



NORTHWEST TERRITORIES LEGISLATIVE ASSEMBLY

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The Honourable Paul Delorey, Speaker

Legislative Assembly of the Northwest Territories

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TABLE OF CONTENTS

PRAYER	4781
MINISTERS' STATEMENTS	4781
18-16(5) – Fiscal and Economic Update (Miltenberger).....	4781
19-16(5) – Small Community Employment Supports Program (Lafferty)	4782
20-16(5) – Bertha Allen (Lee)	4782
MEMBERS' STATEMENTS	4783
Proposed Changes to Supplementary Health Benefits Program (Ramsay).....	4783
Condition of Fort Liard Playground Equipment (Menicoche).....	4783
Private and Confidential Medical Records (Yakeleya)	4784
Community Consultations on the Child and Family Services Act (Bisaro)	4784
Session Priorities (Bromley).....	4785
Proposed Changes to Supplementary Health Benefits Program (Abernethy).....	4785
Passing of Louis McKay (Beaulieu)	4786
Proposed Changes to Supplementary Health Benefits Program (Hawkins)	4787
Process for Lodging Complaints Against Physicians (Groenewegen)	4787
RETURNS TO ORAL QUESTIONS	4788
RECOGNITION OF VISITORS IN THE GALLERY	4789
ACKNOWLEDGEMENTS	4790
ORAL QUESTIONS	4790, 4801
TABLING OF DOCUMENTS	4804
NOTICES OF MOTION	4805
7-16(5) – Referral of Tabled Document 30-16(5), 2010 Review of Members' Compensation and Benefits (Bisaro).....	4805
CONSIDERATION IN COMMITTEE OF THE WHOLE OF BILLS AND OTHER MATTERS	4805
REPORT OF COMMITTEE OF THE WHOLE	4805
ORDERS OF THE DAY	4806

YELLOWKNIFE, NORTHWEST TERRITORIES**Tuesday, May 11, 2010****Members Present**

Mr. Abernethy, Mr. Beaulieu, Ms. Bisaro, Mr. Bromley, Mrs. Groenewegen, Mr. Hawkins, Mr. Krutko, Hon. Jackson Lafferty, Hon. Sandy Lee, Hon. Bob McLeod, Hon. Michael McLeod, Hon. Robert McLeod, Mr. Menicoche, Hon. Michael Miltenberger, Mr. Ramsay, Hon. Floyd Roland, Mr. Yakeleya

The House met at 1:37 p.m.

Prayer

---Prayer

DEPUTY SPEAKER (Mr. Krutko): Please be seated. Colleagues, welcome back to the Chamber for the continuation of the Fifth Session of the 16th Legislative Assembly.

I would like to take this opportunity to thank the elders of our Territory who participated in the first Elders Parliament held in the Northwest Territories and, in fact, the First Elders' Parliament held in any commonwealth country.

---Applause

The special parliament took place last week and I was honoured to serve as Speaker for this historic event.

The Elders Parliament clearly celebrated the wisdom of our elders, the knowledge and history they bring from their communities, and their wonderful humour and generosity in sharing their knowledge. To each participant, thank you again for your unique contribution.

Members will notice that their seats in the Chamber are covered with fur and seal pelts, on loan from the Department of Industry, Tourism and Development. The pelts were used during Elders Parliament for the comfort of participants, and to highlight the importance of the traditional economy and the role it plays in all our lives. We are fortunate to have them on hand during this sitting of the House.

It is now my duty, colleagues, to advise the House that I have received the following message from the Deputy Commissioner of the Northwest Territories. It reads:

Dear Mr. Speaker, I wish to advise that I recommend to the Legislative Assembly of the Northwest Territories, the passage of

- Supplementary Appropriation Act (Operations Expenditures), No. 1, 2010-2011
- Supplementary Appropriation Act (Infrastructure Expenditures), No. 3, 2010-2011

during the Fifth Session of the 16th Legislative Assembly. Yours truly, Margaret Thom, Deputy Commissioner.

Thank you, colleagues,

Orders of the day. Item 2, Ministers' statements. The honourable Minister of Finance, Mr. Miltenberger.

Ministers' Statements

**MINISTER'S STATEMENT 18-16(5):
FISCAL AND ECONOMIC UPDATE**

HON. MICHAEL MILTENBERGER: Thank you, Mr. Speaker. April 1st, 2010, marked the start of a new fiscal year. The measures included in our 2010-2011 budget are now being implemented, including almost \$1.3 billion of operating expenditures and over \$200 million in planned capital investments. These measures will be used to deliver needed public services and infrastructure to NWT residents and will help support our economy as the recovery takes hold.

Recently released preliminary estimates of 2009 Gross Domestic Product confirmed that the NWT economy shrank last year. Although there are positive signs for 2010, including rising diamond prices and an expected increase in mining exploration spending, the need for caution remains. Canada's economy is expected to grow in 2010, but growth will be moderated as interest rates edge up and fiscal stimulus spending winds down. Internationally, fiscal and financial instability in parts of Europe point to the fragile and complex state of the global economy.

Our 2010-2011 budget planned for a slow recovery. Our government's fiscal plan included holding the course on spending and making substantial investments in infrastructure to provide NWT residents and businesses breathing room. We are prepared to incur some short-term debt to accomplish this. We recognized, however, that the fiscal plan needed to include measures to return to a sustainable path over the next few fiscal years, measures such as maintaining a tight rein on spending growth and reducing capital investment over time to historical levels. Although barely six weeks into the fiscal year, we have already begun our planning for 2011-2012, based on the fiscal

strategy we laid out in January. Next year's budget will be the last for the 16th Assembly. With the time left to us, we will be focussing on consolidating the progress we have made and deliver on the initiatives that we have begun.

Mr. Speaker, April 1st was also the day the GNWT assumed the debt associated with the Deh Cho Bridge Project. However, assuming this responsibility will not change the GNWT's fiscal strategy. The bridge will largely be financed by the savings from the elimination of the current ferry and ice bridge operations and a toll on commercial vehicles crossing the bridge. The requirement for a subsidy of up to \$2 million was identified in 2007 and has been factored into our fiscal projections.

I am able to confirm that federal Finance Minister Jim Flaherty has obtained federal Cabinet approval for a temporary adjustment to our borrowing limit. Effective April 2010, the limit has been increased by \$75 million for a period of five years. This accommodation will give us the necessary room to implement the fiscal strategy that we presented in January. In addition, assumption of the debt has not affected our Aa1 credit rating from Moody's Investors Service.

The Deh Cho Bridge Project is now a GNWT capital project, funded by the debt issued in 2008. However, the GNWT has always stood behind this project. We have never provided anything less than our full support, including guaranteeing the payments needed to service the debt. For this reason, we were, and continue to be, puzzled and disappointed by the lack of confidence of the lenders, Sunlife Financial and Ontario Teachers' Pension Plan, in the project. Their financial interest and that of their shareholders and beneficiaries was never in jeopardy.

Mr. Speaker, the investments and plans we have put in place to date have served as a source of stability during the economic downturn. We will continue to proceed carefully through the uncertain economic times ahead, but will also continue to ensure that the important work we have started in this Assembly is completed. Thank you.

MR. SPEAKER: Thank you, Mr. Miltenberger. The honourable Minister of Education, Culture and Employment, Mr. Lafferty.

MINISTER'S STATEMENT 19-16(5):
SMALL COMMUNITY EMPLOYMENT
SUPPORTS PROGRAM

HON. JACKSON LAFFERTY: Mahsi, Mr. Speaker. Mr. Speaker, it is a pleasure to announce today the official launch of the Small Community Employment Supports Program made possible under the Reducing the Cost of Living Strategic Initiative.

Smaller communities face many employment challenges. Youth unemployment rates in smaller communities can be double those of regional centres. Through this program, youth gain valuable work experience and develop the essential skills they need for taking advantage of rewarding employment opportunities.

This program supports the goals of the Department of Education, Culture and Employment and the priorities of the 16th Legislative Assembly of the Northwest Territories for sustainable, vibrant, safe communities and a diversified economy that provides all communities and regions with the opportunities people need for reaching their full potential. Through this program, employers in small and remote communities are eligible for wage subsidies for hiring and training summer students and youth.

The new program is modelled after the highly successful Youth Employment Program, and Education, Culture and Employment staff are currently promoting it to eligible employers and receiving applications. The department anticipates that this program will see similar success and expects that 45 youth and 20 employers in 27 communities will receive support through this program.

While this program is limited to small and remote communities only, the department has other similar labour market programming available to youth employers in all NWT communities. Mahsi.

MR. SPEAKER: Thank you, Mr. Lafferty. The honourable Minister responsible for the Status of Women, Ms. Lee.

MINISTER'S STATEMENT 20-16(5):
BERTHA ALLEN

HON. SANDY LEE: Thank you, Mr. Speaker. It is with a strong sense of loss that I rise in the House to acknowledge the passing of a great northern woman and leader, Bertha Allen. Bertha is known throughout the Beaufort-Delta, the NWT, Canada and the world as a strong yet soft-spoken Gwich'in woman who lived and worked for the advancement of aboriginal and northern women and social change.

In 1978, Bertha founded the Native Women's Association of the Northwest Territories. It was her goal to ensure indigenous women of the North were not left behind in the fast-paced development of the day.

She saw that women needed to get involved in all areas of community life, particularly in economics.

She recognized the value of traditional art, encouraging women to create themselves and train their daughters with their skills.

She saw the future of women in business and industry. The Native Women's Training Centres delivered training in business management and trades training for future oil and gas development.

Her strong sense of justice and equality for all women was tempered with her compassion and love of and belief in people. Her spirit and laughter was contagious. In her presence, women worked hard and laughed with her.

Bertha was elected as president of the Native Women's Association of Canada and met other women throughout the world, talking of the common ties indigenous people have with each other.

She has been honoured nationally with:

- the Order of Canada;
- the Governor General's Northern Medal, and
- the Aboriginal Lifetime Achievement Award.

Bertha and her husband, Victor, raised seven children. Bertha's strong heart suffered a massive blow with the 2008 tragic loss of Victor, daughter Delma, and granddaughter Asta. It was the survival of Peyton and the love of her children, grandchildren and friends that helped her through those dark days.

I know Members of the House feel a deep sense of loss with the passing of this substantial woman and her leadership. On behalf of all Members of this House I would like to extend our condolences to the family.

MR. SPEAKER: Thank you, Ms. Lee. Item 3, Members' statements. The honourable Member for Kam Lake, Mr. Ramsay.

Members' Statements

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

MR. RAMSAY: Thank you, Mr. Speaker. During the brief emergency session in March I had the opportunity to make a statement on the proposed changes to the supplementary health benefits. Like many of my colleagues, I am feeling completely frustrated and very uneasy about the direction that this government is taking with supplementary health benefits.

Why is it so easy for this government to state that they want a system that is fair and equitable when this is just not a reality? Why is this government so good at upsetting people? Again today we saw another protest in front of the Legislative Assembly protesting a decision of this government. Does the government care? Apparently not, seeing that Minister Lee has been given her marching orders by Cabinet and she is being too arrogant and too ignorant to see that by pursuing this direction she is

doing untold damage to her reputation as a people's politician.

I worked with Minister Lee on this side of the House for four years. She took no prisoners when defending her constituents' interests. Why now that she is in Cabinet does she continue to ignore the people? Perhaps Members in this House should look at putting Ms. Lee back on this side of the House. I'd be very interested in seeing just how fast Ms. Lee would run from her stance as Minister.

A politician who does not listen does not care. It is becoming very apparent that Minister Lee requires a wake-up call from Members of this House, to remind her that she is listening to neither the Members of this House nor the public.

Why make those who are most vulnerable pay when they need help the most? Make no mistake about it, this is a tax on the sick and the elderly. It is a gross misrepresentation of the laurels of this government to be fair and equitable to all they serve. All of this for what? To divide people on racial lines, to save \$2.5 million a year. Mr. Speaker, it's just not worth it. Our values, our relationships, our social fabric is far more important than \$2.5 million a year.

I do believe we need to address those who have no coverage. This should be done. These costs should be paid out of tax revenues or other revenues the government generates on a year-to-year basis. Why can't this be a solution, Mr. Speaker?

I seek unanimous consent to conclude my statement.

---Unanimous consent granted

MR. RAMSAY: It is Cabinet's responsibility to manage these decisions, and given Cabinet's track record of decision-making, it's little wonder people outside in the public are so upset, again, at another decision this government is making. It's the wrong decision. We need to park it. We need to find a new solution, Mr. Speaker. Thank you.

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

MEMBER'S STATEMENT ON CONDITION OF FORT LIARD PLAYGROUND EQUIPMENT

MR. MENICOCHÉ: Thank you, Mr. Speaker. [English translation not provided.]

Earlier this year, in January, I gave a Member's statement on the deplorable condition of the playground equipment at the Echo-Dene School in Fort Liard. The community is very concerned about how the existing equipment is beyond repair and the pressure treatment used on the wood does not meet current national standards for safety. As well, the playground site itself needs to be backfilled and re-levelled.

Last month I was very pleased when Jackson Lafferty, the Minister of Education, Culture and Employment, visited Fort Liard. During an Aurora College community tour, Minister Lafferty got a good look at how bad this playground was, with its outdated equipment and unsafe conditions. A few days later, Mr. Tom Beaulieu, the chair of the Standing Committee on Social Programs, along with members of his committee was in Fort Liard. They too saw the condition it is in and why it is not used by the children. Needless to say, the condition of the playground has not been improved.

Mr. Speaker, we know that children who participate in active recreation are at an advantage in regard to health and academic achievement. Mr. Speaker, we have agreed on priorities in this, the 16th Assembly, that include promoting healthy choices and enhancing early childhood education. The playground offers both. Our priorities also include working with communities and schools to improve the physical and mental well-being of our youth. Let's keep our promises and provide this playground for the children in Fort Liard, beginning this summer and fall.

The community has raised about \$26,000 towards this goal. Our government has yet to make a contribution for much needed school playground equipment. In January I was advised that ECE is working to identify the funding in this year's budget and, Mr. Speaker, I continue to implore the Minister of Education to provide funding for this playground so that it can be worked on this summer and put in place for this fall. Mahsi cho.

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

MEMBER'S STATEMENT ON PRIVATE AND CONFIDENTIAL MEDICAL RECORDS

MR. YAKELEYA: Thank you, Mr. Speaker. Citizens of the Northwest Territories expect their government to handle private and confidential medical records with a high degree of responsibility and respect. Today, CBC North told the people of the Northwest Territories that maybe we should be afraid, afraid that this government does not understand that confidential medical records must, in all circumstances and at all times, be treated with a high degree of professionalism and confidentiality. Private and confidential records must be kept private and confidential. If employees aren't able to understand that, then why are they are our employees? Would anyone in their house make the mistake of faxing the most intimate details of their spouse's medical records to a news media? I think not. We would be darn sure that with 100 percent accuracy we would be sending documents to the right place.

In my mind, this shows simple sloppiness. It would seem to me that, perhaps, what we have here are people who just are so used to walking over to a fax machine, punching in the numbers and they forget the high degree of professionalism required of them. If that is the case, I would have to say that I don't want them to handle my medical records, nor my wife's medical records, nor anyone in my family, nor those of anyone in the Northwest Territories. I will have questions to the Minister later on today, Mr. Speaker.

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

MEMBER'S STATEMENT ON COMMUNITY CONSULTATIONS ON THE CHILD AND FAMILY SERVICES ACT

MS. BISARO: Thank you, Mr. Speaker. The Members of this House and the general public know that the Standing Committee on Social Programs is currently conducting a review of the Child and Family Services Act. I want to provide some of my comments on a very successful round of community consultations which committee undertook last month.

Over a period of three weeks, we visited 10 communities: Ndilo, Lutselk'e, Hay River, Fort Liard, Fort Simpson, Inuvik, Fort McPherson, Ulukhaktok, Tulita and Yellowknife. We held 10 town hall meetings. We had the opportunity to meet community leaders and discuss their concerns, to tour community facilities, schools, health centres, a library and a treatment centre to name a few.

We had the opportunity to support the local economy with our shopping. But more than that, the reason we were there in each community, we received input about the Child and Family Services Act, its effect on the lives of that community's families and we heard suggestions from them on how the system could be improved or strengthened.

All the meetings were well attended, but especially so in Ulukhaktok. The Standing Committee on Social Programs was the first committee of the 16th Assembly to visit their community and they were thrilled. Some 10 percent of the community came out to the meeting to express their concerns about all manner of government programs and services. One little guy about three years old who watches the Assembly TV all the time knew all of our faces and names and spent the night going from one of us to the other saying hello over and over.

After the meeting, we were entertained by three young men, Justin Memogana, Chad Memogana, and Fred Kataoyak, who gave us an excellent demonstration of Inuit drumming, their skills learned from the late Jimmy Memogana. Even with 10 meetings in 10 different communities, it was intriguing and fascinating to me that each

community meeting was different from every other one. The attendees varied every time, but we always had a very diverse group of concerned and dedicated people. In every case, we had excellent discussions.

I want to say thank you to all of the people we met during our tours; the cooks, the drivers, the people who spoke during the meetings, the community leaders we met with. You all contributed to the success of our consultations for this Child and Family Services Act review. We would not have learned as much as we did if not for your assistance.

I feel blessed to have had the chance to see parts of our Territory that I have not yet seen and to meet caring, committed residents working hard to better their communities. Thanks also go to the local MLAs who assisted us in their communities within their ridings and to the staff of the Department of Health and Social Services who accompanied us.

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

---Unanimous consent granted

MS. BISARO: I would like to thank everybody that helped us out and I hope our report, the product of our consultations, meets your expectations, responds to your concerns and improves the lives of you and your families. Mahsi cho, Mr. Speaker.

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

MEMBER'S STATEMENT ON SESSION PRIORITIES

MR. BROMLEY: Thank you, Mr. Speaker. Today I want to review current conditions and trends that I believe are important considerations for informing the responsible decisions we in this House must regularly make. As our work in this fiscal year advances and we begin deliberations on our final year's budget, we find ourselves in a world faced with even more uncertainties than when we began our term.

The impacts of the global recession linger. Fiscal stimulus funding is nearing its end, and given Canada's need to begin servicing national debt, we can expect declining federal support programs in an ongoing federal withdrawal from housing responsibilities.

Energy prices, already high, will continue to climb while the world oil supply becomes more reliant on ever more expensive and problematic sources, as the recent experience in the Gulf of Mexico has shown.

In our NWT economy, we continue to pin our hopes on vague and distant solutions like the Mackenzie Gas Project. Developing the lasting and sustainable local economies that would secure our future still

takes second place. We face enormous challenges, but opportunities also. We must begin shifting our energy supply to local renewable biomass and hydro; the work over years that must begin now, our environmental challenges are clear. As a nation and a territory, we have yet to take vital action to reduce our carbon emissions even though the damage of climate change and its impacts on our people and our land grows yearly, as yesterday's News/North story amply demonstrates.

Drastic action to protect caribou was taken this year and the co-management regime to revive the herd is proving hard to create. This is our food, Mr. Speaker, and a keystone of our environment. Meanwhile, even well paid citizens are struggling to get by and our poorest poor citizens are amongst the poorest in Canada. The latest review of our electrical system has put us no further ahead in providing affordable, sustainable power. We've urged the government to proceed with an anti-poverty strategy, yet we await the public outreach this requires. Changes are proposed to the Supplementary Health Benefits Program, changes that will drive away taxpayers, families, transfer payments, volunteers and purchasers, while making the NWT a less attractive place for new residents. These changes must not go ahead. With a little more than a year left in our term, my priorities remain the same but the urgency is greater.

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

---Unanimous consent granted

MR. BROMLEY: Mr. Speaker, we must prove our talk with action on a fundamental shift to affordable, sustainable energy that protects us from world markets, with clear targets to cut carbon emissions. We must shift focus to support local and lasting business opportunities, especially biomass. Our greatest efforts must focus on meeting our citizens' most basic needs. Cutting living and energy costs, sustaining our health programs and educating our next generation of citizens are our obvious greatest priorities.

As we turn now to the business of implementing policy and legislation that is good and responsive to our citizens' concerns and to planning our final year in office, let's show we clearly understand these responsibilities and let's get it done. Mahsi.

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

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

MR. ABERNETHY: Thank you, Mr. Speaker. Mr. Speaker, on April 7, 2010, I attended a presentation

veiled as public consultation conducted by the Department of Health and Social Services on the upcoming changes to their extended health benefits.

Based on the Minister's response to questions asked in this House and in response to the motion passed in this House of March 2009, the Minister indicated that the department would be going back to the beginning on the proposed changes, that the department would openly consult stakeholders and conduct research into options presented by these groups, that the Minister would present Regular Members and the public with options for considerations, options and alternatives that would allow us, as politicians representing the people of the Northwest Territories, to make informed decisions in the best interests of all residents.

Unfortunately, upon receiving a briefing on the proposed changes by the Minister in February 2010, this proved not to be the case. Although a stakeholders group was established, it was never asked to provide input on alternatives for consideration. Further, key stakeholders, the individuals whose input would have been valuable such as the medical and pharmacy associations of the NWT, were completely excluded from the process. Worse, during the April 7th meeting the departmental representative made it clear that he had been directed by a Cabinet policy to constrain the discussion which ensured that it would not be opened-ended and that we weren't dealing with a blank slate. It was definitely not an opening up of options to the plan desired and supported by the Minister of Health.

I must say I was surprised to learn that the departmental representative was working from an existing Cabinet policy. You would think that a transparent Minister would have shared that information with Regular Members during the discussion and debate on the motion in March 2009. If we had known of the Cabinet policy that the Minister was committed to, which, for the record, was approved by Cabinet on September 30, 2007, the day before the election of the 16th Legislative Assembly and the same day as that Cabinet approved the consolidation agreement on the Deh Cho Bridge, we would have adjusted the motion to request changes to the policy itself.

The policy is very clear. It indicates that the Minister will recommend to the Executive Council income tests, income thresholds, and benefit formulas necessary to the implementation of this policy. Everything the Minister said with respect to going back to the drawing board and considering options and alternatives is completely inconsistent with this policy where only one option is laid out.

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

---Unanimous consent granted

MR. ABERNETHY: Based on this policy, no options other than income-tested models could or would ever be considered. How could the Minister go back to the drawing board if the final income-tested product was already agreed upon and supported by Cabinet?

We must do something to help the low income families who do not have insurance through their employer. It's the right thing to do; however, this is not the way. Minister Lee's redesign of the Extended Health Benefits lacks credibility, transparency, or sound evidence to help justify it as the only model worthy of consideration. It's not right, it's not just, and it's not in the best interest of the people of the Northwest Territories.

The Minister of Health and Social Services must take this policy back to Cabinet and set a new, more responsible direction for future amendments.

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

MEMBER'S STATEMENT ON PASSING OF LOUIS MCKAY

MR. BEAULIEU: Mahsi cho, Mr. Speaker. [English translation not provided.]

Today I would like to talk about an elder and a friend who passed recently. Louis McKay passed away on March 19th in Fort Resolution at the age of 78. Louis was born in Fort Resolution in 1931 and from a very young age began working and didn't stop until he was forced to retire at age 65.

Louis first started working when he was a young man, by selling blocks of ice to the Hudson Bay Company and the Ministry of Transportation. Later he started working for the Hudson Bay Company as a stock boy and then became a forest ranger and firefighter, and then moved on to work for the Northern Canada Power Commission for about five or six years. At around that time, the Pine Point Mine was starting up, so Louis packed up his family and moved to Pine Point to work for the mine. He spent the next 17 and a half years there and that's where his two daughters, Margaret and Dolores, were raised.

After the mine shut down in 1988, Louis and his wife, Mary, moved back to Fort Resolution where he started his career with the local housing authority, working as a tradesman until his retirement. With only limited formal education, Louis managed to become proficient as a painter, carpenter, electrician, and plumber. Even in his retirement, Louis kept busy around the house and helping others with small jobs here and there. He was always fixing things.

In his spare time Louis enjoyed playing the fiddle. He taught himself to play at a young age and perfected his playing throughout his life. Some of today's younger fiddlers say that Louis's style was

unique and that the way he played was very complex, his music is very difficult to cover.

Louis is survived by his wife of 53 years, Mary, his son, Donald, his two daughters, Margaret and Dolores, and he had 15 grandchildren, 15 great-grandchildren, and many nieces and nephews and in-laws.

I would like to thank the family for allowing me to do this. It's comforting to know that Louis's legacy lives on through his children, grandchildren, and great-grandchildren.

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

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

MR. HAWKINS: Thank you, Mr. Speaker. Today I'd like to talk about the proposed changes to supplementary health benefits. Canada is a shining inspiration to the world. It continues to make great strides to represent itself as a beacon of hope, opportunity and fairness. I don't believe the proposed changes to the supplementary health policy mirrors those principles in any way at all.

By taking away supplementary health benefits, this will go down as a great case study many years from now when people watch and wonder what happened. Why did the GNWT start acting like Ottawa? If the Minister and this Cabinet continue to circle around this policy, it will truly be a dark day for consensus government.

Let me be clear. Could our health care system benefit from a fiscal review? Absolutely. However, should a policy on supplementary health benefits passed by the last government tie the hands of this Assembly? It should not. If you will notice, some of the major distractions of the 16th Assembly have all been around what was signed off by the last Premier and Cabinet, then this Cabinet continues to circle around them and protect them without any question. I believe they have lost their way, and at times I wonder if they can think on their own.

May I remind this House of some of those brilliant policy decisions this Cabinet has been following. Remember the butchering of the board reform? What I like to call now the Deh Cho Bridge-gates? And certainly now the bitter pill served up as supplementary health benefits changes? All things that are important and certainly need to be discussed in their own way, but not at any cost and certainly not to our residents.

When will this Cabinet work to develop territorial policies with a vision of the 16th Assembly and not the ghosts of the 15th Assembly that keep haunting or lurking in the halls upstairs? If you ask the Minister, she'll say it's not about the money. But

let's be serious; who is she kidding? Of course it's about the money. But when I ask her to hire an efficiency expert to look at how the department does its business just like big and small companies out there, it got brushed off like it didn't matter.

The Ministers say it's about the working poor. What's stopping her? If this government really cared about the working poor they would have stopped dragging their heels over three to four years ago to provide coverage immediately to those working poor who definitely need it.

I view this Territory as a family, regardless of their background.

I seek unanimous consent to conclude my statement.

---Unanimous consent granted

MR. HAWKINS: I don't see one opportunity that the government has taken to revisit this, other than cutting benefits to the sick and elderly simply down racial and cultural lines. No, because there of course has been no direction from the 15th Assembly to do that. That's why.

I question if this policy was reversed if it would stand the test of fairness. I'd say no. This policy is about division, not about unity. It preys on people's differences by splitting our Territory down cultural lines and I believe it's truly not fair and extremely hurtful to a lot of people out there.

In closing, the Minister has not gone to the doctors who want to provide solutions. The pharmacy association has been begging to provide input. This may not legally be wrong, it may not be technically wrong regarding human rights, but I can guarantee you it's morally wrong and our constituents are suffering.

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

MEMBER'S STATEMENT ON PROCESS FOR LODGING COMPLAINTS AGAINST PHYSICIANS

MRS. GROENEWEGEN: Thank you, Mr. Speaker. Recently I was approached by a constituent about a matter that I believe has been lurking out there for a while and I have given the Minister of Health and Social Services a heads-up that I'm going to be raising this issue.

We value greatly our physicians and surgeons and medical practitioners in the Northwest Territories. We have had difficulty in the past recruiting and retaining people in this profession. I want to state clearly from the outset of this Member's statement that this is not about the 99.9 percent of people who take up this profession. However, I have some serious concerns about a physician who has been practicing here in the Northwest Territories and

about a process that would call his conduct and credentials and past experience and history into light.

Like every other profession, even physicians and specialists need a process in place that allows their credentials and conducts to be reviewed when irregularities occur. It is sad when one or two people of questionable motives and ethics can bring their own name and that of their profession into question. The public interest and safety of NWT patients needs to be the business of this government and this Minister.

I have reason to believe that there is a doctor in the Northwest Territories who has continued to practice in spite of safeguards such as a panel of peers by way of the College of Physicians and Surgeons' best efforts to hold him accountable through a complaints process. I believe that constituents of mine have been harmed by the practices of this physician. Everyone deserves their day in court, but the court has failed to hold this doctor accountable.

I will have questions for the Minister of Health and Social Services today about the process of complaints and the disposal of those complaints when a certain physician continues to practice when these complaints are outstanding against them.

I've been known to have the odd fight and I've got to tell you, this is an issue that has me very, very upset. I understand this physician has hidden behind, while he has harmed people, the threat of suing people. If he's listening today I'd like to say bring it on, because he's going to be dealing with me and I know people who have been hurt by him and I'm going to get to the bottom of this. I tell you, I have the skill, the ability and the experience to do that. If he thinks he can sue me, bring it on, but he's going to be coming into the light of day.

MR. SPEAKER: Thank you, Mrs. Groenewegen. Item 4, returns to oral questions. Ms. Lee.

Returns to Oral Questions

QUESTION 53-16(5): RADIOLOGISTS CONTRACT STATUS

HON. SANDY LEE: I'm sorry, Mr. Speaker, I thought the Clerk was going to read it. I have a return to oral question asked by Mr. Robert Hawkins on March 4, 2010, regarding radiologists contract status.

In 2009 the Diagnostic Imaging Pictures Archiving and Communications System, known as DI/PACS, was implemented in the Northwest Territories. The DI/PACS allows for radiology examinations to be stored and retrieved in a digital format. The DI/PACS also allows for X-ray images to be sent over a secure Internet connection to other health care providers. With the addition of this technology

the NWT had an opportunity to look at the service delivery model used in the Northwest Territories to see if there were opportunities to enhance radiology services.

In mid-2009 the decision to change the service delivery model was made to have one locum radiologist on site -- one currently provided 26 weeks of the year, and the balance is covered by repeating locums -- to provide on-the-ground support for the physicians and diagnostic imaging staff.

A second radiologist service provided remotely uses the DI/PACS technology. This service allows for 24-hour/seven days a week, 52-weeks of the year, thereby providing better radiologist coverage for the residents of the Northwest Territories.

A request for proposals was issued for remote radiology services in late 2009 and the contract was awarded to Radiology Consultants Associated Organization located in Calgary, Alberta. The remote services started in January 2010 and the feedback on the service being provided has been excellent. Stanton Territorial Health Authority is not aware of any dispute regarding this contract or any previous radiologist contracts.

QUESTION 60-16(5): WAIT TIMES TO SEE MEDICAL SPECIALISTS IN THE NWT

HON. SANDY LEE: I have another return to oral question asked by Ms. Wendy Bisaro on March 24, 2010, regarding wait times to see medical specialists in the Northwest Territories.

As I stated in the House, the topic of wait times is a national issue. The international physician shortage and changing population demographics impact wait times around the world. Our medical director is working with health care providers and the chief executive officers of the health and social services authorities, constantly monitor wait time lists both here and in the South. Wait times are generally the same length down south as they are in the North.

While we do not have wait time standards per se, I can provide the following information:

- People who need emergency surgery or treatment receive it without delay.
- Specialists are a territorial resource and serve the entire NWT.
- As part of the Territorial Service Plan, the feasibility of expanding specialist services by using a mobile team to the Inuvik Regional Hospital is being considered.
- Over the past few years, the Stanton Territorial Health Authority has taken steps to increase the volume of surgical procedures through the better management of patient and existing resources.

- The adoption of innovative technologies will allow local and distant professionals to assess patient needs and better provide specialist services. This will enhance the efficiencies, lower costs related to travel and fees for specialists, and potentially reduce wait times. Most importantly, this will provide a tool for seamless case management for patients using specialist services at Stanton and for southern referrals.
- By effectively managing this costly service at a territorial level, we can maximize efficiencies to ensure we are getting the best value for our resources.

Wait times as of March 2010 are:

- elective consult for general surgery: one year;
- elective consult for internal medicine: nine months to one year;
- urgent consult in a permanent specialty area: one week to one month;
- urgent consult with a visiting specialist: depends on the next visit, ranging from monthly to quarterly depending on the sub-specialty;
- the two visiting specialists with the longest wait times are neurology and urology;
- non-urgent consult: one to two years;
- non-urgent endoscopic procedures such as colonoscopy, gastroscopy, and cystoscopy: two years;
- non-urgent endoscopic procedures such as colonoscopy: two years;
- knee or hip replacements: approximately one year.

As a way of historical background I'd like to provide you with the following:

- The number of patients seen by the internal medicine specialist at Stanton Territorial Health Authority's medical clinic more than doubled in three years. Patients seen increased from 1,682 to 3,612.
- The number of patients seen by the general surgery speciality at Stanton Territorial Health Authority's Medical Centre increased by 46 percent over the past three years. Patients seen increased from 2,625 to 3,834.
- The year-over-year growth for colonoscopy performed between 2007-08 and 2008-09 increased by 21 percent. Stanton Territorial Health Authority's internal medical specialists and general surgeons performed 2,189 colonoscopies in 2008-09.

Thank you.

MR. SPEAKER: Item 5, recognition of visitors in the gallery. Mr. Abernethy.

Recognition of Visitors in the Gallery

MR. ABERNETHY: Thank you, Mr. Speaker. I would like to recognize a constituent of the Great Slave riding, Ms. Lena Pedersen, who is also a member of the Elders Parliament and a former Member of this House.

MR. SPEAKER: Thank you, Mr. Abernethy. Mr. Jackson Lafferty.

HON. JACKSON LAFFERTY: Mahsi, Mr. Speaker. Mr. Speaker, I, too, would like to recognize Ms. Sarah Wright-Cardinal who is here with us in the gallery. She is the president of Aurora College and she is travelling through the communities, all 33 communities. Mahsi.

MR. SPEAKER: Thank you, Mr. Lafferty. Mr. Ramsay.

MR. RAMSAY: Thank you, Mr. Speaker. Mr. Speaker, I've got a few people I'd like to recognize. I've got constituents Estrelle and Ford Sumcad in the gallery today. As well, I'd like to recognize Chief Eddie Sangris from the Yellowknives Dene. As well, city councillor Lydia Bardak and city councillor David Wind. As well, I see my former boss and former constituent Mr. Larry Adamson I'd like to recognize as well. Thank you.

MR. SPEAKER: Thank you, Mr. Ramsay. Mr. Bromley.

MR. BROMLEY: Thank you, Mr. Speaker. I'd like to recognize Weledeh resident Chief Eddie Sangris from Dettah. I'd also like to give special recognition to my elder, Mr. Ed Jeske. Thank you.

MR. SPEAKER: Thank you, Mr. Bromley. Mr. Bob McLeod.

HON. BOB MCLEOD: Mr. Speaker, I'm very pleased to recognize Gloria Reyes, a constituent from Yellowknife South. Also, Larry Adamson, a long-time colleague of mine; and Mr. Hockey, Mr. Ed Jeske.

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

MR. YAKELEYA: Thank you, Mr. Speaker. Mr. Speaker, I'd like to recognize Ms. Sarah Wright-Cardinal also, from the Aurora College, and thank her for the tour in the Sahtu.

MR. SPEAKER: Thank you, Mr. Yakeleya. Ms. Bisaro.

MS. BISARO: Thank you, Mr. Speaker. Mr. Speaker, I don't get constituents all that often, but I'd like to recognize constituent Larry Adamson up there behind me. I, too, would like to recognize Mr. Ed Jeske, a former colleague of mine. Welcome.

MR. SPEAKER: Thank you, Ms. Bisaro. Mr. Hawkins.

MR. HAWKINS: Thank you, Mr. Speaker. On this occasion I'd like to continue to recognize Mr. Ed Jeske, a constituent and well-known Yellowknifer, certainly; Mr. David Wind, city councillor as well as a constituent and also somebody who has been trumpeting these supplementary health benefit changes quite loudly; and Ms. Lydia Bardak, councillor, who was mentioned earlier, another constituent of Yellowknife Centre; and lastly, I'd like to make special note, as well, to Sarah Wright-Cardinal, who is the president of Aurora College. I want to recognize her from the point of view of I hear she's doing a fantastic job and one of these days I'll be taking up her offer to come down and visit the Fort Smith campus. So I look forward to that occasion.

MR. SPEAKER: I would like to welcome everybody to the gallery today. Next, item 6, acknowledgements. The honourable Member for Sahtu, Mr. Yakeleya.

Acknowledgements

ACKNOWLEDGEMENT 2-16(5): HONORARY DIPLOMA AWARDED TO MARY BARNABY

MR. YAKELEYA: Thank you, Mr. Speaker. On behalf of all the Sahtu constituents, I want to wish one of our lovely elders, Ms. Mary Barnaby, congratulations on getting her honorary diploma from Aurora College this year.

Each year Aurora College in Inuvik gives out an honorary diploma to a well-deserving elder who makes a huge contribution to education, especially to aboriginal education. Ms. Barnaby is well deserving of this year's award. She is a role model to us all. Mahsi.

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

ACKNOWLEDGEMENT 3-16(5): UNIVERSITY GRADUATE TSATSIYE CATHOLIQUE

MR. BEAULIEU: Thank you, Mr. Speaker. Mr. Speaker, today I wish to acknowledge a young constituent and role model: 21-year-old Tsatsiye Catholique of Lutselk'e. On June 3rd, Tsatsiye will be graduating from a new and exciting program called Indigenous Environmental Studies at Trent University in Ontario.

Mr. Speaker, anytime our young residents graduate from university, it's a special occasion. Coming from a small community such as Lutselk'e it's extra special. It shows the dedication and commitment made by this young man and the support of his family, friends and the whole community.

Please join me in congratulating Tsatsiye Catholique and his family as he graduates from Trent University with a degree in Indigenous Environmental Studies. Thank you, Mr. Speaker.

MR. SPEAKER: Item 7, oral questions.

Oral Questions

QUESTION 92-16(5): PROPOSED CHANGES TO SUPPLEMENTARY HEALTH BENEFITS PROGRAM

MR. RAMSAY: Thank you, Mr. Speaker. Mr. Speaker, I've got questions today for the Minister of Health and Social Services. It gets back to my Member's statement talking about the proposed changes to supplementary health benefits.

Obviously everybody's been giving this a lot of thought. We have to come up with a new solution. Mr. Speaker, if I could, I would just like to share a solution. We're about 16 months away from the next territorial election in October of 2011. I'd like to ask the Minister if the government has given any consideration to taking this policy and the proposed direction that they want to take supplementary health benefits in, take it the electorate in the fall of 2011. It's only 16 months from now, and in the meantime you can continue to do the research that should ultimately get done so that we can make the right decision. Will the Minister commit to taking this to the public, where it rightfully belongs, in the fall of 2011? Thank you.

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

HON. SANDY LEE: Thank you, Mr. Speaker. Mr. Speaker, since the implementation plan on this policy, since it was released in the fall of 2008, it's had about two and a half years of review. We believe, as a Cabinet, that this is a good policy change. It will expand the program's access to a lot of people who, as the Member said, are the most vulnerable. It will bring in 2,000-plus people who do not have a basic supplementary health care benefit such as dental and vision care. And the plan, we will be reviewing with the committee, as we had promised, but the plan as it stands now is to implement the changes. Thank you, Mr. Speaker.

MR. RAMSAY: I think, as I mentioned during my Member's statement, it's a foolish direction that the government is embarking upon. If you have a rally of 200 people in front of the Legislative Assembly, that's got to send a message to the Minister and to the government that the direction that they're taking is wrong and they should revisit that direction. If the government, like the Minister said, actually cared about those people that are outside of this protection right now and today, this government's been in office for over three years, Mr. Speaker.

What have they done about it? Why haven't you found the money to address that gap? Why do you have to take money from one portion of the populous to pay for another, Mr. Speaker? Why is that the only direction that this government is embarking upon? Thank you.

HON. SANDY LEE: Mr. Speaker, the Member is the loudest and the greatest advocate for fiscal responsibility. The Member knows that we don't have all the money we need to do all the things that our people ask for. The Member mentioned in his statement that \$2.6 million is small chump. I don't know. As the Minister responsible for the biggest budget department, the Department of Health and Social Services, that sees growth between 6 to 8 percent, \$2.6 million is not a small amount of money. That would allow me to set up a specialists' shop at Stanton; that would pay for a number of nurses; it would pay for a lot of insured services.

Mr. Speaker, I think what we need to remember is that supplementary health benefits is a non-insured service. It's a program where in the rest of Canada people pay out of their own pockets, and usually by a third party or employer insurance. What the government is trying to do is establish the best program possible which would allow people without insurance, employer insurance, to have a very nice insurance package.

In order to expand the service, we're determining it by determining the need by one's ability to pay, because we believe that is the most fair and equitable way to do so. Thank you, Mr. Speaker.

MR. RAMSAY: Mr. Speaker, that is all fine and good, but the bottom line is this Northwest Territories, the land that we govern, is not the rest of Canada, Mr. Speaker. It is the Northwest Territories. We have unique needs. The cost of living here in the Northwest Territories, people cannot afford to live here. We are losing people because they can't afford to live here and the government again is embarking on a decision to even increase costs more to our residents. It is the wrong decision, Mr. Speaker.

Mr. Speaker, again, I want to go back to an earlier question. I will ask the Minister again, will the Minister delay the implementation date of this until the 17th Legislative Assembly is duly elected and will she go out and knock on door to door in her riding, campaigning for this policy, Mr. Speaker? Thank you.

HON. SANDY LEE: Mr. Speaker, we as leaders are put in this place to make decisions on behalf of people and not study things to death and delay and debate. Mr. Speaker, as the Member has stated, the cost of living is a big issue in the Northwest Territories, but we also know that the NWT and especially Yellowknife, for many years, we have people on a very high income. We have to recognize that fact. The thing that the Members

have to know and the values that the Member speaks about, we need to talk about low income working families who are struggling every day to pay for basic dental care and basic vision care. They do not have an option of getting employer's insurance because their work doesn't cover it, government doesn't cover it and they are having to decide whether they are willing to pay for pairs of glasses or not. We are making this program. We are expanding it. We are making it accessible to 100 percent of non-aboriginal people. We are making it in a way that 80 percent of our population will have as good or better policy than anybody with a government job. I had to tell you, Mr. Speaker, if I went to Ontario right now and said that we are going to offer non-insured health benefits to everybody there that is as good as a government package, I believe that that would be a winner and it should be a winner here too. Thank you, Mr. Speaker.

MR. SPEAKER: Final supplementary, Mr. Ramsay.

MR. RAMSAY: Thank you, Mr. Speaker. Again, I think that the Minister is missing my point. I think the ultimate test is for the Minister to delay the implementation of this until the next government is elected -- and that is only 16 months away -- and let her go door to door in this city and campaign on this policy and let's see if she gets re-elected, Mr. Speaker. I don't think she will get re-elected. I would like to ask her if she thinks she'd get re-elected if she went door to door in her riding with this policy. Thank you.

MR. SPEAKER: It is not a question; it is more of asking for the Minister for her advice. I don't think it is an appropriate question. The honourable Member for Nahendeh, Mr. Menicoche.

QUESTION 93-16(5):
SCHOOL PLAYGROUND EQUIPMENT
IN FORT LIARD

MR. MENICOCHÉ: Thank you, Mr. Speaker. I just want to follow up on my Member's statement with regard to the school playground in Fort Liard. Once again, I appreciate that the Minister had an opportunity to go to Fort Liard and visit the school and look at the playground. I would just like to ask just in general, what is the department's policy on providing playgrounds for our schools, Mr. Speaker. Thank you.

MR. SPEAKER: The Minister of Education, Culture and Employment, Mr. Lafferty.

HON. JACKSON LAFFERTY: Mahsi, Mr. Speaker. The trip to the community of Fort Liard was my first visit to the community. It was a great visit just to see the students and also the leadership of the community and seeing the playground itself where the students usually play. We did talk about

this particular case when we came back to Yellowknife, Mr. Speaker. This particular playground has been identified as part of the capital planning. We may have to expedite the process. It is in the works. It is just the playground is still there, but my understanding is PWS has gone through the community last week. The ground is still frozen. They couldn't take out the infrastructure at this time, but we are working towards establishing a playground facility. I do commend the community for fundraising of \$26,000. By all means, any contribution from the community does expedite the process. This is an area that we need to work with. Mahsi.

MR. MENICOCHÉ: Mr. Speaker, I really appreciate that the Minister did hear the concerns of the community, as it was not so much a school as a community concern as well. I am pleased to see some commitment from the Minister to provide funding in the capital plan. But at the same time, as he had indicated, the time to build it is this year. Is there any way to provide some funding to assist the community this year? Thank you.

HON. JACKSON LAFFERTY: Mr. Speaker, unfortunately, it has been identified for this year but it is at the request of the DEA from the community that we need to work with the board to make this a priority for the community and for our department. As you know, there are other major capitals that are before us, the schools that we need to work with. But at the same time, this is an area that I would like to focus on as well, Fort Liard. I did make a commitment to the leadership that I would like to go back there at some point in time in the summer if it all works out.

Mr. Speaker, this particular playground that the Member has alluded to is an area that my department is working diligently with the DEA and the superintendent at that level. Mahsi.

MR. MENICOCHÉ: Mr. Speaker, I am pleased to see that we will be working in the capital plan towards the playground equipment in Fort Liard in this coming summer and the fall time. I hope to see the capital funds there. However, the community group is looking at building it in components. They have \$26,000 this year. They are looking for at least some matching funds from our government who has to be responsible for the school there, Mr. Speaker. Is there a way that the department and the Minister can find some funds this fiscal year or else this summer to help start the playground reconstruction process? Thank you.

HON. JACKSON LAFFERTY: Mr. Speaker, the decision comes down from the DEA, district education council. The community level will be the authority to make those kinds of decisions as a priority to our department. That is why I stated that we will work with the DEA and the DEC and also the community leadership along with Mr.

Menicoche on putting this forward. It could be part of our capital planning process either this fall or next fall, but it is not identified since last year for this particular year. Mr. Speaker, this is an area that we need to work with as we move forward. Mahsi.

MR. SPEAKER: Final supplementary, Mr. Menicoche.

MR. MENICOCHÉ: Thank you, Mr. Speaker. I just want to reiterate to the Minister that this is not exactly a new issue. It is about four years old that the playground got condemned. The urgency is to get something started this year, Mr. Speaker, and also some funding in the next fiscal year. Will the Minister commit to tell the DEA, to his staff, that this is a priority item and must be addressed as soon as possible? Thank you.

HON. JACKSON LAFFERTY: Mr. Speaker, I am in no position to dictate to the DEA, but they should be telling me that they want more. That is an area where we need to cooperate. We need to work together. We need to build a strong relationship that we have right now. This has been identified as a priority for the community. We recognize that, Mr. Speaker. I will commit to the Member that we will do what we can to push this further, expedite the process during our capital planning process. Mahsi.

MR. SPEAKER: Next I have Mr. Yakeleya from the Sahtu.

QUESTION 94-16(5):
PRIVATE AND CONFIDENTIAL
MEDICAL RECORDS

MR. YAKELEYA: Thank you, Mr. Speaker. My questions are for the Minister of Health and Social Services. I wanted to ask the Minister about the issue we heard on CBC this morning in regard to a breach of confidentiality of records that were sent to CBC by mistake from a health centre in Norman Wells. I wanted to ask the Minister to tell the people in this House and the people in the North and the Sahtu exactly what happened in regard to this matter of a breach of confidentiality of a person's medical records.

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

HON. SANDY LEE: Thank you, Mr. Speaker. Obviously this was a serious error. It was an accident. There was a 10-number digit that they had to dial and one number went amiss and it happened to be CBC. Mr. Speaker, I understand that the person is very upset. We are investigating this situation and the person is more upset that it got aired in the media. So I would not want to talk in detail about that.

What I do want to say is that every health authority, health centre, Department of Health, my office, have very strict guidelines on protecting the privacy of the individuals that come into our contact, not to

mention the medical information. There are very strict rules that have to be followed. The Sahtu Health Authority tells us that they communicate about two medical records a month and this has never happened before. We have reported it to the privacy officer. We are taking all the steps to clarify the situation and if there are any action items that come out that would help other authorities and all other health centres to revamp the process, we will follow up on that. Thank you.

MR. YAKELEYA: If it wasn't reported in the CBC, we kept it quiet and CBC didn't report this, I want to make sure that in the future, for the confidence of the people in the Sahtu, that our personal medical records will be handled with the utmost professionalism, confidentiality and respect in terms of our staff in the medical field that are distributing our records. I wanted to ask the Minister what type of assurance can she give to the people in the Sahtu and the people in the Northwest Territories that this will never, never, never, never happen again in terms of the way this was reported on CBC?

HON. SANDY LEE: The people of the Sahtu and every community and region in the Northwest Territories should be assured and they should feel comfortable, and I want them to feel comfortable, that their health care professionals, whether they are social workers and anybody with private information, every profession has a code of conduct on how they deal with private information. It is an absolute no, no to breach any of that information. This was an accident and sometimes it happens. We are very sorry that that has happened. We are investigating to see exactly what happened and any steps that will come out of it that will make the process better, we will implement those and I will undertake to follow up with the Members as to what comes out of that. Thank you.

MR. YAKELEYA: The Minister has indicated that she's going to follow up on this incident and she's going to have a discussion with her department and certainly the Sahtu Health Board in terms of what happened. In this discussion, I want to ask the Minister, when you look at this issue and examine what happened, are there policies that you need to implement right away within the Sahtu Health Board in terms of our health centres and handling our medical records when they're being asked to be sent to another health centre or community for medical reasons, that there's strong policies in place, relook at the policies that they have now and that they could be implemented in the Sahtu in the interim, because I'm not sure how long this investigation will take in regard to this matter.

HON. SANDY LEE: It is important for everyone to know that there is a policy already in place to protect privacy. Every health centre has that, every authority has that. We already have policies and

procedures to protect privacy and medical information and confidential information. This is not a case of breach of that procedure. It is a situation where one out of 10 numbers that they pressed was switched and it just happened to be the other number was CBC.

Mr. Speaker, we understand accidents do happen. We will look to see what other measures we need to take to make sure that this doesn't happen again, and we will take actions to make sure that we do everything humanly possible to make sure that that doesn't happen. Thank you.

MR. SPEAKER: Final supplementary, Mr. Yakeleya.

MR. YAKELEYA: Mr. Speaker, in the CBC report it's reported that Privacy Commissioner Elaine Keenan-Bengts says what apparently happened within the Sahtu Health Centre wasn't good enough in terms of them checking the information as to where the fax was going and confirming that it's going to a location, it also confirmed that it's been received at that location. That wasn't done. This simple oversight hasn't been looked at. So, again, that's why I asked Minister about this issue. I know it's going to take a while to get the report done. Can something like this, what the Privacy Commissioner is saying, can something like this be implemented right away at all the health centres in the Sahtu, where medical records are going be looked at with the utmost respect and confidentiality? Thank you.

HON. SANDY LEE: We are working with the Privacy Commissioner. We are providing and the Sahtu Health Authority has reported to her in writing, or will report to her in writing, about what happened and what steps are being taken to prevent this from happening again. Understandably, the Sahtu Health Authority is quite upset about what happened. We are very sorry to the individuals involved and we're doing everything we can to make sure that this doesn't happen again. We are working closely with the Privacy Commissioner. Thank you.

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

QUESTION 95-16(5):

PROPOSED CHANGES TO SUPPLEMENTARY HEALTH BENEFITS PROGRAM

MS. BISARO: Thank you, Mr. Speaker. My questions today are addressed to the Minister for Health and Social Services. As other Members have said today and as the general public may be aware, recently the Minister published the policy titled Supplementary Health Benefits Policy, dated September of 2007. It's become crystal clear that the implementation of any changes to the Extended Health Benefits Program as the Minister is proposing can only be done through means testing,

something which was not crystal clear before. I feel the Minister has led us down, and the public down, the garden path for about a year and a half. She has studiously avoided telling us that the motion that was passed a year ago or so would have no effect, there would be no blank slate, no adequate consideration of alternatives. So I'd like to ask the Minister why did she not communicate the content or the intent of this policy to the Standing Committee on Social Programs and to the general public last February or March when the motion was debated. Thank you.

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

HON. SANDY LEE: Thank you, Mr. Speaker. First of all, my understanding was that Cabinet documents were not to be made public. I have learned since that this policy was already signed. It is not a paper under discussion in Cabinet, so it was able to be released. Secondly, I'm hearing here, and Members outside, that somehow, I just have to say that, Mr. Speaker, we have been open-minded about this policy. I had this policy in front of me, I wanted to look at whether or not what is being proposed is fair and equitable and we believe that the newest changes that we are suggesting would be generous. It would cover a vast majority of people. Mr. Speaker, the income test is one that was included in the policy and we looked at that to see how fair and equitable that is and on the basis of analysis and the review we have done, we believe under the circumstances for non-insured health benefits -- remember this is not an insured service, this is not a universal service, this is not a legislative service -- for a program of supplementary health benefits we believe that this is the fairest way to implement this policy. Thank you.

MS. BISARO: I find it hard to believe that after three years in Cabinet the Minister didn't realize that policies could be publicized. But there we are. It is what it is. I did note that the Minister mentioned fair and equitable two or three times in her response. I'd like to mention to the Minister that on March 24th of this year the Minister stated in a statement that the existing program is exclusive, unfair and inequitable. I'd like to know from the Minister how she considers that the proposed changes, which will put financial hardship on only some of our NWT residents, is going to make the new program inclusive, fair and equitable.

HON. SANDY LEE: The existing program is exclusive, unfair, and it does not address the needs of vulnerable people because we have no provision under the Supplementary Health Benefits to provide for those whose income is too high to qualify under indigent supplementary health benefits programs but too low to be able to buy some of the health benefits that they require, and they're not old

enough to qualify under seniors benefits. The new proposed package is much more fair and equitable because it opens access to supplementary health to everyone, 100 percent of non-aboriginal people.

The Member says somebody is going to suffer financial hardship. Our income threshold is so high that it would be... Everyone, even at \$200,000-plus, you would still get 45 percent coverage. I have to tell you, there is no other program in the country that will provide supplementary health benefits to those with an income over \$200,000. In any other jurisdiction if your income is \$200,000, you cannot access anything like that with the government. That's why our program is fair.

MS. BISARO: I'd like to thank the Minister for a lesson on information that I already know. I'd like to also state that we're not in other parts of the country. We're in the NWT and we have a policy which currently works in most cases. I agree totally that we need to cover the people who are not currently covered, but what we are doing is solving one problem and creating another. I need to discuss with the Minister some of the examples that my constituents have given to me of how they are going to be in financial hardship based on the information that we currently have. I don't gather that it's changing very much.

I'd like to quote again from a document which the department had on their website. It was entitled "A Conversation with Northerners" and on page 15 of that document, 8(a) states that all families should have fair and equal access. From that statement I'd like to suggest that the department and the Minister carefully omitted to say all aboriginal families will have fair and equal access. This is a very divisive policy and it's been stated by some of my colleagues earlier.

I'd like to ask the Minister how having these changes only apply to non-aboriginal peoples will make this new program fair and provide equal access.

HON. SANDY LEE: I am going to do my best to answer questions, but I hope she won't tell me I'm telling her something she already knows. As I stated already, the supplementary health program right now excludes a segment of the population that needs help from the government. Those are the low income working families who need help and work in jobs that don't have employer insurance or whatever. It is, I believe, our government's responsibility to provide assistance for that. I hear from others, cover them anyway, bring extra money, do it by universal health care, just spend the money.

The point is this is not a part of Canada health care. This is not a legislated health care. In the rest of the country it is something that you have to pay out of your own pocket. We are suggesting that we make this program available to everybody, everyone has

access, no one will be without. But your condition of access will not be determined by your age or your medical condition or anything. It will be dependent on your ability to pay. I do not know of anything else that's more fair than to look at one's ability to pay to get extra help.

The Member objects to the fact that this is going to be available to all non-aboriginals. That's why it's fair. Before that it was not available to all non-aboriginals. There were a whole bunch of non-aboriginals who need it the most who were excluded from it. I believe that is a fair thing to do.

MR. SPEAKER: Final supplementary, Ms. Bisaro.

MS. BISARO: Thank you, Mr. Speaker. To the Minister I agree with that philosophy and I said that. But there are other alternatives. There are other alternatives which are out there that are not being considered. That's because the policy is not being opened to change. That's what's required.

As to the fairness if what is being implemented applies to all residents of the NWT, this policy implementation will not be inclusive, it will not be fair, it will not be equitable, because it does not apply to all of our residents. It applies to a portion of our residents.

I want to ask the Minister why she is not willing to consider revisions to the policy to make it fair and equitable.

HON. SANDY LEE: My position is that it is fair and equitable because it gives access to all non-aboriginal people. It uses a criteria being used all around the world and all across the country, in determining a government social program. This is to be a safety net. We are going to give benefits to seniors. We're going to give benefits to those with chronic conditions. We'll be able to expand services to single moms, young university students. We're going to be opening the program to everybody.

The program that we have now is not a program... We already have a separate program for Metis and NIHB for the treaty people. The program we have now excludes a bunch of non-aboriginal people. The government feels it is important that we bring them on and we bring it in a most fair way.

The Member and everybody else says there are other alternatives. I'm interested in hearing them. I've already said universality is not usually the criteria used for supplementary health programs.

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

QUESTION 96-16(5):

PROPOSED CHANGES TO SUPPLEMENTARY HEALTH BENEFITS PROGRAM

MR. BROMLEY: Thank you, Mr. Speaker. There are so many places to start here. I want to follow up on my colleagues' questions to the Minister of

Health and Social Services. I'd like to start with the last theme there. Groups and many of my constituents were opposed to the supplementary health benefits proposal. They've raised the issue of whether the changes will pass the test of a human rights complaint. The changes being proposed are unwise, in my mind, but implementation and administrative costs and the lost service to the sick would be a further waste if we go ahead without legal advice when indeed it was needed. Has the Minister received legal advice on whether the changes she proposes can legally stand?

MR. SPEAKER: Thank you, Mr. Bromley. The honourable Minister responsible for Health and Social Services, Ms. Lee.

HON. SANDY LEE: Thank you, Mr. Speaker. Using income threshold and looking at one's ability to pay to determine whether you have access to a program or not is used in many places. We have those in lots of government programs, including the seniors' fuel subsidy. This is a very commonly accepted way of doing it. We're expanding the program to those on the basis of income, whereas before it was on the basis of age. I believe that this is the right thing to do.

MR. BROMLEY: I was more interested in the Minister's perspectives on the divisive, racially divisive, culturally divisive proposals that she has coming forward. I would welcome any further comments she might have on that.

It was noted at a recent public meeting that the representatives of the NWT Pharmaceutical Association have repeatedly offered to meet with the Minister and her department to share their knowledge and experience in any considerations of changes to the supp health program. The department was also invited to attend the annual general meeting of this association. In both cases the department and the Minister failed to take up those offers. Can the Minister explain why the department would not respond to these offers and how they can design a program without the wisdom and advice of important front-line providers such as these? Thank you.

HON. SANDY LEE: The fact of the matter is, as a part of our consultation process we did write to the pharmacy association and the NWT Medical Association. The pharmacy association did not respond. We had written in March. We did get an email from Mr. Dolynny, who was not a president of the pharmacy association. He invited our staff to come. We had five days' notice. Our staff was not going to be available for that time. It was five days' notice. We had offered to meet with them at another time when it was more convenient, Mr. Speaker. So it is entirely inaccurate for anybody to suggest and it's without evidence of a basis to say that we did not listen to them. We had written to

them and the pharmacy association did not respond.

Secondly, Mr. Speaker, this supplementary policy is something that's used everywhere in the country. Everywhere in the country this is how the pharmacy program is... A lot of programs across the country are income tested, so I'm sure that the pharmacists in the Territories will be able to adjust to this policy.

MR. BROMLEY: I guess the word should be put out that if you're not president of an association, don't bother contacting the Minister on an opportunity for input

---Applause

Last year when the Minister was directed to go back to the drawing board on supp health, she promised to go back to the beginning and carry out consultations with no preconceptions such as a means test. Yet at her departmental community meetings, Mr. Dana Heide said he was directed to base the proposals on an income threshold model. Can the Minister explain how this could be a fulfilment of her promise, please?

HON. SANDY LEE: When the motion was passed we had a big debate about whether or not income test is a good option. We should look at things from the blank slate. We did review those. I directed the staff to look at the user profile, look at who's using it, how much it's costing, what does it mean, how can we expand the programs to those who are excluded. We looked at all of that, Mr. Speaker, and I know that there are those who choose not to accept some of the information that they received. But the fact of the matter is we have done the research and the research shows that, in terms of income profile of our people, that we have low income, middle income, high income, in all peoples in their ages and background. I believe fundamentally that government's role is to provide support to those who need it the most, and we will do that. We will provide for seniors. We will provide for working families. We will provide support to those who need assistance from us. Thank you.

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

MR. BROMLEY: Thank you, Mr. Speaker. Mr. Speaker, my last question for the Minister is really about the really good suggestions and incredible amount of thinking and thoughtful drafting of options to be pursued by the Minister. Certainly the progressive taxation was one of them. I think there was some mention of fees. I assume that the Minister has developed a perspective on those in response to the overwhelming comments from the public on those suggestions. Thank you.

HON. SANDY LEE: Yes, Mr. Speaker, we have referred those suggestions and we have reviewed them and looked at the implications of progressive taxation, taxation to pay a program like this, which is not an insurer service, and we have reviewed the

suggestions made in the Minister of Finance's roundtable on revenue options. There was a suggestion for progressive taxation by Alternatives North. I believe that the program that we are proposing under supp health is a progressive taxation within the program in that we are supporting those who need it the most and we are asking those on a higher income to make a contribution to a supplementary health care cost, where in any other province they would be required to pay 100 percent unless they had insurance. Thank you.

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

QUESTION 97-16(5):
PROCESS FOR LODGING COMPLAINTS
AGAINST PHYSICIANS IN THE NWT

MRS. GROENEWEGEN: Thank you, Mr. Speaker. Mr. Speaker, in my Member's statement I attempted to describe what I think is a process that is in place that would allow a panel of peers of physicians to receive complaints and deal with complaints about the conduct of physicians who practice in the Northwest Territories. I would like to ask the Minister: could she please describe for me what the process is? What is in place currently in the Northwest Territories? Thank you.

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

HON. SANDY LEE: Thank you, Mr. Speaker. There is a very specified procedure for filing complaints under the Medical Profession Act. Anyone who has a concern with a physician or any other medical practitioner could write... Well, they could first talk to the chief executive officer and the people in their authority. Then there is what's called a complaints officer under the Medical Profession Act, and the complaints officer would review the complaints. Complaints could go into alternative dispute resolution or any other ways of sorting it out, or the matter could go into a board of inquiry where a board made up of appointed people would look at those complaints. Thank you.

MRS. GROENEWEGEN: Mr. Speaker, the board of inquiry, who sits on that board? How do they get on that board? What is the Minister's relationship with that board? Thank you.

HON. SANDY LEE: Mr. Speaker, the Minister of Health and Social Services appoints members to this... It's not a panel that exists throughout the year. It's formed when a complaint is moved to that board of inquiry and a panel is selected from individuals appointed by the Minister. The panel will include at least one doctor who is licensed to practice in the NWT, one doctor who is licensed to practice in a province, and one member of the

public who is not a doctor. So it's usually made up of three members on that board. Thank you.

MRS. GROENEWEGEN: Mr. Speaker, during this Minister's tenure as Minister of Health and Social Services, has she ever made appointments to a board of inquiry to look into a matter of a complaint about conduct of a physician practicing in the Northwest Territories, or is she aware of any time in the recent past when a board of inquiry has been appointed? Thank you.

HON. SANDY LEE: No, Mr. Speaker, I have not appointed a board of inquiry during my time as Minister. Thank you.

MR. SPEAKER: Final supplementary, Mrs. Groenewegen.

MRS. GROENEWEGEN: Mr. Speaker, is the Minister aware of any board of inquiry that was appointed to deal with a complaint where that complaint, to this day, has not been concluded or disposed of? Are there outstanding complaints that have been raised against any medical professionals that have not yet been concluded? Thank you.

HON. SANDY LEE: I think I would have to undertake to get more information on that. I am aware that there are a couple of cases, but these things have a way of taking a long time. I can't tell you exactly when it started or where it is. I don't have all that information in front of me, so I will undertake to get back to the Member on where -- I can't remember exactly what she asked -- but I will have to undertake to get back to the Member. Thank you.

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

QUESTION 98-16(5):

PROPOSED CHANGES TO SUPPLEMENTARY HEALTH BENEFITS PROGRAM

MR. ABERNETHY: Thank you, Mr. Speaker. My questions today are for the Minister of Health and Social Services and are on the supplemental health program.

Before I start, I would like to thank the Minister for acknowledging what we all feared was true, that the changes are actually taxed on the sick and the elderly. The Minister has talked about doing things in the fairest way and opening up the system to everybody. She has also indicated that it is not available to all non-aboriginals. The Minister is a master of doublespeak, because, in fact, it is available to everybody right now. Specified medical conditions coverage under Extended Health Benefits is available to everybody in the Northwest Territories regardless of whether they are a senior or not. Anybody can apply for coverage on drugs. I have obtained a list of conditions that are covered under this program from pharmacists. Basically it

includes almost every condition you can possibly imagine, so for all those low income people that the Minister is talking about who don't have coverage right now, they can fill out the paperwork and they can get coverage for the vast majority of the drugs they are receiving.

I am curious if the Minister can tell me how, in fact, we are changing anything other than adding some dental and some vision coverage, because we are already covering the dental. We are already covering the medical under the specified medical conditions. Thank you, Mr. Speaker.

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

HON. SANDY LEE: Thank you, Mr. Speaker. I absolutely did not say and I would ask the Member to correct that I said that this was a tax on sick and the elderly. Mr. Speaker, that is misleading. That phrase is offensive because, Mr. Speaker, the fact of the matter is our health care system is entirely based on taking care of the sick and the elderly. We take care of the sick and the elderly.

Supplementary health benefits is a completely different thing. The Member says that there are actually people not excluded. Obviously, then, he is not paying attention to the low income families who need help from us.

Mr. Speaker, the fact of the matter is, the program as we have it now allows people in our communities whose income is \$200,000, and there are seniors or anybody else who makes \$200,000 and good on them, that is great. I hope that I make \$200,000 when I retire. We could have somebody who makes \$200,000 and they have a government pension insurance. They get insurance coverage but we top them up for the rest of the 20 percent. That is what we have. Then we have a family down the street in downtown Yellowknife who may be a single mother with four kids. She makes \$50,000 a year. She doesn't work for an employer who has health insurance. For them, it is a decision about whether they are going to go to a movie or buy the next set of glasses or get a dental appointment.

When I was a university student at 25, I didn't have parents who had an employer health insurance. I had to fork out \$150 to go to a dentist.

Mr. Speaker, this program is trying to say, we are going to expand the coverage to all the people and we will determine the access not by age, not by your condition, by your income. At the same time, we are coming up with an income threshold that is more generous than any seen anywhere, to the effect that we will provide to 80 percent of people as good a benefits package as you would get if you work for the government.

Mr. Speaker, the Members here who care about low income people, fairness, inclusiveness, poverty, anti-poverty strategy, everybody should get up and

applaud for the good work and the benefits that this package has to offer. Thank you.

MR. ABERNETHY: Mr. Speaker, it sure sounded like that is what she said on this side of the House. If Hansard proves that she didn't in fact say that it is going to be a tax on the sick and the elderly, I do apologize for that. But I didn't hear a response to my question. Basically, if you look at the list of conditions that are covered under the extended benefits, it covers pretty much every condition. I think the only one that I could figure out that is missing on here is high cholesterol, so these low income families that she is talking about, if they want coverage for drugs, they can get it. They can get it today if they just apply for the specified medical conditions. So what she is saying, that they are not covered, it is not completely true. It is doublespeak. She is saying one thing when really she is trying to say another, which concerns me. This is an important issue. Quite frankly, to suggest that we on this side of the House don't care about the poor and the low income families is frankly quite insulting, because we all do and want that to happen. We want those people to be covered but we don't want them to be covered at the expense of everybody else. We want to find a way to cover everybody universally. That is what we are talking about.

Mr. Speaker, to me the entire revision of the Extended Health Benefits Program seems to lack common sense. For example, the discussion paper lacks any projections which would help the reasonable person to make a reasonable decision. The department has not identified any alternative scenarios or made any potential outcomes available for discussion.

Mr. Speaker, could the Minister of Health and Social Services please tell me why no analysis was done outlining the effects of these proposed changes on the people that the changes affect, people affected both in a positive way because yes there are a couple of them, thank God, but also tell me how these changes are going to affect those people that are going to be affected negatively, like people with catastrophic conditions who have an insurance provider but are now going to be expected to come out of pocket \$700 or \$800 where today they are covered. Those people with catastrophic conditions who have insurance are the people that are going to be the most damaged by what you are proposing. What you are proposing for those people clearly is not fair. I would like the Minister to answer some of those questions. Thank you, Mr. Speaker.

HON. SANDY LEE: Mr. Speaker, the effect and the picture, the impact that we are drawing here is that for 80 percent of the non-aboriginal NWT population, they will have as good or better Supplementary Health Benefits Program than what

they would have if they work for the Government of the Northwest Territories. That is a good program. That is a generous program. That is a fair program. For the rest of that population, 20 percent, they will still be covered. We are still generous. We are asking that they will start paying a premium starting at 20 percent, but no one will pay more than 45 percent. Anybody in that income bracket, I would think, would look to get an insurance program which will then cover them 80 percent.

Mr. Speaker, catastrophic drugs, what Members are talking about, when we are talking about catastrophic drugs nationally, we are talking about drug costs that the government is asked to pay that costs hundreds of thousands of dollars. That is a program that we will be introducing. We are working on it. But for the benefit of this program, yes, we are asking our people to start having to pay for some of their supplementary health costs out of their own pocket. In the rest of the country, you would pay 100 percent on this if you had employment health insurance. If you don't have employment health insurance, if you wanted to get assistance from government, your income threshold would have to be much lower than what we offer.

Mr. Speaker, the Department of Health and Social Services has reviewed this for three years. We have worked hard to come up with a comprehensive, fair and equitable plan. Mr. Speaker, we stand by this. Thank you.

MR. ABERNETHY: Mr. Speaker, they have researched their option for three years; they haven't considered options or alternatives we have asked them to. I would like to ask her again, why didn't they?

Coming back to my original question, what about those individuals who have insurance from their employer now but have a significant condition that has high costs? If you have a cost that is \$10,000 a month -- and there are some of those individuals -- and you have insurance that covers, say, 80 percent of your cost, you are still going to be out of pocket \$2,000 a month. But because you have insurance, you are not eligible for anything under your proposed plan. Today, you could apply for a top-up so that you don't have to come completely out of pocket. You have mentioned any top-up for anybody with insurance. If you have insurance, you are out of luck. Forget it. Don't have insurance and don't have a catastrophic condition, because if you do, you are out of luck. That is what I am asking. What are you going to do to help those people, Minister Lee?

HON. SANDY LEE: Mr. Speaker, we made it always clear that what we are trying to do in Supplementary Health Benefits is to offer an insurance program for those who don't have it. We are not going to be topping anybody. What we have now is we exclude a whole bunch of people who

have limited supplementary health benefits and then we top up people just because of their age. What we are saying is we will look after the seniors, we will look after the youth, we will look after the working families. Everybody would have equivalent to 80 percent. For certain people under certain income thresholds, we will cover 100 percent. At a certain threshold, you are going to start paying for your supplementary health benefits. Nobody will pay more than 45 percent of their supplementary health benefits, but on average, yes, nobody would get a top-off, unless you're below the income threshold, and that's a fair policy. Thank you.

MR. SPEAKER: Final supplementary, Mr. Abernethy.

MR. ABERNETHY: In the policy that Cabinet put out they indicate that the territorial Supplemental Health Benefits Program should be designed in a manner that does not cause employers to reduce supplementary health benefits programs to their employees; i.e., insurance. Everything the Minister just said pretty much encourages everybody to dump their insurance. It doesn't make any sense at all. Even people who are making a lot of money who have insurance, if they have a catastrophic condition, it's in their best interest not to have insurance from their provider. So right there on that fact they're going against the policy that they put in place. I'm curious if the Minister can explain to me how they can put a program in place that clearly contradicts the policy that they put in place in the first place. Thank you.

HON. SANDY LEE: To a certain extent that's happening under the existing program. That is not new. We have learned that a lot of government employees who could extend their extended health benefits after their retirement for \$25 a month have opted out of that because the GNWT covers 100 percent with no questions asked after they turn 60.

Mr. Speaker, the fact of the matter is there are a lot of people who make less than \$50,000 who don't have insurance coverage that covers basic dental and vision in the first place. So we are looking to cover them. Yes, Mr. Speaker, everybody says extend the coverage, but don't take it away from anybody even if they could afford it and just expand, expand and do universal. The point is this is not an insured service. We are hard pressed to pay for the insured services, nurses and doctors in our communities. Mr. Speaker, the opt out happens anyway to a certain extent where we are looking at covering those on a low income. Thank you.

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

QUESTION 99-16(5):

PROPOSED CHANGES TO SUPPLEMENTARY HEALTH BENEFITS PROGRAM

MR. HAWKINS: Thank you, Mr. Speaker. I'll have questions for the NWT Health Minister regarding supplementary health benefits, and of course, it's not to the Ontario Health Minister when we talk about Ontario benefits, and certainly not to the Alberta Minister of Health when we hear about how Alberta does stuff.

Mr. Speaker, speaking to the Minister for Health and Social Services in the Northwest Territories, my first question on the supplementary health benefits issue is this: under Section 5, and I won't go into the details of how far down in the policy, under the Cabinet policy regarding supp health benefits, one of the issues that allows the Minister to deal with a particular policy is it says the Minister may make recommendations to the policy and bring them back to the Executive Council. Mr. Speaker, has this Minister done any effort whatsoever to take back some of the suggestions we have provided on this side of the House back to the Executive Council, and one namely being no co-payment? Thank you, Mr. Speaker.

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

HON. SANDY LEE: Thank you, Mr. Speaker. Every suggestion, proposal made by the Members and the general public in our two and a half, three years of review has been reviewed, noted, considered, analyzed. Every major public announcement I have made on this policy had gone to the Cabinet, Cabinet has reviewed and approved it, and this is a Cabinet initiative as well as the Minister of Health. Thank you.

MR. HAWKINS: I have to say I really just don't believe the Minister, Mr. Speaker, and I know that it comes as a shock, but, quite honestly, I just don't believe it. I mean, I'm not allowed to say I've felt misled on this particular issue, but I'll tell you, I really believed, and so did a lot of people believe, that the issue of co-payments would be considered, not where your threshold would start or stop, but I'll tell you a lot of people in this Territory believe that the co-payment was going to be discussed under the threshold issue, not just where it's going to start or whether we should have one or not.

Mr. Speaker, was any issue like that ever taken back to the Cabinet table and said, well, wait a minute, this policy, I don't totally agree with? Has any discussion ever been brought back to Cabinet to revisit this whole policy? Thank you.

HON. SANDY LEE: Thank you. Absolutely, Mr. Speaker. We're talking about health care benefits to make all of the programs and the service benefits available under supplementary health and to provide it without co-payment provided to

everybody who lives in the Northwest Territories would make it an insured service. That would make it like any other program under the Canada Health Act and I understand that's what people want us to do and we have reviewed that and it's not something we are able to do, because the government has to focus on insured service. Insured services are doctors' services, nurse services, community health services, our specialist services at the hospital, and no government in Canada could provide full, no questions asked, indiscretionary 100 percent coverage for all supplementary health benefits. No one can do that because we are hard pressed to pay for our physician and nurse services in our communities.

In the North, medical travel is part of the insured services. No government could do that. It's easy for Members here to say, oh, just include everybody, do it as a universal, and no questions asked. Mr. Speaker, yes, we have considered that. This is not an option that we can afford. So we have to make alternatively a program that's most accessible to most people in addressing the needs of those who need the government most. This is not a tax on the sick and the elderly because we will protect the sick and the elderly. We will have our seniors, we will still cover people who are not seniors as well. Thank you.

MR. SPEAKER: I'd just like to recognize the clock. The time for oral questions has expired, so I will allow the Member to conclude his supplementary questions. Mr. Hawkins.

MR. HAWKINS: Thank you, Mr. Speaker. Prior to 2004, the health policy was designated under the disease state coverage. It worked. It may not have been perfect, but it worked, Mr. Speaker. So if you had diabetes you could get care specific to diabetes. That didn't mean that if you had the sniffles you could get a prescription automatically for antibiotics or who knows what just because you had the sniffles, Mr. Speaker, but that's the way it's set up now. It was like a slippery slope, those changes back in 2004. Disease state worked and I'm going to tell you right now that the network and process still exists. We could go back to the old system and it worked, Mr. Speaker.

I'm ashamed that this is the best, when the Minister talks about this three to four years to do, I'm embarrassed that this is the best we could come up with; truly I am. The question to the Minister is why do we waive some of the fees for some of the people, but why can't we just waive the fees for the rest of the people? We've provided enough solutions how to do that. Why not? Thank you.

HON. SANDY LEE: The fact of the matter is the old disease and conditions list did not work, and it doesn't work now. Every day I get a request from the Member, every other Member, I get calls from all over the Territories wanting to know why we're

not covering this, we're not covering that, this medication, there's a new disease that comes on that gets diagnosed, there are new drugs in the market that we're not able to pay, we have new wheelchairs, I don't know, the list goes on. I'm sure if I did the Hansard research I could find a statement made by the honourable Member from Yellowknife Centre who said our program doesn't work. This is the reason why we've had to review this. The better thing about our new program is that it has a mechanism for appeal. Right now there is no mechanism for appeal and under the new program we would allow for an independent appeal process where somebody could appeal their income status, as well as what's included and not included in the program. Thank you.

MR. SPEAKER: Final supplementary, Mr. Hawkins.

MR. HAWKINS: Thank you, Mr. Speaker. I started this question period off from my set of questions asking did she take it back to Cabinet with the issues that I raised and somewhat similar as what other Members have raised here. She has implied or made it clear yes. I'd like to ask her, will she table every stitch of information that she's brought to the Cabinet table to show that she's provided an alternative approach than the one being presented, the one that this government has buckled into, the one that we have to thank the 15th Assembly for, that this Cabinet keeps defending and saying it's the way to go? Will she provide this House and table in this House and if we can't table it due to Cabinet secrecy or whatnot, will she make sure that it's provided to every Member up there in the House under a confidential basis so we can see what the Minister has proposed other than just continuing to shovel the 15th Assembly policy on this House? Thank you.

HON. SANDY LEE: I am aware, Mr. Speaker, that the Member considers himself a student of rules and procedures of the House. I know he knows the rules and procedures of the House. He studies books on the rules and procedures of the House. Mr. Speaker, he knows that I'm not privy to table Cabinet documents, but the Member is also aware that every major information and analysis about this program would go to Cabinet and then it was made available to committees. That's our regular practice.

Mr. Speaker, if the Member has any other alternatives that he wants us to consider, we would look at that. This has been a very open process, Mr. Speaker, and we will continue to do that. Thank you.

MR. SPEAKER: Item 8, written questions. Mrs. Groenewegen.

MRS. GROENEWEGEN: Mr. Speaker, I'd like to seek unanimous consent to return to item 7 on the Order Paper, oral questions.

---Unanimous consent granted

Oral Questions (Reversion)

QUESTION 100-16(5): PROCESS FOR LODGING COMPLAINTS AGAINST PHYSICIANS IN THE NWT

MRS. GROENEWEGEN: Thank you. I'd just like to follow up on my questions that I asked previously to the Minister of Health and Social Services with regard to the process in place for examining complaints about the conduct of physicians in the Northwest Territories. Again, I want to be clear, I'm not talking about a whole lot of people. I'm talking about one person. But I need to understand this process, as do my constituents who have concerns about the conduct of this individual.

Mr. Speaker, in response to a previous question, the Minister stated that these things can take a while. That is frightening to me, because when there is a complaint made and this person continues to practice, it necessarily puts other people at risk. I'd like to ask the Minister: what could contribute to this process taking a while? We are, as a government, and she, as a Minister, responsible to protect the public interest. People who are sick are vulnerable. People who are mentally ill are even more vulnerable. It is incumbent on us to make sure that the people who are providing services to them are reliable and of good standing and of good conduct and character. Why would this take a while? Thank you.

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

HON. SANDY LEE: Thank you, Mr. Speaker. I do want to let the Member know that I do agree that people who have concerns of this nature should be able to go through the process and have the matter resolved as soon as possible.

Mr. Speaker, I would have to commit to look into how long certain cases do take, what is the normal course of process in going through this. I have to tell the Member that this does not come across my desk very often. I think I might have been thinking about a court case that seemed to take a little longer, but that's different than the board of inquiry. So, Mr. Speaker, I just do not have information in front of me to give her the information about how long this takes. I am aware the Medical Profession Act has very specified steps laid out as to how this process takes place and I will undertake to get back to the Member. Thank you.

MRS. GROENEWEGEN: Mr. Speaker, if the conduct of a certain practitioner has been brought into question, if that has been out there unresolved for a period of time and that person continues to practice, does the Minister not see the problem or the danger in that occurring? I'll ask the Minister again: is she aware of any practicing member of the

medical profession in the Northwest Territories who is under investigation at this time and continues to deliver services to the people of the Northwest Territories? Thank you.

HON. SANDY LEE: Mr. Speaker, as I stated earlier, the Medical Profession Act does state the process by which a complaint against a practicing physician is conducted. It does try to balance the rights of the client as well as the physician, Mr. Speaker. I'd be happy to give the Member a private briefing on how this works. Once in a while we do get concerns from people about what they are not happy with about what the doctor has done or not, or any other health care professional. There are different phases that this goes through. Sometimes just talking to the local authority resolves the matter. Other times it goes further down the steps. I do not have the information on how many are under investigation and I would undertake to get back to the Member. Thank you.

MRS. GROENEWEGEN: [Microphone turned off.] ...again. Might I suggest that it is the Minister's job to make herself aware of any outstanding complaints about the conduct of somebody who's delivering services, medical professional services to the people of the Northwest Territories? This is not unheard of in other professions. Sometimes RCMP members are under investigation. Often you hear that until the matter is resolved, their rights and their work is suspended until the matter is cleared up. That takes care of protecting their rights. Sometimes you hear of it in cases of teachers. Not so much around here but in southern Canada you hear of teachers who are suspended with pay.

Mr. Speaker, I suggest to this Minister that there is someone practicing medicine in this Territory today who has been under investigation for years and this matter has not been... And this is adding double agony and strife to this person who has laid a complaint, for this not to be dealt with in an expeditious manner. That is owed to them by whatever practice or process she's talking about that's outlined in the Medical Profession Act. That is owed to this person. I am very alarmed, and I hope the public out there is alarmed to hear that somebody could be practicing who has been under investigation for years and just chooses not to cooperate with the process or the system or their peers. I mean, how can that be allowed to happen? This is squarely this Minister's responsibility.

As I said at the beginning of my Member's statement today, I have made the Minister aware of this and so now for her to stand up in the House and say she's not aware of it, she's had days to prepare herself to respond to these questions, because I forewarned her. I'd like to ask the Minister again: is there an ongoing investigation into somebody who is currently practicing medicine

in the Northwest Territories today that brings their conduct into question? Thank you.

MR. SPEAKER: I just want to remind Members if there is anything before the court or a judicial process, that we try to avoid interfering in that process in this forum. But I will allow the Minister to answer the question, Ms. Lee, but remember that there are certain processes that are before judicial inquiries or reviews that is not privy to ourselves in this House to ask those types of questions. So, Ms. Lee, you can respond to the question.

HON. SANDY LEE: Thank you, Mr. Speaker. Mr. Speaker, the Medical Profession Act, as any other professional body, it lays out a very clear process on how these things get conducted. It does not allow for Minister to intervene. I understand the overall responsibility I have as a Minister to make sure that there is a process in place. I do appreciate that the Member did let me know about that. I am not able to say anything in the House that would attribute anything to individuals out there. Having said that, I did let the Member know that I am concerned about what the Member has told me. I have told her that I will undertake to look into the process and give her a private briefing. I just feel that this is really inappropriate, other than talking about medical process and the process outlined, that we will be talking about an individual that we can be talking about. Thank you.

MR. SPEAKER: Final question, Mrs. Groenewegen.

MRS. GROENEWEGEN: Thank you, Mr. Speaker. It is ironic that probably Members of this Legislature are amongst the very few who can actually stand up and talk about this. We haven't determined that there is anything before a judicial body or a court or anything. We have not determined that, but it is very interesting that if I go outside these doors and speak to the media about this concern about my constituent or this case, I then could become liable in the courts for something. This is the only place where I can stand up. I am probably the only person who can stand up on behalf of this constituent and raise this with some immunity, not to be reckless or careless about that immunity but to bring this to light. I am talking mostly about the process here today. I am trying to understand the process on behalf of my constituent who has been sitting there being dragged through this fight and I am concerned not only about her but the other people who have been affected. It is the tactic of predators who get into these positions where they can prey on people to isolate people. I would like to put it out there today in the Northwest Territories. If you have received treatment from somebody here in Yellowknife for a certain condition, and I think I have made enough clues about it, and you have felt isolated and alone and thought you could not come forward, I would certainly like to hear from them.

Mr. Speaker, again, I would like to ask the Minister what she can do to become involved to ensure the safety of the people who are receiving services and care in our medical service. If she can't get involved, then we have a big problem here.

HON. SANDY LEE: Mr. Speaker, I think it is important for the Member to know that I do understand the Member's concern. We do want to make sure that we have a process in place where our residents who provide service have a concern about their practitioner, that there is a process in place. I am just not able to say anything that would give comfort to her that would in any way talk about an individual who is not before this Assembly.

Mr. Speaker, I do commit to her that I will talk to her privately and give her the information that she needs, at least over a short period of time and then we could go from there. I understand her concern, Mr. Speaker. As far as I am aware, the Medical Profession Act has a process in place where a complaints officer could take a number of measures about a complaint against a physician, including putting a condition on their practice. Thank you.

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

QUESTION 101-16(5):
PROPOSED CHANGES TO SUPPLEMENTARY
HEALTH BENEFITS PROGRAM

MR. YAKELEYA: Thank you, Mr. Speaker. My questions are to the Minister of Health and Social Services. It has to do with the supplementary health benefits. I want to ask in terms of this policy going forward. I want to ask the Minister about her decision along with her Cabinet in terms of her sense of this policy. Is this a good, effective policy? My concern is for the 2,200-some-odd people who are not receiving health coverage. Certainly there has to be a give and take in terms of how we make sure that this covers for these 2,200 families or people who are not receiving. Is this policy the most effective or the best that we could do in light of our fiscal restraints in the Northwest Territories?

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

HON. SANDY LEE: Thank you, Mr. Speaker. On the basis of review of analysis we have done, we believe this is a very good program and provides fair and equitable coverage to most people and those 2,000 people that the Member mentioned. Thank you.

MR. YAKELEYA: Mr. Speaker, just a primary focus of my question is on the coverage of these 2,200 people who are not receiving it today as we talk right now in terms of the coverage that other members of the Northwest Territories do enjoy. Now I want to focus on the concerns I am hearing around the table in the House here and in

Yellowknife here, that there is a huge number of local people that are saying that a number of issues that they are telling us to not go ahead with it or scrap it or delay it or consider it again. I want to ask the Minister in terms of this policy here in terms of the people that we are hearing who are both vocal in terms of saying that it is discriminatory or it is not fair or we are going to be chasing them out. I want to ask the Minister, are those numbers high numbers in terms of what we are hearing in terms of the arrangement now or the policy that is being placed in terms of this supplementary health?

HON. SANDY LEE: Mr. Speaker, I thank the Member for the question. I think what we agree on, and even the Members in this House and what we are hearing from outside, is that everybody says that we should find a way to include those people who are not included right now. I think the issue is about how we do that. The suggestions that have come forward in our public meetings are that we should do it by universality. Just make that part of the Canada, our NWT health care or bring them in by increasing taxes or progressive taxation or do it by reducing other government programs, but I think there is an agreement that we need to bring these people in. We have done the analysis of that and our position is that this is not an insured health service. This is supplementary health services. In most other parts of the country -- and there was an article done by Slave River Journal that did a cross country comparison -- by any comparison except for Nunavut, this program that we are proposing is more generous and it has wider coverage than any other available. Thank you.

MR. YAKELEYA: Mr. Speaker, can the Minister answer me in terms of answering the question here in terms of this supplementary health benefit? It is not like the one that they have given to the aboriginal people or the Metis. That is the question that we are faced with. Can she then explain to me and residents in my riding, some of us in the Sahtu receive medical services under the federal government and some of the Metis constituents receive services under the GNWT and now we are talking about this issue here where we are talking about a co-payment plan for non-aboriginal people. I want to ask the Minister in terms of being clear to me in explaining how this is done in Canada and the Northwest Territories so we don't get too far into the fine lines of who is covering who and who is getting what in terms of health care in the Northwest Territories.

HON. SANDY LEE: Mr. Speaker, I think those are the similar questions that I got when I did the Minister's tour with Minister Lafferty through Monfwi. In Wekweeti and Whati we had some questions and we were able to clarify having a discussion.

Mr. Speaker, I think it is important for everybody out there to know that when we are talking about supplementary health benefits, we are not talking about what people know to be a health care coverage. Everybody in the Territories and Canada, you go and see a doctor or nurse, get a surgery, have a baby, have a hip replacement, all those are health care services that everybody is entitled to and none of that is changing, whether you are aboriginal, non-aboriginal, you live in Yellowknife or anywhere in Canada. What we are talking about is extended health services which is not part of Canada Health Act which is covered in provinces and territories in its own way by the policies and direction of each government. For the aboriginal people in Canada, there is a federal program, NIHB. We have Metis Health Benefits Program in the Territories. There are lots of people in the Territories who get this coverage through their employer's insurance. What we are trying to do is to cover those who are not entitled to any of those programs to access this. This is for drugs, for glasses, and dental. Those are the extra health care benefits that people need to find a way to access. This is our suggestion for doing that for those who can't have access elsewhere. Thank you.

MR. SPEAKER: Final supplementary, Mr. Yakeleya.

MR. YAKELEYA: Thank you, Mr. Speaker. Would the Minister explain to me what it would mean if this Legislative Assembly delayed the implementation of the new policy that she's bringing forward? What would it mean to us, what would it mean to the people in the Northwest Territories?

HON. SANDY LEE: As has been said many times, this program has been reviewed since 2003 because people feel there are people who are excluded from this program and there are no means for them to appeal or to have us look at the list. Unless you are under Income Support, you do not get support for dental or vision care. So I believe that it is incumbent on the government to come up with a program that gives access to 100 percent of the people, but ask those who could afford to make a co-payment to contribute a little, contribute part of that, Mr. Speaker. This will be like any other, it's like giving everybody an employer health insurance program and I believe this is essential for the sustainability and viability of our health care system going forward. Thank you.

MR. SPEAKER: Item 8, written questions. Item 9, returns to written questions. Item 10, replies to opening address. Item 11, petitions. Item 12, reports of standing and special committees. Item 13, report of committees on the review of bills. Item 14, tabling of documents. Mr. Hawkins.

Tabling of Documents

TABLED DOCUMENT 21-16(5):
YELLOWKNIFE CENTRE MLA POSTCARD
ON SUPPLEMENTARY HEALTH BENEFITS

MR. HAWKINS: Thank you, Mr. Speaker. Mr. Speaker, I'd like to table a sample postcard I made up on the occasion to help the citizens fight for supplementary health benefits because they matter. This is a postcard addressed to our Premier, Floyd Roland, and Sandy Lee and it simply states Make Health Care Benefits Universal, No to Co-Payments and Find Another Way. Thank you, Mr. Speaker.

MR. SPEAKER: Mr. Abernethy.

TABLED DOCUMENT 22-16(5):
LETTER TO FLOYD ROLAND FROM GLEN
ABERNETHY ON SERIOUS RAMIFICATIONS OF
PROPOSED CHANGES TO SUPPLEMENTARY
HEALTH BENEFITS PROGRAM

TABLED DOCUMENT 23-16(5):
LETTER TO GLEN ABERNETHY FROM
FLOYD ROLAND ON SUPPLEMENTARY
HEALTH BENEFITS

MR. ABERNETHY: Thank you, Mr. Speaker. I have a number of documents to table. The first one is a letter to the Honourable Premier Floyd Roland, dated April 16th, from me, outlining a significant number of concerns related to changes to the Supplemental Health Program, as well as some potential recommendations on how to move forward with fixing the policy without disadvantaging a significant population of the Northwest Territories.

The second tabled document I'd like to table is a response from Premier Floyd Roland dated May 6th, which doesn't actually address any of the questions asked or talked to any degree about any of the recommendations that I made, but it does indicate that not only does Cabinet clearly approve the Supplemental Health Policy, it has also provided frequent direction on program development and implementation to the Minister of Health and Social Services and will review the program proposals again before anything is implemented. Collectively we remain convinced that asking those who can afford it to contribute something to their own costs, as most NWT residents already do.

The third document I'd like to table is the Policy on Supplementary Health Benefits.

MR. SPEAKER: The process is to table a document and not read it out. If you have a document to table, table the document as a whole and don't read out the document. Thank you. Mr. Abernethy.

TABLED DOCUMENT 24-16(5):
GNWT POLICY ON SUPPLEMENTARY
HEALTH BENEFITS

TABLED DOCUMENT 25-16(5):
LIST OF CONDITIONS COVERED BY GNWT
EXTENDED HEALTH BENEFITS PROGRAM

TABLED DOCUMENT 26-16(5):
PROCESS CONVENTION ON STANDING
COMMITTEE REVIEW OF PROPOSED POLICY
INITIATIVES AND IMPLEMENTATION PLANS

MR. ABERNETHY: Okay, the next document I have to table is a policy on supplemental health benefits, 49-09, dated September 30th, 2007.

The next document I have to table is a list of Extended Health Benefits Program conditions that are covered under the existing program, and the last document I have to table is a process convention for standing committee review of proposed policy initiatives and implementation action plans that was agreed to by Caucus in Fort Smith and we confirmed in Blachford Lake. Thank you very much.

MR. SPEAKER: Ms. Bisaro.

TABLED DOCUMENT 27-16(5):
ELDERS PARLIAMENT MOTION ON
SUPPLEMENTARY HEALTH
BENEFITS PROGRAM

MS. BISARO: Thank you, Mr. Speaker. As Members have heard, this Legislature played host last week to the first ever NWT Elders' Parliament, and elders from across the Territory debated issues of great importance to them and also us. One of which was supplementary health benefits. I wish to table a motion that was adopted unanimously by the elders, a motion that recommends that existing supplementary health benefits coverage to seniors be continued. The motion also states that further consultation, study and revision is required before changes to seniors' supplementary health benefits are implemented. Thank you, Mr. Speaker.

MR. SPEAKER: Again, I'd like to remind Members this is a process to table documents, not to read out documents. If you have a document, read out the title and table the document. The honourable Minister of Justice, Jackson Lafferty.

TABLED DOCUMENT 28-16(5):
LEGAL SERVICES BOARD
2007-2008 ANNUAL REPORT

TABLED DOCUMENT 29-16(5):
LEGAL SERVICES BOARD
2008-2009 ANNUAL REPORT

HON. JACKSON LAFFERTY: Thank you, Mr. Speaker. I wish to table the following two

documents entitled 2007-2008 Report of the Legal Services Board of the NWT and 2008-2009 Report of the Legal Services Board of the NWT. Mahsi, Mr. Speaker.

TABLED DOCUMENT 30-16(5):
2010 REVIEW OF MEMBERS'
COMPENSATION AND BENEFITS

TABLED DOCUMENT 31-16(5):
REPORT OF THE AUDITOR GENERAL OF
CANADA – EDUCATION IN THE NORTHWEST
TERRITORIES – 2010, DEPARTMENT OF
EDUCATION, CULTURE AND EMPLOYMENT

MR. SPEAKER: Pursuant to Section 35(3) of the Legislative Assembly and Executive Council Act, I hereby table the 2010 Review of Members' Compensation and Benefits prepared by an independent commission in review of Members' compensation and benefits, dated May 5th, 2010.

In accordance with Section 30 of the Northwest Territories Act, I wish to table the Report of the Auditor General of Canada on Education in the Northwest Territories, 2010 Department of Education, Culture and Employment, dated May 2010. Tabled documents, Mr. Clerk.

TABLED DOCUMENT 32-16(5):
RESPONSE TO PETITION 2-16(4)

TABLED DOCUMENT 33-16(5):
RESPONSE TO PETITION 1-16(5)

TABLED DOCUMENT 34-16(5):
RESPONSE TO PETITION 2-16(5)

CLERK OF THE HOUSE (Mr. Mercer): Mr. Speaker, I would like to table a response to a petition provided by the Honourable Sandy Lee, Minister of Health and Social Services, in response to a petition tabled by Mr. David Krutko on January 28th, 2010.

Mr. Speaker, I would like to table a response to a petition provided by the Honourable Sandy Lee, Minister of Health and Social Services, in response to a petition tabled by Mr. Kevin Menicoche on March 3rd, 2010.

Mr. Speaker, I would like to table a response to a petition provided by the Honourable Sandy Lee, Minister of Health and Social Services, in response to a petition tabled by Mr. Glen Abernethy on March 3rd, 2010. Thank you, Mr. Speaker.

MR. SPEAKER: Item 15, notices of motion. Item 16, notices of motion for first reading of bills. Item 15, notices of motion. Ms. Bisaro.

Notices of Motion

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

MS. BISARO: Thank you, Mr. Speaker. I give notice that on Thursday, May 13th, 2010, I will move the following motion: now therefore I move, seconded by the honourable Member for Thebacha, that Tabled Document 30-16(5), 2010 Review of Members' Compensation and Benefits, be referred to Committee of the Whole for consideration. Thank you, Mr. Speaker.

MR. SPEAKER: Item 17, motions. Item 18, first reading of bills. Item 19, second reading of bills. Item 20, consideration in Committee of the Whole of bills and other matters: Tabled Document 4-16(5), Executive Summary of the Report of the Joint Review Panel for the Mackenzie Gas Project, with Mr. Bromley in the chair.

Consideration in Committee of the Whole of Bills and Other Matters

CHAIRMAN (Mr. Bromley): I would like to call Committee of the Whole to order and we have before us Tabled Document 4-16(5), Executive Summary of the Report of the Joint Review Panel for the Mackenzie Gas Project. What is the wish of the committee? Mrs. Groenewegen.

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

---Carried

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

Report of Committee of the Whole

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

MR. BROMLEY: Thank you, Mr. Speaker. Mr. Speaker, your committee would like to report progress. Mr. Speaker, I move that the report of Committee of the Whole be concurred with.

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

---Carried

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

Orders of the Day

CLERK OF THE HOUSE (Mr. Mercer): Orders of the day for Wednesday, May 12, 2010, at 1:30 p.m.:

1. Prayer
2. Ministers' Statements
3. Members' Statements
4. Returns to Oral Questions
5. Recognition of Visitors in the Gallery
6. Acknowledgements
7. Oral Questions
8. Written Questions
9. Returns to Written Questions
10. Replies to Opening Address
11. Petitions
12. Reports of Standing and Special Committees
13. Reports of Committees on the Review of Bills
14. Tabling of Documents
15. Notices of Motion
16. Notices of Motion for First Reading of Bills
17. Motions
18. First Reading of Bills
19. Second Reading of Bills
20. Consideration in Committee of the Whole of Bills and Other Matters
 - Tabled Document 4-16(5), Executive Summary of the Report of the Joint Review Panel for the Mackenzie Gas Project
21. Report of Committee of the Whole
22. Third Reading of Bills
23. Orders of the Day

MR. SPEAKER: Thank you, Mr. Clerk. Accordingly, this House stands adjourned until Wednesday, May 12, 2010, at 1:30 p.m.

---ADJOURNMENT

The House adjourned at 4:02 p.m.