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Legislative Assembly of Manitoba
DEBATES
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PROCEEDINGS
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MANITOBA LEGISLATIVE ASSEMBLY
Forty-First Legislature

Member	Constituency	Political Affiliation
ALLUM, James	Fort Garry-Riverview	NDP
ALTEMEYER, Rob	Wolseley	NDP
BINDLE, Kelly	Thompson	PC
CHIEF, Kevin	Point Douglas	NDP
CLARKE, Eileen, Hon.	Agassiz	PC
COX, Cathy, Hon.	River East	PC
CULLEN, Cliff, Hon.	Spruce Woods	PC
CURRY, Nic	Kildonan	PC
DRIEDGER, Myrna, Hon.	Charleswood	PC
EICHLER, Ralph, Hon.	Lakeside	PC
EWASKO, Wayne	Lac du Bonnet	PC
FIELDING, Scott, Hon.	Kirkfield Park	PC
FLETCHER, Steven, Hon.	Assiniboia	PC
FONTAINE, Nahanni	St. Johns	NDP
FRIESEN, Cameron, Hon.	Morden-Winkler	PC
GERRARD, Jon, Hon.	River Heights	Lib.
GOERTZEN, Kelvin, Hon.	Steinbach	PC
GRAYDON, Clifford	Emerson	PC
GUILLEMARD, Sarah	Fort Richmond	PC
HELWER, Reg	Brandon West	PC
ISLEIFSON, Len	Brandon East	PC
JOHNSON, Derek	Interlake	PC
JOHNSTON, Scott	St. James	PC
KINEW, Wab	Fort Rouge	NDP
KLASSEN, Judy	Kewatinook	Lib.
LAGASSÉ, Bob	Dawson Trail	PC
LAGIMODIERE, Alan	Selkirk	PC
LAMOUREUX, Cindy	Burrows	Lib.
LATHLIN, Amanda	The Pas	NDP
LINDSEY, Tom	Flin Flon	NDP
MALOWAY, Jim	Elmwood	NDP
MARCELINO, Flor	Logan	NDP
MARCELINO, Ted	Tyndall Park	NDP
MARTIN, Shannon	Morris	PC
MAYER, Colleen	St. Vital	PC
MICHALESKI, Brad	Dauphin	PC
MICKLEFIELD, Andrew, Hon.	Rossmere	PC
MORLEY-LECOMTE, Janice	Seine River	PC
NESBITT, Greg	Riding Mountain	PC
PALLISTER, Brian, Hon.	Fort Whyte	PC
PEDERSEN, Blaine, Hon.	Midland	PC
PIWNIUK, Doyle	Arthur-Virden	PC
REYES, Jon	St. Norbert	PC
SARAN, Mohinder	The Maples	NDP
SCHULER, Ron, Hon.	St. Paul	PC
SELINGER, Greg	St. Boniface	NDP
SMITH, Andrew	Southdale	PC
SMOOK, Dennis	La Verendrye	PC
SQUIRES, Rochelle, Hon.	Riel	PC
STEFANSON, Heather, Hon.	Tuxedo	PC
SWAN, Andrew	Minto	NDP
TEITSMA, James	Radisson	PC
WHARTON, Jeff	Gimli	PC
WIEBE, Matt	Concordia	NDP
WISHART, Ian, Hon.	Portage la Prairie	PC
WOWCHUK, Rick	Swan River	PC
YAKIMOSKI, Blair	Transcona	PC

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, November 3, 2016

The House met at 10 a.m.

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

Please be seated.

ORDERS OF THE DAY

PRIVATE MEMBERS' BUSINESS

Mr. Jim Maloway (Official Opposition House Leader): Madam Speaker, I would like, on House business, would ask leave to go directly to Bill 214.

Madam Speaker: Is there leave to go directly to Bill 214, The Family Maintenance Amendment Act? *[Agreed]*

House Business

Mr. Maloway: On additional House business, pursuant to rule 33(8), I'm announcing that the private member's resolution to be considered next Thursday will be one put forward by the honourable member for Wolseley (Mr. Altemeyer). The title of the resolution is transforming to a green economy-transitioning, sorry.

Madam Speaker: It is—it has been announced by the honourable Official Opposition House Leader that the private member's resolution to be considered next Thursday will be one put forward by the honourable member for Wolseley. The title of the resolution is Transitioning to a Green Economy.

SECOND READINGS—PUBLIC BILLS

Bill 214—The Family Maintenance Amendment Act

Mr. Andrew Swan (Minto): I move, seconded by the member for Tyndall Park (Mr. Marcelino), that Bill 214, The Family Maintenance Amendment Act; Loi modifiant la Loi sur l'obligation

alimentaire, be now read a second time and be referred to a committee of this House.

Motion presented.

Mr. Swan: The reasons for this bill are simple. It's intended to make things better for Manitoba's children. As I think most members of this House are aware, a great number of all relationships, including relationships with children, break down. In fact, the statistics suggest that somewhere in the nature of 50 per cent of all relationships break down. I'm sure there are members in this House that have had that experience; and if not personally, I think we all have friends, family members, co-workers who've gone through separations.

These situations are always complicated, in many cases there's one person who is the one who seeks to end the relationship, many times there's the other one who really doesn't want to. When there are children involved, it makes circumstances even more complicated. And we need to do everything we can, Madam Speaker, to prevent fights between parents over custody and access of their children from continuing from festering, because we know that has a negative impact on children. And we need to continue building on the work that's been done to encourage people who are separating, even though they may have anger, they may have hurt, they may have other issues, to try to work together to resolve things, that things are as good as they can be for their children. And that's really what this is about.

Well, you may ask, Madam Speaker, why do I say that? I say that because I practised law for 14 years, most of those years specializing in family law at a law firm here in Winnipeg. And I dealt all day every day with families breaking down, which is why sometimes people wonder why I believe actually life in this Legislature is easier than the work that I had before.

Even though I dealt with the parents all day every day, it was actually very rare, in fact, almost never that I would ever meet the children of the relationship, which is the right thing. Sometimes after a case was over I would then have a chance to meet the kids. So, too, for judges; judges who are the ones who ultimately have to decide where a child is going to live, what the division of time is going to

be, and in some cases, even where and in which jurisdiction that child is going to live. Judges have to make those decisions also without ever meeting the children, without seeing the children and without directly hearing from the children. And we can agree that is—that's right; it should not be kids coming to court to testify, but at the same time we can appreciate the difficulties with judges having to play the role of Solomon to make very, very difficult decisions.

And this bill would further us along to encouraging people to resolve their differences outside of a stranger, a judge making the decision by using alternative dispute resolutions, things which fit with our goal to increase restorative justice in the province, to take advantage of the strengths of so many communities and so many people in this province.

There was a comprehensive family law bill that had been put forward which would have done a number of things, and that bill—and I expect there'll be some questions today—was only forwarded to this House after widespread consultation, from getting the advice of family law lawyers, from helping professionals, from judges and, of course, more than anything else, conversations and consultations with individual Manitobans who've gone through these ugly kind of disputes, or have had someone they care about go through these difficult kinds of disputes.

There actually was a bill ready to go as early as spring 2014 that was not introduced. There was a comprehensive bill introduced in the spring of 2015, and that bill, actually, was passed to committee after the last fall session, and it passed through that committee with a number of amendments and, unfortunately, that bill died on the order paper.

There were many important parts of that bill: measures to improve the way the Maintenance Enforcement Program is able to enforce court orders, improvements in modernizing the law to recognize that Manitobans are using reproductive technology to have children and the law needs to catch up, and, of course, work to be done on cases where one parent wishes to relocate and our judges are left with incomplete tools to try and resolve those cases. Those are all things that I hope will be resolved at some point in the future.

I asked the Minister of Justice (Mrs. Stefanson) back in June in Estimates whether we would see some form of Bill 33 coming back, and the minister, new in her position, couldn't tell me that. I hope this

minister will stand up in the new session in November and put on the table a comprehensive modernization, an updating of our family law system. But we don't need to wait for that, we don't need to wait; we can start today by making things better for children.

Again, if these provisions look familiar in Bill 214 to returning members, it should not be a surprise. They were taken from Bill 33, as amended by committee, and they will make things better for our children.

* (10:10)

The first and most important thing is to declare that the best interests of the children must be paramount for everybody involved in the dispute—for the judge, who would be the case conference judge or ultimately hearing the case, but most importantly as a message to the parents that even though we appreciate they may be angry, they may be frustrated, they may be scared about what their future looks like with their marriage falling apart, they never can lose sight of the fact that children must be the most important consideration as these matters go ahead.

And, again, that's not so much an invocation or direction to the judges of our family court because I believe that they understand that. It is a strong signal for parents in these disputes to put away the hurt, to put away their anger, frankly, in some cases, to put away their wallets and find some better ways to resolve things for children.

And how do we do that? Well, Madam Speaker, that comes from the provisions of this bill, which direct judges and parties as much as possible to have these cases resolved outside of a judge, a stranger making the decision. And Manitoba leads the country in providing those resources. Unfortunately, the most difficult cases never seem to get there.

In Manitoba, there's a great program offered through Family Conciliation Services called For the Sake of the Children. It's free to any parents. It's free—grandparents, other family members, other people who care about children can take this program, six-hour program, free of charge to Manitobans. There is also—that is now mandatory for people that are involved in a custody or access dispute. But if you complete that program, there are other resources out there.

There's a program that I was very proud to bring to Manitoba called the First Choice program, which

allows parties who are going through their dispute to have a quick and easy way to have trained individuals from the family conciliation office in the Department of Families assist them in resolving issues. There is free mediation offered through Family Conciliation Services. Many lawyers of perhaps my vintage and younger would not have a hesitation in sending people to use these resources but, unfortunately, there are some lawyers who still don't and some parties who still refuse to. That should be much more clear, and that is made more clear by Bill 214.

Judges do the best they can in a series of case conferences and pre-trial conferences, but those judges themselves will tell you that there is no better way for parties to come to a resolution than for those parties to get there on their own and not have it imposed on them by a judge who, again, is never going to meet the children, who is never going to know all the dynamics. The people who know those dynamics best are the parents, and this will assist parents in getting to a better resolution faster, more quickly and, frankly, at a less cost to themselves. We would much rather that they be putting aside those resources for their children's clothing, for their activities, for their post-secondary education rather than spent on lawyers.

And some of my best friends are lawyers, and I can tell you, as a family lawyer, although lawyers are quite happy to take cases to court, cases which involve children, especially when there's a prospect of one parent moving out of the jurisdiction, are the most heartbreaking and challenging cases that any lawyer can hope to take on.

So we are leaders in Manitoba, but we can go even further. And, again, I hope that the minister will come forward in the next session with a comprehensive update of family law in Manitoba. She has the tools at her fingertips. She can consult with her department. She can consult with judges, with lawyers, with Manitobans who will know that this bill was on the right track.

We can't do that today. What we can do is move Bill 214 ahead to committee. I know there's a committee sitting tonight and with the leave of this House, we can actually move this bill on with two other private members' bills tonight and we can make this law by next Thursday. I think the people of Manitoba and, most importantly, the children of Manitoba would benefit from that, and I ask all

members to hear me out, to consider the children of Manitoba and pass Bill 214.

Thank you, Madam Speaker.

Questions

Madam Speaker: A question period of up to 10 minutes will be held. Questions may be addressed to the sponsoring member by any member in the following sequence: first question to be asked by a member from another party. This is to be followed by a rotation between the parties. Each independent member may ask one question, and no question or answer shall exceed 45 seconds.

Mr. Shannon Martin (Morris): I appreciate the comments, and one of the comments that I listened intently from the member opposite was that with leave of this House we can move this bill forward, I think, is what the member concluded the statement on.

I'm curious why the member didn't take advantage of similar offers of leave in the spring when we were sitting and we as a PC caucus offered leave to move Bill 33 forward and take care of that legislation in the spring when the member was part of the government.

Mr. Andrew Swan (Minto): Well, I thank the member for Morris for that; of course, I wasn't House leader in the spring.

But, if the member wants to talk about discussions that were had, the member needs to know that the then-opposition Progressive Conservative caucus said they would only consider moving Bill 33 ahead if they were guaranteed a number of days of debate, even though the matter had gone, there'd been full hearings at committee and it sounded like there was some interest in passing it.

We did make choices. We thought, for example, passing the reconciliation bill was actually the highest priority for our government in the spring. I'm very sorry Bill 33 didn't pass, but the member needs to look in the mirror rather than to blame this member.

Mr. Jim Maloway (Elmwood): Madam Speaker, I'd like to ask the member, how will this act ensure that the best interests of children are taken into consideration in family law processes?

Mr. Swan: I thank the member for Elmwood for that question, and I know he, like myself, hears from

families who undergo these kinds of cases. They hear from friends and supporters and family members.

What this bill will do in section 2(1) is simply say that in making any order under this act the most important consideration for the court must be the best interests of the child.

I know that when parents are involved in a custody or access dispute they want to put forward their own views and their own interests, which is important, but this will make it very clear that it is the interests of the child which are most important in making those decisions.

Mr. Reg Helwer (Brandon West): Madam Speaker, interesting to listen to some of the responses from the member, obviously, throwing his own party under the bus and others as well.

So I'm just wondering, when we look at current proceedings, can the member explain what impact this might have on proceedings that already before the courts?

Mr. Swan: Well, Madam Speaker, this bill—and I'm going to ignore the other comments of the member. This bill will come into force on a date to be fixed by proclamation.

I appreciate even if this bill can pass next week, it'll be up to the Minister of Justice (Mrs. Stefanson) and her Cabinet to decide when the appropriate time is to bring this bill into effect, and I expect there might be some time needed to make sure that all judges, lawyers, are up to speed, and I would expect that this could apply to any cases which are determined after the date that the government chooses to bring it into effect. But that will be a decision I know the Minister of Justice would take after appropriate consultation and review.

Ms. Cindy Lamoureux (Burrows): Does the member from Minto have reason to believe that the best interests of a child is currently not being put first, or is this amendment strictly for clarification?

Mr. Swan: Well, I know we're trapped in this Legislature much of the time, but if the member wants to go across to the courthouse, you can see cases which are set for trial, sometimes for a week of trial, for two weeks of trial, where, unfortunately, each parent has been advised by their lawyers that the best thing they can do if they want to get custody of their child is to attack the other parent. The person who they loved, the person who they chose to have children with now becomes their adversary, and,

unfortunately, I think there needs to be more direction given by judges to the parties, to the parents, to make sure that they are making decisions that are best for the children, and, further, to try and avoid those week-long, two-week-long trials which become very unhappy—

Madam Speaker: The member's time has expired.

Mr. Wab Kinew (Fort Rouge): Thank you, Madam Speaker, for recognizing me as I stand here in the House this morning.

I'd like to ask my esteemed colleague, here, if he could just tell the House how the actual views of the children would be considered in court proceedings. What would that look like?

Mr. Swan: And, again, we don't have children come to court, which I think we can all agree is appropriate. In Manitoba, in many cases that comes about through a—an assessment report done by Family Conciliation Services. Again, that service, at least for now, is provided free to Manitobans who want that service. In fact, Family Conciliation Services can do what's called an expedited report within 30 days.

* (10:20)

So that is a way the children's views can be put forward. We think that moving to more alternative means to allow mediators to be involved, to allow helping professionals to be involved, less so than judges as strangers, will help children in this province.

Mr. Helwer: Can the member tell this House what consultations he has undertaken with the legal community before introducing this or with any community?

Mr. Swan: I only have 45 seconds to give an answer, so I will try to summarize that. Again, Bill 214 is part of Bill 33, which had a consultation process and a creation process which stretched over about two years. I had extensive consultations with the family law subsection of the Manitoba Bar Association. I had the chance to meet with Nick Bala. Nick Bala is one of the leading Canadian experts on family law. We had a great chance to talk about things that provinces could do within their own power and their own jurisdiction to make things better for children, even though divorce laws are federal, and Mr. Bala, Professor Bala, was very helpful.

Again, I've spoken to literally hundreds of parents in the system who are frustrated, who—

Madam Speaker: The member's time has expired.

Mr. Ted Marcelino (Tyndall Park): A member of our community just died yesterday after all the plugs were pulled out.

Now, my question to the proponent of this act: Why is conflict to be avoided in family law proceedings?

Mr. Swan: I mean, the reason why we try to avoid conflict, why there already are some procedures, including mediation, including case conferences, is to try and reduce that conflict because we know that when two parents are carrying on a court battle, when they're filing affidavits saying how awful the other is, what a bad parent they are, we know that that has an impact on the children.

And, unlike other kinds of court cases where people may have a court case and be done with each other, in this case with children, this relationship between the parents must continue on at least until the child is 18. But, Madam Speaker, as you well know, we're involved in our children's lives far beyond the age of 18. So it's so important for children.

Mr. Martin: The Family Reform Act was first introduced in June 3rd. And, again, the previous NDP administration had 10 months to pass it but failed.

Would the member indicate when he said the goal of this legislation is to avoid conflict that perhaps a failure of his administration to pass it was a result of their own internal conflict?

I remember the member holding a news conference indicating that his own premier, the member for St. Boniface (Mr. Selinger), wasn't actually representing the priorities of Manitobans. Was the failure to pass this bill part of that internal conflict that the member was part of?

Mr. Swan: Well, today, Madam Speaker, we have a choice. We can play politics or we can protect children. And I'm going to be bringing this forward to protect children.

The member from Morris knows full well this bill could have been passed if his caucus had been interested in having it passed. I don't know what the problem was. The problem might have been with reproductive technology. I know there must have

been a fascinating discussion in their caucus because there are those who have problems with the way that some families in Manitoba use to have children in their life. I don't know what the problem was with the Progressive Conservative caucus.

We can stand together and we can pass a bill that protects children, and I'm calling on all members of this House to, just as we're asking parties to put the children first, I'm asking the—

Madam Speaker: The member's time has expired.

Mr. Kinew: I'd ask that my esteemed colleague indulge my sort of interest in legal theory here and just tell me why he feels that it's more important to have the best interests of the child explicitly set out in statute rather than, say, regulation.

Mr. Swan: Well, certainly, and these provisions, which would be placed right at the start of The Family Maintenance Act, again, they provide direction to judges in Manitoba but, far more importantly, they provide the structure and the form and the advice that lawyers will give to their clients to make it very, very clear to parents that we have moved to a place where parents carrying on an ugly and negative fight has been recognized to be the worst practice to protect Manitoba children.

And, by putting this in this statute, in The Family Maintenance Act, we know that that will cause a shift in the way that people argue cases, the way that lawyers advise their clients and, ultimately, result in fewer cases winding up in a week-long trial.

Madam Speaker: The time for questions has expired. Debate is now open.

Debate

Hon. Scott Fielding (Minister of Families): I do appreciate the opportunity to speak on this bill.

I, first, would like to say that our government truly wants to make Manitoba the most improved province in the country, and that also includes repairing some of the services, making sure that Manitoba families are stronger. That's why we introduced some legislation, The Protecting Children Act, which I am very proud of.

My comments—I'll kind of rely on four different elements here. First, I'll talk a little bit about the bill before us that we're talking about, Bill 14. I also want to talk about some issues in terms of the criminal justice system—I've got some experience in that area. I did work, actually, when the member was

the attorney general for the province, but in terms of some of the issues with the criminal justice system—the third, in terms of kind of a history lesson, I guess, in terms of, you know, where we are today and what's happened in the past, and the fourth is some answered—unanswered questions, I would say, with the bill.

I'd first like to say that, you know, we do know that the NDP, of course, were in power for a long period of time. We've talked ad nauseam about, you know, the last 17 years and the fact that we had—thank you—that we had—there was a large amount of time to produce legislation such as this. I know there was some legislation that was introduced kind of in the long, dying days, I guess, of the previous administration.

I do know—and maybe this is kind of a dispute in terms of some of the facts—but in terms of the legislation, I do know from some of my colleagues that in opposition, the PC caucus really wanted to work with the previous government on Bill 33, which is the one that was introduced—I believe died on the Order Paper. And we try to put our partisan indifferences aside, as the member had talked about in terms of the importance of working together. So I know our caucus is very proud of the fact that they wanted to push through. They had an opportunity to pass the bill but chose not to. And whether that's internal strife or that's, you know, in terms of orders of bills coming forward, I don't know. But the fact of the matter is the bill didn't get done, which I think needs to happen.

Bill 214 is—really addresses a small part, I would say, a small part of the overall act that deals with a tiny fraction—I think it is an important portion of things, but overall, I think it's also important that the amendments, in my opinion, goes with some broader reforms in terms of the criminal justice system, which I'll talk a little bit later on down the line in terms of my comments. We know that the amendments including in Bill 214, in my—will have a minimal impact in terms of the family law reforms and outcomes for children.

To really help, as I mentioned, the children broaden reforms. Broad reforms, I think, are required. I know our Attorney General (Mrs. Stefanson) is in the midst of looking at these types of things. Really, it's hard to believe—and I appreciate the fact that some consultations had happened in Bill 33 in the prior, but it's hard to understand.

And I couldn't understand from—I know the member for Morris (Mr. Martin) talked about the consultations for it. So, although there may have been some consultations over the last few years, the fact I never heard a conclusive answer to how much consultations actually had with us.

You know, our new government believes in consultation and working with all Manitobans to ensure this voices are heard in the Legislature. And I think that ensuring the legislation's meaningful, impactful—not to use family law as kind of a—an issue where we can have a political debate on, but just making sure we're making progress. And so that's important, making sure we're getting not just people in the law community and other communities, but Manitobans—a part of that is important.

The NDP, you know, still talks a little bit about consultation, but when the—when you hit the legislation, you understand the fact that, in our opinion, we don't think the consultation—enough consultation was done. Let's look at a broader approach to this thing in terms of some reforms in terms of the criminal justice system, in terms of the law reform justice. My questions are, you know, who was consulted? Were family law judges, were lawyers, were academics some of these experts in the field? I didn't hear anything about judges that were consulted a part of this.

* (10:30)

In absence of broader reforms, legislation does not seem to have the impact on the lives of children that I think a broader reform package would, and that's what we're interested in. We think that the legislation overall needs to be broader in the sense.

I can tell you that in terms of the criminal justice system, and I can speak with a bit of background knowledge. I chaired the Winnipeg Police Board for the latter two years and I worked with the Minister of Justice for a year of that, and I, quite honest with you, I think in some respects we worked well together in some of the things. I like the Block by Block program, which is [*inaudible*] brought forth as the Justice Minister.

We know that working to improve public safety and the justice system is important part of the steps to repair the services that we think—we know we were hired for to do, including repairing the services, whether it be for children, whether it be for the justice system. Our government believes that priorities should be acted upon. We don't think that

the NDP acted upon these as quickly as they should over 10 years, in fact, of the last decade and in 17 years. And, really, what this is happened is that you seen that the problems have escalated in more ways, whether it be for children's services, whether it be justice, whether it be in education, whether it be health care. These are all areas where we seen what I'd say is a decade of decline and decay in terms of the services. And that's really what we're looking for, an overarching set of reforms that's going to enhance the safety of our children in a whole bunch of different ways.

Under NDP's decade of decline, crime rates were higher than ever in terms of, it's the situation for Manitobans, and I'll talk a little bit more further on down the case. Manitoba's public safety is not a focus of the previous government, and our government is working to fix the decade of decline and decay that's happened under the NDP government. We know that the NDP, in some respects, failed the justice system and a broader overarching look as opposed to, you know, focusing in on one aspect, which has some merit to it, is something that we'd like to see in a broader sense.

The courts need to be functioning more efficiently. The minister has tasked—the Attorney General (Mrs. Stefanson) has tasked her department to provide recommendations to make improvements to the court system. We know that this bill also doesn't take into account things like the technology I think the former minister of Justice and member from Minto had talked about. A modernization of the justice system is also referred to, which I think is there.

But also including this, and I did have a chance to review the previous legislation, 33, that was left on the Order Paper. It is quite extensive. I think there is over 83 pages—82 pages I've pulled up for it. So, if you look at the difference in terms of what was provided before versus what's there, it's pretty astonishing that we need to—an overarching set of policies as opposed to one aspect of it.

We know that learning from the past is something that's best to guide the future forward. So we know there's a number of stats and I don't think the minister of Justice is—the former of Justice was completely at fault to this. But over 17 years, the NDP government, we know that Manitoba is the scene—the—is seen—has been the murder capital of Canada every year except for three. We also know that Manitoba's led the nation and been on top of—has

been the top three of gang-related murders across the country, which is a troubling stat, and anyone would agree.

We know that Winnipeg has been the murder capital for the last three years and we know that Manitobans are more likely to face violent crimes. This is something that I knew when we looked at the police stats the last year and a half or two years that I was on council. We looked at that and that's a serious issue because the intensity of the crime is there. We know that the overarching crime rate is going down. We also know that Manitoba has led the nation in sexual assaults based on second every year since 2000. We know that auto rates—auto theft rates in Canada have dropped since '99. I'll grant that there was a substantial reduction, I would say, in terms of auto theft that's had, but we still lead the nation when it looks at auto theft as a category.

We know that since 1999, Manitoba has some of the highest robbery rates in the country. Well, robbery rate is up over 13 per cent. We also know that Manitoba ranks second and third in the nation for the rates of property crime that's there. The lists go on and on, Madam Speaker. We've got the highest major assault rates in 2011.

And, according to Statistics Canada, Manitoba's the highest rate of police officers. We have a lot of police officers, yet we're not seeing the drops that other jurisdictions have in terms of that. Whether that's directly related to the previous government or not, I don't know, but after 17 years we think that we can do a better job in a whole respects way. We also know that Manitoba ranked ninth among the provinces in terms of violence, assault against women that were under the age of 12. And Manitoba leads the country in terms of violent crime severity [*inaudible*].

So, although there's elements of this piece of legislation that I think makes some sense, and that's why our previous government worked in support of 33, it doesn't go to a broader sense of what the issues are for it. We know that there's still some unanswered questions, I would say, in terms of the consultation, in terms of the Bar Association, in terms of the [*inaudible*]. I didn't hear a conclusive answer of why—

Madam Speaker: The member's time has expired.

Mr. Wab Kinew (Fort Rouge): I'm still unclear when the Minister of Families (Mr. Fielding) talks about a decade of decline, whether he's talking about

his own terms during his time in city council. He cites a number of crime statistics, and yet he was in government at the municipal level which exerts quite a bit of influence over the policing of our city and does have the ability to intervene. And so truth be told, he is weighing in on his own record as well when he speaks about those things.

I would like to, you know, just say to my colleagues here in the House, I do believe that politics can be a source for transformational change for our society. We can do a ton of good here, in a very visionary sense, but also we can do more incremental change, and we can do, you know, smaller scale steps towards positive ends. And I believe that that might be some of the rationale for passing this bill here before us today, which is that everyone seems to agree that the principles outlaid in this piece of legislation are good, and if we can do some good rather than not, shouldn't we act? Shouldn't we choose to pursue that course? And so to me it seems as though, you know, many members here today are outlining how they may feel that there are other changes that should be brought into the legal framework which governs custody and family law here in Manitoba. And those are fair points.

However, we have the opportunity to do a good thing here that would impact the way counsel advise their clients, the way counsel act in court, the way counsel implement family law in our province—why wouldn't we do it? And to me that rhetorical question has one answer, and it is that we should pursue this course of action.

Now, I also know that this is an issue that is important to my constituents and, of course, to the constituents of many other members here in the House. I was on the doorstep this spring, and it may be that family law is not one of the issues that grabs the headlines or is one of the issues that ignites, you know, the media's interest or the pundits' interest, however, I did hear from people on the doorstep who are concerned about the way that divorces are dealt with in this province, that are concerned about the impact that it has on children.

And one of the good things, of course, is that children are very resilient and, in many cases, are able to bounce back from the—what is sometimes a traumatic experience of having parents separate. However, as those who have an ability to influence the outcomes of situations like that, it seems to me that we should try and do all that we can to assure that these sort of proceedings and these sort of, you

know, cases will have as small an impact on the well-being of a child as possible. And so it seems to me that a very clear and a very direct and a very elegant way of accomplishing that goal is to set out in the statute itself that the well-being of the child should be paramount.

And I believe that, you know, that is an ethic that applies across any party line. I—you know, I believe fully that my colleagues on the Progressive Conservative side, they know that the well-being of children should be paramount in all of our dealings in society, and, of course, including family law. I would expect that our colleagues who are independent members here today also feel the same way, that the well-being of children should be paramount as well.

* (10:40)

I know that this is a value that I was raised with while I was growing up in the Anishinaabe culture, but also in the mainstream culture, that the children's best interests should be looked out for. One of the 'tenets'—one of the rules that we're instructed in, as Anishinaabe people, Madam Speaker, is the saying [*Anishinaabe spoken*]. It is a directive to all members of our culture, all members of our society that says never laugh at a child—never laugh at a child. And the logic that underpins that is that you don't know what the Creator has in store for this child. You may, you know, feel like teasing somebody or bullying somebody or speaking ill of a child, but you don't know if the Creator has greatness in store for this child. You don't know the full potential of this young person. You don't know the great things that this young person may go on to achieve, and therefore you should never laugh at a child. You should never mock a child. You should never tease a child.

And so underlying that directive in our culture is the value of the child, is looking out for the well-being of the child, is creating an insulation for the child, and I believe that my colleague from Minto's proposed legislation here embodies that same ethic of caring and of looking out for the best interests of the child. We know that other Indigenous nations feel the same way.

For instance, the Dakota relatives that we have in southwestern Manitoba and South Dakota, North Dakota, across the prairies, they call their extended family the Tiyóspaye and, of course, at the centre of the Tiyóspaye, which is the basic building block of the Lakota society, is the child. The child is at the centre of it, and the parents, the aunts, the uncles, the

cousins, the grandparents, they all encircle the child so that the child may be lifted up, the child may be celebrated and, again, the well-being of the child preserved above all.

And I know from visiting other faith communities, other spiritual communities, other cultural communities and engaging with people who participate in the mainstream of our multicultural society that this is an ethic that is shared by all, that is shared by all people. So, if this is an area on which there is a consensus, across cultural boundaries, across ethical boundaries, across faith boundaries, across community boundaries, it's something that we all agree on. Why wouldn't we set it out in statute in the jurisdiction that we represent?

And so, to me, it seems as though there is a very strong not just legal rationale for pursuing these amendments to our law here in Manitoba, but there is a moral and there is an ethical reason to pursue these. Now, of course, we have seen from the provincial government that's currently in power that there is a willingness to hear private members' bills brought forward, vote them down and then bring them back in a modified form with some of the same changes. So I would suggest to our colleagues on the other side of the House today that if they do plan on talking out this proposed piece of legislation, or if they do plan to vote it down, that I would strongly encourage them to consider bringing it back in another form very shortly.

They've asked numerous questions from my colleague from Minto about consultation, and so I would encourage them to carry out those consultations. I'm sure that they will find that the legal community in Manitoba is in favour of changes like this one. I'm sure they will find that once the acrimony and the emotion from marital strife is set aside, that parents themselves recognize that it is the well-being and the best interests of the child that should be paramount in, you know, looking after these things.

So, all in all, I think that there is wide agreement here in the House on the importance of an issue like this. It may be that the political reality of the situation dictates that we're not going to pursue it at this time; however, I would encourage all members to keep changes such as this, and the other changes that we would like to see in the family law framework here in our province, that we keep those in mind and that we keep acting towards those things.

Again, this is an issue that I heard about on the doorstep, and it is something that people are talking about. It is very sad when a relationship ends. It's sad when a marriage ends, but that is the reality. And so we do need to have an effective mechanism for dealing with that reality, and this mechanism ought to ensure that the emotional and even the other dimensions of a young person's character will be looked after, will be protected and will be top of mind for people.

I'm sure all of us have either direct experience or we know people who've gone through family breakdowns, family separations, divorce, things like that, and we all wish that the more acrimonious instances, examples of situations like that could've been dealt with differently. And so it seems to me that putting front and centre a reminder, a very salient reminder, that it is a child's best interest that needs to be looked after that could help us move a little bit closer towards that goal.

And, so, again, you know, this is not the full and end goal of our work in this area, but it is an important step. And so I do encourage all members to support this. Miigwech.

Mr. Bob Lagassé (Dawson Trail): Good morning, Madam Speaker and to all the members of the House.

I am privileged to stand before you and speak on 214, The Family Maintenance Amendment Act. This is a bill some of us may feel we have seen before. We must recognize that Bill 214 shows similar comparisons to Bill 33 that was introduced in 2015. And in 2015, when in opposition, the PC caucus offered to work with the NDP to bring the required updates to—and to let Bill 33 stand for a vote.

However, because of the dysfunction of the previous government, the legislation never came to a vote. And today, Bill 214, The Family Maintenance Amendment Act, only makes changes to a small part of the overall act, a tiny fraction of the former Bill 33. It simply does not do enough and the impact of the small change will have little effect on Manitoban—on Manitoba's children and families.

For 17 years, the NDP had the chance to make this a priority and chose not to do so until the final hour. Although we see it as their priority now, it does very little to address the issue without the broader reforms that are required. This bill does not accomplish those broader reforms. We know the NDP made politically motivated quick fixes that

resulted in an unstable—in unstable spending, growth and massive debt. Because of this, there are many questions left, such as who did they consult with? Judges, lawyers, academics, the bar association, and how recent, if the consultations ever took place.

Were all parties reconsulted with only presenting the small fraction of the overall act? And, finally, what impact would this small fraction have?

To do this right, these are questions that must be asked. The amendments included in 214 will have almost zero impact on family law reform and the outcome for children until broader reforms are presented.

Our new government believes in consultation, working with all Manitobans to ensure their voices are heard on legislation. We believe we must ensure that legislation is meaningful and impactful. We also don't support any attempt to use family law or the courts for partisan purposes. We believe that for this form of legislation to proceed, it must be done with proper and thorough consultation with the legal community and Manitobans. It must be done right for all the parties involved. To do that, it must be current and reflect the overall goals of the issues in a way that are real, where a real difference can be made.

Good governments make difficult decisions necessary to ensure the protection of sustainable quality of services for their citizens. Difficult decisions are one thing the NDP never made during a decade of debt, decay and decline. Under our new government, repairing our services that serve children and their families in this province will be done right. Fixing our finances while protecting our families will be done diligently.

Again, in regards to Bill 214, The Family Maintenance Amendment Act, the absence of broader reform, there is a little impact on children and families.

*(10:50)

We are committed to making Manitoba Canada's most improved province, making Manitoban families safer and stronger. As—our government has begun the hard work required to repair the damage, correct the course and move towards balance in a sustainable way. In our justice system we have a huge task, to clean up what the NDP couldn't. The NDP failed the justice system on many fronts, including the courts. Courts need to function efficiently; that is why the minister has called on the department to provide

recommendations to make improvements in the court case backlog. The backlogs didn't occur overnight yet nothing was done to fix the problems before it came to the state it is in.

Under the NDP's decade of decline, crime rates were higher than ever, leaving Manitobans less safe. Our government will work to ensure that our services are repaired that and—that our services are repaired, that it is no longer a concern. Manitobans deserve a strong and fair justice system. Our government is working hard to repair the damage left by the previous government.

So today, as I speak on Bill 214, The Family Maintenance Amendment Act, I can't stress enough how much more needs to be done to make sure legislation in this form and subject going forward is done with proper consultation.

Thank you, Madam Speaker, and to my colleagues for the opportunity to speak on Bill 214, The Family Maintenance Amendment Act.

Ms. Cindy Lamoureux (Burrows): It's nice to stand today and put a few words on the record about Bill 214, The Family Maintenance Amendment Act.

Any bill that puts the best interests of a child first is a bill that we are more than happy to get behind and support. It is troublesome that the thought of parties in a proceeding are not currently acting in a way that minimizes their conflict or meeting the needs of any child. I don't believe this to necessarily be the case, and if it is, it is likely due to various reasons that would be unique to each case.

With that said, the current Family Maintenance Act was brought in in 1987 and it has been a reasonable amount of time to revisit and bring forth amendments, especially for clarification.

Bill 214 really emphasizes the importance of keeping the child's best interest as a main priority. As time goes by we, as humans, are learning and better understanding the brain and how it works. We, as a society, are taking mental health more seriously, and it's about time, if I may add. There is less of a stigma and more cases to understand the significance of how real an experience can, in fact, affect a child's life.

There has never been a time as prominent as now that we have better understood how a person's mental health can be impacted by a personal experience. There is no age nor can there be a set age to determine whether a child should or should not be

part of the proceeding because every child develops significantly differently.

I am encouraged that, because as we continue to understand mental health further, that this amendment is considering the impacts of a proceeding on a child in more depth. If we can make a child's life easier by proceeding positively down a different avenue, why wouldn't we take that opportunity?

A suggested avenue which is becoming more popular is mediation. Madam Speaker, while I was in university I took several courses on mediation, and we learned that it is a way to deal with situations that, if all parties participate, can lead to positive movement for all involved. In a case such as this, mediation would be able to certainly assist the child affected and the parties involved. However, by no means is it an easy avenue. This additionally can minimize conflict, promote co-operation, and meet the best interest of children involved in a dispute. This also is beneficial from a legal standpoint, less court appearances, litigation and hefty fees.

I believe this to be an exciting step as it shows how our society is moving forward with healthy mind being a priority.

During the past election we, as Liberals, fought for mental-health care to be covered under Pharmacare. We are going to continue to fight for this and there's no doubt in my mind that it will one day pass because everyday people are recognizing and being affected by the realness and importance of mental health in our society.

There is one section, 3.1, that stresses the need for negotiations over tough court battles. I'm curious about what the implications would be of a person who is not acting this way. What about the rights of people who have their day in court? What about abusive situations? Will victims be required or forced to co-operate with their abuser?

I'm looking forward to learning all the details applicable and being able to support the member from Minto on bringing forward Bill 214.

Thank you.

Mr. Brad Michaleski (Dauphin): Thank you, Madam Speaker, for giving me this opportunity to just have a few words on the record about Bill 214, a bill that amends The Family Maintenance Act to further emphasize the best interests of the child.

Now that, Madam Speaker, is a very noble approach to this bill and, sadly, in a lot of cases,

we've heard from maybe members of our family, members of our neighbourhood, people that we know, they do go through breakups and, unfortunately, that's a sad time for a lot of people and, more often than not, if children are there, they're dragged into a situation not of their doing, and we need to find ways to protect our children.

So, Madam Speaker, working to improve public safety in the Justice system is an important part of the steps our government is taking to repair the services Manitoba counts on. And we need to do this after a decade of decay of the previous government.

Madam Speaker, previous governments did have 17 years to identify this legislation as priority and they never did it 'til the last, last minute—17 years to look at this legislation, change it, and bring forward changes that they're bringing forward now.

Our children are our future and, as legislators, we need—and as parents and people of concern, we need to try to protect our children and shield them from a lot of the things that we'd like to shield them from, a lot of the conflicts that go on amongst adults, whether it's in a relationship or whether it's in this House, we need to try to shield them from that.

But many times, again, children are brought into the courts for various reasons, and, again, there's no fault of their own, but it's a—it is a difficult situation.

In an exemplary note of this bill, it describes the intention of the bill to emphasize that the courts need to consider the impact of the child. While this bill tries to affect the conduct of court and those people within the court system, perhaps caregivers, professionals, it simply does little to address the broader reforms required and needed to help the children.

Bill 214 only makes small changes to the overall act, which will have little impact on family law reform and the outcomes for families.

Madam Speaker, judges are not likely to view these amendments as real reform, especially if Manitoba laws are lagging behind other jurisdictions. This is legislation, when we're dealing with children, legislation and how family law legislation is legislation we do need to get right, not to just hand-pick and progress in an incremental way. We need to get this right for the families and the children of Manitoba. We owe them this, and it's simply not good enough to patch things through.

Our government is given a strong mandate to fix the finances and repair the services and improve our economy, all important issues and issues that affect our justice system. Our courts need to be functioning efficiently, our justice facilities updated and improved, and our laws should be relevant to—
[interjection]

Madam Speaker: Order.

Mr. Michaleski:—and our laws should be relevant to improve public safety, making Manitoba families safer—

* (11:00)

Madam Speaker: Order, please. When this matter's again before the House, the honourable member will have five minutes remaining.

RESOLUTIONS

Res. 12—Pharmacare Must Cover All Essential Medication for Women

Madam Speaker: The hour is now 11 a.m. and time for private members' resolutions. The resolution before us this morning is the resolution on Pharmacare Must Cover All Essential Medications for Women, being brought forward by the honourable member for St. Johns.

Ms. Nahanni Fontaine (St. Johns): I move, seconded by the member from Concordia,

WHEREAS the abortion pill Mifegymiso is listed by the World Health Organization as an "essential medicine", was approved by Health Canada in July 2016, and will be made available November 2016; and

WHEREAS Health Canada requires doctors to complete an online training course in order to administer the drug and are required to dispense the drug themselves, rather than hand out a prescription; and

WHEREAS this requirement is beyond the scope of many family practices, particularly those in rural and remote communities who do not have experience maintaining the supply and distribution of pharmaceuticals, thereby having the potential to create additional barriers for patient access; and

WHEREAS Mifegymiso is priced at approximately \$270, and as a medication, is not covered under provincial healthcare plans; and

WHEREAS every province but Quebec has refused to add the abortion pill to their list of publicly funded

drugs and Manitoba must continue to be a leader in pushing for accessible reproductive healthcare options; and

WHEREAS all Manitoba women have a right to affordable and accessible reproductive healthcare; and

WHEREAS in past years specific investments have been made to improve reproductive healthcare for women, including a new Women's Hospital, an expansion of the Women's Health Clinic as well as a Birth Centre, and the fight for universal services, like universal child care, continues.

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba urge the provincial government to develop a dispensing and regulation plan for the abortion pill and include it in the provincial Pharmacare plan to ensure that all Manitoba women have easy access to it.

Madam Speaker: It has been moved by the honourable member for St. Johns, seconded by the honourable member for Concordia (Mr. Wiebe),

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba urge the provincial government to develop a dispensing and regulation plan for the abortion pill and include it in the provincial Pharmacare plan to ensure that all Manitoba women have easy access to it.

Ms. Fontaine: I'm pleased this morning to be able to bring forward my first private member's resolution for something that is quite obviously an issue for many, many women across Canada, indeed, across the world.

I want to just put some words on the record in respect of the private member's resolution. I think it's important for the House to realize that an estimated one in three Canadian women will have an abortion during her lifetime.

Mr. Doyle Piwniuk, Deputy Speaker, in the Chair

And the majority of abortions across the country are surgical and invasive and in some respects require more time to heal and get back to work or to dealing with whatever your life is.

As everybody in the House knows, Health Canada approved, after two and a half years of very rigorous—an application, the drug of Mifegymiso. Mifegymiso is actually medicine to induce abortion. It is actually two pills that are—one is taken, and then two days later, the second pill is taken. Mifegymiso

is actually registered in 60 countries around the world. Mifegymiso is actually considered the gold standard to medical abortion. It became available in France and China in 1988. Mifegymiso became available in the United Kingdom in 1991 and in most European countries in 1999. It became available in the US in 2000, and Mifegymiso became available in Australia in 2012.

Millions of women have used Mifegymiso around the world safely and effectively for close to 30 years. Canada is a little bit behind, but I am glad to say that we are finally able to have this Mifegymiso in Canada for women who are choosing abortion. Actually, the health—the World Health Organization lists Mifegymiso as an essential medication for women, understanding and underscoring its importance in the reproductive health of women across the world and also understanding and supporting women's right to their reproductive health over their bodies.

Mifegymiso application went to—before Health Canada back in December of 2012, and reproductive medical experts all across the country and, in fact, in—all across the world, agree that Mifegymiso is actually the best known option for abortion. Actually, many countries in the world dispense the drug through pharmacists. Health Canada, unfortunately, has regulated that Mifegymiso has to be dispensed through drugs—or through doctors; I apologize.

So this creates quite a bit of obstacles. One of them is that doctors, in order to dispense Mifegymiso, are required to take online training. And everybody in the House knows how busy doctors are at the best of times, and so to add an additional layer of training that doctors need to go through to be able to dispense Mifegymiso is, quite obviously, problematic.

The other piece that Health Canada has regulated in the dispensation—dispensing of this drug is that doctors are required to buy Mifegymiso, they're required to stock it in their practices, and then they're required to actually maintain its stock. And what I mean by that is that they're required to ensure that the Mifegymiso isn't out of date. And if it is out of date, they've got to reorder and restock, and it's just a continuous addition to doctors' already, in many cases, overwork load.

You know, health—reproductive experts are saying that this is actually beyond the expertise of doctors to be able to dispense Mifegymiso. And so

an added layer of obstacles in respect of access to Mifegymiso is that some provincial colleges of physicians and surgeons actually don't allow doctors to dispense drugs. So, in those provinces, on top of the training and stocking and all of that, before they can do any of that, actually these doctors will have to go through an application to get special permission. So we know, actually, as we speak, that the college of physicians and surgeons in British Columbia have actually vowed to allow its pharmacists to actually dispense Mifegymiso. And we also know that Health Canada has indicated that it would not stop or get in the way of BC being able to do that. So there is, you know, the beginning stages here in Canada so that Manitoba could take similar steps in respect of dispensing Mifegymiso and could make it so that pharmacists in Manitoba could dispense the drug.

I think as a woman, one of the most particularly kind of regressive and oppressive obstacles in getting access to Mifegymiso is that—and, again, this is a Health Canada regulation—is that women are required to take the pill in front of the doctor. So unlike when we go and we get our medication from, you know, Pharmasave or Shoppers, you get your prescription and then you go home and you take it in the morning or whatever you need to do, women are actually required to physically be watched by doctors to take this pill. And we know that, actually, in the same way that people with addictions are required to take a pill in front of doctors. So I think it is particularly egregious and disrespectful that women have to, like we're children—we cannot take the drug home and take it in the privacy and comfort of our own home.

The other piece to the obstacles in dispensing Mifegymiso, and I think that will be one of the more difficult, is the price of this essential medication. And so they are saying that the price of the Mifegymiso is anywhere between \$270 to \$300. That is a huge amount of money for women in general, but particularly for women who are economically marginalized to be able to find and come up with \$300. I would know that even for myself, even—I'm so blessed to have this job, but, you know, to be able to shell out \$300 for what is an essential medication for me to have control over my reproductive health would actually hurt my pocket as I am the sole provider for myself and my son. So we can just—if you put it in context for women that are the most marginalized, this is going to be a huge barrier.

So I think what I want to stress in respect to this private member's resolution is that we know that abortion is a stigmatized service. We know that all

around the world, including here in Canada and including Manitoba, that women do not have full control over their reproductive health. And we also know that men's health are not regulated and oppressed in the same way that women's bodies and spaces and reproductive health are.

* (11:10)

And Mifegymiso helps to actually end that really negative and shaming of women who decide and make that very difficult choice to have an abortion, including families—there's a myriad of reasons why families and women choose to have abortions. But I think that we need to be very cognizant that Mifegymiso actually helps to have—for women to have control over their reproductive health, and it does it in the most 'unavasive' way and less traumatizing way than surgical abortions.

You know, we know that here in Manitoba there are a variety and many different fly-in communities that actually have no access to reproductive health. They have no access in their communities to surgical abortions. And, in fact, we know that when women choose to have abortions, they—these fly-in communities actually have to leave. And people know why you're leaving. And then they know why you're coming back.

We can do better in Manitoba; we can do better to support women's reproductive health in this province. And I hope that we can have the support of this House for women of Manitoba.

Miigwech.

Questions

Mr. Deputy Speaker: A question period of up to 10 minutes will be held. The questions may be addressed in the following sequence: the first question may be asked by the member from another party; any subsequent questions must follow a rotation between parties; each independent member may ask one question. And no questions or answers shall exceed 45 seconds.

Hon. Rochelle Squires (Minister responsible for the Status of Women): Currently, no province or territory has moved forward with drug funding in the absence of a common drug review or provincial-territorial formulary working group.

Is the member aware whether or not this drug is before the Common Drug Review in Canada?

Ms. Nahanni Fontaine (St. Johns): Miigwech to the member opposite—or to the minister. And, unfortunately, I'm not aware of that, if there's any of those reviews currently undertaken. But Quebec has approved Mifegymiso under their pharmacare, their health-care plan.

Mr. Jim Maloway (Elmwood): I'd like to ask the member, what is our NDP team's record in—on investing in women's health care?

Ms. Fontaine: I want to thank my colleague for the question.

You know, I'm really proud to stand with a team that has invested in reproductive health for women in Manitoba. We know that there is—obviously we see it every time we drive—a new Women's Hospital. We know that a service that I actually used as well, or benefit, was the Prenatal Benefit, which is offered to women in Manitoba. And, as I said, I used that during my second pregnancy with my son. We introduced the fertility tax credit, which, again, just adds for control over women's reproductive health. And then, of course, under our watch, as well, we know that there is a new St. Boniface women's ward, which is also where I gave birth—

Mr. Deputy Speaker: The honourable member's time is up.

Ms. Squires: Is the member aware of the current status of approval for Mifegymiso in Canada?

Ms. Fontaine: Mifegymiso has been approved in Canada. Yes, so the application went to Health Canada in December 2012, and it actually was just approved. And it's slated to come onto the market in November, so it has been approved.

Mr. Matt Wiebe (Concordia): Before I ask my question, I just wanted to take this opportunity to thank the member for St. Johns. And this is a very important issue, I know, for constituents of mine, for all Manitobans and especially for women in this province. We're very proud as this, as an NDP team, to be behind her, but we thank her for bringing this forward.

She talked a little bit about it, but what current barriers do women and girls face in getting access to reproductive health-care services in Manitoba today?

Ms. Fontaine: I just want to thank my colleague for that.

You know, women in Manitoba face real, real barriers to access to reproductive health and, in

particular, to abortion services. And, again, I want to stress that some of our communities in the North have little to no access to reproductive health, and you can imagine the stress of, you know, trying to make this decision and yet it's not easy for you to make this decision. It's not physically easy for you to make this decision, and then it's certainly not easy for you to access that, that you have to fly in and fly back home, and everybody in the community knows what you just did. And everybody in the community knows what you just did, and still there's that negative stigma on the choice that you rightly made over your own body and your reproductive health and your future.

Ms. Squires: Options for Mifegymiso, funding and drug distribution are being developed for government's consideration to be enacted following the completion of the national Common Drug Review process.

I'd like to ask the member opposite why she's advocating for circumventing the Common Drug Review process.

Ms. Fontaine: I just want to thank my colleague for the question.

Because this is an issue that is long coming. We know that across the world, actually, we're 30 years behind other countries in respect of dispensing and ensuring that women have access to Mifegymiso. You know, Manitoba can get on board and take a lead, actually, across the country in ensuring that women have access to this drug.

So I'm not trying to circumvent anything. I think that we can do—we can be a leader across the country in respect of this.

Mr. Wiebe: I appreciate that there is, I think, legitimate questions coming from members in this House, and I think it's—sounds good that we are on the right track in terms of, hopefully, moving this forward. It sounds like the government may be on board. I'm—do find it curious, though, that the legislative assistant to the Minister of Health is in the House, and yet it's not him asking questions that are more of a technical nature.

But, that being said, Mr. Speaker, I'd like to ask: Why is it problematic that only doctors are able to dispense Mifegymiso rather than permitting pharmacists to do so as well?

An Honourable Member: Point of order, Mr. Deputy Speaker.

Point of Order

Mr. Deputy Speaker: A point of order on the—honourable Government House Leader.

Hon. Andrew Micklefield (Government House Leader): Mr. Deputy Speaker, we are not—my understanding is that we are not to comment on the absence or presence of any member, and both errors were just previously made by the member.

Mr. Deputy Speaker: I want to thank you for the point of order, Government House Leader.

I also was going to mention that before the next question, that please do not use the person's absence or present at the—in the House.

* * *

Mr. Wiebe: My apologies, Mr. Speaker. I have been here long enough that I should know better. I'll simply say that I'm sure that he's listening to the debate today.

Ms. Fontaine: So I know that I did mention it in my thing, and I think that it's important to—and I say miigwech for the question.

It's so important to understand the barriers that it creates when only doctors can dispense Mifegymiso, because, again, as I said, we know that they're busy. We know that they are required now to take online training. We know that they're required to buy and then stock and maintain that stock of Mifegymiso. And then, you know, it becomes perhaps a little problematic if—what if your doctor in your area, your very isolated area, has a different opinion on the right of women to access abortion?

So I think that that is in contravention of women's right over their reproductive health. It's a serious concern that we need to look at, and I'm hoping that we're going to embrace that pharmacists—

Mr. Deputy Speaker: Member's time is up.

Ms. Squires: Currently, there is no process through the Canadian Agency for Drugs and Technologies in Health Common Drug Review to expedite a review or an assessment, nor is there one being contemplated at this time nation wide. And to be clear, British Columbia, New Brunswick, Prince Edward Island, Nova Scotia and Nunavut, among others, are all considering potentially funding this drug only after a common drug review process has been completed.

Can the member opposite explain what process she's anticipating or expecting Manitoba to go through?

Ms. Fontaine: You know, I'm expecting Manitoba and this government to actually stand on the side of women, because it's as simple as that. You know, we—and, again, I want to stress this in the most gentle and respectful way, that we have a responsibility to Manitoba women. We have a responsibility to Manitoba women to ensure that they have full and total control over their reproductive health. And this government has the right and the authority to ensure that we put those supports and measures in place that women will have access to Mifegymiso here in Manitoba.

* (11:20)

Mr. Wiebe: Once again, Mr. Speaker, very technical questions from the minister responsible for the Status of Women. I do have more optimism maybe than the member of St. Johns let on there that maybe she's coming around and will support this. However, again, the fact that they are very technical questions seem like they may be better suited to the Minister of Health or the minister of, or the legislative assistant, and I'm, it's very curious that they're not asking these questions.

That being said, why is it important for women and girls to have easy access to affordable reproductive health-care services, to the member to St. Johns, of St. Johns?

Ms. Fontaine: In—it is absolutely, fundamentally important that women and girls have control over their reproductive health. You know, for generations and generations women's bodies and spaces have been so wholly regulated and oppressed in respect of what we can say and what we can't say that it fundamentally impedes on our choices for our future and the different paths that we want to take. This is part and parcel for that. If I don't have control over my reproductive health, and if I don't have control whether or not I choose to have a child or I choose not to have a child, you are literally impeding my life and my future, and for generations to come. And that's why it's so important that women and girls in Manitoba have access.

And again—

Mr. Deputy Speaker: The honourable member's time is up.

Ms. Squires: And whether the member for Concordia (Mr. Wiebe) likes it or not, I will continue to stand up for women in the province of Manitoba. As the Minister responsible for Status of Women, that is my right.

I'd like to ask the member for St. Johns (Ms. Fontaine) whether or not she's aware of the risk-management activities that the manufacturers of Mifegymiso has put before Health Canada?

Ms. Fontaine: Well, and, again, I say miigwech to the minister. I'm not sure why there seems to be a little bit of animosity here just in respect of getting—making sure that women and girls in Manitoba have access and control over their reproductive health.

The other piece is that, you know, I'm a public servant, I don't work for Health Canada, I'm not entirely sure of the processes and everything that the minister's been asking. So I will put that on the record.

So, again, my concern, and really what should be all of our concerns, is ensuring that Manitoba women and girls have access and total control over their reproductive health, which includes access to Mifegymiso. It's as simple as that.

Miigwech.

Mr. Deputy Speaker: The time for question period has expired. The debate is open.

But before we start the debate I just wanted to—just to clarify with the Government House Leader (Mr. Micklefield) that he did have a point of order, and it stands. So, again, I just want to remind everyone not to use somebody who is present or that's not here in the House, so I'd appreciate that.

Thank you, very much.

Debate

Mr. Deputy Speaker: Anybody open for debate?

Hon. Rochelle Squires (Minister responsible for the Status of Women): I'm very honoured to rise today and speak about these important issues, and to put some facts on the record about this poorly researched but perhaps well-intentioned private member's resolution.

Our government caucus has a very diverse group of MLAs who all care very deeply about these issues, and I'm proud to be part of a caucus that is committed to ensuring that women throughout the province of Manitoba, regardless of geography or

socio-economic status, have access to health-care products and services. I'm also very proud to be part of a government that is committed to ensuring that women have autonomy and options when it comes to their reproductive health.

Mr. Deputy Speaker, we know that after a decade of debt, decay and decline we have seen devastating effects on our public-health-care system, and our government is committed to doing the work to fix our finances, repair our services and rebuild our economy, which also includes our health-care system.

Now, for starters, let me just clarify a few things that the member had raised in the opening preamble and I'm going to quote a few things from the fact sheet from Health Canada. The member opposite had said that this drug is widely available in retail pharmacies in other countries. And let me just read directly from Health Canada websites that it is not available in the United States or Europe in retail pharmacies. Australia's rules do provide for pharmacists to dispense the drug; however, unlike in Canada, the access is limited by varying Australian state and territorial laws. So, once again, this drug is not available in pharmacies in other countries, contrary to what the member opposite had said.

The member opposite had also said that the drug is required—that it is necessary to take the drug in the presence of a physician, and again, reading from Health Canada's fact sheet: medical supervision is required; however, it is not mandated that the medication be swallowed in front of the physician. The requirement for supervision ensures that the woman has access to emergency follow-up treatment if required.

And also I'd like to say, the member opposite had said that pharmacists were not permitted to dispense the drug. As with any medication, a prescription for Mifegymiso can be filled by a pharmacist. Physicians are not required to order the medication themselves or stock it in their offices. It is simply delivered to the doctor's office instead of being picked up by the patient, similar to how patients currently access vaccines and fertility treatments.

So, again, doctors are not required to order the medication themselves or stock it in their offices. The prescription can be filled by a pharmacist, as with any other medication. It is simply delivered to the doctor's office instead of being picked up by the patient, similar to how patients access vaccine and

fertility treatments. And, again, that's just from the Health Canada fact sheet.

So I also want to put on the record that the manufacturers of Mifegymiso has applied to the Canadian drug—agency for drugs and technologies in health, the common drug review process. They did apply on October the 7th, and according to the process, it takes about six months for them to complete that Common Drug review.

They also—I'd like to also put on the record, contrary to what the private member's resolution, that Mifegymiso, they received a notice of compliance from Health Canada on July 29th, 2015, not 2016, as indicated in the private member's resolution, and that authorizes the drug to be sold in Canada. Health Canada has advised that the decision to authorize Mifegymiso for the Canadian market was made following a thorough review of support, safety and quality of the product as well as proposed risk-management measures designed to mitigate the risks known to be associated with this product.

I'd like to state that following the completion of the Common Drug Review, decisions regarding drug dispensation and distribution in Manitoba, including placement of the drug on the provincial formulary, will occur. Options for Mifegymiso funding and drug distribution are being developed for government's consideration to be enacted following the completion of a national common drug review process. Options will be presented to government in early 2017; however, they will be tentative in nature, as actual drug costs will be unknown until such time as the Common Drug Review process is completed.

If there is a positive response in support of public payer reimbursement by the Common Drug Review, the product would then enter into negotiations through the pan-Canadian Pharmaceutical Alliance. And following the completion of the pan-Canadian Pharmaceutical Alliance negotiations, Manitoba would move toward adding it to the formulary Pharmacare program. Other provinces and territories have stated that they are considering potentially funding for this drug, but only after the Common Drug Review has been completed.

And, Mr. Deputy Speaker, I would say that there is no precedent for circumventing the common drug review process to accelerate a drug getting to a market in a province, and I just don't understand why we would take those steps in an unprecedented action to accelerate the process of this drug entering

the market in Manitoba when it has simply never been done before.

Other provinces and territories are waiting for the completion of the common drug review process to determine inclusion of the drug in their provincial formularies and other funding mechanisms. The federal government has indicated that it intends to fund the drug to its—the drug cost for its clients. And the manufacturer itself of Mifegymiso is required by Health Canada to implement the following risk-management activities. It is requiring that it limits prescribing to physicians, that it develops an education and registration program for prescribers, and that it implements a post-drug-approval observation study. Additional risk-management measures implemented include the implementation of a 24-hour patient support line, a patient consent form and patient medication information to be provided to each patient.

* (11:30)

Again, circumventing the process and not adhering to the own drug manufacturers' risk management activities that have been endorsed by Health Canada is not only unprecedented, but it is downright irresponsible.

As described, there is a lengthy process that is currently in place in order to responsibly introduce this medication to the market. The completion of the common drug review process is the necessary first step considering—in the consideration of Mifegymiso in the Manitoba formulary Pharmacare program.

After many months of discussion with individual provinces and public payers, the Canadian distributors of Mifegymiso resubmitted their common drug review process on October 7th—

Mr. Deputy Speaker: I just want to remind everyone—and there's a lot of conversation going on and it's hard to hear the speaker. So, if everyone could lower their conversations or take it out to the loge, that would be greatly appreciated. Thank you.

The honourable Minister for Sport, Culture and Heritage can continue.

Ms. Squires: Thank you for that, Mr. Deputy Speaker.

As I was saying, after many months of discussions with individual provinces and public payers, the Canadian distributor of Mifegymiso resubmitted to the common drug review process on October 7th, 2016, and this Common Drug Review

process takes approximately six months. So we are anticipating recommendations coming from the Common Drug Review in about February or March.

There is no process—again, let me restate: There is no process through the Canadian Agency for Drugs and Technologies in Health Common Drug Review to expedite a review or assessment, nor is there one being contemplated at this time for this drug in any other province or in any other jurisdiction.

And to be clear, British Columbia, New Brunswick, Prince Edward Island, Nova Scotia and Nunavut have all noted that they are considering potentially funding for this drug, but only after the Common Drug Review has been completed.

Analysis of options for funding and dispensing of Mifegymiso is being prepared by Manitoba Health for consideration and, in order for a drug product to be considered for inclusion on the Manitoba formulary Pharmacare, Manitoba follows the Canadian Agency Drugs and Technologies in Health Common Drug Review process. And this process undertakes a review of drugs and issues formulary listing recommendations to the federal, provincial and territorial drug plants that participate in that common drug review process.

Manufacturers determine whether they submit products for review through the Common Drug Review. Some manufacturers forego this process as they do not want their drugs listed on the provincial formularies.

That is not the case with this drug. This drug manufacturer did submit, on October 3rd, to the common drug review, and, again, like I said, that process takes about six months and Manitoba Health is waiting for recommendations from the Common Drug Review.

The manufacturer's original submission, which was provided to the Common Drug Review on February 12th, 2016—it was confirmed on February 29th, 2016, that there were a number of deficiencies in the submission that would need to be addressed by the manufacturer prior to initiating the review.

The company then withdrew its submission on May 12th, 2016, and was informed that, in doing so, would prevent the public drug plants from considering the product for public reimbursement. The Canadian distributors resubmitted to the common drug review process on October 7th, like I'd said.

Upon receipt of recommendations to the Canadian Agency for Drugs and Technologies in Health to list a drug, Manitoba Health will consider whether to include the drug in the Manitoba's Health Pharmacare program. If Mifegymiso is included on the Manitoba Health formulary Pharmacare programs, an income-based deductible would have to be paid by the individual if it was not already achieved. That deductible could be waived if the drug was accepted for exceptional drug status by the provincial drug program. And, again, all of that will be discussions that we will have upon completion of the recommendations from the Common Drug Review.

Thank you, Mr. Deputy Speaker.

Mr. Matt Wiebe (Concordia): I wanted to start my comments this afternoon by, once again, thanking the member for St. Johns (Ms. Fontaine) for championing this private member's resolution, for bringing it forward to this House, and for allowing us to debate it here today. I'm truly honoured and humbled to be one of the individuals who has an opportunity to put some words on the record, to stand again with my caucus strongly in support of this important resolution, and to thank the member once again for standing up for all women and their reproductive rights and health in this province. And it's, as I mentioned earlier, something that I know from speaking with my constituents is very important, and is something that I'm very proud to stand with her on today.

There's no question, Madam Speaker, that our NDP team believes in true, substantive equality for women and that equality means having access to health-care services no matter where they live or who they are. All women deserve to have access to that essential medication, and so all women deserve to have a real choice and real opportunity to make their own decisions with regards to their reproductive health.

In order to have that real choice, there must be a public health-care system and public health-care services that are available to all women that is affordable, that is accessible and that truly represents their reproductive choices.

We know currently that reproductive health services are already insured, of course, by Manitoba Health, and that is why we feel so strongly here today that it should not be any different for the important drug Mifegymiso, which is an important

tool that can be used in addressing reproductive choice.

I'd like to just quickly, before I proceed, address some of the comments put on the record by the member—the Minister responsible for the Status of Women (Ms. Squires). And as I said earlier, a lot of her questions were of a technical nature. I think a lot of the comments and questions are, I'm sure, questions that she's asked on behalf of women of the Minister of Health. I'm sure she's talked to the legislative assistant for Health. She's put on the record with them very clearly that she stands with women and she supports moving to have Mifegymiso as covered in Manitoba and accessible to anyone that needs it. And I'm sure that if she has an opportunity to get some of those questions answered, I'm sure that at least, in principle, because we know this is a private member's resolution, it certainly indicates a direction that this government would be moving towards. It represents a commitment in this House and to the people of Manitoba that they do truly stand with the women of Manitoba and truly do believe that this is a right in regards to reproductive choice.

So I think that's where she's coming to this from, that's her own beliefs. I hope that she's communicating that to the Minister of Health, she's getting those questions answered, she's moving past that technical part and she's saying, yes, today, I will support this resolution and I will put on the record that I commit to moving our province in this direction and protecting reproductive health in this province.

So I do have some—sometimes I'm called an optimist—certainly, in this regard, I am optimistic that the government will support this today.

Mr. Speaker, we know that high-drug price is—are a barrier to access. The member for St. Johns mentioned it briefly and mentioned it from a woman's perspective. You know, this is absolutely fundamental in terms of talking about this that we understand that access to the drug is one element but having it covered and having it fully supported is certainly the next step, and that is part of what we're asking here today and we're hoping that the government will agree on.

We need to move to removing all barriers that we possibly can to access any kind of reproductive health-care services. And we have to be looking at the big picture on how we can improve the overall health outcomes of women and girls in Manitoba.

We feel that Mifegymiso is just that kind of tool that will help ensure that positive health outcomes are ensured for all Manitobans, and again, this is another area that we feel very, very strongly about, and that is access, which is just absolutely fundamental.

You know, again, the member for St. Johns (Ms. Fontaine) talked about remote communities in Manitoba, talked about women who have very limited choices in terms of what services and what drugs are available to them, which physicians are even available to them and, of course, the stigma that comes along with accessing health care outside of their own home communities. And this is just—this is a perfect example of a drug that could help alleviate some of those tensions and some of those problems.

* (11:40)

I had an opportunity just a couple weeks ago to sit down with a nurse who works at the Women's Health Clinic and has some experience specifically with this drug and with the effects and benefits that it can have. And, you know, it was—just struck me—I mean, we're talk—we talk a lot about this on our side of the House, about front-line workers. Well, this was a nurse who has met countless women, who has discussed their reproductive choices, has heard first-hand the challenges that they have—whether they're somebody that's from a remote community or a rural community or somebody who's in the city—and making these difficult choices. And, of course, I can't go into some of the details that she shared with me, but to hear her compassion and to hear those personal experiences, it's—it was touching. It touched me. It helped broaden my understanding of just some of the challenges that women face when it comes to making difficult reproductive choices and their limited access to the care that they—that we—I think we all agree they are entitled to as residents of Manitoba.

But she also talked to me a little bit about the drug itself and how it is a safe drug, that it's already been approved, as the member for St. Johns mentioned, in 60 other countries, you know, including Australia, Sweden, the UK, France, for nearly 30 years. This is not a new tool. This is a proven method that can be used. And it's been proven safe and more effective, in fact, than some of the alternative current practices. It'll help women access these reproductive services earlier in the—in their choice, so it'll allow them to deal with them more quickly.

And, again, to talk to—specifically to the minister's questions earlier, we know that Quebec has already taken the step to cover this in their provincial health plan. However, we do have an opportunity to be a leader here in Canada, to step out and to say very clearly and firmly where we stand as Manitobans on this issue and to say that we want to be a leader in protecting women's reproductive health.

So I see my time is getting short here, Mr. Speaker, but I just want to reiterate how humbled I feel and how honoured I feel to be one of the people that was—that is able to put some words on the record today, to stand with my sister from St. Johns to say that this is absolutely essential for us to move forward in terms of reproductive choice and protecting reproductive health in this province. I do hope that the government will put clearly on the record where they stand and they will put on the record that they stand with women, that they'll support this, that they'll continue to advocate with their own Minister of Health and their own minister—or legislative assistant to the Minister of Health, that they'll stand with Manitoba women, that they'll stand with the NDP caucus and that they'll support this important private member's resolution here today.

Thank you, Mr. Speaker.

Mrs. Colleen Mayer (St. Vital): I rise in the House today to provide my comments on Resolution 12, Pharmacare Must Cover All Essential Medication for Women. This private member's resolution specifically identifies Mifegymiso as a medication that should be included in the provincial Pharmacare plan.

This is a very important and serious issue for our government, and as my colleague the honourable Minister responsible for the Status of Women (Ms. Squires) has mentioned earlier, there is a process. And when this—any time a process is in place for a new medication that's being introduced into the Canadian market, we know that the process is well under way.

We are aware that other provinces and territories have stated they are considering potentially funding this drug, but only after the Common Drug Review has been completed.

We also know that there is no process through the Canadian Agency for Drugs and Technologies in Health Common Drug Review to expedite a review

or an assessment, nor is there one being contemplated at this time for this drug.

In order for a drug product to be considered for inclusion on the Manitoba Pharmacare program, Manitoba must follow the Canadian Agency for Drug and Technologies in Health Common Drug Review process. Consistent with other provinces, the completion of the common drug review process is necessary before Manitoba Health, Seniors and Active Living can consider whether to include Mifegymiso in the Pharmacare program.

Mr. Deputy Speaker, we have taken positive steps forward in women's health and we've come a long way in promoting women's health. With all due respect to the member from St. Johns, she mentioned the impediments that are facing women's health; however, I'd like to take the opportunity here to outline some of the great initiatives we currently have in our province already. It should be noted, most importantly, that these resources work towards improving access, affordability and quality care for women's health.

Healthy Child Manitoba is the government of Manitoba's long-term, cross-departmental strategy for putting children and families first. With its community partners, the Province of Manitoba has developed a network of support and strategies for children, youth and families.

Healthy Child Manitoba funds nine teen-centred primary health services or teen clinics, and their goal includes ensuring that young people in Manitoba have access to appropriate health services, provide Manitoba's youth with an opportunity to learn about and identify strategies for health issues and concerns about them. It also gives Manitoba's youth accurate, respectful and non-judgmental care while recognizing specific needs. All teen clinics provide low-barrier access to service. Information on where and when youth can access teen clinics is available on the Teen Clinic website or through poster and wallet card distribution.

The Winnipeg Regional Health Authority has developed an online platform for anyone looking for a comprehensive listing of clinics where one can access free service for any community in Manitoba. This online website can also assist people looking for services for sexually transmitted infections, HIV/AIDS and pregnancy testing.

InSight is another outreach program that mentors—where mentors provide intensive support to

women who use substances and are pregnant and—recently had a baby. It's a voluntary program and provides women with connection to the community and support services.

Project Choices is another program in Winnipeg centred on alcohol, sexual activity and birth control. Women are offered up to four individual sessions with a counsellor to talk about alcohol use and the use of birth control. Clients are able to set goals for a healthy lifestyle. Project Choices offers free consultation with the primary-health-care staff for discussions on best choices for them and how to access these supports.

The Mothering Project provides vulnerable mothers with the service and programs that they need to make healthy outcomes possible, including obstetrics supports, nutrition, food preparation classes, addictions support, trauma-informed programming and parent-child development support. Program participation have—sorry—program participants have access to primary-health-care staff on site for discussion and information on how to access their contraceptive choices.

Then there's Healthy Baby, a subprogram of Healthy Child that encourages regular prenatal care while promoting and supporting health outcomes for moms, babies and families through the Manitoba Prenatal Benefit checks and community support programs.

The Healthy Living and Healthy Populations branch of Manitoba Health, Seniors and Active Living and the Winnipeg Regional Health Authority jointly fund a distribution program. The goal of this initiative is to improve sexual health outcomes by reducing unplanned pregnancies, as well as reducing or preventing the spread of sexually transmitted infections and HIV/AIDS. This program is jointly administered through the Sexuality Education Resource Centre and the Klinik Community Health Centre.

Women's health clinics serve clients from Winnipeg and the surrounding rural communities for the free birth control program. The program is available to women who need birth control and who cannot afford the drugstore prices or do not have coverage.

* (11:50)

The Interlake-Eastern Regional Health Authority supports public health nurses to work in full scope of practice to provide comprehensive reproductive

health services within the interdisciplinary team. Vulnerable populations are targeted through effective and efficient uses of resources. Reproductive health services are confidential, non-judgmental and respectful of an individual's privacy and cultural context.

The Prairie Mountain Health public health follows the provincial clinical practice guidelines. Through assessment, they assist people to access alternative options if they are available. Prairie Mountain Health also has teen clinics in several schools within the region, as well as the sexual education resource centre in Brandon.

The Northern Health Region offers teen clinic tours for young groups after hours in attempt to reach high-risk youth that may not catch, be caught in school. All youth, vulnerable persons and low-income clients in all locations in the region are offered free oral contraceptive pills and other contraceptive options. Service around contraceptives also include assessment, education, follow-up and referrals as needed. High schools in each of the larger communities provide outreach services and offer education on contraceptives for youth in classrooms.

The region partners with the 595 Prevention Team in Manitoba, the Play It Safe network and Safer Choices network in the North to distribute contraceptives in places outside of the office; this includes bars, socials, and promotions at special events.

In Southern Health-Santé Sud, they have implemented the provincial contraceptive health guidelines and have regional pharmacy contraceptive formulary. They offer this service through public health offices, as well as other clinics. The guidelines identify who receives the services and who is to be, receives the service and includes those with financial barriers to accessing services, those within—with and without the third-party insurance to teens.

As you can see, Mr. Deputy Speaker, we currently have a wide variety of services that offer great programs and initiatives to this province.

In conclusion, let me be clear, we agree that Manitoba women have a right to affordable and accessible reproductive health care. We need to ensure that we are doing our due diligence and we need—and our research to provide quality care for those in need. Let's allow the process that is already

well under way to be completed before we formulate the next steps going forward.

I thank you for the opportunity to speak on this very important matter, and I look forward to hearing further speakers as we proceed.

Thank you.

Hon. Jon Gerrard (River Heights): First of all, I want to thank the MLA from St. Johns for bringing this important issue forward. I think we should all be concerned about women's health and make sure that mothers and grandmothers and daughters are all healthy; this is, you know, vital to the success of our whole society.

I'm a little bit surprised at the NDP bringing, you know, having failed to bring this, make this a priority up until and before the election. And, you know, it could have been addressed, I believe, then. And there was an opportunity for the NDP to do that and, you know, so there needs to be, you know, a little bit of remembering of the things that weren't done but could have been done in—but anyway, we are where we are.

I think there's a very important principle here, Mr. Speaker, and that is that when we approve Pharmacare drugs that they should not be approved or disapproved, you know, based on gender; that we need to look, of course, at the merits of the drug, but the last thing we want is 'discrimination' against drugs because they're a drug only for women. I mean, that would be very wrong.

And let me put that in context because, you know, 30 years ago, when a lot of the clinical trials and the research was done were often done on men rather than being done on both men and women. And there were a variety of reasons for this, but we saw and we went through a period when there was more research being done on men's diseases than on women's diseases. And—but that has now pretty much changed around. There's been a recognition that if you're bringing in a new drug, that you need to make sure that it has been tested and looked at for its beneficial effects as well as its potential side effects on women.

And we also recognize that you need to know, for drugs which could potentially be prescribed for children, that you need to be able to look at their effects and their side effects in children, so that you know elements of their safety aspects as well as their effectiveness because we used to be a lot of drugs were approved without being tested and evaluated in

children, and that was, you know, wrong because sometimes you ended up with significant side effects in kids that had not been predicted in drugs which had never been tested in kids being used in kids without—just on the guesstimate that what had been found in adults would apply in children.

And so, as I'm 'proaching' this resolution, I think that the fundamental principle here is that we want to make sure that there's no discrimination against drugs, that—based on this being a drug that's designed to help women, and I want to make sure that the government is not in any way, shape or form doing that. Second, that—another principle is that, in general, we are better off moving relatively quickly to approve new drugs. Most new drugs have got, you know, significant beneficial effects, which can be—
are improvements—represent improvements over previous drugs. Now, there have been, in the past, some instances where drugs were rushed to approval and caution was desirable, but from time to time that does happen. We need to be aware of it. But most of the time we should be working as quickly as possible to approve new drugs because they bring benefits and in bringing benefits, they actually can lower hospital costs and lower other costs because there are better ways of doing things.

So, Mr. Speaker, thank you for the opportunity to speak on this resolution, and I look forward to the next step.

Ms. Janice Morley-Lecomte (Seine River): I am honoured to rise today and speak to the House on the important issues surrounding the drug 'mifegymiso.'

I am proud to be a part of a government which consists of a diverse group of MLAs, a group of MLAs who care about issues of this nature and the health of our constituents.

Any time a new medication is presented, it is the responsibility of the government to ensure the safety of all individuals is a priority. In this such case, our government wants to ensure the process to introduce the medication to the Canadian market is securely in place and well established before the medication is available to the consumer.

On July 29th, 2015, Mifegymiso—sorry—received a notice of compliance from Health Canada authorizing it to be sold in Canada. Health Canada authorized the distribution of the drug to the Canadian market following a thorough review of support, safety, efficacy and quality of the product.

Furthermore, a thorough review of proposed risk management measures was completed, which Health Canada also reviewed prior to authorizing the distribution of the drug. Common drug review decisions, when completed, will determine the 'dispensation' and distribution of the drug in Manitoba. The drug will then be placed on the provincial formulary in early 2017.

Mr. Deputy Speaker: When this matter is again before the House, the honourable member for Seine River will have eight minutes remaining.

The hour being 12 p.m., the House is recessed and stands recessed until 1:30.

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, November 3, 2016

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