

**Second Session - Fortieth Legislature**  
of the  
**Legislative Assembly of Manitoba**  
**DEBATES**  
and  
**PROCEEDINGS**

**Official Report**  
**(Hansard)**

*Published under the  
authority of  
The Honourable Daryl Reid  
Speaker*

**MANITOBA LEGISLATIVE ASSEMBLY**  
**Fortieth Legislature**

<b>Member</b>	<b>Constituency</b>	<b>Political Affiliation</b>
ALLAN, Nancy, Hon.	St. Vital	NDP
ALLUM, James	Fort Garry-Riverview	NDP
ALTEMEYER, Rob	Wolseley	NDP
ASHTON, Steve, Hon.	Thompson	NDP
BJORNSON, Peter, Hon.	Gimli	NDP
BLADY, Sharon	Kirkfield Park	NDP
BRAUN, Erna	Rossmere	NDP
BRIESE, Stuart	Agassiz	PC
CALDWELL, Drew	Brandon East	NDP
CHIEF, Kevin, Hon.	Point Douglas	NDP
CHOMIAK, Dave, Hon.	Kildonan	NDP
CROTHERS, Deanne	St. James	NDP
CULLEN, Cliff	Spruce Woods	PC
DEWAR, Gregory	Selkirk	NDP
DRIEDGER, Myrna	Charleswood	PC
EICHLER, Ralph	Lakeside	PC
EWASKO, Wayne	Lac du Bonnet	PC
FRIESEN, Cameron	Morden-Winkler	PC
GAUDREAU, Dave	St. Norbert	NDP
GERRARD, Jon, Hon.	River Heights	Liberal
GOERTZEN, Kelvin	Steinbach	PC
GRAYDON, Cliff	Emerson	PC
HELWER, Reg	Brandon West	PC
HOWARD, Jennifer, Hon.	Fort Rouge	NDP
IRVIN-ROSS, Kerri, Hon.	Fort Richmond	NDP
JHA, Bidhu	Radisson	NDP
KOSTYSHYN, Ron, Hon.	Swan River	NDP
LEMIEUX, Ron, Hon.	Dawson Trail	NDP
MACKINTOSH, Gord, Hon.	St. Johns	NDP
MAGUIRE, Larry	Arthur-Virden	PC
MALOWAY, Jim	Elmwood	NDP
MARCELINO, Flor, Hon.	Logan	NDP
MARCELINO, Ted	Tyndall Park	NDP
MELNICK, Christine, Hon.	Riel	NDP
MITCHELSON, Bonnie	River East	PC
NEVAKSHONOFF, Tom	Interlake	NDP
OSWALD, Theresa, Hon.	Seine River	NDP
PALLISTER, Brian	Fort Whyte	PC
PEDERSEN, Blaine	Midland	PC
PETTERSEN, Clarence	Flin Flon	NDP
REID, Daryl, Hon.	Transcona	NDP
ROBINSON, Eric, Hon.	Kewatinook	NDP
RONDEAU, Jim, Hon.	Assiniboia	NDP
ROWAT, Leanne	Riding Mountain	PC
SARAN, Mohinder	The Maples	NDP
SCHULER, Ron	St. Paul	PC
SELBY, Erin, Hon.	Southdale	NDP
SELINGER, Greg, Hon.	St. Boniface	NDP
SMOOK, Dennis	La Verendrye	PC
STEFANSON, Heather	Tuxedo	PC
STRUTHERS, Stan, Hon.	Dauphin	NDP
SWAN, Andrew, Hon.	Minto	NDP
WHITEHEAD, Frank	The Pas	NDP
WIEBE, Matt	Concordia	NDP
WIGHT, Melanie	Burrows	NDP
WISHART, Ian	Portage la Prairie	PC
<i>Vacant</i>	Morris	

## LEGISLATIVE ASSEMBLY OF MANITOBA

Wednesday, August 7, 2013

*The House met at 1:30 p.m.*

**Mr. Speaker:** O Eternal and Almighty God, from Whom all power and wisdom come, we are assembled here before Thee to frame such laws as may tend to the welfare and prosperity of our province. Grant, O merciful God, we pray Thee, that we may desire only that which is in accordance with Thy will, that we may seek it with wisdom and know it with certainty and accomplish it perfectly for the glory and honour of Thy name and for the welfare of all our people. Amen.

Good afternoon, everyone. Please be seated.

### ROUTINE PROCEEDINGS

**Mr. Speaker:** No bills. We'll move on to—

### PETITIONS

#### Applied Behaviour Analysis Services

**Mrs. Leanne Rowat (Riding Mountain):** I wish to present the following petition to the Legislative Assembly of Manitoba.

And the background to this petition is as follows:

The provincial government broke a commitment to support families of children with a diagnosis of autism spectrum disorder, including timely diagnosis and access to necessary treatment such as applied behaviour analysis, also known as ABA services.

The provincial government did not follow its own policy statement on autism services which notes the importance of early intervention for children with autism.

School learning services has its first ever waiting list which started with two children. The waiting list is projected to keep growing and to be in excess of 20 children by September 2013. Therefore, these children will go through the biggest transition of their lives without receiving ABA services that has helped other children achieve huge gains.

The provincial government has adopted a policy to eliminate ABA services in schools by grade 5 despite the fact that these children have been diagnosed with autism which still requires therapy. These children are being denied necessary ABA

services that will allow them access to the same educational opportunities as any other Manitoban.

Waiting lists and denial of treatment are unacceptable. No child should be denied access to or eliminated from eligibility for ABA services if their need still exists.

We petition the Legislative Assembly of Manitoba as follows:

To request that the Minister of Education consider making funding available to eliminate the current waiting list for ABA school-age services and fund ABA services for individuals diagnosed with autism spectrum disorder.

This petition's signed by B. Hodgson, C. Cels, A. Vongnarai and many, many more Manitobans.

**Mr. Speaker:** In accordance with our rule 132(6), when petitions are read they are deemed to have been received by the House.

**Mr. Cliff Graydon (Emerson):** Good afternoon, Mr. Speaker. I wish to present the following petition to the Legislative Assembly of Manitoba.

The background to this petition is as follows:

(1) The provincial government broke a commitment to support families of children with a diagnosis of autism spectrum disorder, including timely diagnosis and access to necessary treatment such as applied behavioural analysis, also known as ABA services.

(2) The provincial government did not follow its own policy statement on autism services which notes the importance of early intervention for children with autism.

(3) School learning services has its first ever waiting list which started with two children. The waiting list is projected to keep growing and to be in excess of 20 children by September 2013. Therefore, these children will go through the biggest transition of their lives without receiving ABA services that has helped other children achieve huge gains.

(4) The provincial government has adopted a policy to eliminate ABA services in schools by grade 5 despite the fact that these children have been diagnosed with autism which still requires therapy.

These children are being denied necessary ABA services that will allow them access to the same educational opportunities as many other Manitobans.

(5) Waiting lists and denials of treatment are unacceptable. No child should be denied access to or eliminated from eligibility for ABA services if their need still exists.

We petition the Legislative Assembly of Manitoba as follows:

To request that the Minister of Education consider making funding available to eliminate the current waiting list for ABA school-age services and fund ABA services for individuals diagnosed with autism spectrum disorder.

And this petition is signed by D. Anthonisen, A. Cadotte and J. Clark and many, many more fine Manitobans.

**Mr. Speaker:** Any further petitions?

#### **Provincial Sales Tax Increase—Referendum**

**Mr. Ian Wishart (Portage la Prairie):** I wish to present the following petition to the Legislative Assembly of Manitoba.

These are the reasons for this petition:

The provincial government promised not to raise taxes in the last election.

Through Bill 20, the provincial government wants to increase the retail sales tax, known as the PST, by one point without the legally required referendum.

An increase to the PST is excessive taxation that will harm Manitoba families.

Bill 20 strips Manitobans of their democratic right to determine when major tax increases are necessary.

We petition the Legislative Assembly of Manitoba as follows:

To urge the provincial government to not raise the PST without holding a provincial referendum.

This petition's signed by B. Peacock, K. Yuill, R. Braden and many, many more fine Manitobans.

#### **Provincial Road 520 Renewal**

**Mr. Wayne Ewasko (Lac du Bonnet):** I wish to present the following petition to the Legislative Assembly.

And this is the background to the petition:

(1) The rural municipalities of Lac du Bonnet and Alexander are experiencing record growth due especially to an increasing number of Manitobans retiring in cottage country.

(2) The population in the RM of Lac du Bonnet grows exponentially in the summer months due to increased cottage use.

(3) Due to population growth, Provincial Road 520 experiences heavy traffic, especially during the summer months.

(4) PR 520 connects cottage country to the Pinawa Hospital and as such is frequently used by emergency medical services to transport patients.

(5) PR 520 is in such poor condition that there are serious concerns about its safety.

We petition the Legislative Assembly as follows:

To urge the Minister of Infrastructure and Transportation to recognize the serious safety concerns of Provincial Road 520 and to address its poor condition by prioritizing its renewal.

This petition is signed by S. Bidinosti, R. Bidinosti, C. Lofto and many, many more fine Manitobans.

\* (13:40)

#### **Applied Behaviour Analysis Services**

**Mr. Blaine Pedersen (Midland):** I wish to present the following petition to the Legislative Assembly.

The background to this petition is as follows:

The provincial government broke a commitment to support families of children with the diagnosis of autism spectrum disorder, including timely diagnosis and access to necessary treatment such as applied behavioural analysis, also known as ABA services.

The provincial government did not follow its own policy statement on autism services which notes the importance of early intervention for children with autism.

School learning services has its first ever waiting list which started with two children. The waiting list is projected to keep growing and to be in excess of 20 children by September 2013. Therefore, these children will be going through the biggest transition of their lives without receiving ABA services that has helped other children achieve huge gains.

The provincial government has adopted a policy to eliminate ABA services in schools by grade 5 despite the fact that these children have been diagnosed with autism which still requires therapy. These children are being denied necessary ABA services that will allow them access to the same educational opportunities as any other Manitoban.

Waiting lists and denials of treatment are unacceptable. No child should be denied access to or eliminated from eligibility for ABA services if their need still exists.

We petition the Legislative Assembly of Manitoba as follows:

To request that the Minister of Education consider making funding available to eliminate the current waiting list for ABA school-age services and fund ABA services for individuals diagnosed with autism spectrum disorder.

And this petition is signed by S. Borowski, P. Lahti, D. Hulsemann and many more fine Manitobans.

**Mrs. Myrna Driedger (Charleswood):** Mr. Speaker, I wish to present the following petition to the Legislative Assembly.

The background to this petition is as follows:

The provincial government broke a commitment to support families of children with a diagnosis of autism spectrum disorder, including timely diagnosis and access to necessary treatments such as applied behavioural analysis, also known as ABA services.

The provincial government did not follow its own policy statement on autism services which notes the importance of early intervention for children with autism.

The preschool waiting list for ABA services has reached its highest level ever with at least 56 children waiting for services. That number is expected to exceed 70 children by September 2013 despite commitments to reduce the waiting list and provide timely access to services.

The provincial government policy of eliminating ABA services in schools by grade 5 has caused many children in Manitoba to age out of the window for this very effective ABA treatment because of a lack of access. Many more children are expected to age out because of a lack of available treatment spaces.

Waiting lists and denials of treatment are unacceptable. No child should be denied access to or age out of eligibility for ABA services.

We petition the Legislative Assembly of Manitoba as follows:

To request that the Minister of Family Services and Labour consider making funding available to address the current waiting list for ABA services.

And this is signed by M. Jaramilla, D. Faina, A. Dela Cruz and many others, Mr. Speaker.

**Mr. Cliff Cullen (Spruce Woods):** Mr. Speaker, I wish to present the following petition to the Legislative Assembly.

The background to this petition is as follows:

The provincial government broke a commitment to support families of children with a diagnosis of autism spectrum disorder, including timely diagnosis and access to necessary treatment such as applied behavioural analysis, also known as ABA services.

The provincial government did not follow its own policy statement on autism services which notes the importance of early intervention for children with autism.

School learning services has its first ever waiting list which started with two children. The waiting list is projected to keep growing and to be in excess of 20 children by September 2013. Therefore, these children will go through the biggest transition of their lives without receiving ABA services that has helped other children achieve huge gains.

The provincial government has adopted a policy to eliminate ABA services in schools by grade 5 despite the fact that these children have been diagnosed with autism which still requires therapy. These children are being denied necessary ABA services that will allow them access to the same educational opportunities as any other Manitoban.

Waiting lists and denials of treatment are unacceptable. No child should be denied access to or eliminated from eligibility for ABA services if their need still exists.

We petition the Legislative Assembly of Manitoba as follows:

To request that the Minister of Education consider making funding available to eliminate the current waiting list for ABA school-age services and

fund ABA services for individuals diagnosed with autism spectrum disorder.

This petition is signed by P. Tairorl, N. Dueck, L. Stregger and many other fine Manitobans.

#### **Provincial Sales Tax Increase—Referendum**

**Mr. Ralph Eichler (Lakeside):** I wish to present the following petition to this Legislative Assembly of Manitoba.

These are the reasons for this petition:

(1) The provincial government promised not to raise taxes in the last election.

(2) Through Bill 20, the provincial government wants to increase the retail sales tax, known as the PST, by one point without the legally required referendum.

(3) An increase to the PST is excessive taxation that will harm Manitoba families.

(4) Bill 20 strips Manitobans of their democratic right to determine when major tax increases are necessary.

We petition the Legislative Assembly of Manitoba as follows:

To urge the provincial government to not raise the PST without holding a provincial referendum.

This petition is submitted on behalf of L. Stewart, A. Brown, L. Bakin and many other fine Manitobans.

#### **Applied Behaviour Analysis Services**

**Mrs. Heather Stefanson (Tuxedo):** I wish to present the following petition to the Legislative Assembly.

And the background to this petition is as follows:

(1) The provincial government broke a commitment to support families of children with a diagnosis of autism spectrum disorder, including timely diagnosis and access to necessary treatment such as applied behavioural analysis, also known as ABA services.

(2) The provincial government did not follow its own policy statement on autism services which notes the importance of early intervention for children with autism.

(3) School learning services has its first ever waiting list which started with two children. The

waiting list is projected to keep growing and to be in excess of 20 children by September 2013. Therefore, these children will go through the biggest transition of their lives without receiving ABA services that has helped other children achieve huge gains.

(4) The provincial government has adopted a policy to eliminate ABA services in schools by grade 5 despite the fact that these children have been diagnosed with autism which still requires therapy. These children are being denied necessary ABA services that will allow them access to the same educational opportunities as any other Manitoban.

(5) Waiting lists and denials of treatment are unacceptable. No child should be denied access to or eliminated from eligibility for ABA services if their need still exists.

We petition the Legislative Assembly of Manitoba as follows:

To request that the Minister of Education consider making funding available to eliminate the current waiting list for ABA school-age services and fund ABA services for individuals diagnosed with autism spectrum disorder.

And, Mr. Speaker, this petition is signed by M. Jaramilla, D. Faina, A. Dela Cruz and many, many other fine Manitobans.

**Mr. Larry Maguire (Arthur-Virden):** I wish to present the following petition to the Legislative Assembly of Manitoba, Mr. Speaker.

And the background to this petition is as follows:

(1) The provincial government broke a commitment to support families of children with a diagnosis of autism spectrum disorder, including timely diagnosis and access to necessary treatment such as applied behavioural analysis, also known as ABA services.

\* (13:50)

(2) The provincial government did not follow its own policy statement on autism services which notes the importance of early intervention for children with autism.

(3) School learning services has its first ever waiting list which started out with two children. The waiting list is projected out to keep growing and to be in excess of 20 children by September 2013. Therefore, these children will go through the biggest transition of their lives without receiving ABA

services that has helped other children achieve huge gains.

(4) The provincial government has adopted a policy to eliminate ABA services in schools by grade 5 despite the fact that these children have been diagnosed with autism which still requires therapy. These children are being denied necessary ABA services that will allow them access to the same educational opportunities as any other Manitoban.

(5) Waiting lists and denials of treatment are unacceptable. No child should be denied access to or eliminated from eligibility for ABA services if their need still exists.

We petition the Legislative Assembly of Manitoba as follows:

To request that the Minister of Education consider making funding available to eliminate the current waiting list for ABA school-age services and fund ABA services for individuals diagnosed with autism spectrum disorder.

And, Mr. Speaker, this petition is signed by D. Flatfoot, M. Flatfoot, T. Malcolm and many, many others.

**Mr. Stuart Briese (Agassiz):** I'd like to present the following petition to the Legislative Assembly of Manitoba.

And this—these are the reasons for this petition:

The provincial government broke a commitment to support families of children with a diagnosis of autism spectrum disorder, including timely diagnosis and access to necessary treatment such as applied behavioural analysis, also known as ABA services.

The provincial government did not follow its own policy statement on autism services which notes the importance of early intervention for children with autism.

The preschool waiting list for ABA services has reached its highest level ever with at least 56 children waiting for services. The number is expected to exceed 70 children by September 2013 despite commitments to reduce the waiting list and provide timely access to services.

The provincial government's policy of eliminating ABA services in schools by grade 5 has caused many children in Manitoba to age out of the window for this very effective ABA treatment because of lack of access. Many more children are

expected to age out because of lack of available treatment spaces.

Waiting lists and denials of treatment are unacceptable. No child should be denied access to or age out of eligibility for ABA services.

We petition the Legislative Assembly of Manitoba as follows:

To request that the Minister of Family Services and Labour consider making funding available to address the current waiting list for ABA services.

This petition is signed by P. Brasko, J. Brasko, C. Brasko and many, many other fine Manitobans.

**Mrs. Bonnie Mitchelson (River East):** I wish to present the following petition to the Legislative Assembly of Manitoba.

And the background to this petition is as follows:

(1) The provincial government broke a commitment to support families of children with a diagnosis of autism spectrum disorder, including timely diagnosis and access to necessary treatment such as applied behavioural analysis, also known as ABA services.

(2) The provincial government did not follow its own policy statement on autism services which notes the importance of early intervention for children with autism.

(3) School learning services has its first ever waiting list which started with two children. The waiting list is projected to keep growing and to be in excess of 20 children by September 2013. Therefore, these children will go through the biggest transition of their lives without receiving ABA services that has helped other children achieve huge gains.

(4) The provincial government has adopted a policy to eliminate ABA services in schools by grade 5 despite the fact that these children have been diagnosed with autism which still requires therapy. These children are being denied necessary ABA services that will allow them access to the same educational opportunities as any other Manitoban.

(5) Waiting lists and denials of treatment are unacceptable. No child should be denied access to or eliminated from eligibility for ABA services if their need still exists.

We petition the Legislative Assembly of Manitoba as follows:

To request that the Minister of Education consider making funding available to eliminate the current waiting list for ABA school-age services and fund ABA services for individuals diagnosed with autism spectrum disorder.

This petition is signed by E. Single, C. Swan, S. Close and many, many other fine Manitobans.

**Mr. Reg Helwer (Brandon West):** I wish to present the following petition to the Legislative Assembly of Manitoba.

The background to this petition is as follows:

(1) The provincial government broke a commitment to support families of children with a diagnosis of autism spectrum disorder, including timely diagnosis and access to necessary treatment such as applied behavioural analysis, also known as ABA services.

(2) The provincial government did not follow its own policy statement on autism services which notes the importance of early intervention for children with autism.

(3) The preschool waiting list for ABA services has reached its highest level ever with at least 56 children waiting for services. That number is expected to exceed 70 children by September 2013 despite commitments to reduce the waiting list and provide timely access to services.

(4) The provincial government policy of eliminating ABA services in schools by grade 5 has caused many children in Manitoba to age out of the window for this very effective ABA treatment because of a lack of access. Many more children are expected to age out because of a lack of available treatment spaces.

(5) Waiting lists and denials of treatment are unacceptable. No child should be denied access to or age out of eligibility for ABA services.

We petition the Legislative Assembly of Manitoba as follows:

To request that the Minister of Family Services and Labour consider making funding available to address the current waiting list for ABA services.

Signed by I. Machado, F. Harms, A. Coffey and many other fine Manitobans.

**Mr. Ron Schuler (St. Paul):** Mr. Speaker, I wish to present the following petition to the Legislative Assembly of Manitoba.

The background to this petition is as follows:

(1) The provincial government broke a commitment to support families of children with a diagnosis of autism spectrum disorder, including timely diagnosis and access to necessary treatment such as applied behavioural analysis, also known as ABA services.

(2) The provincial government did not follow its own policy statement on autism services which notes the importance of early intervention for children with autism.

(3) The preschool waiting list for ABA services has reached its highest level ever with at least 56 children waiting for services. That number is expected to exceed 70 children by September 2013 despite commitments to reduce the waiting list and provide timely access to services.

(4) The provincial government policy of eliminating ABA services in schools by grade 5 has caused many children in Manitoba to age out of the window for this very effective ABA treatment because of a lack of access. Many more children are expected to age out because of a lack of available treatment spaces.

(5) Waiting lists and denials of treatment are unacceptable. No child should be denied access to or age out of eligibility for ABA services.

We petition the Legislative Assembly of Manitoba as follows:

To request that the Minister of Family Services and Labour consider making funding available to address the current waiting list for ABA services.

This is signed by J. Burton, C. Lussier, L. Orlikow and many, many other Manitobans.

\* (14:00)

**Mr. Dennis Smook (La Verendrye):** I wish to present the following petition to the Legislative Assembly of Manitoba.

The background to this petition is as follows:

(1) The provincial government broke a commitment to support families of children with a diagnosis of autism spectrum disorder, including timely diagnosis and access to necessary treatment such as applied behavioural analysis, also known as ABA services.

(2) The provincial government did not follow its own policy statement on autism services which notes

the importance of early intervention for children with autism.

(3) School learning services has its first ever waiting list which started with two children. The waiting list is projected to keep growing and to be in excess of 20 children by September 2013. Therefore, these children will go through the biggest transition of their lives without receiving ABA services that has helped other children 'achooove'—achieve huge gains.

(4) The provincial government has adopted a policy to eliminate ABA services in schools by grade 5 despite the fact that these children have been diagnosed with autism which still requires therapy. These children are being denied necessary ABA services that will allow them to access to the same educational opportunities as any other Manitoban.

(5) Waiting lists and denials of treatment are unacceptable. No child should 'benied'—denied access or eliminated from eligibility for ABA services if their need still exists.

We petition the Legislative Assembly of Manitoba as follows:

To request that the Minister of Education consider making funding available to eliminate the current waiting list for ABA school-age services and fund ABA services for individuals diagnosed with autism spectrum disorder.

This petition is signed by A. Axelrod, L. Roy, P. Moldowan and many more fine Manitobans.

**Mr. Cameron Friesen (Morden-Winkler):** Mr. Speaker, I wish to present the following petition to the Legislative Assembly.

The background to this petition is as follows:

(1) The provincial government broke a commitment to support families of children with a diagnosis of autism spectrum disorder, including timely diagnosis and access to necessary treatment such as applied behavioural analysis, also known as ABA services.

(2) The provincial government did not follow its own policy statement on autism services which notes the importance of early intervention for children with autism.

(3) The preschool waiting list for ABA services has reached its highest level ever with at least 56 children waiting for services. That number is expected to exceed 70 children by September 2013

despite commitments to reduce the waiting list and provide timely access to services.

(4) The provincial government policy of eliminating ABA services in schools by grade 5 has caused many children in Manitoba to age out of the window for this very effective ABA treatment because of a lack of access. Many more children are expected to age out because of a lack of available treatment spaces.

(5) Waiting lists and denials of treatment are unacceptable. No child should be denied access to or age out of eligibility for ABA services.

We petition the Legislative Assembly of Manitoba as follows:

To request that the Minister of Family Services and Labour consider making funding available to address the current waiting list for ABA services.

And this petition is signed by B. Johnson, A. Finch, J. Barry-Hill and many, many others.

**Mr. Kelvin Goertzen (Steinbach):** Good afternoon, Mr. Speaker. I wish to present the following petition to the Legislative Assembly.

The background to this petition is as follows:

(1) The provincial government broke a commitment to support families of children with a diagnosis of autism spectrum disorder, including timely diagnosis and access to necessary treatment such as applied behavioural analysis, also known as ABA services.

(2) The provincial government did not follow its own policy statement on autism services which notes the importance of early intervention for children with autism.

(3) The preschool waiting list for ABA services has reached its highest level ever with at least 56 children waiting for services. That number is expected to exceed 70 children by September 2013 despite commitments to reduce the waiting list and provide timely access to services.

(4) The provincial government policy of eliminating ABA services in schools by grade 5 has caused many children in Manitoba to age out of the window for this very effective ABA treatment because of a lack of access. Many more children are expected to age out because of a lack of available treatment spaces.

(5) Waiting lists and denials of treatment are unacceptable. No child should be denied access to or age out of eligibility for ABA services.

We petition the Legislative Assembly of Manitoba as follows:

To request that the Minister of Family Services and Labour consider making funding available to address the current waiting list for ABA services.

And, Mr. Speaker, this petition is signed by V. Penner, A. Lucas, S. Clement and many other fine Manitobans.

**Mr. Speaker:** No guests to introduce today, so we'll move on to—

### ORAL QUESTIONS

#### Fiscal Management Government Record

**Mr. Brian Pallister (Leader of the Official Opposition):** Mr. Speaker, many Manitobans are humbled and thankful and appreciative of the opportunities that Manitoba provides to them. And like I do for my own family, they hope for their children that they never take those blessings for granted, and they want their children to understand the value of honest hard work and of dedication and of unselfishness.

The phrase spoiled children describes the impairment of a child's disposition or character by overindulgence, and, unfortunately, this government has overindulged itself in spending and has been overindulged or been spoiled by circumstances not of its own making. The federal government, for example, has given this government record transfers over many years; the Bank of Canada, record low interest rates; and Manitoba taxpayers, record tax increases. This Premier and this government have never experienced the humility of a reduction in revenue.

Is the Premier thankful, or does he take these good circumstances for granted?

**Hon. Greg Selinger (Premier):** Mr. Speaker, we are indeed very fortunate to live in the province of Manitoba in the country of Canada. And it is our blessing to be here, and we can thank the people that came to this province, our forefathers and -mothers who settled here, those people—the original peoples—who have shared their land with us. We can remember the stories of Chief Peguis, who helped

the settlers get through the first winters in the times they were here.

We have indeed many things to be thankful for. And one of the things we can be thankful for is that we've been able to have the resources to invest in schools. We've had the resources to invest in hospitals and personal-care homes. We've had the resources to invest in infrastructure, roads and flood protection in Manitoba. And we've been able to do that while keeping Manitoba in the top three for affordability in the country. And according to the analysis done by some other provinces, who dearly would like to be in that No. 1 position, they've ranked us No. 1.

So we will keep Manitoba affordable while investing in things that matter for Manitoba families. Top of the list is safe communities, Mr. Speaker.

#### Tax Increases

#### Government Election Promise

**Mr. Brian Pallister (Leader of the Official Opposition):** By every important comparative category, this government ranks last, bottom of the barrel, against every other province in this country.

And now I hear the pouting words of the members opposite. That's what spoiled children do, Mr. Speaker. They lash out. They pout, what a spoiled Cabinet does when an Emergency Measures Minister attacks flood victims who are standing up for their very survival. Or a Finance Minister attacks volunteers and says he'll win because he's a politician. Or a Local Government Minister calls local governments dysfunctional. Or a Hydro Minister who disrespects Aboriginal people won't answer honest questions and chooses personal attacks over being accountable. This is the behaviour, as you see now, of insolent children.

\* (14:10)

For a change, I encourage the Premier to do something other than respecting—to do something other than disrespecting people by reading his tired-out talking points.

I'd like him to now admit to Manitobans and apologize to Manitobans that he deliberately misled them in the last election by promising not to raise taxes.

**Hon. Greg Selinger (Premier):** Mr. Speaker, we've—all across the country, we've seen governments have to deal with the reality of a slower economic recovery than was originally forecast by

all the forecasters. We've seen that in Ottawa where they missed their deficit reduction targets by \$4 billion last year. We've seen it in other provinces where they raised health-care premiums. We've seen it in provinces where they have Conservative governments where they raised personal income taxes.

In Manitoba, we took a balanced approach. We continue to reduce taxes for families through the personal exemptions. But at the same time, we've raised revenue to invest in those pieces of infrastructure which will keep our communities safe: \$250 million for the people in the Assiniboine valley, around Lake Manitoba and Lake St. Martin. Those investments have we seen in the past when we spent the billion dollars to protect the Red River Valley and Winnipeg, that billion dollars has saved us \$30 billion of flood costs, Mr. Speaker.

Those are good investments. They keep the economy strong. They keep our communities safe. They allow Manitobans to live in security and be productive contributors to their families and to the economy. That's the way forward, Mr. Speaker.

**Mr. Speaker:** Order, please. The First Minister's time has expired.

Prior to me recognizing the honourable Leader of the Official Opposition, I want to caution all honourable members as we proceed through question period here today to pick and choose your words very carefully. I want to make sure that all the language that's used here is considered to be parliamentary. I'm sure honourable members know the rules.

### Government Record

**Mr. Pallister:** Yes, I think the Premier alluded to the way forward. The way forward is clear under that government, and it's higher taxes, more deficits and greater debt for the future and for our children.

The degree that the Premier obtained from the London School of Economics was clearly not in economics, Mr. Speaker, or he would understand the theory around market distortion cost. This is when individuals—[interjection] This would do the member for St. Norbert (Mr. Gaudreau) well to listen for a change today. This is when individuals use other people's money and become less concerned about cost than they would if it was their own.

Mr. Speaker, just as a spoiled child demands a larger allowance weekly, the spendDP wants higher

taxes each year from Manitobans. Spoiled children feel entitled; this government and its members feel entitled. Spoiled children cannot take no for an answer; this government can't take no for an answer either.

Will the Premier admit that the real reason he tore up the taxpayer protection act and took away the right of Manitobans to vote was because he couldn't take no for an answer from them?

**Mr. Selinger:** Mr. Speaker, in the recession that occurred in the 1990s, the government of the day, when the Leader of the Opposition was a senior Cabinet minister, had choices to make. And what were the choices they made? They decided to fire a thousand nurses. They decided to lay off 700 teachers. They decided after the '95 election to entirely cancel the health-care capital program which invested in hospitals and personal-care homes. They decided to put on layoff child-welfare workers in the province of Manitoba one day a week for weeks at a time, putting children at risk.

When the recession came this last time around, in partnership of all the governments across the country, we put a stimulus program in place that generated over 30,000 jobs in Manitoba, built schools, hospitals. Now we're working our way out of that while protecting essential services.

And at the same time, we've seen another recommendation come through for a billion dollars in flood protection for the people in the Assiniboine valley, Lake Manitoba and Lake St. Martin, and the same as we have done—

**Mr. Speaker:** Order, please. First Minister's time has expired.

### Tataskweyak Cree Nation Sewer and Water Project Update

**Mr. Ron Schuler (St. Paul):** Mr. Speaker, I wish to table some documents for this House.

In documents received from members of the TCN First Nation, I'd like to read from them: October 4th, 2005, a cheque for \$225,000 for sewer and water system; September 7th, 2006, \$225,000 to the TCN First Nation from Manitoba Hydro for sewer and water system; September 6th, 2007, \$225,000 for a sewer and water system for the TCN First Nation.

I'd like to ask the minister: How is it three cheques, three strikes? Where is the sewer and water system?

**Hon. Dave Chomiak (Minister charged with the administration of The Manitoba Hydro Act):** I thought I explained this to the member yesterday, but perhaps I'll make another try to get it through to the member that there was an agreement signed in 1992 that was the Northern Flood Agreement between the federal government, Manitoba Hydro and the community, Mr. Speaker, whereby funding was provided for sewer and water.

Under the agreement, Manitoba Hydro was compelled by the Government of Canada to put some funds into a water and sewer fund, Mr. Speaker. Water and sewer, the last time I looked under the Constitution, is part of the federal government's responsibility. The member ought to talk to his federal Member of Parliament.

**Mr. Schuler:** Mr. Speaker, I'd like to table some documents for the House. In a cheque that was sent from Manitoba Hydro to the TCN First Nation—and I'm tabling copies of it, all of these came from members of the TCN First Nation—this cheque is for \$3,251,394.90.

Families, women, children would like to know where their sewer and water system is, a system that isn't working for them right now that they have currently. They are looking forward to a sewer and water system that almost \$4 million of Hydro ratepayers' money has gone into, and yet they have nothing.

I ask the minister responsible, the NDP member for Kildonan: Where is it?

**Mr. Chomiak:** Mr. Speaker, I don't know why members opposite do not like First Nations or have so much against First Nation people.

You know, Mr. Speaker, he goes back to 2005 to an agreement that was signed under the Filmon government. Remember the Filmon government was the government that tried to fix an election. How did they try to fix an election? They tried to run First Nations as a separate party and their representative on the Hydro board had to resign. Their clerk of the Executive Council had to resign. Their premier's assistant had to resign. That's one of the reasons why they lost the election of '99, because they were dishonest, because they didn't care about First Nations people, because they attack First Nations people.

When I asked the member opposite to come and phone and talk to the chief and council, he refuses to

talk to the chief and council to try to discuss these issues, Mr. Speaker. That says enough.

**Mr. Speaker:** Order, please.

**Mr. Schuler:** Mr. Speaker, I'd like to table another document. It's another photo for the minister's photo album of shame, and it shows that after \$4 million, again, there is nothing insofar of a sewer and water system.

After \$4 million, monies that were forwarded from the ratepayers of Manitoba Hydro by this minister and by this government, you know, perhaps he should take his own lessons as an example. Perhaps he should resign. Mr. Speaker, \$4 million and no sewer and water system. He has some responsibility to the ratepayers of Manitoba Hydro.

Why doesn't he stand up for the women and children of the TCN? Why doesn't he stand up for Hydro ratepayers and be accountable for once instead of the garbage that he puts on the record?

**Mr. Chomiak:** Mr. Speaker, I'm trying to get the member to understand that the agreement on sewer and water, that is the responsibility of the federal Conservative government, who are responsible for First Nations, was signed when Gary Filmon and the Leader of the Opposition were sitting around a Cabinet table trying to figure out how to fix elections. That's when that project was designed.

Now the member goes back to 2005 and tables cheques. You know, Mr. Speaker, I have an accounting report, you know, and the member opposite talked about—[interjection] You know, I can't—the member is screaming so loud. You know, I have an auditor's report that looked at the books of the TCN, even though members opposite attack it regularly, and said the auditor indicated that the books were in order, there was no material breaches, despite the fact members opposite attack over and over again the new chief and council who are trying to deal with issues at TCN—

**Mr. Speaker:** Order, please. The minister's time has expired.

#### **PST Increase Impact on Small Business**

**Mr. Cliff Graydon (Emerson):** Mr. Speaker, it's clear that that minister has no respect for the women and children that live there.

Derksen Trucking in Altona is a construction company who has grown into a strong business, and

Jake and Liz Derksen are committed to their community. The spenDP, however, have shown their commitment to putting Jake and Liz out of business. A 14 per cent increase in the PST will harm their bottom line and hurt their customers.

Mr. Speaker, why is this Premier (Mr. Selinger) committed to putting Jake and Liz out of business, at the same time building a slush fund for his political party with \$200,000 worth of vote tax?

\* (14:20)

**Hon. Stan Struthers (Minister of Finance):** I wonder if the member for Emerson can pick up the irony in what he just asked, Mr. Speaker. He just got up and told us that a construction company was going to go out of business after we have said we're going to invest a record amount of money in infrastructure [*inaudible*]

Mr. Speaker, it's this side of the House—it's this side of the House—that's committed to building roads and bridges, not that side of the House, which is committed to cutting money to roads and bridges. Construction companies across this province are going to put people to work because this government is courageous enough to get the revenue to invest in this province's roads and bridges.

**Mr. Speaker:** Order, please.

**Mr. Graydon:** Mr. Speaker, this side of the House, as well as Manitobans, have learned not to believe anything that they say.

Mr. Speaker, a 14 per cent increase in the PST applies to all equipment, service to that equipment and repairs, which are all necessary to their business. These costs will be passed down to their customers or will be absorbed, meaning Jake and Liz will have a tough time maintaining a positive bottom line.

Mr. Speaker, why is this Premier committed to deficit financing while taking a vote tax from all Manitobans to fund his political party and see Jake and Liz go out of business?

**Mr. Struthers:** This member is going to have to try very much harder to see the big picture, Mr. Speaker.

We are committed, on this side of the House, to grow our provincial economy. We are committed to putting people to work, Mr. Speaker. We're committed to building roads and bridges. We're committed to building schools and hospitals. And there's not a money tree out at the back that we could pick that money off of.

Mr. Speaker, we need to continue to put people to work. We have the second lowest unemployment rate in the country. We are strong on employment figures compared to other provinces.

Mr. Speaker, that's in stark contrast to the cut-and-hack-and-slash approach that the member for Fort Whyte (Mr. Pallister) has put forward: \$550 million in cuts. Really?

### Referendum Request

**Mr. Graydon:** Well, Mr. Speaker, this minister has no credibility; he went door to door saying they wouldn't raise taxes.

This government just doesn't get it. They don't understand the impact on small businesses like Jake and Liz's and on the customers that they try to serve.

Mr. Speaker, why is this Premier fixated on a deficit financing while breaking the law, collecting an illegal PST? Why won't they call that referendum and let Manitobans like Jake and Liz have a vote?

**Mr. Struthers:** Well, Mr. Speaker, Jake and Liz, in the 1990s, were facing 9 per cent in terms of their taxes. This member talks about credibility? We took from 9 per cent down to zero per cent.

Mr. Speaker, I'll put the credibility of this side of the House up against that side of the House any day of the week.

### Book Awards Funding Cut

**Mrs. Heather Stefanson (Tuxedo):** Last week I learned that this NDP government has cut funding for three prominent Manitoba book awards: the Alexander Kennedy Isbister non-fiction award, the Margaret Laurence Award for Fiction and Prix littéraire Rue-Deschambault. Yet, Mr. Speaker, these awards were established by the provincial Department of Culture, Heritage and Tourism to promote excellence on our local writers and increase public awareness of the quality and diversity of Manitoba books.

Mr. Speaker, funding for all three awards is \$8,750 annually. How can this minister justify this cut at the same time she is lining her own political pocket with a vote tax?

**Hon. Flor Marcelino (Minister of Culture, Heritage and Tourism):** I thank the honourable member for the question.

Since 2000, the book awards have been instituted and supported by my department. In spite of the tough times in 2008, 2009, 2010, '11 and '12, up to 2013, for 13 years, our department have supported not only the Manitoba book producers but many other arts partners.

However, in view of tough times, we have to allocate other funds to front-line services, and we have told our partners that this is a temporary event happening, temporary only.

**Mr. Speaker:** Order, please. The minister's time has expired.

**Mrs. Stefanson:** Times can't be that tough; they're taking the vote tax, Mr. Speaker.

Mr. Speaker, three prominent Manitoba book awards have been cut by this NDP government because they are more concerned about lining their own political party pockets than they are about supporting arts and culture in this province.

Mr. Speaker, will the minister give up her portion of the vote tax and convince one of her colleagues to do the same and reinstate these prominent book awards in Manitoba?

**Ms. Marcelino:** Mr. Speaker, as I've mentioned, these are temporary solutions. It's not permanent. It's not criminal. It's not firing nurses. It's not firing doctors or teachers.

And my department—Mr. Speaker, before I talk any further, I would like to share my appreciation for my critic. For the past four—over four times, my critic had made member's statements profusely complimenting the many festivals that are happening in our province—

**Mr. Speaker:** The honourable minister's time has expired.

**Mrs. Stefanson:** Mr. Speaker, all it takes is two NDP MLAs to give up their portion of the vote tax and these awards can be reinstated.

Mr. Speaker, will two—and my question is for the minister and for members opposite—will two NDP MLAs come forward today, do the right thing and give back their portion of the vote tax so that these book awards can be reinstated in the province of Manitoba?

**Ms. Marcelino:** As I was saying, Mr. Speaker, my critic mentioned on four different occasions, member's statements, the value of volunteers in all of these festivals, and these festivals would not happen

without the communities that have put in so much time and effort and passion and my department in this government supporting all those festivals. And our province is a very—has very vibrant festivals because of the support of this government.

If the Leader of the Opposition would have his way, those festivals might be in danger because of the indiscriminate cuts that the member opposite could introduce.

### **Flooding (2011) Outstanding Claim Settlements**

**Mr. Ralph Eichler (Lakeside):** Last Thursday, the minister of EMO stated towards the end of question period wasn't a priority for a question. He could not be farther from the truth. All questions, whether it be the first, the last question, is a priority for us on this side, Mr. Speaker.

Mr. Speaker, the minister also said for me to take a tour of the Lake Manitoba residents. I did that too. What I found out was that they are wrong. There is still 500 claims outstanding.

Does this minister call this, really, success?

**Hon. Steve Ashton (Minister responsible for Emergency Measures):** Mr. Speaker, again, you know, I think the member opposite may want to look at their priorities in question period, especially when it comes to flooding. Because in this question period, we've seen a repeat of the attacks of the member for St. Paul (Mr. Schuler) on the people of TCN, the chief and council of TCN.

And I want to pass on, Mr. Speaker, while we're talking about flooding, because it is a community that was impacted on floods around 25 years ago, that I did something that member opposite hasn't done. I actually phoned the chief. And by the way, the groundbreaking for the Keeyask Centre's in two weeks, and he's actually invited the member for St. Paul to come to TCN to attend it.

**Mr. Eichler:** I'll ask the minister to focus.

Two years, two months, Mr. Speaker. We have 500 outstanding claim settlements, over 2,000 out of their homes from the flood of 2011. It's amazing this NDP government was able to prioritize the vote tax and give themselves \$5,000 apiece and forget about the flood victims.

Five hundred claims, 2,000 people. Really, Mr. Speaker, they call this success?

\* (14:30)

**Mr. Ashton:** One—Mr. Speaker, and I know the—know what the member opposite—and last week I challenged the member to visit around Lake Manitoba and Lake St. Martin, and he said he did on the weekend.

I'm wondering if he can maybe give some pointers to the member for St. Paul (Mr. Schuler). Perhaps he'll come and visit TCN, a flood-impacted community over the last 25 years, find out what's really going on in that community.

**Mr. Eichler:** This is the same government that said they would not raise the vote tax and yet they did. They raised the PST. They have no credibility on any issue, Mr. Speaker.

Mr. Speaker, it's shameful this NDP government puts money in their own pockets with the vote tax when Lake Manitoba residents are still struggling to recover from the 2011 flood. We're just one windstorm away from a repeat of this government's inaction.

Will this NDP government commit to settling the 500 claims and get the 2,000 residents back into their home? Where is their priorities? Really, Mr. Speaker?

**Mr. Ashton:** Mr. Speaker, the members opposite talk about voting. Those were some of the communities that were part of the vote-rigging scandal that the members opposite were responsible in the 1990s. So talk about—no sense when he's talking about that.

Now, I don't know what part of the building the emergency outlet, Mr. Speaker, the member didn't notice on his tour. Perhaps he also didn't talk, by the way, to people around the lake, and I'll quote—the most impacted municipality, which is St. Laurent, perhaps he should have talked to the reeve, who after we announced the \$250 million for the outlet for Lake Manitoba, the permanent outlet for Lake St. Martin, he said it's given hope to people in and around Lake Manitoba and Lake St. Martin.

Why won't he talk to those people around the lake who support our \$250-million investment, Mr. Speaker?

#### **ER Services (Pine Falls) Closures**

**Mr. Wayne Ewasko (Lac du Bonnet):** Mr. Speaker, during the summertime the population in the Lac du Bonnet constituency increases at times

tenfold due to tourists, permanent and seasonal residents.

Unfortunately, during the busy month of July, there were 12 days when the Pine Falls emergency room was without a doctor. The Pine Falls emergency room is one the busiest in the region, according to an IEHA news release, and the ER's closure impacts people's access to health-care services.

Can the Health Minister tell us today: How many days this month of August is the emergency room in Pine Falls going to be closed?

**Hon. Theresa Oswald (Minister of Health):** Mr. Speaker, in that same news release that the Interlake-Eastern Regional Health Authority put forward, the focus of the article was about the excellent care that nurses are providing in that facility.

Yes, we want to have doctors present in our ERs every day, Mr. Speaker, but the nurses are providing care. Yes, once again, I can say to the member that nurse-managed care is going on from time to time in the Pine Falls ER.

The Interlake-Eastern is—authority is actively recruiting, but I can also say that the nurses are providing excellent care. I don't know why he disregards them so fully and completely.

#### **Physician Retention Provincial Rate**

**Mr. Wayne Ewasko (Lac du Bonnet):** Mr. Speaker, the question had nothing to do with questioning the nurse care. The nurses are doing a fantastic job in all of the region of the Lac du Bonnet constituency.

The problem here, Mr. Speaker, is that the minister's solution to the doctor shortage is take a nurse off of the ward to assist patients in calling 911 from the emergency room. I can't quite wrap my head around that.

It's no surprise that Manitoba has the lowest doctor retention rate in Canada. Physicians registered in Manitoba between the years of 1995 to '99, 10 years later 32 per cent are still practising in Manitoba; 58 per cent in Canada is the norm. With these numbers—

**Mr. Speaker:** Order, please. The honourable member's time has expired.

**Hon. Theresa Oswald (Minister of Health):** I didn't quite hear a question there, but I did hear a series of half-truths and no-truths in the statement that the member made.

He began his answer, as I recall, by trying to act like they care about nurses, which we know historically is so profoundly not the case.

Second of all, Mr. Speaker, I think he alluded to the fact about how do you build rural health care. You do that by investing in medical education, which is exactly what we've done. They made the decision to cut the medical school down to 70 spaces; we restored that, went to 85, went to 100. Now we're at 110, the largest in Manitoba's history.

And furthermore, the Canadian Institute for Health Information shows that we have the highest number of doctors in rural Manitoba—

**Mr. Speaker:** Order, please. Order, please.

The honourable member for Lac du Bonnet, with a final supplementary.

#### **ER Services Nurse-Managed Care**

**Mr. Wayne Ewasko (Lac du Bonnet):** Mr. Speaker, if she didn't hear the question, I don't know why she rambled on for 45 seconds.

And also, 18 emergency room closures, Mr. Speaker, that alone—the Health Minister needs to stop patting herself on the back and start listening to Manitobans. There are people without health care in Manitoba because of her policies that she has created. Closing ERs and having nurses taken off of the ward to call 911 from the ER is a poor solution to the serious doctor shortage we have right here in Manitoba.

Mr. Speaker, when is this minister going to stop the rhetoric and start acting?

**Hon. Theresa Oswald (Minister of Health):** I'll work that in when I'm completed of the task of ensuring that every Manitoban has a family doctor by 2015, which is our commitment. Mr. Speaker, perhaps I'll work that in when we're completed with restoring the entire fleet of ambulances and having the most well-educated EMS personnel in the history of Manitoba. Perhaps I'll work that in when we continue to work with the STARS helicopter ambulance that never would've existed under the members opposite. Perhaps I'll work that in when we

can assure that every Manitoban has access to free cancer drugs, which they refused to do.

Lectures from members opposite on providing more health care? You've got to be kidding me.

#### **First Nations Communities Nutritional Deficiencies**

**Hon. Jon Gerrard (River Heights):** Mr. Speaker, in the 1940s and 1950s, as we're all now aware, there was widespread nutritional deficiencies among many in the First Nations communities, and the manner in which this was addressed then was completely inappropriate, as we also know.

Mr. Speaker, sadly, today, under this government, we still have widespread nutritional deficiencies in First Nations people in Manitoba.

After 14 years of failure, I ask: What is the Premier's plan to now address these widespread nutritional deficiencies?

**Hon. Greg Selinger (Premier):** Mr. Speaker, in contrast to when the member opposite who asked the question was in the federal Cabinet and cut resources to First Nations people in Manitoba, we've put in place prenatal benefits to help families get off to a healthy start. We've put in place nurses that do home visits.

We have a community gardening program that a decade ago was five or six gardens in northern Manitoba, is now over 900 gardens. We just gave a special Order of Manitoba to a schoolteacher from Wabowden, Manitoba, which started a gardening program in the school with the residents, the students and the parents in that school where they are growing fresh vegetables in northern Manitoba. And we have greenhouses being built in northern Manitoba now.

And, of course, we continue to work with them on building roads, so when the people need access to fresh food and vegetables, they actually have a road that will take it to their communities.

#### **Vitamin D Deficiencies**

**Mr. Gerrard:** Mr. Speaker, in the '90s, in spite of the need to address a major deficit, funding for First Nations people was increased.

As the Manitoba's NDP's Minister of Health's (Ms. Oswald) own Maternal and Child Healthcare Services Task Force of 2008 said, vitamin D deficiency and congenital rickets are overrepresented in Aboriginal communities in Manitoba. There is now accumulated published evidence that vitamin D

levels in most pregnant women and their infants are in the deficient or insufficient range. That's the Minister of Health's own report.

I ask the Premier: Will he commit today to community-based programming to ensure that 'inspectant' mothers and their children have sufficient vitamin D?

\* (14:40)

**Mr. Selinger:** Mr. Speaker, that's exactly why Manitoba is the only province in Canada that has a prenatal benefit in place to support young mothers.

And that vitamin D research is very important research. As a matter of fact, that research is being done all around the world. But with a focus on how the benefits can accrue to the population of Manitoba, we've got researchers from Israel, Manitoba, around the world, working on—in a collaborative way to ensure that the nutrients that young mothers and young families need are available to them.

But I say again to the member opposite, there was an opportunity, when the federal government cut those programs, to protect nutrition programs and food programs for First Nations and remote communities, and they did not do that. We have stepped in and worked with those communities to have healthy foods. Whether it's fish, whether it's fresh vegetables, an important—and a very important part of that is the roads that we provide in northern Manitoba.

The members opposite, when they were in government, the Conservative members opposite, did not spend any money on roads in northern Manitoba. They shut them out of the highway capital program. We are now building roads so those communities can have access to the goods and—

**Mr. Speaker:** Order, please. The First Minister's time has expired.

The honourable member for River Heights, final supplementary.

**Mr. Gerrard:** Mr. Speaker, Dr. Bob Schroth, an expert in child health and preventive dental science, has reported that vitamin D deficiencies in pregnant women increase the risk for tooth decay among their infants.

Under this NDP government, we have seen no measurable improvement either in prevention of early childhood tooth decay or in addressing the

widespread vitamin D deficiencies which we know are occurring.

I ask the Premier to stop dawdling while this problem persists. I call on the Premier to stand up for First Nations and Metis people and address this vitamin D deficiency today. Will he?

**Mr. Selinger:** Mr. Speaker, we have raised the northern food allowance seven times in Manitoba, and the member opposite has voted against it every single time. We put in place a prenatal benefit. The member has voted against it every single time. We have a northern food program, northern gardening program and greenhouse program. The member has voted against it.

If the member is serious about making this a priority, I invite him to vote for the budget, because we have more resources to look after northern populations in the budget, Mr. Speaker.

#### **Port of Churchill Atlantic Dream Visit**

**Mr. Dave Gaudreau (St. Norbert):** Mr. Speaker, yesterday the Minister of Agriculture was up in Churchill to welcome in the first ship of the 2013 shipping season at Manitoba's port, and it will see Manitoba grain and Canadian grain shipped around the world.

I know on our side of the House we represent the whole province, and on their side of the House they don't go much north of Portage Avenue. In fact, they might be interested to know that the Golden Boy faces north as a sign of our prosperity and wealth.

I would ask that the Minister of Agriculture please inform the House of what's happening up in our northern Port of Churchill.

**Hon. Ron Kostyshyn (Minister of Agriculture, Food and Rural Initiatives):** It's truly a great honour to be in Port of Churchill and to meet with Mayor Spence and a number of delegates that accompanied us on a trip to Port of Churchill.

Definitely, the Port of Churchill is a major component in Manitoba's economy. The port is very important and strategically part of Manitoba's infrastructure and is a major employer for the people in Churchill in the province of Manitoba, up to the tune of 200 jobs in Port of Churchill.

I was very pleased to welcome the vessel called the Atlantic Dream from Singapore, along with Captain Wang [*phonetic*] and his crew, to the port.

While our Manitoba government remains concerned about the future of Port of Churchill in the wake of the loss of the Canadian Wheat Board—well, I'm sure the members opposite are quite familiar with the Canadian Wheat Board—we are very, very pleased to see vessels like the Atlantic Dream coming to Churchill to ship products through—

**Mr. Speaker:** Order, please. The minister's time has expired.

### **Municipal Amalgamation Population Threshold**

**Mr. Blaine Pedersen (Midland):** Mr. Speaker, the Minister of Local Government and this government has set a course to usurp the Association of Manitoba Municipalities.

This government has begun the process through Bill 33 by requiring a threshold population of 1,000 residents. However, the minister has publicly mused 3,000, 5,000 would be an even better population threshold.

The minister needs to come clean and be honest with this House: Tell the House why he wants to strip control from the AMM.

**Hon. Ron Lemieux (Minister of Local Government):** In fact, we hear often about Duff Roblin, and Duff Roblin was the gentleman who—premier who came up with the 5,000 population figure, Mr. Speaker.

And, Mr. Speaker, our legislation speaks for itself, but let's talk a little bit about the opposition and where they're coming from. We're making it a little bit easier for municipalities to reduce administrative costs, invest savings into better services for their citizens, build roads and bridges, take advantage of the Building Canada Fund, share the construction, operation costs of infrastructure—like water, like sewer—and retain current businesses and attract new businesses to municipalities. That's what modernizing municipalities will do, and members opposite are totally opposed to that, Mr. Speaker.

### **Manitoba Municipalities Government Intention**

**Mr. Blaine Pedersen (Midland):** Mr. Speaker, municipalities balance their budgets each and every year.

Now, this minister has been clear in his desire to deal with less municipalities, but he's been very

unclear on his long-term goals for Manitoba municipalities as a whole. What's the real goal here? Fifty municipalities? Complete control by this government of the municipalities?

Given his lack of interest in listening to local government concerns, will the minister now come clean on his long-term goal for total control of local governments in Manitoba?

**Hon. Ron Lemieux (Minister of Local Government):** Mr. Speaker, let's talk about the members opposite, the Conservatives, you know, and their opposition to modernizing municipalities in Manitoba. What it means is that the PCs are opposed to clean water, they're opposed to new bridges and roads, they're opposed to new recreation facilities and they're opposed to municipalities living—and they're leaving millions of dollars on the table, because they can't do their audits and get their audits done. That's what the opposition is really doing when they're saying that municipalities shouldn't amalgamate in the province of Manitoba.

And let's be clear about it. This government on this side has worked with municipalities for over a decade now talking about regionalization, regionalized water, sewer systems. We'll continue to do so, continue to invest in Manitoba and just not try to talk a good talk—we show some action.

**Mr. Speaker:** Order, please. The honourable member for Midland, with a final supplementary.

### **Municipal Amalgamation Population Threshold**

**Mr. Blaine Pedersen (Midland):** Mr. Speaker, during Estimates I asked the minister for the qualifications of the ministerial staff in reviewing those audited financial statements. I'm still waiting for those.

But during Estimates, the minister also quoted his own study of using 3,000 as a threshold for municipalities. At regional municipal meetings, the minister mused at the idea of using 5,000 population as a threshold for a viable municipality.

When does the minister plan on raising the threshold to three or five thousand? The minister needs to come clean. Why is he so intent on destroying the AMM and taking over complete control of Manitoba's municipalities?

**Hon. Ron Lemieux (Minister of Local Government):** We have been waiting for the members opposite to give some suggestions with

regard to how to make this bill a lot better. So we're still waiting and we continue to wait, and I've asked members opposite, if they really are truly sincere about making municipalities stronger in the province, as we are, they would give some constructive suggestions as to how to do this, Mr. Speaker.

You know, Mr. Speaker, again, what are they opposed to? They're opposed to amalgamations which will help modernize municipalities, help them with better sewer and water projects, help them with better recreation projects, help them with better roads and bridges, help them with better community centres. These are the type of initiatives and investments this side has been making in rural Manitoba. Members opposite, every single time a budget comes forward, they vote against supporting Manitoba and Manitoba municipalities. They should be ashamed.

**Mr. Speaker:** Time for oral questions has expired. It's time for—

#### MEMBERS' STATEMENTS

##### Randy Rostecki

**Ms. Melanie Wight (Burrows):** Mr. Speaker, I rise today to recognize the many invaluable contributions made by Burrows resident, Randy Rostecki, to the preservation of Manitoba's rich architectural heritage and to the spirit of public service that he embodies.

Last May, Mr. Rostecki was one of five recipients of the 2013 Lieutenant Governor's Award for Historical Preservation and Promotion from Lieutenant Governor Philip S. Lee in a ceremony at Government House. For 40 years he has worked as an architectural historian in both the public and private sectors, publishing many books, studies and articles that have informed our understanding and appreciation of our past.

Randy is a three-time winner of the Margaret McWilliams medal from the Manitoba Historical Society and was honoured with a Distinguished Service Award from Heritage Winnipeg. Throughout his career, his well-researched but accessible history books have educated and inspired the public. Randy has also been a passionate advocate for saving Winnipeg's historic structures and has assisted in drafting civic legislation to ensure their preservation.

\*(14:50)

Randy is proud of his Polish ancestry and the North End where his family have resided for many years. Though not an avid admirer of new

technology, his wisdom has helped us appreciate the fact that what may often appear to us as an anachronism has an enduring value that should be cherished and remembered. And those who know him describe Randy as knowledgeable, generous in sharing his considerable expertise.

On behalf of the people of Manitoba, I want to thank and commend Randy for the invaluable work he has done and continues to do for us all. Winnipeg's internationally renowned historical buildings are its pride, and people like Randy see to their continued existence. Integral to Manitoba's identity, Randy helps keep their stories alive and helps shape our sense of place in the world we live in. Thank you, Randy, and thank you, Mr. Speaker.

#### Municipal Amalgamations

**Mr. Cliff Cullen (Spruce Woods):** Today, I rise to discuss the NDP and their concept of forced amalgamation, Mr. Speaker. And really, what piqued my interest was an article that appeared in today's Winnipeg Free Press, where the Minister for Local Government said he's open to discussions.

Well, clearly, the minister should have been having discussions with municipalities over the course of the last year or two, and clearly, he hasn't undertaken really proper consultations. And we know what the Broadway bullies are up to in terms of forcing this amalgamation on behalf of municipalities over the next little while, Mr. Speaker. Clearly, they haven't thought this particular piece of legislation through, and they're really upsetting municipalities across this great province.

Now, clearly, we are—we're not opposed to amalgamations if it's by the will of the local municipalities. In fact, Mr. Speaker, I've had an example in my constituency of the municipality of Killarney and Turtle Mountain have got together and formed one municipality. But the member—the minister should know that that process took five to six years to complete. Now, clearly, the Minister for Local Government wants to force municipalities together in a very short order, and we don't think that's acceptable, and clearly, municipalities are saying that that's not doable as well.

Now the bullies on Broadway are not showing any respect to municipalities around the province, Mr. Speaker. And I just want to indicate what Doug Dobrowolski, the president of AMM, had said in a recent article. This whole debate should be about

considering the fabric of our communities that are the homes and birthplaces of thousands of Manitobans, not about increasing the stress levels of hard-working municipal councils. It should be about listening to people, not about creating anxiety amongst the citizens who have devoted their lives to creating safe, healthy and vibrant communities. And it should be about respecting and recognizing the abilities and value of local government, not threatening to damage, possibly beyond repair, a previously good-working relationship that we had in the past. Thank you very much.

#### **Member for Fort Whyte**

**Mr. Dave Gaudreau (St. Norbert):** Mr. Speaker, it seems that the Leader of the Opposition has forgotten his own talking points. They aren't very good talking points, so I can understand that he wouldn't want to use them with his constituents that he represents. I guess he's figured out that the families in Fort Whyte don't want to hear his demands for deep cuts and services that they count on. And I'm sure they don't want to hear about his plan for two-tier health care—American health-care-style system. He's the only one who thinks these are good ideas.

The Leader of the Opposition has showed that he will say or do anything to pit families and communities against each other. Just while—last week, the Leader of the Opposition wrote a column to the community newspaper. In that editorial, he forgot that he spent the last four months demanding deep cuts, indiscriminate cuts, to services families count on. Instead, he suddenly wanted to get out the chequebook and write a cheque for a couple community centres that have indoor ice. He's joined a long list of PC MLAs that have requested increased spending in their own constituencies while calling for deep cuts to the provincial budget.

I don't know about you, Mr. Speaker, but I had to read it twice. The same member who recently called an announcement about new child-care spaces in his riding selfish, now he calls and tells the government that we haven't been making enough announcements in his constituency. He says that the 1 cent PST increase is—entirely dedicated to infrastructure is bad, but then he calls for more infrastructure in his own district.

I'm wondering what it is. Does the member for Fort Whyte (Mr. Pallister) want us to stop building in his constituency? Does he want the government to stop creating jobs and providing high-quality

services for his constituents? Or has he had a revelation and finally come around to the understanding that we need to invest in communities, just like we are investing for the futures of all Manitobans?

Unfortunately, I don't think it's a revelation, Mr. Speaker. I think he's dedicated to his reckless cuts and privatization as was—as he's ever been, and he just doesn't have the courage to say it to his people that he represents. Maybe I need to do a mailer for him, to his people, to explain the deep cuts that he is saying for his people because he lacks the courage to do so.

**Some Honourable Members:** Oh, oh.

**Mr. Speaker:** Order. Order.

#### **Ukrainian Dancers**

**Mr. Dennis Smook (La Verendrye):** Thank you, Mr. Speaker. I'd like to put some decent words on the record, not a bunch of road-apple rhetoric.

I would like to congratulate Vita's Ukrainian dancers for their beautiful display of Ukrainian culture at this year's Folklorama. The Susydka Ukrainian Dance Club, which practises in Vita, is performing both weeks at the Spirit of Ukraine and the Ukrainian Kyiv pavilions.

This impressive dance troupe is made up of dancers as young as the age of 8. This dance troupe has performed Ukrainian culture and heritage, physical wellness, participation and team spirit amongst energetic young dancers. Their dancers are ranked highly in Manitoba and have performed at numerous festivals and events across the province.

Last night I had the great privilege to attend the first Folklorama performance of the season along with the MLA from Lac du Bonnet and the MLA from Emerson at the Spirit of Ukraine pavilion. The traditional Ukrainian song they danced to last night was titled "Sopilka" and was sung live by an internationally renowned artist from the Ukraine, Ms. Marta Shpak. It was once—it was a once in a lifetime opportunity for the Susydka Ukrainian Dance Club to dance to this talented and famous Ukrainian singer.

Along with the junior squad, an intermediate and senior groups also performed last night. The two older groups will also be dancing at the Ukrainian Kyiv pavilion in Garden City Collegiate on Sunday, August 11th. The community of Vita is very proud of the Susydka Ukrainian Dance Club for

receiving the opportunity to share their gift for dance with visitors at Folklorama. Through their dance performances they have presented our community with poise and grace.

Mr. Speaker, I would ask all members of the House to rise with me today and congratulate the Susydka Ukrainian Dance Club on their impressive Folklorama performance and wish them even more success in years to come. Could I have leave to include a list of names of the dance club?

**Mr. Speaker:** Is there leave of the House to allow a list of names for this group to be included in today's Hansard proceedings? *[Agreed]*

*Michelle, Micheal, Rebecca and Gina Thibideau; Cassandra, Caitlyn and Cheyenne Cure; Alexandra Bednar; Nicole, Kayla and Erin Adolphe; Samantha Tymofichuk; Jeanine Brandt; Megan Nickel; Seaira and Riley Shewchuk; Taylor, Dayle and Johnathan Bially; and Tristen and Sydney Ludke.*

#### First Nations Vitamin D Deficiency

**Hon. Jon Gerrard (River Heights):** Mr. Speaker, in the 1940s and 1950s, as we now know, there were widespread nutritional deficiencies among Aboriginal people in Canada. We now recognize the completely inappropriate way in which this was addressed then.

But I suggest to members of this Legislative Chamber that today there are still certain widespread nutritional deficiencies among Aboriginal people in Manitoba and Canada. It's well beyond the time that these deficiencies should have been addressed.

One of these nutritional deficiencies is in vitamin D. And this was highlighted in the Minister of Health's (Ms. Oswald) own Maternal and Child Healthcare Services Task Force report of 2008. Mr. Speaker, vitamin D deficiency is not innocuous. Severe vitamin D deficiency can cause rickets, a condition in which bones don't develop normally, resulting in fractures and deformities. Rickets is among the most frequently occurring childhood disease in many developing countries. It's astonishing that we still have had cases of rickets in Manitoba in recent years.

There's also substantial evidence that vitamin D deficiency is associated with poor tooth development, leading to early childhood tooth decay. Indeed, there's significant evidence that sufficient vitamin D levels reduces the incidents of early childhood tooth decay. And a continuously high rate

of early childhood dental surgeries is still occurring in Manitoba, particularly in northern Manitoba communities and in the core area, because this vitamin D deficiency has not yet been addressed.

There's already more than enough evidence for the provincial government to take action. In 14 years the very high rate of dental surgeries for early childhood tooth decay has continued because of this lack of action. Effective action should start today.

In the 1940s and '50s, malnutrition was recognized among Aboriginal people in Manitoba but was not addressed as it should have been. And major vitamin deficiencies, like that of vitamin D, persist in Aboriginal people today. I call on the NDP government to stand up for Aboriginal people and address this deficiency today.

**Mr. Speaker:** Grievances? Seeing no grievances—  
\* (15:00)

#### ORDERS OF THE DAY

#### GOVERNMENT BUSINESS

**Hon. Jennifer Howard (Government House Leader):** Mr. Speaker, would you please resume debate on second readings of the following bills: Bill 45, 28, 4, 13, 19, 24 and 30.

**Mr. Speaker:** We'll now call debate on second readings of the bills in the following order: Bill 45, Bill 28, Bill 4, Bill 13, Bill 19, Bill 24, followed by Bill 30.

#### DEBATE ON SECOND READINGS

**Mr. Speaker:** Starting with Bill 45, The Competitive Drug Pricing Act (Various Acts Amended), standing in the name of the honourable member for Morden-Winkler.

#### Bill 45—The Competitive Drug Pricing Act (Various Acts Amended)

**Mr. Cameron Friesen (Morden-Winkler):** Mr. Speaker, it's my pleasure today to rise and to speak and put some words on the record with respect to Bill 45, The Competitive Drug Pricing Act.

I have to say I was a little surprised, because yesterday the member for St.—I think it was St. James—oh, Fort Garry made such a show of the fact that he said the whole House had to go into the direction of billing—debating Bill 18 immediately, and he was going to stand up and insist, and, indeed, we were in that debate yesterday. And so it is with some surprise that we land at 45 today. I'm happy to

go here and speak on Bill 45, but I certainly thought that with the kind of singular resolve with which this—with which the member spoke yesterday, I thought that the House leader would call Bill 18 today. But, in any case, we are always prepared, and we are always prepared to debate and we are always prepared to put words on the record. So—

**Mr. Speaker:** Order, please. Order, please. It appears there are many members of the House that want to have some private conversations. Might I encourage you to take your conversations into the loge to my left or my right or out into the hallway or to another office in the building. That would be helpful to allow us—the debate to continue here this afternoon.

The honourable member for Morden-Winkler has the floor.

**Mr. Friesen:** Thank you, Mr. Speaker. So, as I was saying, Bill 45, we understand what the bill does, and we, you know, had a chance to meet with the minister and to have a bill briefing. And, you know, basically, this bill gives the—or would give the minister the ability to amend the interchangeability formula. So it basically would allow—the government says it would allow them to better negotiate lower generic pharmaceutical prices. And, of course, at the outset, we want to say clearly and emphatically, we have called on this minister and called on this government to find savings in the system. And we have done that right across the board.

I—[interjection] Right now, my colleague, the member for Emerson (Mr. Graydon), just says, New West Partnership is one of the first places we've called on them—we've introduced bills calling on them to get on board, get on the boat, get on the bus as it's leaving the station, because, clearly, as the member for Emerson has just said, what the New West Partnership does is it allows there to be agreement, it allows there to be co-operation, it allows groups to come together and to better advocate for their position when that comes to international trade. Or when it comes to interjurisdictional trade, it allows us to do a better job. And, indeed, that's the message that we've—that we have been very clear with this Minister of Health (Ms. Oswald) in saying: Do a better job of finding efficiencies in the system.

And, you know, last year, when the Minister of Finance (Mr. Struthers) stood up and said, you know, we are dedicated to finding a 1 per cent equivalent reduction across the board, department by

department, we said, well, you know, that's not much when you consider that the Health budget has continued to grow at approximately a rate of 5 to 6 per cent annually, going back about 10 years. But we said, you know, it's not nothing; it's a baby step. But, I mean, small infants begin with a very small step and they proceed from there.

And so, of course, as a new member of this Legislature, to see the Minister of Finance so completely fall on his face when it came to actually delivering on that 1 per cent equivalent savings, but then to have the audacity to stand up in this legislative session and kind of pretend that he never went there. And when our party looks at his own Throne Speech and sees clearly 1 per cent equivalent reduction in spending across department or the equivalent of, and then for him to say, now, you know what, we're not prepared to go there, it indicates that the intent of this government to actually drive down spending is not there. There is no resolve to get there, because it does take strength to get to that place, just like is—it would take a resolve to join the New West Partnership, and they haven't shown the first indication that they're willing to do that either.

So, in any case, when we have a government, as we do in Manitoba, that continues to spend in health care at a level of about 6 per cent per year, you know that there is room for improvement.

You have to understand—I know I've heard the minister say it as well—that health care is like a giant vacuum that will remove resources from other areas of spending unless we're very careful to prevent that from happening. I know that recent books on the subject of reforming health care in Canada and in North America talk exactly about that, is the giant 'sh'-sucking effect that health care has on other areas of departmental expenditure.

That's not to say that spending on health care is of secondary importance. We understand that's not the case. We understand that it is of vital importance to the health of our citizens. It's of vital importance to our communities that we have all the resources in place to make sure that people can receive acute care and non-emergent care, that they have access to family doctors, that they have access to specialists, that they have access to diagnostic testing, that they have access to treatment in a timely manner.

But we do know it is the nature of systems to grow, and it has certainly been the case in Manitoba that this system has grown exponentially. It has

grown to the point where Manitoba has the second highest per capita health spending in Canada at \$6,249 per person. We know that spending for health in Manitoba has doubled since 2000-2001 from approximately \$2.4 billion to \$5 billion at this point. So now health-care spending accounts for approximately 43 to 44 per cent of all government spending.

So it is of the most importance that we actually get a handle on this thing, that as a province we are able to wrestle into submission this health-care budget, that we can do so by finding efficiencies in the system. I know that the minister has expressed a fidelity to the idea of finding efficiencies in the system, and we know that efficiencies are vitally important to find, and yet they will be inadequate in being able to revamp the system that we have in order to ensure its long-term viability.

And even right now, that long-term viability of health care is threatened. It's threatened in places like Vita. It's threatened in places like Pine Falls. It's threatened in places like Teulon. It's threatened in places like Selkirk, in places like Boissevain and Killarney and in places like Minnedosa, where we have a decreasing number of doctors who practise in those areas. And we have no indication from this Minister of Health (Ms. Oswald) that she is able to make a priority of it, she is willing to make a priority of it and that she actually has any answers for some very, very troubling trends.

As a matter of fact, just last week we brought to the attention of this House the fact that in Boissevain and Killarney, where you used to have ERs operating in both communities, now there were shared facilities. And the minister said, oh, don't worry, because we will advertise. We will let the people of those communities know which ER is open, where services are being delivered, and we'll let them know which one is being closed and where services aren't available.

And all that one has to do is consult a map of Manitoba and you can see that you can create conditions whereby communities are at risk because the response times for EMS and the return times to the nearest ER are simply too great, are simply too cumbersome to be able to deliver services in a manner that allows that minister to say that Manitobans have access to the kind of health care where they live, because, indeed, that is the pledge she has made, that Manitobans will have access to quality health care regardless of where they live.

So, Mr. Speaker, we do want to see costs come down in the system. And I know, oh, this government is very quick to get up and talk about the '90s, and, of course, they'll completely discount the context of the discussion because they are unencumbered by a need to consider context.

\* (15:10)

They don't want to talk about double-digit reductions in federal transfer payments and they don't want to talk about the fact that they have governed this province in some of the most enviable fiscal conditions in the modern era, with the lowest interest rates, with the highest general transfer, with the highest health transfer, with the highest social transfer, at times when the economy was on fire. And even in those times this government could not find a way to right-size the growth of the health-care budget to a level where it could be sustainable.

And it's funny to hear them say things like the moment we talk about finding those kind of necessary savings to drive a long-term revamping of the system to ensure its very viability, they see that as something reckless and endangering the health of the system. And yet anywhere you look in Canada, other jurisdictions are going there, and they go there precisely for the reasons of ensuring the long-term viability of this system.

So, really, we understand, and Manitobans understand more and more that this government is offside. They are offside of their legislative friends in other provinces who are looking at the budgets. They're looking at income; they're looking at revenue; they're looking at expenditures and they are looking at interest costs. They are looking at the long-term costs of borrowing, and they are understanding that something has to be done.

Well, it would seem that the minister's answer to that something having to be done is she's had a couple of cosmetic projects and some pet projects that she's attended to, and she's done some things that she is tweaking to find some efficiencies. And certainly, like I say, efficiencies will deliver a measure of savings as long as you don't then also allow other expenses to climb up at the same time as you're trying to find some efficiencies.

So when it comes to this bill, it is clear that the minister is saying, all right, we see other provinces making changes to the way they bring drugs for approval for use in that province, and so we should also be doing something. And certainly we are not

first to the table in this regard, but the minister is bringing in a bill that would basically allow her to remove a drug from the interchangeability formula in three conditions.

Whether—the first being if the price specified is unacceptable to the minister or it doesn't need a price specified or acceptable to the minister. The second area that would allow her to remove the drug from the formulary would be, is if the supply couldn't be verified. In other words, if there might be a problem with the adequate supply of that drug. And the third reason would be if there was a reason whereby the best interests of the public wouldn't be served to allow that product to be in the public for use.

And so, Mr. Speaker, we understand on the face of it that that's what the bill would purport to do, but, certainly, there are questions to ask about a bill like this. And, certainly, you understand that in the province of Manitoba we have had challenges when it comes to the interchangeability formula.

As a matter of fact, I brought some of these questions to the minister in the departmental Estimates process. In Manitoba, we understand that we have one of the worst records when it comes to actually publishing bulletin updates to the interchangeability formula in this province, and that is something that I brought to the minister as a question.

And I said, you know, listen, this just can't be right because as I compared the bulletin updates to other jurisdictions in Canada—and I would look at places like Nova Scotia and I would look at places like Saskatchewan, trying to compare apples to apples, not choosing to compare a large population province like Ontario, trying to be accurate—we found that there were times, and I don't have the data in front of me now, but I know that a Hansard search would reveal exactly the numbers, we would find something like six to eight updates in a given year for the province of Nova Scotia, and in the province of Manitoba maybe one and maybe two.

And the minister acknowledged that that was a problem. She seemed to acknowledge that they needed to do better. I think actually what she had said was we are intending to go forward with at least quarterly updates to the interchangeability formula. And I have noticed in this minister's communications that for her to say that much certainly shows that there is a vulnerability, that there is a feeling in that government that they need to be doing more.

Now I don't understand all the inter—the inner workings of what the decision making is when that—is in that. I don't understand all the machinations that took place behind the scenes, but certainly we understand the principle. A drug is introduced to the formula and that is a brand-name drug. Now as quickly as is legal and as quickly as contract allows, we should be moving to then also add generic formulas to—or the generic forms to the interchangeability formulary, because that's the basis by money in health care. And so we ran some numbers and we had some assistants run some numbers and take a look at the kinds of drugs that were being in other—approved in other provinces but weren't being approved in Manitoba during those same fiscal years. And the numbers were staggering when it came to the amount of money other jurisdictions were able to save simply because they didn't drag their feet on introducing drugs to the formulary. And in Manitoba we found, as that space of time was allowed to get longer and longer, it has an effect.

It's not one that is easily understood by the public but it is one that has a profound impact on the finances of the Province, because if we do not direct our best efforts to actually getting those generic forms on the formulary there are huge costs that Manitobans have to bear. There are huge costs that our pharmaceuticals—our pharmacy system has to bear. And, of course, there is another cost to the people in our province—and I know that colleagues of mine will put more comments on the record about this later on—but it is the cost that Manitobans pay when they do not have access to a drug that has been approved for use in other provinces. And that can be an untenable place to be as a family, as a senior, as a young person, as a student, as a working person. If you know that there is a drug that has been approved for use in Canada but this province has not approved its use here, there is a tremendous cost to those people. And there have been comments put on the record in this House that talk about that very human impact that that kind of situation has.

So, clearly, every effort should be made to drive the system to get those changes made to get brand name drugs added so Manitobans will have access to those molecules and then to have generic drugs added in a timely manner so that the system can save money. So, clearly, if the minister does want to send a clear and unequivocal message to Manitobans that she is committed to the enterprise of driving down costs in the health system, she will commit to a

regular updating of that formulary, she will follow up and get it done and she will remove every administrative obstacle and every bureaucratic obstacle and make sure that that will happen. And I can guarantee the minister that we will continue to watch and to watchdog for the sake of Manitobans who deserve no less—no less—than the kind of reports and bulletin updates that we've seen in other jurisdictions in other areas of Canada.

Now, we know that this is a value-for-money issue. It clearly is, Mr. Speaker. We understand if we can drive down costs we can keep pharmaceuticals affordable for Manitobans. We understand that if we can save money in pharmaceuticals, well, then, that is money that we can spend elsewhere in the system. I know that the minister agrees with me on that because I've heard her put words on the record with that, and I know that I'm on solid ground because I know that for the last number of months that's exactly what the Health Care Innovation Working Group led by Brad Wall and Robert Ghiz have been working on. They've been saying we need to revisit this. We need to do a better job of negotiation because it costs too much money. And we understand it, and I understand the minister and I have had some good conversations about the actual ability of Manitoba to negotiate for better drug prices.

It is easier if you are Ontario to negotiate for a better drug price. It's easier if you're BC because you have a bigger population base and that pharmaceutical company will come in and they'll say, we know we can make money here because we'll simply sell more product. Well, they come to Manitoba, they come to the New Brunswicks and the Nova Scotias, and their ability to play hardball is increased and our ability to effectively negotiate is decreased. It only makes sense then that we collaborate with our neighbours. It only makes sense that we stand together and say, well, how about one price? How about fixing the cost on that generic at 18 per cent instead of 24 per cent; instead of 22 per cent; instead of 28 per cent.

So we fully support the efforts read by Premier Wall and led by Premier Ghiz, Mr. Speaker, to lead the way when it comes to getting the buy in from those first ministers and from those Health ministers across the country to drive down those costs. And so that's why they led that discussion last year and that's why they revisited it just weeks ago when they met again, I believe, in Niagara-on-the-Lake area, to

discuss exactly these issues and talk about what's been done and what are the next steps to do.

\* (15:20)

So, Mr. Speaker, we know that other Conservative-led provinces are supporting efforts to realize savings in health care by driving down costs associated with pharmaceuticals, but we also know that there's another side to this coin, and the minister needs to understand this and she needs to pay careful attention to this.

So I'm happy to add to my comments this afternoon that we need to be very cautious, as a province, that as we go in this direction that the minister isn't inadvertently picking winners and losers, because the ability of some pharmaceutical groups—or I should say, the ability of some pharmacists and bigger companies—to be able to sustain whatever changes come with the harmonization of these generic pricings, like the 18 per cent agreement on six molecules that was done a year ago, that change will not have an equal impact across the board.

As a matter of fact, it will have a greater impact—not on the big, big pharmacies, not on the big, big stores that have an ability to change prices on other products and who have such an array of products that they will make sure that they still make money. They will still make sure that the enterprise is lucrative, and I mean lucrative in a good way. I mean, they are in business to make money, and that needs to be the case; otherwise, we will not have those companies here providing those pharmaceutical products that we all depend on.

But it will be those pharmacists, and it will be those companies that are in rural areas, again, who will be most vulnerable to the changes, because until this time, we've had in this province a system by which, if a pharmacist agreed to carry a certain generic product, well, then, that company supplying a generic product could provide some kind of an enhancement to that pharmacist, some kind of a payment, some kind of an additional form of remuneration that would enable him to do business.

And this government has allowed this system to go forward in such a way that they really have never revisited the way we remunerate pharmacists across this province. For years now, we have never modernized the way we pay pharmacists to deliver services in our product—in our province. As a matter of fact, I think that the attitude of this government

very much has been, well, you know, as long as you're able to take a payment from a pharmaceutical company, that sounds okay to us. You're not too loud in your opposition to what we're doing, so we won't change the way we do business.

Well, you know, time and time again, what we find is that in other provinces, other provinces are leading, other Health ministers are leading, other first ministers are leading, and they were going back into those arrangements and saying, we need to modernize. What do we pay a pharmacist to do?

So in other jurisdictions, they're paying pharmacists to administer vaccines and to do vaccinations, and they can create a stipend by which a government pays a pharmacist to do this. Well, we know this government has dragged their heels in a major way when it actually comes to giving pharmacists the rights to expand their scope of practice and do these things, you know, that in areas like Arthur-Virden would really make a difference, would really help that pharmacist to have a reason to remain in community.

Or, Mr. Speaker, when it comes to things like conducting med checks. There's now provinces whereby a pharmacist—and we know that sometimes there are patients who have any number of medications that they're taking. And we know how medications—some of my colleagues know better than others—how multiple medications can interact with each other, and so it is important that someone pays attention to that. And often, in the busyness of the clinical office, the doctor is not the one to provide that oversight; instead, the pharmacist is.

The only problem is, the pharmacist knows there's only one way he makes his money in this province and it is by filling prescriptions. So, for the sake of public safety and for the sake of providing that oversight and for the sake of modernizing our system, yes, eventually this government also will have to pay attention to whether we create a modern system by which we remunerate doctors for even things, maybe, like med checks, to make sure that those medications don't adversely conflict with each other.

So, clearly, what is needed with—here, Mr. Speaker, we don't understand exactly, or I should say, we suspect what the minister's end-game may be with respect to this piece of legislation. It's not entirely clear from the wording of this legislation where she intends to go, but there is some evidence along the way of where this rabbit trail is leading.

But, in any case, yes, we need to guard against the fact that this could have a negative and deleterious effect on rural pharmacists. We need to protect them, and the best way to do that is to modernize the system, to have a very fulsome conversation about a cognitive tariff system, a comprehensive approach to remuneration for our pharmacists. And I know that some people might say, well, pharmacists make lots of money. Mr. Speaker, we need to make sure that we have just modern systems in place that allow these people to do business, not just in urban areas where it is very lucrative to make that money, but in rural areas, in smaller communities, you know, in places like Boissevain, in Killarney, in Glenboro, in, you know, places like Lac du Bonnet and Portage la Prairie and places like Minnedosa. So we need those protections in place and then we need to go there, when it comes to having that broad-based discussion about a cognitive tariff system. We simply can't cap.

And Mr. Speaker, I have a few more minutes on the record, so I will put some comments on the record with respect to where I suspect the minister may be going. It is very important, with respect to this bill, when the minister puts a provision in place in this bill that basically allows her—and I think, if I find my copy of the bill here—oh, here it is—basically allows her to, with only 30 days' notice, to terminate a drug—well, yes, covered by an agreement entered into before September 30th, that might be a little bit of a different issue, because we do have some questions for the minister about why it is exactly that that date is stated, and I have some ideas of why it might be the case that that date is stated.

But even when it comes for the minister's ability to remove a drug from a formula—from the formulary, Mr. Speaker, when it's not an issue of safety and when it's not an issue of supply, it seems to give the minister an awful lot of latitude to remove a drug without cause. Now, that could certainly be an issue that does cause there to be push back from pharmaceutical companies, and I think that this minister should prepare herself for the fact that there could be action. There could be actions from companies against this government, because they will see them to be in breach of contract. You signed in good faith, and now you're not keeping your end of the deal.

But more than that, Mr. Speaker, there's also a concern here that the minister could be proceeding in the direction of preferred provider arrangement whereby she picks winners and losers, that she might

pick just a few pharmaceutical companies to be able to supply that drug on the formulary and then maybe not allow other companies. Now, until this point, we've had a system whereby we had a brand-name drug, and then shortly thereafter—well, not in Manitoba's case, but in other jurisdictions—shortly thereafter, in order to drive down costs, we had a generic, and we had an arrangement by which any company could supply that generic provided they wanted to supply it at that price, and if they didn't want to provide it at that price, they could go do business elsewhere. But at this point, giving the minister these kind of powers would mean that, if it was her plan to do so, she could pick winners and losers and allow a few to compete and then to maybe prevent others from competing. And she might say, well, that's going to strike a balance between respecting the interchangeability formula and also providing, like, a guaranteed market share.

The problem becomes the moment we experience a drug shortage and that minister goes back to other generic suppliers and saying—and we've been there, Mr. Speaker, we've been there as a Province. We've been there with Sandoz where when there—where there was a clear inability of a company to provide the product and there was a shortage in this province. Now, if the minister creates the conditions in which there are a few providers with preferred arrangements and then she has to go back and she has to beg other companies, well, you can bet in the time of a shortage who they will short first. It will be exactly the province who tried to play hardball with them, and it'll be the province that has 1.3 million people. It will not be the province with five or eight or 10 million people.

So, Mr. Speaker, there's concerns here. Obviously, we know the background of this situation. We know—we understand that the Council of the Federation is trying to drive down the price of pharmaceuticals. We say, by all means, this minister should be looking for savings. She should be driving down the price of drugs.

\* (15:30)

This particular bill—it represents, like I say, baby steps, but it—we do express some concerns about the kind of latitude that the minister gives herself where the issue isn't having to do with safety, it isn't having to do with supply. She decides she doesn't like the price anymore and she can reopen the contract, and that could be an issue that creates actions against the government. I know this government is—are not

exactly unfamiliar with actions against them. As a matter of fact, it's becoming more and more the case that this government is well-experienced, so maybe they like their chances in court because they have a number of lawyers on permanent retainer who will quickly respond, but I don't think it's a good plan.

We know, Mr. Speaker, that drug costs—generic drug costs account for 65 per cent of prescriptions in Manitoba, so we know it's a big deal, we know we need to get there. We need to have a broad-based discussion, not just on capping generic drugs but on modernizing remuneration for pharmacists to make sure that we can continue to do this in such a way that does not paint a target on rural communities, that sustains health care in communities, that allows pharmacists to deliver quality services in the community and that also just acknowledges the way that pharmacists work in our communities—giving vaccinations and doing medical checks and doing all those very important things that we respect and thank that community for doing. I—and I appreciate a chance for the opportunity to put these words on the record with respect to this bill.

**Hon. Jon Gerrard (River Heights):** Mr. Speaker, I rise to speak briefly on Bill 45. This is a bill which deals with trying to improve the competitive drug pricing for drugs in Manitoba. It amends several acts including the unproclaimed Pharmaceutical Act, and I'll come back and talk a little bit about—at that, because it's rather surprising that that bill, which was passed in 2006, is still not proclaimed. And there's a lot of people who have been waiting for that, and that's something that the minister should be paying a little bit of attention to.

I would want to talk first of all about the importance of paying attention to drug pricing. And, certainly, I mean, in support of the measures here, look forward to what comes forward in terms of presentations at committee. But I do believe that we need to be paying careful attention to drug pricing and doing what we can to improve for Manitobans the cost of drugs, and, of course, because of our Pharmacare program here that improves costs for governments as well as improving costs for individuals who are paying for drugs.

Back in 2008, the government of Ontario took the lead in reforming drug pricing for generic drugs and the results were then a significant cost savings for the Ontario government and for consumers in Ontario. Back in 2011, in September, I noted that Manitoba, if we had used the Ontario approach back

in 2008, could have through similar actions achieved savings of about \$100 million annually, of which about half of that, \$50 million, would be savings to the Manitoba government's Pharmacare plan and, of course, the other \$50 million either to individuals or to third party insurers. I had a good discussion with individuals from the Manitoba Society of Pharmacists on this particular issue, and yet the NDP have delayed. And finally we have some reforms coming here to improve pricing, but it's noteworthy that there have been opportunities to save dollars—and significant dollars—\$50 million a year approximately, if the government had acted sooner. And \$50 million a year is not trivial, particularly if you put it up against the kind of deficits this government has been running.

And, certainly, one of the things that we need to be doing all the way through is to be ensuring that we run a health-care system, that it's run with the objectives of making sure people get quick care, with the objective of making sure that people get the quality of care—the highest quality possible and, of course, we want to make sure that we're managing the costs well.

So in looking a little bit further into this legislation, one of the things that I notice here which is a good step forward is that the government is starting to look at making the changes, 3(1)(a.1), removing a product from a formulary, to look at—as I've been calling for for many years—having a process to take drugs off the formulary when they're no longer needed on the formulary as a way of, you know, making sure that we maintain the highest possible quality of care that we can here in Manitoba.

So this is a step, certainly a step forward in having not just a process for adding drugs—which we've had for many, many years—but to start in the direction in a more meaningful way of looking at processes taking drugs off the formulary when they're no longer providing a substantive benefit to the health of Manitobans, or, in some instances, it could be because there have found to be significant toxic side effects. But, certainly, one of the things that we do know is that there's a variety of drugs for which, as we improve over the years in looking at the evidence of the effectiveness of these drugs, that we begin to have questions about public funding of drugs which are not found to be significantly effective and—or which, over time, that the ability to know more about these drugs has changed our understanding, our knowledge and the evidence in

relationship to these drugs. So this is a part of this bill which is certainly a step in the right direction.

And, hopefully, we will see how much this bill actually saves in terms of dollars and, hopefully, the minister will provide that sort of reporting. One of the things that certainly could have been added here is an annual report as part of the report from the Minister of Health and the Department of Health indicating the level of savings that have been achieved as a result of this legislation. I think that this sort of reporting and accountability would have been a positive step had it been included in this legislation.

One of the things that this legislation does is implementing in Manitoba the Pan-Canadian Competitive Value Price Initiative for Generic Drugs. I think it is positive that we're working together with other provinces in recognizing that we can, in working together with other provinces, achieve mechanisms and means by which we'll be able to negotiate lower prices for generic drugs. And this, too, is a positive aspect of this particular legislation.

Now, I mentioned when I started that one of the acts which is being changed here is the unproclaimed pharmaceutical act, an act that was passed in 2006 but which even today is still not implemented. And this bill is an important bill because it helps advance the practice of pharmacists so that we can catch up to practices already introduced in other provinces some years ago and in many cases before—considerably before—2005 when the initial legislation was introduced here.

\* (15:40)

The initial delay after the legislation was passed was in part because the new regulations required approval of pharmacists in a democratic vote. The government had some delays in the way that they proceeded here, and so there were delays in this vote. But the vote was held, as I understand it, and as I remember in 2010. It received very strong support from pharmacists, passing with 84 per cent voting in favour.

And clearly, it—the government should have acted expeditiously at that point if it had not, you know, worked quickly to reduce the initial delay, as well. It should've—the government should've acted quickly at that point to make sure that the law, the—what was originally bill 41, The Pharmaceutical Act, was passed and implemented. And you know, it's

tough when you've got a Minister of Health (Ms. Oswald) who takes, as in this case, from 2006 to 2013, that's seven years without yet implementing this bill. And this bill was an important bill to advance the practice of pharmacists, to modernize the delivery of health care in Manitoba. And it's too bad that the NDP and the minister have delayed for as long as they have and have not been able to act much more expeditiously with regard to making sure that this pharmaceutical act was implemented.

Mr. Speaker, I think it is important, in terms of looking at generic drugs, to understand some of the things that are happening at the moment. There is a process called the greening of drugs, which is a—in which drugs are altered slightly to give them new properties, perhaps not with greatly advanced efficacy or other actions or advantages, and these—this has been used as a way of extending patent protection. Where you have a drug which is actually a real major advance, then there's no question that there should be extended patent protection. But where you have a drug which is really just being made to try and extend the patent life, that's a different matter. And indeed, I understand in the United States that they have recently ended, for one of the new, what they call greener drugs, the right to extend the patent because it really is just a copy of the one that was originally present.

So there are, of course, things like this which are happening in the world of pharmaceuticals. I think it's important to note that we have and do have some generic drug production in Manitoba, and that it is important in looking at pharmaceuticals and the way that we support generic drugs and the drug manufacturers which are primarily engaged in producing new drugs, that we support the efforts in research, we support the initial patent protection because it's important in terms of allowing pharmaceutical companies to continue to do the research and development which is so critical, particularly at the moment when there are so many new opportunities as a result of the advances in molecular biology.

And we should, in fact, make sure that in Manitoba we have the best possible situation in terms of supporting our own pharmaceutical industry, as well as supporting health care in this province, and I would suggest that it is important that we strike the right balance in this legislation. But, certainly, from a perspective of ordinary citizens, that the important thing is making sure that we have

access as soon as we can to the highest quality drugs, including the new drugs, because the new drugs, which are significant advances are a big step forward and provide major, major benefits. Where we're delaying implementing the pharmaceutical coverage—Pharmacare coverage of new agents, then we're not able to offer the up-to-date treatment.

There is an interesting story of one of the drugs that has been developed, and extraordinarily effective, in the case of chronic myelogenous leukemia. And in the case of chronic myelogenous leukemia, in 1959, it was first identified that most cases of chronic myelogenous leukemia are associated with what became known as a Philadelphia chromosome, a shortened chromosome, No. 22. And this was called a Philadelphia chromosome because this was first identified by people in Philadelphia. And as more information came forward it was found that what was happening was not just a removal of a piece of chromosome 22, but, in fact, a translocation between a piece of DNA on chromosome 22 and a piece of DNA on chromosome—I believe it was 9.

And as a result of this translocation, it brought together two pieces of DNA, the gene sequences. And these—one of the pieces of gene sequence was a gene called the ABL gene and the other gene was a BCR gene. And so you had this combination of BCR and ABL, and all of a sudden this combination resulted in the activation of a particular enzyme, a tyrosine kinase, which, in fact, was the cause of the change in the cells and of the chronic myelogenous leukemia.

And the interesting series of events which followed was the identification not only of this tyrosine protein kinase, its role in promoting and, indeed, causing chronic myelogenous leukemia, but the development, then, of a particular drug which inactivated this protein kinase—this tyrosine protein kinase. And this drug was found, when added in cell culture or to bone marrows containing this—the chronic myelogenous leukemia cells, to actually kill these cells and spare and not affect the normal cells. And, indeed, this drug is now widely used for treating chronic myelogenous leukemia, and it's very effective and been extraordinarily useful in providing a much advanced treatment for chronic myelogenous leukemia.

It's an example of the sort of drug development which can be happening today and it's an example of the sort of advances that we need to be aware of and—

not only that, but the advances that we need to be implementing to treat people here who develop chronic myelogenous leukemia. That drug is now, and has for a number of years, being used here. There was some 'ilition'—initial delay in getting it widely used here, and that came up briefly, I believe, in the Legislature a number of years ago.

But where we are now is the design of new drugs can be done in a way that is much more elegant than ever before and in a more sophisticated fashion and to target particular forms of cancer or other diseases in a highly selective way. And so, as we proceed looking at this legislation and we proceed in looking at how we approach the pharmaceutical industry and drug pricing and drug availability in this province, we should be moving forward. And I'm pleased that we have this step. I think we could be doing more. But, certainly, I will be supporting this legislation, but ready to listen carefully to any comments that may come forward at committee stage. Thank you.

\*(15:50)

**Mr. Reg Helwer (Brandon West):** Pleased to rise to put a few words in the order on Bill 45, The Competitive Drug Pricing Act and Various Acts Amended. Indeed, it does address a wide area here of particular acts, and we have to look through here in detail to see how everything will be impacted.

In the early days of the generic drug manufacture trade, I did have the opportunity to visit the Vita Health factory, or if you want to call it, where they did produce generic drugs, and that was a very early time, and have a tour of that facility. Knew the Seier family who owned it at that time and very impressed by their approach to things and how they found that opportunities throughout North America in that world and, indeed, the various particular things that they had to deal with in terms of security for codeine and that type of thing and signing in and signing out of that area and how the—all the equipment works and put it together. And just a new world to me at that time, did not know how drugs were made, how the pills were pressed or put into capsules, encapsulated, that type of thing, so a very interesting world. But that has, of course, changed from then to now and a lot of different things have opened up.

So in the drug world here, as we see this Competitive Drug Pricing Act, you know, I have been concerned in the past with the NDP's fairly poor record of updates to the provincial interchangeable

formulary. And early on, this came to me as an MLA from a constituent that had some problems with this.

And this individual's daughter fell ill with cancer, was diagnosed with cancer, and they tried several different treatments and they would work for a little while and then it would recur in particular areas. And this individual was very learned and a Ph.D., no shortage of research skills and ability and knowledge in this world, but as a parent, as, I'm sure, most parents, we would do just about anything for our children to make sure that they remained healthy and had all of the opportunities available to them in order to retain and to recover and have that health once again.

And one of the things that this individual ran up against is that there was a drug that was available for treatment of this particular cancer that was not available in Manitoba, was not on the formulary. Was in other provinces, it was available there. And, of course, with a good deal of diligent research, he found out what the particulars were of that particular treatment, what the ramifications were, what the side effects were and, indeed, what the cost would be for a treatment regime for his daughter. And tried several times to access that treatment for his daughter but was denied because it was not available in—excuse me—in Manitoba, and in the end became so concerned that his daughter was not going to live very much longer or the—and that she needed this treatment that he did offer to pay for that particular treatment out of his own pocket. Even though it could've been a couple of million dollars or more, he did have access to that through his retirement funds and certainly was willing to go the extra mile to give his daughter every opportunity to recover. And even that gesture was, I think, cold-heartedly turned down by this government. He was told, no, you can't pay for that. It's not available in Manitoba. We don't care that it's available in other provinces as a treatment. It is not going to be available to your daughter to possibly extend her life here. So, obviously, this individual's not happy with the government. At one time was a supporter but no longer. And, of course, his—you know, as the way it turned out, his daughter was denied that particular treatment, subsequently did pass away.

And this individual continued to be interested in the methods that this government used to add and delete drugs to the formulary and found that there was an oncologist in Manitoba that was a little more aggressive than his daughter's oncologist and, in fact,

had used that drug about the same time for another individual in Manitoba.

So it's very disconcerting when we hear things of this nature, Mr. Speaker, that opportunities are available to one individual in Manitoba but denied to another, even when that individual is willing to pay out of their own pocket and, of course, that is turned down because that's seen as two-tier medicine, and that's fine. But, when one individual has access to it and this person is denied access to it, that is, indeed, two-tier medicine and something this government tries to deny time and again, but we find more and more opportunities that they do have two-tier medicine in Manitoba under this—under the authority—NDP government here. And that's very disappointing when we see that. They talk about not having that, but, of course, we see that it is present now. And certainly a very sad story in this regard and I do see this individual regularly. It is obviously a part of his life that he lives with—is always troubling to outlive your children.

And, as you know, Mr. Speaker, we've had health issues in our family, and I had concerns about the health of our daughter—not from cancer but from a kidney disease—and it is a very troubling time and a lot of stress on the family. And it's distressing when the government won't go the extra mile to make those opportunities available when they have been made available to other speaker—other people.

So, with that, Mr. Speaker—those few words—I do have some of those cautions that we do need to be open and accessible, and I'm concerned about this government's record in that regard and think, at that point, I will be interested in what some of the discussions are on this in committee, so we'll see how that goes. But I think, at that point, I'll be—close off the comments.

Thank you, Mr. Speaker.

**Mr. Speaker:** Any further debate on Bill 45?

Seeing none, is the House ready for the question?

**Some Honourable Members:** Question.

**Mr. Speaker:** The question before the House is second reading of Bill 45, The Competitive Drug Pricing Act (Various Acts Amended).

Is it the pleasure of the House to adopt the motion? *[Agreed]*

We'll now proceed with debate on second reading of Bill 28, The Health Services Insurance Amendment act—Amendment and Hospitals Amendment Act (Admitting Privileges), standing in the name of the honourable member for Brandon West (Mr. Helwer) or—pardon me—Morden-Winkler. Pardon me. I've got it wrong. So my apologies to the honourable member for Morden-Winkler.

**Bill 28—The Health Services Insurance  
Amendment and Hospitals Amendment Act  
(Admitting Privileges)**

**Mr. Cameron Friesen (Morden-Winkler):** Mr. Speaker, it's my pleasure to rise this afternoon and to also put some words on the record with respect to Bill 28 and the health services insurance and hospitals amendment act that has to do with admitting privileges for both nurse practitioners and midwives who practise in this province.

And, first of all, I do want to say how very important it is—all the various people who work in the health-care field. And oftentimes, in debate in this Chamber, when we are all focused on things like providing the best possible services to Manitobans and there's a lot of sparring that goes on back and forth, we need to be very careful at the outset to always say that we recognize the tremendous contributions of the practitioners, of the professionals at the front line—people who work in our system across this province every day, who work in places like hospitals and clinics and personal-care homes, and they're nurses and they're doctors and they're nurse practitioners and they're midwives, and they go into these professions because they care a great deal about the health of people. They believe they can make a difference.

And we want to acknowledge at the outset that these people are working in our communities; they are working in our health-care facilities and they're doing a great job, oftentimes under less than ideal circumstances, often with major questions that surround them about what the long-term situation looks like where they practise. And we know it's a challenging time to be working on the front lines.

\* (16:00)

And so, certainly, we have said again and again in this House, in this session of the Legislative Assembly, that we need to make sure that we ensure the viability, the long-term viability of our health-care system. We need to make sure that we are putting resources to the front lines. And that's a

challenge in a province where we have, probably, one of the, I believe, the second worst record, or perhaps it is the worst of all when it comes to Canadian provinces with the amount of nurses who work not on the front line but in administration. We have the—one of the highest numbers, I think, the highest number of doctors who have actually left this jurisdiction to practise in other provinces. And, as a matter of fact, since the year 2000, there were 2,200 doctors have left Manitoba to practise in other jurisdictions. Those are some of the challenges every day that those who are working in the front line have to face.

Now, we understand, Mr. Speaker, that that challenge is felt in urban areas, especially when it comes to things like off-loading the ambulance, and we've seen wait times to transfer a patient from the back of an ambulance into a hospital to have that patient admitted to hospital—and those times have soared where the average time is now over 72 minutes. So that results in fines assessed against the WRHA in excess of a million dollars per year.

It means that that same ambulance and those paramedics cannot be returned to community, cannot be dispatched to attend to another scene of an accident or to another residence or to another roadside to assist somebody else. We know this has an effect. We know that the times have continued to escalate and they need to be driven down.

And we know that even now that in the WRHA they're setting new targets they want to see for the off-loading times of patients, and those new target times do not even go beneath the level at which fines would continue to be assessed. And so, Mr. Speaker, we know that this minister needs to be more aggressive. She needs to set realistic targets that will actually make a difference.

We know that there are challenges when it comes to, you know, wait times for ER admitting. We know that there's challenges when it comes to doctors in urban areas. We know that Manitoba, according to some of the most recent research, has an unenviable record when it comes to an individual who has suspected an illness and has been to their family practitioner and then they have been to a specialist and now they're waiting for the commencement of their treatment. And that interval is far too long, according to research. In this province, it exceeds the national average. It exceeds that of our neighbour provinces. And, certainly, we know more needs to be done.

And, as the weeks go on, we continue to say more and more about the deteriorating situation when it comes to health care in our rural communities. And it doesn't matter if we're, you know, talking about areas like Lac du Bonnet, we're talking about areas like Emerson and Altona, Vita, and talking about areas like—that are not too far away from Brandon, areas like Minnedosa and Killarney and Boissevain. And we know, Mr. Speaker, that these areas continue to suffer with doctor shortages. The minister has not clearly identified what the solution is. We've called on her to recognize the scope and the size of this problem because, certainly, we have to acknowledge that we need both a long-term plan and we need emergency interim measures to keep the situation from deteriorating any further.

There's communities like Vita—and I know that the member for La Verendrye (Mr. Smook) continues to ask for a time by which the ER at Vita will be reopened. And there's been some measures put in place which are inadequate but, I guess, try to address the situation. And really, I believe, when I speak to the member for La Verendrye, he's clear that the situation can be addressed when there's once again a complement of doctors who are at the Vita ER that allow that facility to be reopened—or that ER, an emergency room, to be reopened and service the community.

If we do not do these things, we continue to put the viability of these rural communities at risk because people and businesses and farmers and seniors and young people and newcomers to the community and patients will not settle in those areas. They will move. They will seek services in larger centres. They will move to larger centres. Perhaps they'll move to, you know, Steinbach. Perhaps they'll move to Winnipeg. But we need to send a clear message to these communities that the services are there because that, indeed, is the pledge of the minister, that these services will be available to Manitobans in the communities in which they live.

So, Mr. Speaker, we've called on this minister to find savings in the system. We've called on her to drive down the stubbornly high annual increases to health-care spending in this province which stay up high, around 6 per cent, I believe. This year the minister is again indicating maybe a target of 4 per cent, but this government, this Finance Minister, has not indicated that he has any alacrity to hit the targets that he has set when it comes to his fiscal planning. I think that he continues to get to the point where we have deficits in excess of

\$500 million a year, even though the Finance Minister promises a 1 per cent decrease to departmental savings not—just a year ago.

And I still have his budget address. I still have the—his speech text, because it was the first budget after I came across the line as an MLA, so I have his speech in my office, and, from time to time, I check it to see if it really says what he said at the time, which was he would drive down spending to an equivalent of 1 per cent across departmental areas.

One year later, he's trying to paint a big target on the backs of the opposition party because it would propose to do such an audacious thing as to do exactly what he said a year ago he would do in his budget. And now he thinks it's preposterous that any government would be so crass as to try to realize a 1 per cent across-the-board savings, even though in other jurisdictions, like Ontario, they're exactly in that business of right now realizing that it is inevitable that interest rates will ultimately climb back up and that governments put themselves in an untenable position when they do not attend to the real possibility of rising interest rates. As a matter of fact, in this province, really, a 1 per cent increase in debt-servicing costs would amount to a number whereby it would completely wipe out even the historic increase to the PST brought about by this government just in this last budget through Bill 20.

So, Mr. Speaker, we call on this minister to make some changes, to drive down health saving— or spending, and so, I guess, this is her way of doing it.

And, certainly, we do recognize the important work that nurse practitioners do. We need to, at the outset, say we have in excess of 2,500 doctors who practise here in Manitoba. I think, by comparison, we have approximately 80 nurse practitioners who practise in Manitoba. So we need to understand from the very outset that the minister spends an inordinate amount of time talking about nurse practitioners. I, for one, as a new MLA, can say I've seen very little with respect to the minister's announcements, legislation coming forward, that would actually talk about doctors and increasing the numbers of doctors in communities.

By comparison, I know she is quick to speak about nurse practitioners. I think what we need to do is be very quick to speak about actually making the nurse 'practitioner'—practitioner model work and be viable, and that will include steps not just in terms of underwriting the cost of their education, but it will also mandate that this minister will produce spaces

for nurse practitioners to practise. That doesn't just mean producing nice, shiny and glossy stand-alone centres, where the minister also has to acquire land and to redevelop land and to rezone land, and to hire a capital construction company and a project manager and build a facility, and then to pave the parking lot and then to hire front-line staff and pay the heating bill and the air-conditioning bill and to pay the security bill. The costs and the overhead for that kind of approach is enormous.

And I have asked the minister to undertake a study to be able to compare the cost of approaching the nurse-practitioner matter in this regard as opposed to other approaches that have been taken in other parts of North America. As a matter of fact, there's some very successful projects by which nurse practitioners have been placed in clinical offices where fee-for-service doctors practise. Matter of fact, in my area of the province—it's not been the minister's leading, but there have been doctors who have led in this regard who have unilaterally taken to hire nurse practitioners and to invite them into their practice.

\* (16:10)

I think what would be worthy of discussion and examination—I believe that some of that examination was prior—undertaken by the minister's assistant deputy ministers at one point to discuss—or to discuss the viability of locating nurse practitioners in doctors' offices and perhaps paying a stipend to those doctors because, of course, at the end of the day, those doctors are being remunerated on a basis of fee-for-service. So, as business people, they locate their offices, they acquire the land, maybe they own their building, maybe they rent their space, and then what you can do is, of course, maybe pay a stipend to that business group that owns that clinic and use that to allocate space to a nurse practitioner. Now that nurse practitioner has the ability to practise tethered to a medical doctor and they can do it in a collaborative setting instead of in the kind of silo setting that in too many cases leads to a situation in which someone gains services from a nurse practitioner and then goes down the road to a fee-for-service clinic and also sees a doctor. That's not the kind of change that will actually produce savings; that actually produces additional costs to the health-care system. It goes in the opposite direction.

And there's a number of things we need to keep in mind when it comes to the approach of the minister, but certainly as an MLA who represents a rural area—now, I represent an area that the province

still regards as rural, but obviously the city of Morden, city of Winkler, the RM of Stanley, with a combined growth rate of 21.7 per cent over the last 5 years, probably the highest growth rate in the whole province for any community. In any case, we have rural issues there and we have a nurse practitioner who works not too far away in the Manitou area; we have a nurse practitioner who works in the Carman area. And those nurse practitioners have practiced successfully and I've spoken to these professionals and I've spoken to doctors in the communities, and they say what makes the model successful is their ability to collaborate with doctors, their ability to pick up that phone, to be a call away and to have the patient to be able to avail themselves of the expertise of both practitioners.

And I fear that the singular approach the minister has taken to locate nurse practitioners in stand-alone facilities isolated from the rest of the health-care community, will not allow them to be as successful as they otherwise would be. Not only that, but, of course, then it just becomes a kind of a funnel issue whereby you cannot build those kind of facilities, either feasibly—fiscally feasibly or fast enough to make the places necessary to actually grow the profession, because the minister is, on one hand, saying she's got to cover the costs of the training for the nurse practitioners.

The only problem is we have no guarantee the kind of seats that will be available for nurse practitioners on the other side. If you're going to approach the equation the way the minister does, you're going to run into a problem whereby you cannot construct these facilities in a manner that is fiscally viable or in a manner that actually allows them to gain access to the expertise of other practitioners and to practise in collaboration and to allow that iron to sharpen iron.

That is not the approach we've seen. We understand that building a QuickCare clinic in the middle of St. Mary's Road does allow the minister an ability to have a great big billboard on a roadway where more than probably 75,000 cars pass per day. That's a—there's probably less expensive properties that the minister could have acquired six blocks away that wouldn't have been on St. Mary's Road, that wouldn't have been St. Anne's Road, that probably would have created a great place to locate something like this, but it wouldn't have presented that opportunistic ability to put that sign on the door. Whether it's in the best interest of nurse practitioners, of patients, of the long-term viability of that

profession, I think there are serious questions around that.

But, you know, Mr. Speaker, in the minutes that I have left before—I know colleagues of mine also want to speak—I know that in the course of this session of the Legislature we have made it clear that even as of February there were 17 disruptions—ER disruptions at hospitals, either ER departments that had been closed or had experienced service downgrades and many, many more have been added to the list since then. Places like Vita, Altona, Teulon, Pine Falls, Boissevain, Killarney and many more, have either emergency rooms shut down or subject to intermittent closures.

And we know that our doctors are leaving. We know, as I said, that over 2,200 doctors have left Manitoba to practise medicine in other jurisdictions. And we know that a quarter of those have gone to western provinces over the years. As a matter of fact, I was speaking to colleague in Alberta just this week, and they were teasing me about the fact that we keep sending them so many doctors from the province of Manitoba. And I said, yes, we'd like to actually do a little less of that. We like to help out, but we'd like to do a little bit less of sending our doctors over to practise in Alberta.

And so, Mr. Speaker, we know that we need a model that works when it comes to helping rural communities have access to services. We need a model that really helps solve the issue of doctor shortages. We need a model that encourages nurse practitioners. Like I say, you have to address both sides of the equation. It is one thing for the minister to agree to pay the full costs of their schooling, but we have to have a place for these nurse practitioners to go once they graduate from these programs. And the methodology that the minister has employed is not one that would lend itself to creating the kinds of spaces that will be necessary when we see an uptick in the number of nurse practitioners that we anticipate that will enter a program because someone else is going to pay their bill.

And so, obviously, we've got other issues as well, including the midwifery model in Manitoba, and, Mr. Speaker, we have continued to bring to this House—I know that this bill would extend those same admitting privileges to midwives, but we know we have other challenges when it comes to midwifery in the province.

It's been that same kind of silo approach, building a very, very fancy and shiny facility with

maximum exposure and visibility at the corner of St. Mary's and St. Anne's Road. Now, the only problem is of the kind of numbers that the minister promised. I don't know who her actuary was on that calculation, but the kind of numbers that were promised simply haven't materialized. As I continue to go past that centre and take a look—as friends that we know and acquaintances of the family continue to go inside, there aren't the 500 births per year that the minister promised. As a matter of fact, I think that only about a month or two ago, we marked the 150th birth in total at that centre.

Now, it's fantastic that some—*[interjection]* There are probably—as the member for Steinbach (Mr. Goertzen) has rightly noted, there may be more babies born on the roadside between Swan River and Yorkton, Saskatchewan, than there are actually born in the midwife—midwifery centre there in south Winnipeg.

*Mr. Mohinder Saran, Acting Speaker, in the Chair*

Now, it is good that there are some women in Winnipeg who have the opportunity in the WRHA to be able to avail themselves of that centre and to be able to avail themselves of the services of a midwife because they choose to have their baby in that manner. But the fact is that, even recently, we've had people from outside of the WRHA attempt to use this underutilized facility and been told that they cannot—that they do not have access. That access simply does not exist.

So, Mr. Acting Speaker, what I would say is that we need to recognize that there are a number of pieces of this puzzle. There is not a one size fits all, and that—you know what? There may even be—I would suggest to this minister that there is probably a very appropriate place for the kind of QuickCare centre, perhaps, that she has put in place in south Winnipeg. There are communities just down the road from where we are right now from the Manitoba Legislature—maybe communities that would be less successful in attracting a fee-for-service walk-in clinic.

We know, as you drive down some roads in south Winnipeg, man, you can just see a walk-in clinic on every corner, but you go north of this wonderful building, and we come into communities where it's more difficult to find those community services. Now, it would seem to me that there might be an appropriate argument to be made that that is the appropriate place to locate a QuickCare clinic. In other areas, why directly compete when you have

already such a—probably a—we've done some calculations and I don't have them in front of me, but we've calculated the number of doctors available by region of Winnipeg, and I can guarantee that when you go to west or south, there's a very healthy ratio of doctors available for the population. It would seem to me that the monies—the minister's money might have been better spent—or taxpayers' money might have been better spent if that QuickCare clinic had been located in a neighbourhood that might have a population that—perhaps it may be a population that doesn't have the same access to transportation—maybe not two-car families all of them—who could have that QuickCare clinic in the neighbourhood, accessible to them, because, really, that is one of the minister's key points, accessibility in the system, even though it doesn't exist in many, many communities across Manitoba.

\* (16:20)

Fact of the matter is the nurse practitioner model could be a fantastic resource in communities right now in Manitoba where it's not being used. And when I speak to nurse practitioners, they seem to suggest—there seems to be a real uniformity around their comments in this regard that the—there seems to be a funnel and that there simply isn't the same commitment given by this minister to expand the actual seats for practice. There is too much red tape in their viewpoint. There is too much bureaucracy involved in locating nurse practitioners in communities. That's where we should be focusing our efforts, Mr. Acting Speaker. That's where the minister should be focusing her efforts in terms of really making the model work.

We all know that we have in Manitoba a primary-care crisis. We have a—both a primary-care crisis and an emergency-care crisis, and we have more and more residents experiencing an inability to access services where they are needed, where they live. And it's why Manitoba received the only failing grade this year from the Conference Board of Canada when it comes to accessibility within the health-care system. And that included categories of difficulty accessing health information or advice. It also includes the categories of receiving needed care and includes the categories of ER use for a condition that primary-care provider could have treated if available. So, while it's good to ensure health-care practitioners are utilized to their fullest potential by ensuring that their scope of practice reflects their capabilities, so much more needs to be done to address Manitoba's primary-care crisis.

So, we understand nurse practitioners and midwives are vital components, absolutely integral to our health-care system, because I believe—you know, the first thing the minister always want to do is get up and say, oh, why are you painting a target on nurse practitioners? Let's be very clear. Let us be completely beyond speculation. We see it in our communities. Nurse practitioners is not something the minister thought up; the model existed prior to her coming onto the scene, and it's a good model. It's a good model because it allows someone who's willing to go back and make that additional commitment after a nursing designation to go back to school to receive this additional—this advanced practice training, to go back into the system and to be able to offer those additional supports, that additional help in the system. Clearly, we know that nurse practitioners want people to better understand what they can bring to the table and what they could mean in the overall calculations of ensuring the viability of health care in all of these communities that we've been bringing to the floor of this House in question period, bringing to the minister's attention in departmental Estimates, bringing to the attention of this House during the private members' statements.

And, in the time that's left to me, I just want to put a few more words on the record with respect to the actual provisions of this bill. And we understand that the bill gives a little more latitude to nurse practitioners, and we understand that. I believe that it would extend admitting-to-a-hospital privileges to a midwife. Basically, that it would allow midwives to admit persons to this hospital in very specific circumstances, and then the nurse practitioners would have more ability to do so.

But it bears stating for the record that I—we were saying earlier and I was stating earlier that the minister has—she has really focused very, very specifically on nurse practitioners, but it's important for the minister to also pay attention to where the wind is blowing. And I found it interesting that in her haste to grant privileges to nurse practitioners, a few months ago the minister made an announcement that she was going to extend the right to nurse practitioners to order diagnostic testing, to order MRI testing. And so I thought about that and I thought, well, that's an interesting—it's an interesting announcement given the fact that the minister did not yet also announce any more MRIs at that time. She didn't announce any more radiologists at that time. She didn't indicate any targets to reduce wait times for diagnostic testing.

So, basically, in essence, it would be like—kind of like selling more tickets to a Blue Bomber game without checking to see how many people can fit inside the stadium. You just can't—*[interjection]* Well, I know, I mean, it's true; these days it's harder and harder to give those tickets away, as I can testify to the fact after having seen the Calgary game a few weeks ago—heartbreaking loss the third quarter. I don't even say the fourth quarter, it was a heartbreaking loss really in the third quarter. *[interjection]* I'm proud to say I did pay for my tickets, yes. But it—after the fact, you know, man, I had to think twice.

Anyways, with that said, I thought about the extent to which the minister needs to be clear that she's also attending to what's happening in the wider context. And so it was with great interest that I saw just a few weeks ago the announcement by the Health Care Innovation Working Group, that they would come up and make public and say, you know, we've discussed it as first ministers and health ministers and what we found is that there is way too much diagnostic testing that goes on in Canada unnecessarily, and what we need to do is make sure there is appropriate diagnostic testing.

I thought, well, that's very interesting. A little, maybe, embarrassing for this minister, coming on the heels of her great efforts to increase the ability of groups to actually order diagnostic testing, and yet she has all her peers standing on the other side and saying, we need to constrain the ability, not because the right kind of MRI testing isn't being done but because there's too much of it.

And these days, I hear from doctors and I hear from nurse practitioners, that there is unnecessary MRI testing. As a matter of fact, it's been cited by the working group—the innovation working group—as a burden on the system. And, matter of fact, the Canadian Association of Radiologists said that as many as 30 per cent of some scans are not needed.

And so that's why now the first ministers—or I should say, the health care innovation working group has come back and said, we need to be very careful about the kind of testing that's going on and to make sure that it is appropriate testing, and, probably, there's a whole lot of testing going on that is not necessary. So I thought that was odd coming at such a time that it would—approximately at the same time as the minister was expanding the ability of practitioners in this province to do exactly that.

And I know there are others who want to speak on this bill, and so in the short time left to me, I'll just make a few more comments.

I want to also mention the fact that we recognize that there are no provisions in this bill that talk about discharging from hospital, and I would invite the minister to just clarify, in the course of, maybe, committee or otherwise. I know that in other provinces they first brought in a legislation that would allow these other groups, like nurse practitioners and midwives, to discharge from hospital. So I think there's a certain concern, just in terms of the continuity of care and making sure that we are—that we're clear about who has authority and who has care of the patients. So that's something that I would invite the minister's clarification on. I think it bears a clarification and we'd invite that to come forward.

And, Mr. Speaker—Mr. Acting Speaker, we know that the minister—this minister and this government has a poor record when it comes to ensuring continuity of care, and that was made clear in the Conference Board of Canada 2013 report, paving the way to higher performance.

So we need to answer that question: Who is ultimately accountable and responsible for our patients' care in hospitals? Where will that ultimate accountability lie?

And I'm—and so I'm happy to have put these comments on the record with respect to Bill 28.

**Hon. Jon Gerrard (River Heights):** I rise to talk for a few minutes on Bill 28 which deals with changes to the health services insurance and Hospitals Act, and it particularly deals with allowing nurse practitioners and midwives to have hospital privileges.

I think the first thing that must be said is that nurse practitioners play a very important role in our province—could, indeed, do much more than they are doing today. And I think that we need to not only recognize that, but, you know, salute the nurse practitioners who are making a very significant contribution at the moment to health care, to health-care delivery, to ensuring that Manitobans are looked after well.

\* (16:30)

When I was in charge of the Pediatric Hematology/Oncology program at the University of Manitoba, the faculty of medicine in the Health Sciences Centre, we had with us a nurse who

functioned essentially as a nurse practitioner. And she played a tremendously important role, working very closely with the physicians and others in the program, and was able to do a remarkable job contributing to the effort of the team, the whole health-care team, because we operated very well and—as a team, making sure that kids with cancer got the very best in terms of diagnosis of their cancer in terms of care, and in terms not just of medical care, drugs, so on but very much in terms of overall help for the children and the families.

*Mr. Speaker in the Chair*

As part of the team, we had not just physicians and nurse practitioners, we had occupational therapists, we had a child life worker, we had a chaplain, we had a teacher, social worker, all with the idea of trying to make sure that when a child got cancer that, in fact, we were looking at how we helped the whole family to deal with this, not only looking after and caring for and treating the child with acute lymphoblastic leukemia or brain cancer or kidney cancer, whatever it might be, but making sure that we were using, you know, the very best in terms of treatment protocols that could be available anywhere in the world.

Mr. Speaker, we were part of a children's—North America-wide children's cancer group, and this cancer group was continually updating and improving treatment programs on a very regular basis. We met periodically as a large North America-wide group just to make sure that the protocols were optimized, that we were understanding everything from the basic science all the way through to the clinical care to what was happening with families and that the whole dynamics of care for children was steadily and progressively improved.

It was very important to work together in this fashion with many other institutions because, for any one institution, there would be limited numbers of children with specific types of cancer, and that progress could be made much, much faster in understanding what was the best way to treat kids with cancer by everybody at institutions throughout North America working together and achieving improvement and advances. It was—and still is—a very successful way of working and it was a major reason that when I graduated as a doctor of medicine and started working as a physician, that, at that point, we didn't know that you could actually cure a child with cancer, and by the time I left active practice to

become a politician, we were curing approximately 75 per cent of the kids with acute lymphoblastic leukemia—a lot of progress and a lot of difference for a lot of kids. And there were improvements, in some areas quite dramatic—Hodgkin's lymphoma and so on—and that this was happening and continues to happen.

And so the importance of working as a team, of having an integrated approach and of having nurse practitioners as a very important part of that team, I think, can't be under-emphasized. We need to make sure that we're building such teams, that we've got the optimum funding model for building such teams and that people, whether they're nurse practitioners, whether they're occupational therapists, physiotherapists, whatever position, they're working to the optimum that—of their competence. And I think that that's part of what this kind of teamwork approach allows, because you have, then, individual and you have joint responsibilities. And those combination of individual and joint responsibilities work very well in making sure that people are well looked after.

And our—the fundamental goal here is making sure that we are improving the quality of life, we are improving the treatment, we are improving the situation for, in this case, the children, but also for the whole family. We had for kids with cancer, summer camps which allowed brothers and sisters to go and find out what was happening, be participants. It was important that brothers and sisters have some ability to understand, to help and to not feel that all the attention is being given to their sibling who has the cancer.

So, Mr. Speaker, this team approach to health care is absolutely essential and absolutely vital if the system is going to work well for people in Manitoba. And, in that context, I think it is a step forward that we have, in this case, nurse practitioners—and I will talk about midwives in a little bit—but we have nurse practitioners playing increasing roles in hospital settings, in clinics, what have you.

I think that the—one of the issues which remains to be addressed is in an era where in hospitals within the city of Winnipeg, many of them now have hospitalists who look after the patients within the hospitals. You know, a nurse practitioner admits—does the care then get handed over to the hospitalist, to the primary care? Does—who is responsible? What happens? How does this work? I'm sure these questions will be worked out. And, you know,

certainly, as we look at how the team approach works, these are indeed questions which are very important to work out and to work out well.

And I'm sure that we will work them out both in the context of how we approach teams outside of hospital, in hospital, but also in terms of the optimum funding models to enable the teams to work well and optimally together and to address—and this is probably even more important in the case of midwives—issues of malpractice and liability and so on, if we're going to have teams functioning well and make sure that there is the accountability where and when it's needed.

So I think that there's tremendous opportunity here for nurse practitioners, that there is potential for working in both isolated communities and working in large urban centres, that there are opportunities for working in areas—as I was working—in a specialist area and working in areas of more general practice, clinic settings. And these are things that we need to move forward on.

I talked with quite a number of nurse practitioners who are doing just a phenomenal job, able to practise and contribute in a very significant way to overall health care. And, you know—and part of the benefit here is the ability to spend more time, often for nurse practitioners, on particular aspects—preventive health sometimes. But, again, where this works best is really in the area of teamwork where the whole team is looking at preventive health.

\* (16:40)

Certainly, when we were looking at issues of cancer in children, one of the things that we were constantly looking at was areas where you could improve to prevent cancers and where there was opportunities to move forward quickly in those areas as well as in the areas of treatment, and that was certainly an advantage of that kind of team model.

And where we were looking at prevention, it was not just nurse practitioners or not just doctors or not just other members of the team; it was the whole team working together and looking and asking about what's the evidence that things are effective in preventing cancer and how do we move this forward in terms of actually doing the job which needs to be done, which is prevent cancer, as well as to look after children well.

Now, let me talk for a few minutes about midwives. Once again, we have a situation where midwives play a tremendously important role, both

independently and as part of a larger team. It's important that we have this kind of collaboration and teamwork, Mr. Speaker, because if what looks like a straightforward delivery should become a complicated one, then you need people who are there, usually at this point physicians, able to deal with the complicated deliveries and not just the simple deliveries.

And you need to have this seamless ability to handle any kind of delivery and, of course, an important part of that is identifying early on what is low risk, what is a high risk, but it's always possible that what looks like a low risk to start with can, for one reason or other, develop into a much higher risk. And so the best way to organize this is clearly to be able to work closely together so that, you know, all eventualities are going to be able to be covered and covered optimally. I think that there is a clear role for deliveries at birthing centres. There's a role in some cases for home delivery, and we need to, you know, be following along and knowing enough about where the risks are and what the backup processes are in each circumstance.

One of the problems that has, in a sense, arisen or one of the challenges is probably a better way of putting it, in terms of, you know, improving the ability of midwives to play an important role is to make sure that they, as other health professionals, are covered in terms of insurance, and, of course, insurance for whether it's a midwife or a physician, in terms of covering somebody who is responsible for the delivery of a child, can be quite expensive. And so it is important to look at costs and optimization of health care and how teamwork works well together.

I think one of the problems with the northern midwifery program was a good objective, but it didn't work as it was originally set up, partly because some of the aspects of the working of the whole team were not adequately looked at and integrated in so that you'd be able to have this kind of team approach in which, you know, the midwives are able to do a tremendous amount, but there is always, if there is a delivery which needs and has complications, which you have that seamless transition so that you have people able to come into play who are able to cover and manage for this circumstance. The difficulties of such coverage and the difficulties and high cost of medical insurance are clearly one of the reasons why we have far fewer deliveries now and far fewer places where babies are delivered in Manitoba than there used to be. And, you know, in general that is a

good thing because it's enabled the safest possible circumstances both for the mother and for the infant. But where there's opportunities to do more locally, we should look at those carefully.

But the reality is that you need to be able to care for mother if there's complications related to what's happening with the mother, pre-eclampsia, eclampsia or what have you—there are many, many such examples. But one also has to be able to deal with complications if they happen to the baby. If a baby is born with a congenital heart defect, if a baby is born with respiratory distress syndrome, if a baby is born with any of a number of conditions which may need pretty urgent attention in the first few days—could be a metabolic disease which needs to be diagnosed very quickly, it could be any of a number of conditions—but it's important to have this whole team. And, to some extent, it becomes a local team, a provincial team, because we have to be able to cover the variety of different circumstances which may arise, and to a large extent that this has been accomplished in a helpful and useful way, in a way that has moved medicine forward.

But we need to be cognizant of the importance of building teams and of teams working together. And whether it is in small centres or large centres or remote communities, that the interconnections of the team now, of course, are not just those interconnections in terms of people who are present locally but with video conferencing, with communications and a whole variety of circumstance with information that can be made readily available quickly under varied circumstances with distant diagnoses, in some cases distant treatments, surgical treatment; that there are options here and we need to be able to have the flexibility but at the same time the safety, the assurance of quality as well as the ability to give care when needed as quickly as possible and as well as the ability to prevent problems, and to look at issues like nutrition and exercise and so on, and integrate this in terms of what is happening.

One of the fascinating studies a number of years ago, in the 1980s, took many thousands of people and looked at the development of chronic diseases including cancer and heart disease and so on. And one of the things that came out very clearly from that study was that exercise and fitness played a significant role. And that those who were physically fit had less chance, a less likelihood, of getting chronic diseases including cancer. And so it is important when we're talking about, you know, not

only treatment and prevention, that we have an integrated team in looking at these lifestyle issues as well as issues of the immediate treatment and the use of drugs and the other measures.

And I think that it's important to pay a tribute to nurse practitioners and to midwives and to be happy that they are going to play an increasingly larger role as part of the whole provincial health-care team. And I look forward to this and to the passage of this legislation.

Thank you, Mr. Speaker.

\* (16:50)

**Mrs. Myrna Driedger (Charleswood):** I'm indeed pleased to be able to stand and put a few comments on the record about this legislation and to follow up on some of the comments of the last presenter, the Leader of the Liberal Party, who did talk about the team approach to giving health care.

And, certainly, in my early days of nursing, the way care was approached within delivery of service was around a team approach. And I still really believe that that was one of the better ways of providing health care. Over the years, different models of giving care were brought forward and utilized. But, certainly, you know, for the number of years that I was involved at the bedside or on the wards, the one aspect of giving—or one model of giving care that seemed to be one of the better ones, in my view, was the team approach to health care. And, you know, we certainly saw a much more patient-centred, patient-focused view, I think, by a whole team that would then enable better decision making about patient care. And so I found it interesting to hear his comments, and I was sitting here reliving my early days of being a nurse and thinking, you know what, there is many—there are many opportunities nowadays to, certainly, look at how we can approach health care with a team approach.

And there is enough work, certainly, to share amongst a team. I don't think there is any one profession out there that certainly can do it all. There is enough work to go around. And, certainly, as health care is evolving, as the challenges remain out there, there are clear opportunities to look for solutions within health care to improving accessibility. And that is where I think there is a niche for midwives and for nurse practitioners. And it is an—you know, it is care that has emerged over a number of decades, and I think there is a need for us

very much to look at more of these innovations in how we can meet the needs of patients, because health care does need to be about what is in the best interest of the patient. It needs to be patient-focused. It needs to be patient-centred. And all of our decisions in health care need to be about what is in the best interest of the patient.

And that is where I think professions have an opportunity to work together as professional groups and find that opportunity where all of them can contribute in their own ways to moving patient care forward that is in the best interests of the patient, because we want to be able to meet the needs of patients, and it shouldn't be about, you know, one certain profession holding on to what their role is. There is enough work out there, and I think everybody just needs to learn to get along and find the best way to move forward in providing that care for patients.

And I had an opportunity a number of years ago to be invited to be on the Canadian Nurse Practitioner Initiative review committee, and it was an interesting opportunity for me. I would note that the nursing practitioner program at the University of Manitoba was developed in 1998. It has seemed to have taken quite a long time to evolve, and there have been, you know, a number of struggles over the years to try to move it forward. But, certainly, now it is something that has evolved. There's been a lot of work put into it. And I am—I'm proud of the fact that it was in 1998 that there was the recognition by the government of that day to be supportive of a nurse practitioner program. It was also that government, at that time, that also did all of the background work on developing the midwifery program in Manitoba.

In fact, it was a long process to bring the midwifery program together because, again, there were, you know, a lot of challenges. But the grassroots who were involved in maternal child care all came together, and they were the ones that, in many ways, drove the agenda but also were the experts who built the midwifery program in Manitoba. So it was very discouraging for me when I became a politician, at that time, to see the NDP not move forward with the midwifery program, because the senate at the University of Manitoba had given final approval. Our government had done all of the work, and it was about 10 years' worth of work. It wasn't anything that happened really quickly, and the NDP shelved the program and didn't do anything with it. In fact, they hugely dropped the ball on the midwifery program in Manitoba, and, because of

that, I think we're seeing the challenges today of a government that dropped the ball and, in fact, displayed incompetence when it came to the development of the midwifery program and the rollout of the midwifery program.

And I think they are wholly responsible for failure of the education program for midwives in Manitoba. A lot could've happened had they chosen to embrace what was already done, give credit for what was already done. Instead, it became a lot of, you know, political bantering, and a good program was shelved and then it has been treated like a political football ever since. And I think it's moms and babies that are the ones that are suffering from the incompetence of the NDP government in its poor handling of the midwifery program.

But, certainly, with the nurse practitioner program, it was something that I grew to support very much as I learned more about it, worked with midwives on this particular Canadian Nurse Practitioner Initiative and got to know more about what they saw and learned more about the skills that were expected of a nurse practitioner and saw a real opportunity for another group of people within the health-care system that could provide a level of expertise that they wanted to provide. None of them wanted to be mini-doctors. If they wanted to be in medicine, they would've gone into medicine and could've done very well there. They wanted to be nurse practitioners. They wanted to give that level of care. And I see a great opportunity for teamwork to evolve in out—in all of this.

I would note that in Saskatchewan there is a general practitioner who works with two nurse practitioners, and the number of patients that the three of them can see and treat and provide accessible health care to is absolutely phenomenal. There is a wonderful model there that can demonstrate to everybody how we can actually improve accessibility to health care if everybody would just agree to look at some of these innovative models.

Certainly, we have seen opportunities for nurse practitioners to apply their skill sets in many different areas, whether it is in hospitals, whether it's in ERs, whether it's in clinics—there are many, many opportunities—whether it's, you know, QuickCare clinics that the government has set up or whether it is

in collaboration with physicians and other—you know, other professional groups. There are some great models out there.

Unfortunately, I don't understand why this government has tended to drag its heels on these two particular professions, because I think they have had a lot to offer. Certainly, when we were on this Canadian Nurse Practitioner Initiative, we looked at actually five components to look at a strategy of—for moving this forward, and we looked at legislation, regulation, practice and evaluation, health, human resource planning, education, change, management, social marketing and strategic communications.

And, Mr. Speaker, I think I would—and I think it is good that we are at this stage in the development of both of these areas where we are looking at this legislation and look forward to moving it to committee.

**Mr. Speaker:** Is there any further debate on Bill 28?

Is the House ready for the question?

**Some Honourable Members:** Question.

**Mr. Speaker:** The question before the House is Bill 28, The Health Services Insurance Amendment and Hospitals Amendment Act (Admitting Privileges).

Is it the pleasure of the House to adopt the motion? *[Agreed]*

We'll now proceed with Bill 4, The Personal Health Information Amendment Act, standing in the name of the honourable member for Morden-Winkler.

#### **Bill 4—The Personal Health Information Amendment Act**

**Mr. Cameron Friesen (Morden-Winkler):** It's my privilege to be able to stand today and to put some words on the record with respect to Bill 4, The Personal Health Information Amendment Act.

**Mr. Speaker:** Order. Order, please. When this matter is again before the House, the honourable member for Morden-Winkler will have 29 minutes remaining.

The hour being 5 p.m., this House is adjourned and stands adjourned until 10 a.m. tomorrow morning.

# LEGISLATIVE ASSEMBLY OF MANITOBA

Wednesday, August 7, 2013

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