things. Thank you.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go back to the Member from Yellowknife North.

**MS. MORGAN:** That's all for now. Thank you, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I am going to go to the Member from Monfwi.

**MRS. WEYALLON ARMSTRONG:** So we are on page 208 and 209? Okay, I have a question for page 204, grants and contribution and transfers. But go to page 209.

Okay, disabilities and respite and seniors fund, the contribution for that -- those programs. You know, it's low, and it looks like it's been low for many years, and I -- there's no increase. I just wanted to ask the Minister why, why the budget remain the same when I believe this supports all the regions. Is that -- this fund goes -- this program is -- are being distributed to other small communities as well?

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go to the Minister.

**HON. LESA SEMMLER:** Thank you, Mr. Chair. Mr. Chair, the funding that goes to this line item, it goes to the NWT Disabilities Council and the Hay River Committee for Persons with Disabilities.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Member from Monfwi.

**MRS. WEYALLON ARMSTRONG:** Okay. So it's not being -- other communities where there's a lot of need as well within the disabilities and respite and the seniors' funds, so is there a program that goes to the small communities to support these three items?

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go to the Minister.

**HON. LESA SEMMLER:** Thank you, Mr. Chair. Mr. Chair, this is long, ongoing funding that I believe that the NWT Disability Council advocates for all residents of the Northwest Territories, and so these pockets of funding are historic, ongoing funding that has been ongoing -- like, I don't even know how long that they've been in the budget. And as I stated, they do go to NWT Disabilities Council and they do -- I think -- I believe, you know, they provide different services throughout the territory.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go to the Member from Monfwi.

**MRS. WEYALLON ARMSTRONG:** Well, you know, the disability fund, 229, it says funding to support organization that provide increase independence and reduce barriers for residents living with disabilities within the NWT.

I know at one time we -- like, in Tlicho region, we don't have any programs. I know it's probably associated with another department. But at one time, we had -- well, I will just use an example, like, friendship centre. They had a program for people with disabilities and, you know, a program where they went every day, went to school, and from what I heard from people there before and after is that they benefitted a lot from it. The participant feel good, and they showed up before class starts, and some of them didn't really want to leave because it was a program that was meeting their needs. But we don't have any programs like that anymore. The only programs that has -- that offer, it's in the larger regional centre but not in small communities because we do have a lot of young people with autism and even in their school. So I just wanted to ask the Minister does the department fund a school or, you know, education where there's our young people with challenges, to support young people with challenges? Thank you.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Minister.

**HON. LESA SEMMLER:** Thank you, Mr. Chair. I believe the funding that it provides to NWT Disability Council does provide for staff that can work with families to try and help them navigate the different areas where there is program dollars or funding. Many of our different departments -- I know, like, within ECE and housing have different areas, you know, for disabilities. We also, you know, through the health system referral system, you know, if there's referrals for children that need services, that's usually -- it's just kind of spread out all over in different areas. Thank you, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Member from Monfwi.

**MRS. WEYALLON ARMSTRONG:** Thank you. As a result, you know, this is really because of the neglect for so long that many of our young people with challenges, they didn't have the opportunity, they fell through the cracks and it's like, you know, they miss out on a lot so this is where the JP program came in, and that's where JP helped many of our young people because we do have -- the autism is the one that's coming up more and more in many of the smaller communities, especially for disabilities.

And I know that, you know, whether the JP gets approved or not and with them, I know, you know -- because JP was not approved for many of the education. And so will the department -- it's not just only for education, the education department, but will the department fill in the gap where JP failed or JP is not funding the programs for many of the schools to support students with challenges. Thank you.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Minister.

**HON. LESA SEMMLER:** Thank you, Mr. Chair. I do believe that myself and my colleague, Minister of Education, Culture and Employment, have been working together and trying to ensure that children in small communities -- you know, before we got into this government, there was decisions made, you know, to best support children in small communities. It really -- you know, I can't speak to it but we do know that it's been addressed, it's been highlighted as a concern, and so our -- both of our departments are working together to come back with the funding that we do have in our different areas to support children, especially the children in school, is to find the easiest, best path forward for that funding to be able to be used for students in schools, especially when it comes to looking at, you know, children in small communities because we know that, you know, that's even more of a challenge. Thank you, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go to the Member from Monfwi.

**MRS. WEYALLON ARMSTRONG:** Thank you. Precedence was set already by the Department of education because they fill in the gap. So what's going to happen if we don't have any JP program for the next fiscal year? So this is where I think the health and education, they need to do more, especially with -- because JP program is -- JP is for young Indigenous living with challenges, and a lot of schools do rely -- because we've been -- a lot of small communities did not get adequate funding from education so JP program was the one that helped many of our young people. And I know that I see -- I see it when I go to the school in my community, you know. Young people, they're happy, you know, they're driving, and they're, like -- and it would be sad if JP did not come through -- pull through for us, but this is where I hope that the two departments will do something and not leave our young people not supported, especially those that really need it. Thank you.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I am going to go to the Minister.

**HON. LESA SEMMLER:** Thank you, Mr. Chair. Mr. Chair, I am going to just say that myself and the Minister -- I won't speak for her, but we are both very live to this Jordan's Principle issue and how the impact of it is in our territory. We are continuing to work with our Indigenous partners and advocating the federal government to make sure that they recognize the Northwest Territories' issues separately than just an on-reserve/off-reserve situation like they previously did. And so, you know, we are continuing to work together and just so you know, I think our whole Cabinet, and I think everyone in this House will agree, that we all are live to this issue. Thank you.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. Is there any further questions? Please turn to page 208.

Health and social services, long-term and continuing care services, \$69,761,000. Does committee agree?

**SOME HON. MEMBERS:** Agreed.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. Moving on to out of territory services, beginning on page 211, with information item on 213. Is there any questions?

I am going to go to the Member from Great Slave.

**MS. REID:** Thank you, Mr. Chair. I will note that medical services in this activity continues to be the same amount year over year. That includes insured hospital and physician services provided to NWT residents outside of the NWT. Just to clarify and just to make sure I understand this before I jump into a deeper question, this is, indeed, the funding that we provide to other jurisdictions to provide services for our residents who -- residents when they are undertaking medical travel? Thank you, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Minister.

**HON. LESA SEMMLER:** Thank you, Mr. Chair. So it is services that when -- physician services outside of the territory that can include when we do send people away, but it also includes anybody accessing services when they're not in the territory. So if you're travelling, like we have many teachers that leave the territory all summer and so they all travel to other parts of the country, we have many Northerners who leave the territory for parts of the summer and travel to other territories, when they're accessing services in other jurisdictions those are billed back to us, and then we allocate this pot of funding so that we can ensure that we can continue to pay those bills. Thank you.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go to the Member from Great Slave.

**MS. REID:** Thank you, Mr. Chair and thank you to the Minister for clarification. So in essence, it's sort of a charge back pot is what I heard, so thank you for that.

I have corresponded with the Minister several times around medical travel when residents feel compelled to go south and make appointments and book things on their own on various topics, not any one topic, and the information I have received back is that her department is constrained by the NWT-Canada health transfer around using health care -- private health care facilities and so reimbursing folks who use private facilities, that sort of thing, when they, quote unquote, jump the line and get services completed down south that maybe delays here are causing. Ultimately, you know, it's a chicken and egg situation, and I'd like for the Minister to sort of get into that today, if at all possible, because by not offering services here in the territory or not having, you know, a real eye to managing waitlists, people then jump the line anyway and we do create two-tier healthcare system and some people come and ask for reimbursement and then are denied, and fair enough. But what is the -- what is the way out of this cycle, Mr. Chair? I realize that it's a big question. Thanks.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Minister.

**HON. LESA SEMMLER:** Thank you, Mr. Chair. This is the conversation that all health Ministers across Canada are having right now and, you know, there's -- in every jurisdiction, there's a little bit different going on everywhere. And one of the issues -- and I don't want to take up the whole time to -- so I am going to be very -- when we have a -- we have a public healthcare system in Canada. That's the free system that's insured services. We're already constrained by the amount of, you know, healthcare staff that are provided. Private clinics are usually -- they can charge more, they can pay their staff more, they're not bound by collective agreements. They're private businesses. And therefore they are -- you know, if you have money -- it's like a two-tier system. If you have money, then you should -- you get access faster, which is not the vision of the public health care -- healthcare system in Canada. But, however, this is where we're struggling right now because there's even changes to the Canada Health Act were made in the last -- in the last federal government that if we started to use private healthcare systems to -- you know, to -- and pay for people to go to private clinics, they would start deducting those out of our health transfers. And so that means -- you know, so this is the struggle that

we're having, that we can't afford to get anything taken out of our health transfer. So if we start paying for people -- and I am not going rude or anything, but it's -- if you can afford it, then you can jump the line. And that's -- you know, and -- but then because you can afford it, you can jump the line and then you get reimbursed? It's the same amount of physicians and nurses and doctors that we need in a public healthcare system. And I am not -- you know, this is -- this is a struggle that we're having as health Ministers, is trying to make sure that we keep enough of the staff within the public healthcare system that we can keep it flowing. We hear it right across Canada; you know, surgeries are -- surgery waitlists, you know, specialists waitlists, all of these things in our public healthcare system. However, reimbursing people for going around the system is not -- it's not going to benefit us if -- especially if it decreases the amount of money that we get to be able to provide those services in the territories. Thank you.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go to the Member from Great Slave.

**MS. REID:** Yeah, no, thank you. And I can appreciate that answer, and I guess I think it's something I would very much like to be kept up to date as you have those FPT -- as the Minister has those FPT meetings and discussions. I think it's something that is definitely affecting Yellowknife, I assume is affecting smaller communities, and is across the entire country is something that -- that public governments are grappling with. What I would say is, you know, from my perspective and my knowledge base is the way to move forward on that is to work on more labour market supplements with healthcare professionals and really listen to doctors, but that's more of a comment for the Minister. If she wants to expand on her filling up the rest of the three minutes with her thoughts, I actually would love to hear them. Thank you.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I am going to go to the Minister.

**HON. LESA SEMMLER:** Thank you, Mr. Chair. You know, and I appreciate the comments from the Member. And, you know, I think one of the areas where -- since COVID, I believe that most of the healthcare providers -- and we've heard from healthcare practitioners, health care -- you know, all healthcare providers and people working in the 24-hour system is this work-life balance. So if -- even if we were to say, okay, we're going to pay you more, people only want to work so much hours, and they may not increase the amount of hours they do by just by increasing the pay, you know. It actually could be negative. Like, you could make more and work less if we do that. So it's trying to find the

balance. And I've heard from many members. I've heard from staff. It's those other things that make their life better by living here and being here. But it's also taking into account that those things actually cost dollars and, you know, when a health authority is already running deficits, it's really hard for them to try to find funding for incentives. And so this is why it's important that we're getting NTHSSA right funded so that way they could utilize the money, they can get the right funding for the programs and services that they're providing, that the Northwest Territories residents need and deserve however they're able to allocate funding to those important things for staff recruitment and that we've heard from staff. So this work is ongoing, and it's been -- I mean, my entire career in the healthcare system, I've been saying there's certain things that I need and wanted in my time and there's still -- you know, we're still trying to find the funding to be able to implement those things. So thank you, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. Member from Great Slave, did you have a follow-up question? Okay, thank you. Is there any further questions?

I will go to the Member from Mackenzie Delta.

**MR. NERYSOO:** Thank you, Mr. Chair. On your facility-based addictions treatment centre, it's gone down -- or treatment, it's gone down some 31 percent. Can you elaborate on that a bit. Thank you, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Minister.

**HON. LESA SEMMLER:** Thank you, Mr. Chair. I appreciate the question from the Member. You know, I know that this funding amount is not enough, and the funding that was in the previous year's budget was a one-time funding because of sunset funding. It's gone back to the original amount that was -- that's currently core funding for this program. However, this program is currently under review under the health sustainability unit, and I think -- I believe it's the first one that's going to come back with recommendations on this line item so that we could -- once I have those recommendations and, you know, that will help us decide what the funding probably needs to be. Thank you, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Member from Mackenzie Delta.

**MR. NERYSOO:** Thank you, Mr. Chair. How much of this funding is allocated towards aftercare? Thank you, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go to the Minister.

**HON. LESA SEMMLER:** This funding is specifically based for facility-based addictions treatment, so this pot of funding is for when we utilize the contract services for those who have addictions that, you know -- that have polysubstance abuse and multiple -- you know, and they need to go out for treatment and they work with their case workers for the best specific treatment plan, whether it's in territory or out of territory. However, the aftercare funding, I believe, is in the previous section. Thank you.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Member from Mackenzie Delta.

**MR. NERYSOO:** I am good, Chair. Thank you.

**CHAIRPERSON (Mr. Edjericon):** Thank you. Any further questions? Go to the Member from Yellowknife North.

**MS. MORGAN:** Thank you, Mr. Chair. Just to quickly follow up on my colleague's question from Mackenzie Delta. On the facility-based addictions treatment, we also consistently year over year see money come forward in our supplementary estimates for many millions of dollars required to, you know, top up the money we're allocating for facility-based addictions treatment, and in the supplementary estimates that were just tabled earlier today, we're asked for an additional \$5.87 million for facility-based addictions treatment. So that's like more than double -- almost triple, like, the base amount that we're actually budgeting for facility-based addictions treatment. Are we to understand that this number here is what the feds are willing to pay us for but we continue to spend the money anyway and we just keep bringing it back in supplementary estimates, or what's the rationale for not just increasing the amount in the actual budget when we know we're going to need many millions more to meet the demand for facility-based addictions treatment? Thank you, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go to the Minister.

**HON. LESA SEMMLER:** Thank you, Mr. Chair. Mr. Chair, this is not federal funded. This is us funded. So this comes from any -- either through any of our revenues or -- this is GNWT funded so there isn't no federal line attached to this core funding. The actuals -- like, yeah, as every year up -- this has been gone over the cost of providing services outside the territory plus the travel. And I think the travel piece has been a huge increase to that cost and the numbers of people that are actually utilizing these services. So we have, you know, on

average it's -- you know, before -- before COVID, there was about, you know, 200 on average a year going out with, you know -- and then post-COVID, I think 2022-2023 to 2024-2025, it's gone from -- up to 400 people going out for addictions services. And so the cost of the provider and the cost of the travel, the cost -- this program has always provided, you know, depending on the need of the patient and how far they're travelling, you know, they also -- they require an escort sometimes because of their addiction and they need to be able to get to where they need to get to. Sometimes they need to detox and things like that. So there's many different reasons why this has gone up, but those are the main ones. And that's why it's under review as part of the health sustainability unit because it's one of the biggest costs. Like, when we average out where we're spending -- overspending for the amount of dollar allocated and the amount of overages, the percentages is flagged. So that's why it's one of the first things that's going to be looked at with recommendations on where we need to be -- how we need to be funding this.

And I will be honest, like one of the things that we have looked at is we've -- you know, there has been conversations about providing services in the territory and, you know, even talking with different organizations, and we are working with an Indigenous organization right now to provide, you know, in territory services. And so that work is on going right now. It's working with our partners to be able to provide services in the NWT and what's the best way. And we know that some of the people that are going out, they are requesting to leave the territory to do these services because of the -- all of the supports that they have that are there that, you know, to be able to provide that in the territory, we struggle to retain those health -- those mental health workers, those counsellors, and then the O and M to have a building and all of that. So this is something that, you know, I will continue to bring back to the Council of Leaders in having these conversations as, you know -- because they believe -- some of them believe that they want to do the aftercare in the communities and we could continue to focus on this, and then there's the other 50 percent that want the in territory. And so we continue to have this challenge, but we do know it's expensive.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go to the Member from Yellowknife North.

**MS. MORGAN:** Thank you, Mr. Chair. So as part of the review of the program by the healthcare system sustainability unit, are they trying to analyze the effectiveness of the program in anyway? For example, are they

analyzing how many people may not manage to complete the program once they're sent down to the facility-based treatment? And I am acknowledging that everybody's journey is different and this is never sort of a linear -- like, always sort of moving forward and progressing. Anybody's struggle is always going to be two steps forward, one step back, and with lots of -- lots of detours. But are we trying to do any analysis overall of the number of people who may not be even able to complete the program or may go back over and over and over again just to get a sense of -- you know, when we do send people for treatment, you know, what kinds of outcomes we're generally seeing in the territory? Thank you, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Minister.

**HON. LESA SEMMLER:** Thank you, Mr. Chair. Mr. Chair, we keep track of patients that are referred. We keep track of patients that are -- they cancel before they even -- they even fly out. And so those sometimes cost -- there's costs related to that because we have to pay for, you know, the flights and accommodations that were prebooked. There's -- we keep track of the early discharge and self-discharge clients. We keep track of the completions. And we also keep track of people that are repeating treatment. And so that is all -- I believe that's all, you know, part of the work that they're analyzing as part of this program because I believe that the -- we know that we do need the service. And if this is what it's costing, you know, I guess that's -- that's the thing is what can we do -- can we do something in the Northwest Territories that's going to lessen the cost or being closer to home? And if that option comes, that's part of -- I guess, that's -- I will have to wait and see what comes from that health sustainability unit.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go back to the Member from Yellowknife North.

**MS. MORGAN:** Thank you, Mr. Chair. I am glad that we are keeping those stats because that might start to give us some clues about whether we're going about this the right way overall.

I am also wondering if the Minister or if the department is doing any analysis -- my understanding is not all of the facility-based addictions treatment programs down south are really focused or oriented around trauma. There are some specific centres that focus on trauma and can even welcome, you know, families as a whole coming in and dealing with that, and others don't necessarily take a trauma lens, and so therefore some centres or treatment programs might be, you know, more

appropriate for some than others. Is that part of the analysis in terms of are we ensuring that people are going to the right kinds of programs that are going to best meet their needs? Thank you, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Minister.

**HON. LESA SEMMLER:** Thank you, Mr. Chair. Mr. Chair, the case workers work closely, like the -- so that every person that travels out has a case manager, and they work with the client to find the facility and the program that best meets their needs. We also have programs through child and family services that work with families that will work with a family that also, you know, finds the most appropriate program for them to work through -- you know, if it's trauma or addictions. And most of them that do travel for these programs have -- you know, they have to continue to follow up with their caseworker. However, when we talk about, you know, Indigenous programming throughout Canada, of course it's not going to be the same to our culture and our beliefs in the Northwest Territories. I mean, even within the Northwest Territories travelling from where I am from to the southern part of the territory are two different cultures, so to build one, even in the territory, it's going to be very -- you know, it may not meet every cultural need. However, we are -- like, as I mentioned, you know, we are continuing to work within the territory with a group on, you know, what can we do within the Northwest Territories for trauma because we could know that it is a need. We do have a contractor that does specifically -- that I believe that we can work with and that focuses on trauma. But the contractors that we have right now that we work with are through an RFP process we put out, and these are what we say that we need them to be able to provide and then they put their -- through the RFP process. And then we go down and review it and make sure that they providing the things that they say that we're asking to do. Thank you.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. Is there any further questions? I am going to go to the Member from Monfwi.

**MRS. WEYALLON ARMSTRONG:** Since we're talking about the facility-based addiction treatment, I know that Tlicho government they're doing their feasibility study regarding the treatment centre. I just wanted to ask the Minister if they are working with the Indigenous government such as Tlicho government who are doing their own studies to, you know -- to accommodate. Thank you.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Minister.

**HON. LESA SEMMLER:** Thank you, Mr. Chair. Mr. Chair, I believe we work with the -- well, we do work with all of the Indigenous governments through -- with the Council of Leaders, and we have the Indigenous -- or we have the council's -- what is it -- the health working group through the Council of Leaders; however, you know, if an Indigenous -- and this is one of the areas where it's exciting because, you know, with Indigenous governments and self-governments, you know, they can work directly with Indigenous Service Canada as they have -- they have detect funding pots created for wellness, and so it's exciting, and I look forward to being able to, you know, see what comes of their program. And we most definitely will work with them how ever they want us to. Thank you, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Member from Monfwi.

**MRS. WEYALLON ARMSTRONG:** Thank you. Thank you, Mr. Chair. You know, lately -- well, I do admire and I do encourage and support, you know, our people reaching out for help to attend -- to deal with their addictions, you know, it's not something easy, for many. And in the past, it was alcohol, but lately we know that it's not alcohol; it's the drugs, drugs that are coming from outside, fentanyl, crystal meth, you know, crack, crack cocaine, heroin, and even with the recent waste management -- the testing of our waste management in the Tlicho region, it all confirms all the stuff that we've been -- we've been hearing about. So I really do -- you know, like -- I do admire the young people that are reaching out for help, but I just want -- you know, living in the small communities, we all know of someone, we all know of family members, even myself, you know, of -- that have issue, you know, and that are -- we know a lot of young people are struggling with addictions, and we know of someone that is a drug dealers. So even -- you know, I don't want to identify -- you know, I am not going to say names, but that's not -- you know, it's -- but we all know who is selling drugs in our small communities. I even have a neighbour, you know, selling drugs out of their place. So a lot of these vulnerable people are being used. We know that they are. And daily, you know, like, even for the weekend that I was home, I see young people walking over there, young people, teenagers. So when they walk out when I am outside, some of them, I know -- they know that, you know -- they don't look at you. They just walk facing the other way because they know that I am going to question them, or they go the other way. They try to avoid you. And this is happening in many of the small communities, so. And I know that the law, if we call the RCMP, they want -- you know, there's

all kinds of questions that they ask. So I just wanted to ask the Minister if -- if the department is working with the Department of Justice in regards to -- with regards to dealing with the drug dealers. You know, are they working with them to make it more easier for people who are complaining? Because even this past weekend, somebody did complain and I said well, call the police and they said they're asking a hundred questions, you know, and by the time they answer all the questions, like, it's too late. Things like that. So I just wanted to know if -- because I know -- and I really do appreciate my colleagues here who really address the addiction and because the majority of the people who are suffering are our young people, the Indigenous, so I really do appreciate Ms. Morgan -- I do appreciate everybody that, you know -- because it's not just us that has to do it. It's all of us. We want a healthy, you know -- we want our young people to be healthy. We need them for future. And if we don't do anything, like now we're in this crisis situation -- because in 2013 when they closed down the only health -- treatment facility, you know, they knew -- I am sure they knew all about this, that it was going to happen, what was going to happen. And just like the Minister said, you know, like, they keep track of everybody that went out and that early release and that cancelled flight or those who cancel the programs, I mean, that is really good. It's good to know. But it's -- it's just that I just -- I know health should -- and social services should not be just yours only but working with other department to see how we can fight against these addiction, what can we do to help our young people to make the system better for the people out there that wants to report. Even me saying, you know, I know -- I have a neighbours -- my neighbour, you know, they're selling drugs out of his house. I know that, you know. Things like that. It's just that it would be nice if we can -- if the system worked with us. And I am sure we can do more in that area. So I just wanted to ask the Minister if they are working with the other departments. Thank you.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Minister.

**HON. LESA SEMMLER:** Thank you, Mr. Chair. Mr. Chair, I believe that, you know, when it comes to this issue, we're -- we as a Cabinet are all -- we are all working through this, and I know that my department and justice and the RCMP, they also -- they also are working together right now, you know, and I -- it's just -- yeah, it's an area that it came, you know, and I -- it's a hard place because when we have people who are afraid to report, we also have people that are, you know, are afraid to leave for treatment. We have -- you know, when we

hear about people that are coming home from treatment, you know, when I -- when I hear from residents and I -- my own community, it's -- when they say, well, there's no aftercare and I say, well, what specifically do you need and many of them, you know, they do say housing because they leave from situations where they are homeless because they've been in their addiction for so long and they are coming back to a place where they don't have a home to go back to, they've got broken relationships with their families, you know, and it is a really hard place to come back. But I know that, you know, with the work that we're trying to do through the transitional housing, I know -- you know, I can't speak for the amount of things that the Minister of housing has got on her plate, but we continue -- her and I continue to have conversations as well in that area so that we are trying to work as a whole of government to tackle this issue. Thank you, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Member from Monfwi.

**MRS. WEYALLON ARMSTRONG:** Thank you. Okay, I really do appreciate. Thank you. Because this is a sensitive topic and because it does involve majority of the client that we're talking about are young people, the Indigenous and, you know, I know a lot of them that went out for treatment. And people that are close to you, you know. And even now, there's people close to you that are leaving their community. That's going to -- you know, going out for treatment to help themselves, which is good. And coming back to the same old -- it's not going to be easy journey because we know -- just like you mentioned, trauma. There's a lot of issues that they're going to be dealing with when they're there, and sometimes, yes, maybe we might not have those trauma team so it's -- a lot of things -- they're going to go through a lot of things when they're out there. But it's helping them. In many cases, in many situation, it's helping them. We know that, you know. And so with the -- coming back to the same old -- and I know this is a capital project, but I've mentioned it before too as well, what we need in Tlicho region is a transitional housing program. Transitional housing programs, both the facility and operations budget. So I just wanted to know if -- if there's any plan in place for Tlicho region to have a transitional housing program to accommodate our young people. It doesn't matter where it is, if it's in Gameti, Wekweeti, or Whati, or Behchoko, a facility to help our young people. Thank you.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go to the Minister.

**HON. LESA SEMMLER:** I will keep it short. We have the two transitional housings right now just because it's -- we've never had that program in the territory, we're just analyzing the current one that's open and operating, and then we'll be -- and that one's an NGO in Yellowknife that's non-Indigenous but it services anybody who comes back. But we also are working with an Indigenous up in Inuvik. But I will take this back too, because I know that my department works with housing and, you know, I hear the Member, and I know of the struggles that her region is having. But we also, you know, have heard from Hay River. They are, like, at an epicentre of this situation as well. And so there is many communities in our territory that are -- I would like to have one in every community, but we need to make sure that we get -- we get it right while we're rolling these out and so if we -- you know, when we have these two open and running successfully and patients are coming back and transitioning back into -- you know, supporting them back into everyday life, then we know it's a success, and then we -- you know, that's where -- that's where when we throw our money at these good things. Thank you, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** All right. Thank you. Is there any further questions from Members? Seeing none, we'll continue on. Please turn to page 212.

Health and social services, out of the territory services, \$99,750,000. Does the committee agree?

**SOME HON. MEMBERS:** Agreed.

**CHAIRPERSON (Mr. Edjericon):** Thank you. Moving on to supplementary health benefits, beginning on 214 with information items on page 216. Are there any questions?

I will go to the Member from Frame Lake.

**MR. MORSE:** Thanks, Mr. Chair. First thing I wanted to ask about was the extended health benefits. I note that the cost went up from 13 to 16 last year and continues to be 16 this year. So my understanding of the original reason they brought about the HB changes was to save money. So how did we end up with the program that costs more?

**CHAIRPERSON (Mr. Edjericon):** All right, thank you. I will go to the Minister.

**HON. LESA SEMMLER:** Thank you, Mr. Chair. This is actually a good news story because we usually have to put forward supps or add to the deficit for many of our medication costs previously with the funding, and we were able to increase the funding with the costs for -- drugs for rare disease agreement through

the federal government that will increase the amount of money coming to pay for a lot of those costs that extended health benefits pays for those medications. Thank you.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Member from Frame Lake.

**MR. MORSE:** Okay. So if I heard the Minister correctly, she's saying that we have received more money to offset the costs of administering this program. Can the Minister -- and the Minister can confirm that for me in her answer, but I am also wondering -- I mean, the goals kind of shifted as this program came about. So have we -- have we got any stats on program implementation? I think it's been, if I am -- about a year since the policy changed at least. Does the Minister have any information for us on what's changed, who's accessing the program, what people -- benefits are like now that the program's in place. Thanks.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go to the Minister.

**HON. LESA SEMMLER:** Thank you, Mr. Chair. I am currently just waiting for the finalization of the first year's analysis, so I don't have that information. I should have that within this next month. However, we do know that there are currently, as of January 15th, 3,721 individuals registered for benefits as seniors in the Northwest Territories. And we have 894 individuals registered for the 2025-2026 benefits.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go back to the Member from Frame Lake.

**MR. MORSE:** Thank you. I appreciate the numbers, but it's a little bit hard to know what to do with those out of context so it would be interesting to see -- like, is the department producing -- it sounds like the Minister's got a report coming. I guess my next question is, is that something that's going to be provided to Members or committee (audio) expand upon that question. I mean, it would be helpful to see numbers presented in context. What was -- what were numbers of uptake like and covers, like, prior to adoption of the new policy and what are uptake numbers like now and have they changed significantly, are more people accessing the program, is it the same people accessing the program. Because what I am trying to understand is if the program changes have been successful, so we'll need a fair bit of context to be able to make a determination on that. Thank you.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go to the Minister.

**HON. LESA SEMMLER:** Thank you, Mr. Chair. Mr. Chair, as I mentioned, as soon as I have that report and I review it and then there's a process that we use to go through and as soon as I have briefed my colleagues on it and then I will offer a briefing to committee on that as I committed previously. Thank you, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Member from Frame Lake.

**MR. MORSE:** Thank you, Mr. Chair. I think just a piece of feedback as you prepare that report, I mean it would be very helpful for us to understand what success was supposed to look like in the beginning -- or to begin with. I -- throughout the process of developing that new policy, we got a lot of feedback, negative feedback, from residents who didn't want to see the policy changed. I can't say I heard from anybody who was excited that the policy was changing so that they would be able to access benefits. And so I am curious what we're defining as success in terms of implementation of this program. So curious to see that. I will leave that point there. But, I mean, it -- yeah, it's a funny one for me. I will take the Minister's word for it at this time that it's a good news story that we've received more money to administer the program; that is good, but it's just interesting to see the program cost increase considering what the justification was. It certainly leaves me with a hint of doubt in my mind about the big process we're going through for healthcare system sustainability if one of our small efforts to save money has resulted in a program increasing in cost.

On medical travel, I note that there is a significant increase between 2025-2026 and 2026-2027. Can the Minister help us understand what that cost increase is about?

**CHAIRPERSON (Mr. Edjericon):** Yes, thank you. I will go to the Minister.

**HON. LESA SEMMLER:** Yes, thank you, Mr. Chair. Just to the comments, I also wanted to say that just from the information that I have, we do have 433 new registrants on the extended health benefits that weren't previously eligible before and so that's something that we were targeting, to try and get people that weren't eligible before. However, I will go to the question that's asked, and that is due to the air ambulance contract that was renewed. We previously had a 10-year, I believe, and it renewed, and the cost of that contract has increased significantly from when it was negotiated previously just due to the costs of doing business in the North and air travel and staffing and staffing that contract. Thank you.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go back to the Member from Frame Lake.

**MR. MORSE:** Thank you, Mr. Chair. And so just to help me understand that contract costs, so like once that ten-year contract was in place, costs were effectively fixed for ten years and so when we see an increase now, it did look like a significant increase but it could perhaps just be accounting for inflation, is that correct? Or is the Minister including supps for different costs? Does the cost escalate every year, or is it kind of only any time that we sign a new contract? Thanks.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Minister.

**HON. LESA SEMMLER:** Thank you, Mr. Chair. Based on historic, that's the average that they use for medivacs and, you know, in a generation of the increases over the years. So because each air ambulance flight is a certain cost and so what they come -- how that's -- I believe it's budgeted is is that it's the average with inflation with the actual cost of doing business, and so that's what -- that's what it is. Thank you.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go to the Member from Frame Lake.

**MR. MORSE:** Thanks, Mr. Chair. Perhaps with the last minute that we have, I could just ask for a bit more clarity there. What I was asking is, you know, once we've established a new contract, is that fixed for a certain period of time where we're going to see the costs as fixed, or is it something that -- because it sounded to me like the reason the costs went up significantly is because we negotiated a new contract which hadn't been renewed in ten years. So does that ten-year contract have fixed costs, and does the new one have fixed costs? So what I am asking is is this going to increase year over year, or is the cost now fixed at about \$22 million? Thank you.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Minister.

**HON. LESA SEMMLER:** I will try and be more clear. We have negotiated fixed costs however it's fixed costs per flight. So if there's more air ambulance traffic, then it's going to be more. So at the end of the year, we average what -- you know, the historical information is on medivacs, the amount of medivacs, and then we budget it accordingly to that. So, yes, the contract is fixed but it's the amount of -- like, so if there's -- say, there's a hundred more medivacs next year than what we budgeted for the average, if it's a hundred more than what was the average, then it will be a little bit more and we'd have to come

back and look for more money. Thank you, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go back to the Member from Frame Lake, if you had a follow-up.

**MR. MORSE:** Yeah, thank you. Just may as well ask one last question on this. That is is there just one provider that can provide medical travel, or was this something that we went out for RFP on and this happened to be the lowest bidder? How did it work, acquiring that contract for medical travel? Thanks.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I am going to go to the Minister.

**HON. LESA SEMMLER:** Thank you, Mr. Chair. That went out for RFP.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. Is there any further questions?

I will go to the Member from Yellowknife North.

**MS. MORGAN:** Thank you, Mr. Chair. So picking up on the same line of questions as my colleague, around the air ambulance contract, can the Minister clarify what -- how much per year did the cost of the contract increase by? Because it looks like our medical travel budget has increased by \$13.3 million. So that's more than double it was previous. How much of that increase is due to the air ambulance contract specifically? Thank you, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Minister.

**HON. LESA SEMMLER:** Thank you. I am going to turn it over to the ADM.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the ADM.

**MS. JEANNIE MATHISON:** Thank you, Mr. Chair. The contract increased by \$13 million net. That factors in any offsets that are expected, like from billing back third parties, etcetera. So that's not the exact dollar value of the contract but it's the net impact of the contract increase. Thank you, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go to the Member from Yellowknife North.

**MS. MORGAN:** Thank you, Mr. Chair. So looking at our latest annual report on medical travel, it shows that our -- the cost of emergency air travel, so just the air ambulance, has actually been decreasing over the last three years. There's been less cases, and we've had an overall decrease in cost. So I am having trouble understanding why this budget

significantly more than doubles all of a sudden the cost of air ambulance in a given year. Can the Minister explain how that makes any sense. Thank you, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I am going to go to the Minister.

**HON. LESA SEMMLER:** Thank you, Mr. Chair. Mr. Chair, with the billing part of air ambulance, so say for instance non-insured health benefits, all of the air ambulance flights for First Nation and Inuit in the Northwest Territories that don't fall under employer benefits get billed to NIHB, and I believe that the billing for NIHB is -- has what's -- there's more going through to NIHB to cover those costs now. I am not sure if it wasn't being billed before. Yeah, my understanding is there was -- some of it that wasn't being billed. And so that -- government was paying for those costs. And so with the -- I believe the special allotment and there's all the extra core funding that -- the extra supplementary funding that NIHB has been giving to us, we've been able to bill back a lot of that fund directly back to NIHB whereas before it wasn't being covered. It was \$200 each way.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go to the Member from Yellowknife North.

**MS. MORGAN:** I know that there's a lot of numbers here that we're dealing with, but what I am looking at in terms of trends is that we -- over the last three years, we've had less and less actual air ambulance flights, not a huge amount less but a slight -- slight decrease, and so we've just negotiated this new contract, and so I would assume, unless I am wrong, that we're not imagining this year we're going to double the amount of air ambulance flights all of a sudden, that there won't be a need for that because the evidence has been showing the trend over the last few years has been going down, so if we have roughly the same or slightly less amount of air ambulance flights that we're going to need, are you saying that this year we're going to be paying more than twice the same amount for the same services we got last year? Can -- is that -- does that represent what's happening here? Thank you, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Minister.

**HON. LESA SEMMLER:** Thank you, Mr. Chair. It's very -- I guess it's hard to explain it. It's very confusing because it's -- a lot of this is flow through, billed back. And I know that the last couple of years we have had increased funding to be able to bill back a lot of -- to allocate funding to this through NIHB to pay for the full costs. That's what we've been negotiating. We

had a two-year negotiate agreement with NIHB. That's why it looks like it's gone down over the last couple of years because we hadn't had to budget as much to this. However, we still have a portion that we have pay for those that don't have insurances, for those that live in the Northwest Territories, to be able to access this air ambulance, and so that's why there's still a portion of that previous air ambulance contract. But then with the new air ambulance contract, there was new things added in that. I can turn it over to the ADM to be able to explain that a little bit.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the ADM.

**MS. JEANNIE MATHISON:** Thank you, Mr. Chair. So the old contract 10 years ago, 12 years ago maybe now, the pricing that was done was -- we actually had the benefit of a larger portion of the contract being a fixed cost, which saved us a little bit over the ten-year period and mitigated some of the inflation and volume that actually occurred. So we were very much expecting this new contract when we went out to RFP to come back significantly higher, and it did, because there was a catch-up for all the inflation that had happened over that ten-year period as well as the increase in volume over that ten-year period. Over the last couple years, the volume, I think, is maybe going down a little bit. And as the Minister said, our net costs are being offset by the increased revenue that we're getting from Indigenous Services Canada to support medical travel for Indigenous residents.

The new contract, while it's providing largely the same service, does have some benefits built into it. So previously we only had one aircraft that was capable of transporting bariatric patients. So the new contract has more than one aircraft that can do that so now we can be moving aircrafts, like, at the same time. We don't have to keep one aircraft just in case we get a bariatric patient. So that was a significant increase because it was less down time for the flight, the ambulance overall -- the aircraft overall. In addition, there was some changes done to the operational support staff to have three critical care teams working 12 hours a day instead of two critical care teams working 12 hours a day. So, again, it supported that ongoing nature of less down time for the flights. And that did come with some additional costs for the contract as well but it was for a better service that we were getting. So I will stop there. Thank you, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go back to the Member from Yellowknife North.

**MS. MORGAN:** Thank you, Mr. Chair. Can the Minister tell us how competitive the bidding process was? I know she said it went out to RFP. Can she tell us how competitive it actually was or whether we were forced to be sort of a taker of what someone was willing to give us. Thank you, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Minister.

**HON. LESA SEMMLER:** Yes, I believe that there was more -- there was other bids that came in. As far as that information, I don't have any other information on it.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go back to the Member from Yellowknife North.

**MS. MORGAN:** Thank you, Mr. Chair. Just with the last minute I have here, I wanted to get in a question with -- asking for a bit more detail on -- so the new medical travel case managers that are being put in place, which I think is a really positive step to better manage medical travel, it seems that the Minister has been saying that these three new case managers will be overseeing all medical travel patient cases but that seems pretty overwhelming, so I assume they'll have to, like, have some criteria for which ones they zero on this or focus on reviewing. Are they going to be focusing on just a specific subset or some -- just some medical travel cases to try to flag whether or not, you know, it can be better coordinated or combined, or are they -- are we really expecting these three new case managers to be looking over and reviewing every single medical travel request that comes in? Thank you, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Minister.

**HON. LESA SEMMLER:** Thank you, Mr. Chair. Mr. Chair, their role is to do case reviews, and so we have -- you know, we could probably -- they could probably have the first year just flagged with all of the concerns brought forward to my office that they need to start flagging on these issues, and they will continue to do that and that will -- that is what will help implement the changes that are operationally happening, you know, right at the frontline. So if there's certain things that they need to give direction on and things like that to the frontline staff that are -- this is their -- this will be their role so when we look at they need to be -- before actioning something, you know, this is the process that you need to follow. And I think that's what they'll be doing, is they'll be finding the areas where we have patients where they're -- you know, we've heard many times patients travelling multiple times in a couple -- in

a month, you know, and trying to figure out the process of how do we streamline that. That's the kind of case management/clinical management that they will do within the medical travel office.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. Is there any further questions?

I will go to the Member from Monfwi.

**MRS. WEYALLON ARMSTRONG:** Thank you. Thank you, Mr. Chair. Okay, I know we -- you know, health department -- health is very important. That's one of the most important departments especially when it's -- especially for the Indigenous as well. I mean, for the Indigenous, because it deals with everything, and so -- and I know that the Minister -- Ministers, they all work with the Council of Leaders and who are all Indigenous, Indigenous leaders. I just want to ask, this is regarding the transparency and accountability. Is there any -- we don't know what's going on with the -- you know, I mean, we have a rep over there but then -- it would be nice to see a report, some kind of a report on what's going on or, you know, what are you working with or how -- not how but what -- we just need a report where -- on the topic, what is it, you know, because each region -- like you said before too, each region is different, and we -- all our wants and needs are different in -- especially in the small communities in the regions outside of larger regional centre. So it would be nice -- did the -- I just wanted to ask the Minister have they done any report, is there a report available for us to see so that way next time that we are prepared of -- we know of what the working relationship, the working group, from the Indigenous to GNWT, if there -- if there is a report existing, it would really help us a lot too. So it's just for -- it's just a question -- it's just a comment. I am not too sure if they've done that already or it's just all, you know, talking, that's all they do. I am not too sure. But if there's some kind of a report, it would be nice to share with us. Thank you.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I am going to go to the Minister.

**HON. LESA SEMMLER:** Thank you, Mr. Chair. Mr. Chair, if the Member is referring to the Council of Leaders, I know that there's usually a communique from the discussions that happen. And I can bring this back to my -- to my colleagues -- sorry, it's been a long day -- bring back to Cabinet, and then I can see if there's a report that's generated or an update for Members on the discussions that happen. I do know that we do have the AOC chair that attends, and I am not sure how that briefing or

information is passed along, but I will bring this back to my Cabinet colleagues. Thank you.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go back to the Member from Monfwi.

**MRS. WEYALLON ARMSTRONG:** Thank you. Thank you, Minister. Yes, it would be nice to see some kind of a report just so that we are aware of what's going on between Council of Leaders and the Ministers and -- but, I mean, specifically I am more interested in the department of health and education so I guess that's -- that really -- it helps our regions and our community because most of the employment that we have in our small communities is health and social services and education. Thank you.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will take that as a comment. I will continue on. Is there any further questions? Seeing none, no further -- sorry, go to the Member from Great Slave.

**MS. REID:** Thank you, Mr. Chair. Apologies for not putting my hand up higher.

Continuing on the line of questioning that my colleague from Yellowknife North had, is there a substantiation that the health Minister can give around the increase of \$13 million on the medical travel? Like, something that she could table in the House about the breakdown of why exactly it is so much more than it was previously? Because I don't feel like we're getting a clear understanding of why it's increased that much. Thank you, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go to the Minister.

**HON. LESA SEMMLER:** I will take that back, and I am not -- because it's a procured service, I am not -- I know that there's things that are publicly available, but I will take back to see what I can publicly share with -- and I can also take back -- and get my staff to be able to kind of say what the difference over the last little bit -- from the last contract to this contract and why the changes, what's incurring those changes in the costs, for Members, if that helps.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go back to the Member from Great Slave.

**MS. REID:** Thank you, Mr. Chair. And, yeah, if the Minister's staff has further pieces to add at this point, I think that would be helpful. I'd definitely like to know what they can't explain here on the floor today and have any additional information shared in the future. Thank you, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** I will just take that as a comment, then.

**MS. REID:** (audio).

**CHAIRPERSON (Mr. Edjericon):** Okay, I will go to the Minister.

**HON. LESA SEMMLER:** At this time, the -- as I mentioned, the new ten-year agreement is to respect the next ten-years and so using the inflation -- and that's why such the difference because the last contract ten years ago, there wasn't as many inflationary, there wasn't as many -- you know, the cost of travel wasn't as high. So what we have shared, I -- as I mentioned, I will take this back and share publicly with what I can share publicly. And I will see if I can do a different -- a comparison of the two -- the two, the previous and this contract, to show why the cost difference. Thank you.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go to the Member from Great Slave.

**MS. REID:** Thank you, Mr. Chair. That's all for now.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. Is there any further questions? Okay, please turn to page 215.

Health and social services, supplementary health benefits, \$41,097,000. Does committee agree? Okay, thank you.

Committee, I am going to turn to the Member from Inuvik Boot Lake.

**MR. RODGERS:** Finalize?

**CHAIRPERSON (Mr. Edjericon):** Thank you. There are additional information items on page 217 to 221. Are there any questions? Okay, seeing none, I am going to go to the Member from Inuvik Boot Lake.

I will go to the Member from Mackenzie Delta, my apologies.

**MR. NERYSOO:** Thank you, Mr. Chair. On your active positions, there's been an increase in positions for the Beaufort Delta. Can you elaborate on that; where are these positions and what positions are they? Thank you, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I am going to go to the Minister. Or the deputy minister.

**MS. JEANNIE MATHISON:** Thank you, Mr. Chair. The increased positions would be reflective of the northern wellness agreement because that is the only place, I think, where we have an increase in positions in this budget,

other than positions -- the four initiative positions which are all in Yellowknife. Thank you, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Member from Mackenzie Delta.

**MR. NERYSOO:** Thank you, Mr. Chair. It states that there's an increase in Beaufort Delta positions, and it's -- I don't know why it's saying it's in Yellowknife. Can you clarify that.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Minister.

**HON. LESA SEMMLER:** Thank you, Mr. Chair. Mr. Chair, I have it broken down into the different sections, and so what I can commit to is taking this back and sharing with the Member -- we can organize it into the regions, the health authority regions, and provide that to Members.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go to the Mackenzie Delta Member.

**MR. NERYSOO:** That's it. Thank you.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. Are there any other questions? Member from Monfwi.

**MRS. WEYALLON ARMSTRONG:** Thank you. Thank you, Mr. Chair. Hospital services, I know the budget went down from last fiscal year to upcoming fiscal year. Even with the revised, it still has remained the same. So I know in the hospital here there's MRI -- we have CAT scan but we don't have MRI. Can the Minister explain why MRI is not available in the Northwest Territories.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Minister.

**HON. LESA SEMMLER:** Thank you, Mr. Chair. Mr. Chair, when the new hospital was built, it was built to have a CAT scan in there. I don't have any information as to why or the decision-making behind only a CAT scan, but I do know that as of right now we are looking at that for Yellowknife. I believe we are doing a feasibility study right now, and it is -- it's something that we kind of -- we are working through that because with the federal budget allotments that were announced that there's allocated, you know, hospital, you know, capital funding, these types of things in the federal budget for the North, we need to have all of these things put -- feasibility done so we're ready to go if this is something that we're able to -- an area where we will be able to utilize funding for those things. Thank you.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go back to the Member from Monfwi.

**MRS. WEYALLON ARMSTRONG:** Thank you. Thank you, Mr. Chair. Well, that is a shame because that hospital -- you know, to build that hospital, millions and millions and millions of dollars was spent especially -- not only that -- especially when a hospital that we do not own, you know. And they left out one of the most equipment, an MRI, you know, like it's early detection of all kinds of illness. So that is -- it's -- you know, I mean, that is a shame because it's a lifesaving equipment for many of our people. And so with that, because there's no MRI in that -- at Stanton Hospital, so can the Minister explain to us -- so, not explain, but -- so how much -- according to the medical travel number, so how many -- how much or how many of our people travel out of the territory for MRI service? Thank you (audio).

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go to the Minister, please.

**HON. LESA SEMMLER:** I can commit to getting that information back. I don't have that here.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I will go back to the Member from Monfwi.

**MRS. WEYALLON ARMSTRONG:** Thank you. Well, that's -- MRI machine is very important and, you know, when I said the department of health is very important for the -- for our people, especially the Indigenous because of our treaty rights -- my colleague always talks about treaty rights so it is part of our treaties, so that's why I said, you know, department of health and education are two important departments for us.

Dialysis, hospital -- I know that, you know, larger regional -- no, I don't think Inuvik does have one, but I know there's one probably south of us. But dialysis machine, you know, there's quite a few people from my region, they travel to Yellowknife to -- for dialysis services, and we've been asking about this in our community because some of our people don't want to travel on the road daily or three times a week for dialysis service and other -- you know, other services as well for cancer. Is there a plan in place in the near future for a dialysis machine to be installed or to have that service in Tlicho region? Thank you.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Minister.

**HON. LESA SEMMLER:** Thank you, Mr. Chair. Mr. Chair, that has not come up in conversations that I've had with the TCSA at this time. One of the areas, we have

Yellowknife and we have Hay River that currently provide dialysis. One of the struggles that we do have is that putting a dialysis machine to some of the smaller communities -- not smaller communities, but even in Inuvik, we're redoing a feasibility there to see if there -- if there's -- the numbers do meet what we would need to put in there. And the other part of it is that we already -- you know, I think with the current dialysis nursing specialty that it is to do the -- to run the dialysis that we currently have, we sometimes run when vacancies and struggle to hire those specialized nurses. And so we are -- and we already know that in the Tlicho region that we struggle to hire nurses overall in that region and we would need somebody, you know, permanent and dedicated in the regions where we would have those pieces of equipment.

There's also many other factors that I just recently learned about, and it's plumbing and the amount of water that can -- that has to be able to support a dialysis machine, and that was just newly told to me in this last bit of -- like, just getting an update. And so the work that's going on even in Inuvik is to see if our own water system, utilidor system can even hold that capacity. So there's many -- and so when we look to a community that, you know, that's smaller and struggles to have nursing capacity, this is not something that has been raised by TCSA. And as they are self-governing, we usually take the lead of what their concerns are and where they want us to assist with. Thank you, Mr. Chair.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go back to the Member from Monfwi.

**MRS. WEYALLON ARMSTRONG:** Diabetes, I talk to many of my constituents and a lot of them have been saying, you know, we need that program back. In the past, there was a diabetic -- or the nurse used to come and visit the communities and work well with the community. Lately, I know that diabetes among the Indigenous is on the rise because of the lifestyle. We know that. So I want to ask the Minister, because we do have money for healthy choice funds, healthy family, on the land, diabetes program, etcetera. And is there any plan in the near future to bring the diabetes program to the small communities? Thank you.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Minister.

**HON. LESA SEMMLER:** Thank you, Mr. Chair. The diabetes program throughout the Northwest Territories I think has been -- like, as before, I remember working in Inuvik and we had a diabetes educator. Those were federally funded because that was the thing of the -- of

that government that -- so that was time-limited funding and that. And then there's -- there's other -- like, there's the northern wellness agreements that we give to communities that can create -- what's the health priorities of their community, and then they can allocate those funds to running different types of programs. We also have CHRs that have the -- like, you know, for diabetes education, like awareness and things like that, could be doing more in the communities. But what we did do is that chronic disease management and diabetes is looked at as one of the chronic diseases, like one of the major chronic diseases in our territory, and we see a high incidence in our Indigenous population, and a lot of it is diet and exercise and things like that, to change in diet. And so what we have done in this budget is we need to -- we have the position, the project management for the chronic disease prevention and management, which is going to be key to developing the territorial governance model for chronic disease and prevention. So this will help to give us guidelines and then be able to, you know, go out and do these things. But in the meantime, like all those other things that I mentioned, and so we have heard this through the regional wellness councils, and we can bring this back to see what type of information and education the community health representatives are doing in the communities.

**CHAIRPERSON (Mr. Edjericon):** Thank you. I don't know if the Member has a quick question, or is there a follow-up?

**MRS. WEYALLON ARMSTRONG:** (audio).

**CHAIRPERSON (Mr. Edjericon):** Okay, just one more follow-up, and then we're going to go to Denny. Thank you.

**MRS. WEYALLON ARMSTRONG:** (audio) take up my time, yeah. Okay, well, since we're on the topic of diabetes, we know that it's very important and you said, you know, the chronic diseases, it's on the rise, especially among the Indigenous people. And on the land diabetes program, there's no funding for next fiscal year. Why is that?

**CHAIRPERSON (Mr. Edjericon):** Thank you. I will go to the Minister.

**HON. LESA SEMMLER:** Yes, that was a one-time initiative funding, and it was sunset.

**CHAIRPERSON (Mr. Edjericon):** Okay, thank you. I think maybe what I will do is I will just stop it there. We'll resume tomorrow with the Member from Monfwi, if you have further questions.

I am going to go to the Member from from Inuvik Boot Lake.

**MR. RODGERS:** Thank you, Mr. Chair. Mr. Chair, I move the chair rise and report progress. Thank you.

**CHAIRPERSON (Mr. Edjericon):** Thank you. There's a motion on the floor to report progress. The motion is in order and non-debatable. All those in favour? All those opposed? Motion carried. Thank you.

---Carried

I will now rise and report progress. And I have to excuse the witnesses too as well. Thank you very much. Mahsi.

---SHORT RECESS

### Report of Committee of the Whole

**MR. SPEAKER:** Member from the Sahtu.

**MR. EDJERICON:** Mr. Speaker, your committee has been considering Tabled Document 448-20(1), 2026-2027 Main Estimates, and would like to report. And, Mr. Speaker, I move that the Report of the Committee of the Whole be concurred with. Thank you, Mr. Speaker.

**MR. SPEAKER:** Can I have a seconder. Member from Range Lake. All those in favour? Opposed? Abstentions? Motion carried. Unanimously.

---Carried

Report of committee of the whole. Third reading of bills. Orders of the day, Mr. Clerk.

### Orders of the Day

**CLERK OF THE HOUSE (Mr. Harjot Sidhu):** Thank you, Mr. Speaker. The Standing Committee on Public Accounts will meet at the rise of House.

Orders of the day for Tuesday, February 10th, 2026, at 1:30 p.m.

1. Prayer or Reflection
2. Ministers' Statements
3. Members' Statements
4. Recognition of Visitors in the Gallery
5. Replies to the Budget Address (Day 4 of 7)
6. Reports of Committees on the Review of Bills

7. Reports of Standing and Special Committees (Operations Expenditures and Borrowing Authorization), No. 3, 2025-2026
8. Returns to Oral Questions
- Oral Question 974-20(1), Medical Travel Policy and Ministerial Exemptions
9. Acknowledgements
10. Oral Questions
11. Written Questions
- Written Question 26-20(1), Application of Waters Act Provisions to the Sale or Transfer of Mining Assets
  - Written Question 27-20(1), Physician Recruitment and Retention
  - Written Question 28-20(1), Medical Travel
  - Written Question 29-20(1), Paramedic Contracts
  - Written Question 30-20(1), Northwest Territories Health and Social Services Authority Action Plans
12. Returns to Written Questions
13. Replies to the Commissioner's Address
14. Petitions
15. Tabling of Documents
16. Notices of Motion
17. Motions
18. Notices of Motion for First Reading of Bills
19. First Reading of Bills
- Bill 40, An Act to Amend the Vital Statistics Act
  - Bill 41, An Act to Amend the Real Estate Agents' Licensing Act
20. Second Reading of Bills
21. Consideration in Committee of the Whole of Bills and Other Matters
- Tabled Document 448-20(1), 2026-2027 Main Estimates
  - Tabled Document 453-20(1), Supplementary Estimates (Infrastructure Expenditures), No. 3, 2025-2026
  - Tabled Document 454-20(1), Supplementary Estimates
22. Report of Committee of the Whole
23. Third Reading of Bills
24. Orders of the Day
- MR. SPEAKER:** Thank you, Mr. Clerk. This House stands adjourned until Tuesday, February 10th, 2026, at 1:30 p.m.
- ADJOURNMENT
- The House adjourned at 5:59 p.m.