

Third Session – Forty-Second Legislature
of the
Legislative Assembly of Manitoba
DEBATES
and
PROCEEDINGS
Official Report
(Hansard)

*Published under the
authority of
The Honourable Myrna Driedger
Speaker*

Vol. LXXV No. 38A - 10 a.m., Thursday, March 18, 2021

ISSN 0542-5492

MANITOBA LEGISLATIVE ASSEMBLY
Forty-Second Legislature

Member	Constituency	Political Affiliation
ADAMS, Danielle	Thompson	NDP
ALTOMARE, Nello	Transcona	NDP
ASAGWARA, Uzoma	Union Station	NDP
BRAR, Diljeet	Burrows	NDP
BUSHIE, Ian	Keewatinook	NDP
CLARKE, Eileen, Hon.	Agassiz	PC
COX, Cathy, Hon.	Kildonan-River East	PC
CULLEN, Cliff, Hon.	Spruce Woods	PC
DRIEDGER, Myrna, Hon.	Roblin	PC
EICHLER, Ralph, Hon.	Lakeside	PC
EWASKO, Wayne, Hon.	Lac du Bonnet	PC
FIELDING, Scott, Hon.	Kirkfield Park	PC
FONTAINE, Nahanni	St. Johns	NDP
FRIESEN, Cameron, Hon.	Morden-Winkler	PC
GERRARD, Jon, Hon.	River Heights	Lib.
GOERTZEN, Kelvin, Hon.	Steinbach	PC
GORDON, Audrey, Hon.	Southdale	PC
GUENTER, Josh	Borderland	PC
GUILLEMARD, Sarah, Hon.	Fort Richmond	PC
HELWER, Reg, Hon.	Brandon West	PC
ISLEIFSON, Len	Brandon East	PC
JOHNSON, Derek, Hon.	Interlake-Gimli	PC
JOHNSTON, Scott	Assiniboia	PC
KINEW, Wab	Fort Rouge	NDP
LAGASSÉ, Bob	Dawson Trail	PC
LAGIMODIERE, Alan	Selkirk	PC
LAMONT, Dougald	St. Boniface	Lib.
LAMOUREUX, Cindy	Tyndall Park	Lib.
LATHLIN, Amanda	The Pas-Kameesak	NDP
LINDSEY, Tom	Flin Flon	NDP
MALOWAY, Jim	Elmwood	NDP
MARCELINO, Malaya	Notre Dame	NDP
MARTIN, Shannon	McPhillips	PC
MICHALESKI, Brad	Dauphin	PC
MICKLEFIELD, Andrew	Rossmere	PC
MORLEY-LECOMTE, Janice	Seine River	PC
MOSES, Jamie	St. Vital	NDP
NAYLOR, Lisa	Woleseley	NDP
NESBITT, Greg	Riding Mountain	PC
PALLISTER, Brian, Hon.	Fort Whyte	PC
PEDERSEN, Blaine, Hon.	Midland	PC
PIWNIUK, Doyle	Turtle Mountain	PC
REYES, Jon	Waverley	PC
SALA, Adrien	St. James	NDP
SANDHU, Mintu	The Maples	NDP
SCHULER, Ron, Hon.	Springfield-Ritchot	PC
SMITH, Andrew	Lagimodière	PC
SMITH, Bernadette	Point Douglas	NDP
SMOOK, Dennis	La Vérendrye	PC
SQUIRES, Rochelle, Hon.	Riel	PC
STEFANSON, Heather, Hon.	Tuxedo	PC
TEITSMA, James	Radisson	PC
WASYLIW, Mark	Fort Garry	NDP
WHARTON, Jeff, Hon.	Red River North	PC
WIEBE, Matt	Concordia	NDP
WISHART, Ian	Portage la Prairie	PC
WOWCHUK, Rick	Swan River	PC

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, March 18, 2021

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. Good morning, everybody.

ORDERS OF THE DAY

PRIVATE MEMBERS' BUSINESS

House Business

Ms. Nahanni Fontaine (Official Opposition House Leader): Good morning, Madam Speaker.

Pursuant to rule 33(8), I am announcing that the private member's resolution to be considered on the next Thursday of private members' business will be one put forward by the honourable member for Flin Flon (Mr. Lindsey). The title of the resolution is Calling Upon the Provincial Government to Respect Working Manitobans.

Madam Speaker: It has been announced that the private member's resolution to be considered on the next Thursday of private members' business will be one put forward by the honourable member for Flin Flon. The title of the resolution is Calling Upon the Provincial Government to Respect Working Manitobans.

* * *

Ms. Fontaine: Will you please call Bill 214 for second reading debate this morning?

Madam Speaker: It has been announced that the House will consider second reading of Bill 214 this morning.

SECOND READINGS—PUBLIC BILLS

Bill 214—The Universal Newborn Hearing Screening Amendment Act

Madam Speaker: I'm therefore calling Bill 214, The Universal Newborn Hearing Screening Amendment Act.

MLA Uzoma Asagwara (Union Station): I move, seconded by the member for Thompson (Ms. Adams), that Bill 214, The Universal Newborn Hearing Screening Amendment Act, be now read a second time and referred to a committee of this House.

Motion presented.

MLA Asagwara: I'm honoured to be able to bring this bill forward on behalf of the many advocates in Manitoba and across the country who are advocating for these amendments to be made and to ensure that screening is put in place so that parents and guardians are offered the opportunity to have their infants tested for CMV—congenital cytomegalovirus infection.

Madam Speaker, this bill amends The Universal Newborn Hearing Screening Act for that reason. The act's title is amended to reflect that change.

And, you know, I like many Manitobans actually knew nothing about this virus at all until this was brought forward and to my attention, which is concerning, given the impacts that this has on newborns and health outcomes. And so it's been a really good journey learning about CMV, and learning about the ways in which Manitoba can become a leader in ensuring that parents, guardians and caregivers are afforded the information that they need to ensure that their babies are potentially receiving care and intervention as early as possible to mitigate some of the potential outcomes related to CMV.

One of the goals of our health-care system—one of the primary goals of our health-care system—should, of course, be to intervene as early as possible wherever we can to prevent certain health conditions or outcomes from ever taking place. Focusing on prevention is critically important, Madam Speaker, and that's what this bill will do.

Bill 214 will ensure that all infants are universally screened for CMV, and that, that way, the over 100 babies—110 babies, on average—that are born in Manitoba every year with this condition, with this virus will have the opportunity to receive treatment; their families will receive resources and information that will allow them to make the best possible decisions for the care of their children.

Madam Speaker, I'm just going to share a little bit of information, if that's okay. Like I said, I didn't

know anything about this until it was brought to my attention. I'm sure there are many members of this House who don't know much about CMV. And it's important that we learn as much as possible and that we generate awareness around this.

So, one in every 200 Canadian infants is infected with CMV. It is a virus. Annually, 1 in 5 infants who are infected will be symptomatic, and those symptomatic infants will develop conditions ranging from hearing loss to cerebral palsy. CMV is actually the second leading cause of intellectual disability, second only to Down syndrome, which, again, most people don't know this, are not aware of it, Madam Speaker.

And so, also, you know, in terms of what this early screening can help prevent, we're—obviously, we're talking about focusing on hearing loss, which is—this is the leading cause of permanent hearing loss in kids—but we're also talking about mitigating some of those other neurological impacts and disabilities that kids experience, rather, due to this virus.

So, this bill would offer parents the opportunity to have their infants tested, in addition to screening for hearing loss. The testing will give parents and their children the best opportunity of catching the infection early, which is what we want.

Ontario has already done this. They became the first jurisdiction in the world, actually, to implement universal screening, which is outstanding. I would really love to see Manitoba follow suit and be a global leader at implementing this universal screening, which is really cost effective, Madam Speaker. We're looking at saving millions and millions of dollars by making sure that a \$10 test is applied across the board. The cost benefit is astronomical, it's huge. And really, no family should go without this screening and not be afforded the ability to make sure their kids get the best care possible.

So there are a lot of benefits, obviously, Madam Speaker.

There are some ways, that we're now able to identify more consistently because of this pandemic, actually, that folks can help mitigate the transmission of CMV. Good hygiene, right. We're all very much used to now washing our hands, you know, staying away from others when we're sick. These are all things that can be done to mitigate the transmission of CMV. But that's information that, you know, when you create more awareness around CMV, you can communicate to pregnant people in order for them to be able to protect themselves from contracting CMV

from others and ensure that they're not transmitting that virus to their unborn babies.

* (10:10)

So, you know, this is a really great opportunity. Outside of obviously implementing the universal screening, we do need to make sure that we're creating more and more awareness around this virus.

CMV Canada has done an outstanding job of generating that awareness, of sharing information and making sure that pregnant people are aware of what they can do and what they should do and ask for and advocate for, in terms of the health of their babies, should they, for example, give birth to a baby and that child present as symptomatic, Madam Speaker.

And there's a number of symptoms that folks can be aware of and that medical practitioners are aware of, but it doesn't necessarily mean that folks, unfortunately, are getting tested. So I'll just read you the symptoms as we know them to be. And you can see if—and you have a medical background, I know that, Madam Speaker, so you can see that with this information, how it can be missed at times.

So babies who are born with yellow skin and eyes, jaundice; enlarged and poorly functioning liver; purple skin blotches or rash or both; abnormally small heads, so microencephaly; enlarged spleen; pneumonia; seizures. These are all some of the symptoms that present in newborn babies with CMV, some babies who were born with CMV.

And because they are symptomatic does not guarantee that they are tested—and screened, rather, for CMV. And so there's a lot of awareness and education that needs to be done, but really and truly universal screening would make sure that, across the board, babies who are born with CMV receive the treatment and the interventions they need, and their families are getting the resources they deserve.

So, I really look forward to be able to talk more about this and to answer any questions about this.

And I want to thank Rob. I had a really lovely conversation with Rob, and his family has been really the catalyst for doing this advocacy work in Canada. I had a really, really touching conversation with him, in terms of what this legislation means to CMV Canada, what this legislation means to him and his family.

His son was diagnosed with CMV—which is a rare occurrence in Manitoba, Madam Speaker, that babies are actually diagnosed with CMV. He shared with me that his son, who is thriving and 12 years old, had a

really lovely outing with their other kids just the other day, and that was a big deal for their family.

And Rob and Michelle are raising their kids and making sure that other families have the information. They're tremendous advocates. They've been doing this for a long time. Since 2008, I believe, they've been working on this. And I just want to commend them and thank them for their tireless efforts to make sure that Manitoba can be a leader in this area.

So with that, Madam Speaker, I look forward to answering questions and putting a few more words on the record about this.

Thank you.

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. Greg Nesbitt (Riding Mountain): Yes, good morning, Madam Speaker.

I'd just like to ask the member opposite if they consulted with health-care professionals when developing this bill?

We've heard that they consulted with families involved with this, but just wondering if any consultation was done with health care.

MLA Uzoma Asagwara (Union Station): I thank the member for that question. It's a really important and valid question.

I will say that CMV has done—CMV Canada has done a tremendous job consulting with physicians and researchers who are experts in this field, folks who specialise in regards to CMV, and not just within our own country, but they've got the expertise and that data and research of experts for the United States and internationally as well.

I did speak to primary-care providers here in Manitoba, and it was—those were productive conversations, and those providers made very clear that universal screening would be a great step to ensure that, across the board, we're identifying folks who may have CMV as early as possible.

Ms. Danielle Adams (Thompson): How will this bill benefit infants living with CMV and their families?

MLA Asagwara: I thank my colleague for that question.

This bill would ensure that families, as early as possible, are given the opportunity to make informed decisions about the care of their babies. It allows for opportunity for treatment, which is readily available, Madam Speaker, to be administered where it's appropriate, and it allows for folks who maybe have asymptomatic babies to be able to plan and put resources in place to mitigate any outcomes that their babies may experience.

So, what we're talking about is increasing the odds of positive health-care outcomes from the earliest stage possible.

Hon. Jon Gerrard (River Heights): I thank the MLA for Union Station for bringing this forward. It is a helpful and important initiative.

My first question deals with data from Manitoba. You've—the member has quoted data from elsewhere.

What is—information is there on the frequency of CMV infection in Manitoba?

MLA Asagwara: Sure, thank you—I thank the member for River Heights for that question. It's an important question.

So, we know that the annual incidence—I'll give the most recent data for 2020—was 0.64 per cent; about 108, 110 babies were born with CMV in Manitoba. About 10 to 15 per cent of those babies were symptomatic at birth, meaning that the majority of those babies were asymptomatic, Madam Speaker, but unfortunately, only one to two babies were diagnosed, which means generally we're not diagnosing any significant amount of number of babies who actually have CMV. That means the majority of families are going without the treatment and resources they need to make sure that their babies have healthy outcomes.

Mr. Ian Wishart (Portage la Prairie): I'd like to thank the member for introducing this bill. I wonder—the member mentioned that CMV can be passed from mother to child, and she mentioned good hygiene as one of the preventatives.

Are there any other preventative measures that can be used to prevent the spread of this particular virus?

MLA Asagwara: Sure, I appreciate the question. I would remind the member that put the question

forward that my pronouns are neutral—they, them—but I appreciate the question.

So, careful hygiene is the best way to prevent the transmission of CMV. We know that health-care workers actually have the greatest opportunity for exposure, but because precautions are used in health-care settings, the risk of acquiring the disease is low in those settings.

There are some experimental vaccines that are being worked on right now, but, quite frankly, you know, there's a lot of steps that can be taken, like just adhering to good hygiene.

Again, as you generate awareness, you can share information with pregnant people to ensure that they're taking steps to keep themselves safe from CMV, so, you know, things like avoiding contact with tears and saliva when you kiss a child. That's something simple that we can communicate to pregnant people to avoid contracting the virus.

Ms. Adams: What are the benefits of early CMV detection?

MLA Asagwara: I thank my colleague for the question. The benefits are really numerous.

Obviously, first and foremost, we're talking about intervening at a preventative level, and we're also talking about being able to provide, whether it's treatment, Madam Speaker, and the name of that treatment is—I don't want to mispronounce it, but it's valganciclovir, is the treatment that is used.

Outside of that, Madam Speaker, it is providing supports for families so that they can, whether it's the antiretrovirals to prevent permanent hearing loss, whether it's ensuring that they have adequate supports so they can continue to monitor and screen their children for potential intellectual disabilities.

The benefits are numerous. Cost, to me, is also significant if we can bring those costs to the health-care system down, as well, in the short and long term.

Mr. Rick Wowchuk (Swan River): I'd like to ask the member, what are the current financial implications for families of children with CMV?

* (10:20)

MLA Asagwara: That's a good question. So, we're looking at millions and millions of dollars that are spent in our health-care system for folks, families and babies and youth who have CMV.

You know, on average we know that the cost of caring for one individual in our health-care system who has hearing loss is \$1.2 million. When you look at the fact that CMV is the leading cause of non-hereditary hearing loss in children, you recognize that those costs add up quickly. So the earlier we intervene, we bring those costs right down.

A simple \$10 test—\$10 screening can bring those costs out of the millions.

Ms. Adams: How much would the test cost and how much would it save Manitobans?

MLA Asagwara: I thank my colleague for that question.

I appreciate that my colleague thinks those numbers are so exciting and significant that she wanted to hear them again. Thank you. I'm on side with you.

Again, it's a \$10 test. And something that's really important to note: that cost will come down the more it's being done. So, again, Manitoba can be a leader in ensuring that we're doing this screening universally. But the more jurisdictions also get on board—and there are more that will—those costs will come down.

And so, you know, this is an opportunity for Manitoba to lead the way. And the \$10 cost to save millions in health care is—to me, makes complete sense.

Mr. Shannon Martin (McPhillips): To the MLA for Union Station: you indicated that approximately—I think it was about 108 cases in Manitoba per year. I'm just wondering if targeted specialized testing is a better approach than a universal screening, from a medical approach.

And I'm just asking for the member's perspective in the research she would have done, or conversations she would have had with—I believe the gentlemen named the chair of the—of CMV Canada is Rob, I believe.

MLA Asagwara: I think I heard the bulk of that question. If I missed something, I'd be happy to answer again, if he would be willing to ask.

A reminder to that member, as well, my pronouns are neutral—they, them. At this point I don't think I should have to keep reminding people this much, but I will continue to do so.

Madam Speaker, so, in terms of the numbers of babies who are born, the fact that—we actually do have protocols in place in terms of targeted screening for

babies who have CMV—who are symptomatic, rather. We're still—we're not even catching all of the babies who are born symptomatic with CMV. One to two diagnosed, out of potentially 11 to 16 babies who are symptomatic, tells us the targeted approach isn't actually as effective as it should be. And, apparently, that data hasn't been made readily available, unfortunately, by the government.

Universal screening would ensure that no baby goes without being diagnosed if they're symptomatic or asymptomatic. And that is the point, Madam Speaker: we want to make sure all families have the opportunity—

Madam Speaker: The member's time has expired.

Ms. Adams: Would my colleague please let the House know how easy it is to do universal testing, and how much universal testing is done already on routine checks on infants?

MLA Asagwara: I thank my colleague for that question.

The beauty about this universal screening, is that, you know, we already do collect certain samples on newborns anyway, right. We get blood and urine and saliva. The most efficient and effective way to screen for CMV would be through screening saliva, and it is readily available and accessible because we already do it. So the saliva screening is the best way to go. It's an easy way to make sure that we're finding all of these babies who have CMV and giving them the best opportunities for good health care outcomes.

As so, again, you know, everything we need is already in place, Madam Speaker. We just have to take this next step.

Madam Speaker: The time for this question period has expired.

Debate

Madam Speaker: Debate is open.

Mr. Greg Nesbitt (Riding Mountain): I would like to thank the member for Union Station (MLA Asagwara) for bringing forward Bill 214, The Universal Newborn Hearing Screening Amendment Act.

This bill is seeking to amend the legislation currently in place to offer parents and guardians the opportunity to have their infants universally tested, instead of a targeted approach, for CMV infection.

The safety and security of infants, children and youth is our government's top priority. Since we came into office five years ago, we have committed to ensuring children get the care they need as soon as possible.

The first two years of a child's life are the most important for language development. This government is committed to ensuring that babies born in Manitoba face the best possible outcomes as they grow. Early detection is a key to ensuring that children with congenital hearing loss get the treatment they need in a timely fashion.

Madam Speaker, I am sure you will remember this well, but I would like to remind other members of the House that it was a private member's bill put forward by my predecessor, Leanne Rowat, that mandated universal screening of newborns for hearing defects.

Leanne worked tirelessly to get the legislation through all readings in the House and the bill received all-party agreement in the fall of 2013. The new measures took effect in the fall of 2016, once the regulations were written and the necessary equipment was in place across the province.

Manitoba was one of the last jurisdictions in North America to require universal screening of newborns for hearing defects.

It's a proven fact that catching hearing problems early can prevent delays in speech and language development.

I would like to extend a thank-you to the current member for River Heights (Mr. Gerrard), who is also a pediatrician, who seconded and supported the member for Riding Mountain's bill at the time.

Our government has worked throughout our mandate to see that both the youngest and oldest Manitobans are treated with dignity and receive the care they deserve. We have enhanced the newborn screening program to cover a broad range of issues crucial to the healthy development of infants.

Inspired by the work of former-MLA Rowat, when enacted in 2016, the universal newborn hearing act expanded the number of facilities which offered hearing tests for newborns from three to 14, increasing access across the entire province.

In 2019, the Canadian Infant Hearing Task Force report card indicated that Manitoba has made significant improvements in early hearing detection as a result of the implementation of universal screening. Between 2019 and '20, nearly 17,200 babies were

born across the province. Of that, approximately 16,800 received hearing tests. Over 500 infants, or 3 per cent of those screened, were recommended for further diagnostic assessment.

Our government has made many enhancements to the newborn screening program, which looks for easily detectable and preventable diseases. Many of these conditions are very uncommon or rare. In 2019, the Manitoba newborn screening program was expanded to include severe combined immune deficiency.

CMV is the leading cause of congenital infection, and the most common cause of non-genetic hearing loss in childhood. CMV, on average, occurs in 1 to 4 per cent of all pregnancies. Its intra-uterine transmission rate is between 30 and 60 per cent.

CMV is transmitted through contact with bodily fluids. It is often spread from mother to child, however children in group care or crowded housing situations are at a higher risk of infection. These children may continue to shed the virus into their preschool years, and can infect adult caregivers and other children.

The Canadian Paediatric Society recommends that prospective mothers are educated on pregnancy hygiene, as this is shown to decrease the risk of maternal acquisition. Early laboratory identification of infants with CMV is essential to determining the severity of the disease. All infants with some-symptomatic CMV or infants with isolated hearing loss should be referred to an infectious disease specialist.

Most babies who have congenital CMV appear healthy at birth. A few babies who have congenital CMV who appear healthy at birth develop signs over time, sometimes not for months or years after birth. The most common of these late-occurring signs are hearing loss and developmental delay. A small number of babies may also develop vision problems.

CMV is largely preventable. Key to reducing risks of CMV is ensuring prospective mothers practise good hygiene. This has been crucial to decreasing maternal acquisition.

As it stands, no other provinces offer widespread CMV testing. Instead, CMV testing is based on referrals to specialists. Our government has invested in a number of measures that ensure that both mother and child are offered the best possible outcomes in pregnancy, childbirth and beyond.

In December 2019, our government opened the Women's Hospital at the Health Sciences Centre, a state-of-the-art facility where highly skilled professionals deliver excellent care. This was the largest capital health project in Manitoba's history.

* (10:30)

This facility has helped dedicated staff at HSC provide the highest possible standard of care to women, their babies and families. This project has brought together the staff and services previously located across three dispersed neonatal intensive-care units spread through the HSC campus.

HSC Winnipeg provides a vast majority of hospital-based pediatric care and acute gynecologic surgical procedures in the province and is one of two Winnipeg hospitals that deliver newborns and provide obstetrical services. HSC women's also delivers and cares for women and newborns whose families travel from outside Winnipeg, including northwestern Ontario and Nunavut, for the specialized care offered at this site. HSC women's also offers consultative support for patients and health-care providers from rural and remote areas of the province, both in person and through Manitoba Telehealth.

In 2019, our government partnered with the Southern First Nations Network of Care to deliver the province's first-ever social impact bond. The two-year pilot project, Restoring the Sacred Bond, matched doulas with Indigenous mothers who are at risk.

Madam Speaker, in closing, I want to again thank the member for Union Station (MLA Asagwara) for bringing this bill forward. I know that our Minister of Health and Seniors Care (Mrs. Stefanson) will continue to look at taking whatever steps are necessary to enhance programs that will 'provide' for better health outcomes for Manitobans.

Thank you.

Madam Speaker: The member for Point Douglas. The honourable member for Point Douglas?

Can the member move her microphone down?

Mrs. Bernadette Smith (Point Douglas): Sorry, there we go.

Madam Speaker: There we go.

Mrs. Smith: Can you hear me now?

Madam Speaker: Yes, we can. Go ahead.

Mrs. Smith: Sorry about that.

It gives me great pleasure to put a few record-words on the record in support of my colleague, the member from Union Station's Bill 214. I want to thank the member for bringing this bill forward on behalf of the thousands of Manitobans who's written—who have written letters to many of our MLA offices in support of this legislative change that would support families in screening their newborns in CMV infection.

Congenital CMV infection is the most common infection and is the leading cause of childhood hearing loss. Why wouldn't we want to all stand together, united in supporting this bill and ensuring that every child is screened so that they can get the best care possible?

I urge all members in the Chamber and online to support this bill today. It's very important that we take care of the next generation. These are children that we're talking about and this bill would help give them the best possible care possible, moving forward, as soon as they're diagnosed.

And we know that this goes undiagnosed. There is currently a relative lack of awareness of CMV in the public and even among many clinicians here in Manitoba. It's important because if CMV is detected in early infancy, there are interventions, including antiviral and—medications and close follow-up of hearing and early provisions of support, such as hearing and speech language therapy.

As we heard my colleague before speak about, language development in the first year—couple of years, is very important. I, myself, growing up had a speech impediment and had a very bad lisp and was bullied because of it. And, you know, we want to make sure that children get the best possible care so that they don't have to experience those things and that they can have the best language therapy possible. Their lives can be dramatically improved, and outcomes for infected infants, when screened, can be improved.

Presently, CMV is not routinely screened for most—in most provinces, and as most such cases go undiagnosed because most babies are asymptomatic or have non-specific symptoms at birth, universal screening is the only way to ensure that all babies with CMV are diagnosed in a timely manner so that they can receive the care that they so require.

The Canadian CMV Foundation recommends that the Province of Manitoba implement universal newborn CMV screening, using saliva-based PCR testing within the first 21 days of life. And, as

my colleague from Union Station outlined, this is a \$10 test that would save the health-care system millions of dollars. Furthermore, the existing infrastructure for newborn screening for other conditions should be leveraged to ensure appropriate and timely evaluations, treatment and follow up for infected newborns.

Approximately one in 200 Canadian infants have CMV. Of those, one in five have a permanent disability such as hearing loss, intellectual disability or vision impairment. CMV is the most common cause of non-hereditary sensor-neural hearing loss. CMV has a higher disease burden and causes more disability than all the other congenital conditions that we currently screen for at birth—and we know that we have many children in our province in the last year that have been born with congenital syphilis.

Madam Speaker, health-care costs attributed to CMV are \$400 million. And I'll repeat that again: \$400 million per year, alone, in Canada. Late-onset hearing loss—early detection is key. Late-onset and progressive hearing loss commonly occurs in young children with CMV during the critical periods for speech-language acquisition. This is why it's so important that we catch this in the first 21 days, so that they can get the medical treatment that they need. Because late-onset hearing loss is not detected by newborn hearing screening, it typically goes unnoticed for a prolonged period. Therefore, all children with CMV should be evaluated by the—by an audiologist regularly until the age of five years old to detect hearing loss as soon as possible, and to appropriate—and to have appropriate intervention.

What are the economic impacts on hearing loss? Well, research has demonstrated the health-care costs of just one individual with hearing loss is approximately \$1.2 million. So one baby born undetected will cost the health-care system \$1.2 million. This test would cost the taxpayers \$10 to detect early and get the appropriate health care, and bring those costs down. This includes \$280,000 in lifetime savings, plus an additional \$926,000 in productivity costs. This is a major contributor to the cost in educational assistants. Estimates of the costs of educational assistants for severe and prolonged hearing loss, with onset before the age of six, range from \$135,000 to \$295,000, Madam Speaker.

Unfortunately, most cases of CMV are not diagnosed. Most babies born with CMV will be asymptomatic at birth, and approximately 15 per cent of those cases will go on to develop late-onset hearing

loss. Almost none of these cases are identified until speech and language delays are obvious.

In addition to the absence of newborn screening, studies have demonstrated that we are only diagnosing a small minority of babies with asymptotic CMV. A diagnosis of CMV at birth would ensure proper care and follow ups for hearing loss of other neurologic–neurodevelopmental problems.

Sensory hearing loss due to CMV is treatable, and this \$10 test would help that. Research has shown that antiviral medication significantly improves hearing and congenital–cognitive outcomes in newborns that have symptoms at birth.

*(10:40)

I want to read a letter that was written by Rob, who is the president and founder of the Canadian CMV Foundation. He's writing on behalf of the Canadian CMV Foundation to express his strong support for Bill 214, The Universal Newborn Hearing Screening Amendment Act. The Canadian CMV Foundation is a national non-profit organization committed to eradicating congenital CMV infection: Personally, I am a parent of a child born with congenital CMV infection, and I've seen first-hand the devastation this virus can cause. CMV is the most common congenital infection, and the leading non-genetic cause of hearing loss. Although many babies will go on to lead normal, healthy lives, one in five will develop a lifelong disability.

The infection is detected early, there are antiviral medications that dramatically improve outcomes for infected infants. Unfortunately, most cases are not being diagnosed at all, and rarely within the treatment window. I have personally seen the positive impacts that early treatment can have on a child. It has become abundantly clear over the years of working with families in the field and meeting parents throughout Canada, that identifying and treating infected infants must be the priority.

The Province of Manitoba has an incredible opportunity to expand on our current newborn hearing screening program to include universal CMV screening and identify these babies, offer them the necessary treatment and follow-ups and improve their quality of life.

It is also worth noting that in addition to the burden that CMV places on families, the economic burden of CMV and hearing loss is substantial. We know that CMV screening is cost-effective. The tests are affordable, and will in fact lead to considerable

cost savings to our economics protocols, like the one proposed in the universal screening amendment act. It's already changed lives of many families in Ontario.

So, Madam Speaker, I'll conclude by saying that I urge all members in the Chamber to support this bill.

Miigwech.

Mr. Ian Wishart (Portage la Prairie): I would like to thank the member for Union Station (MLA Asagwara) once again for introducing this private member's bill. It is very important that we look after the safety, security of all infants and youth in our province, and this is one way we can certainly do that.

I would like to take a moment and recall the MLA for Riding Mountain, I guess it was, who introduced the newborn screening process as a private member's bill back in 2015–2013, I guess. And I know that you also recall her presence here in the House. She was very dedicated on this issue of newborn screening, and I know she had introduced the private member's bill a number of times. And I recall when she's introduced it that last time thing–five times lucky, maybe—that she had certainly worked–been very dedicated and determined to make sure that that process got put in place. And I think we've all seen tremendous benefits to families and children in this province.

Every year there's between 16 and 17 thousand births in the province, and now screening, which was only a few hundred prior to 2016 when this was put in place, now we're pretty nearly perfect in getting it done. There was only about 400 that were not screened of the 17 thousand, and they do get attention in timely manner, but not immediately.

So I think it's very important that we continue to do this. It—as recently as 2019, changes were made in the Manitoba newborn screening program to add in severe combined immune deficiency syndrome, SCID. And that was done, of course, without necessary the—without legislation, simply by changing a regulation and putting that in place.

Making sure that we do that, so—it's important that we work hand in hand with the health-care professionals that have to do the actual screening process and make sure the testing gets done. So I know that MLA Rowat would be very pleased that this has grown as much as it has across the province and that it continues to have additional processes added in—additional screening added in to make sure that no child is missed in the process. And this is something that I—that she felt very strongly about, and I'm sure

she would be very pleased to see more work being done in this area.

So, this is something that I think should be under consideration. We will work with the health-care professionals to make sure that the right combination of screening and prevention and treatments gets put—get put in place, because all of those are things that can be done in Manitoba.

So I thank the member again for introducing the private member's bill. I think it's important that we pay attention to this and that we keep it updated. And I certainly would work—be very pleased to work along with her to make sure that this process can move forward and that we continue to screen not only as many as we have, but try and fill all of the gaps because there is still opportunity to do that.

And I know the member for Riding Mountain (Mr. Nesbitt)—current member for Riding—

An Honourable Member: Madam Speaker, a point of order, please.

Madam Speaker: Order, please.

Point of Order

Ms. Nahanni Fontaine (Official Opposition House Leader): Madam Speaker, again, this is the second time I'm getting up this week. Members opposite are misgendering the member for Union Station (MLA Asagwara).

We are in this office. We're elected in this office. We're elected in this building. It's a privilege to sit in this Chamber. The very minimum, the very bare minimum that folks can do is stop misgendering the member for Union Station. It's not that hard.

Mr. Wishart: I would 'cerfantly' offer any apologies for my error in speaking, in regards to the member for Union Station. I understand her desire to be identified—I did it again. I understand—*[interjection]*

Madam Speaker: Let him finish.

Mr. Wishart: —their desire to be identified and I will continue to do my best in regards to that.

Madam Speaker: The member—when the member for St. Johns just stood up, the member was actually apologizing for what he said and correcting himself.

An Honourable Member: But he misgendered again in his apology.

Madam Speaker: And he was trying his best to address it. And it's a good reminder to all members to pay attention to this.

It is not a point of order because it—we don't have anything in our rules about it, but I would encourage members to pay, you know, good attention to this, as members are speaking on this—you know, in reference to them.

So I would ask for members' co-operation, please, and it's a good reminder for everybody to pay good attention to this, and I would encourage all members to do that.

* * *

Madam Speaker: And the honourable member for Portage la Prairie, to continue in his debate.

Mr. Wishart: Getting back to Bill 214, I certainly would like to see more work done, in terms of looking at the different options that might be in place, whether it's treatment, early screening or other methods of prevention.

I would like to mention also that we do have a program in Manitoba called the Healthy Baby program, which works with prenatal situation to help inform expectant mothers of good health processes, and that also this is another opportunity to do prevention across the province.

And that has been expanded quite a little bit in the last few years, has a \$4-million annual budget and has certainly spread from a pilot project that was in place for many, many years to a program that is now all across the province. And that's something that our government has been proud to be part of, and I think has—it has certainly proven to be a very worthwhile initiative across the province.

Now, I know that there are many members that want to speak to this, so I will conclude my remarks there, but I certainly would like to take a moment, again, just to recall the dedication of the MLA for Riding Mountain, Leanne Rowat, at the time, that worked so hard to introduce the universal newborn screening in the province of Manitoba.

We were pretty much the last province to put that in place, and I know that she was very dedicated and I would to—like to take this moment, this time to respect that dedication of hers and the impact that she has made when she was in the House.

Thank you, Madam Speaker.

* (10:50)

Hon. Jon Gerrard (River Heights): Yes. Madam Speaker, a few minutes. I won't speak long because I'd like to have this go to a vote.

First of all, I'd like to thank the member for Union Station (MLA Asagwara) for bringing this forward. It's a valuable contribution and hopefully it will pass. I also want to recognize the efforts of Leanne Rowat in helping to get the original bill passed.

It is interesting the original universal newborn hearing screening was introduced in 2008 by myself, and in 2013, in circumstances that there were at that time, I teamed up with Leanne Rowat. She introduced it; I seconded it.

It was a long session that year—we were going all summer, as members may recall—and we got to the end of the summer and it looked like there might be an agreement. And the Conservative caucus had an opportunity to prioritize Leanne Rowat's bill for passage but decided to prioritize another one.

But, at that point, I felt that this was so strong that I told the other House leaders that if they didn't pass this one, I would keep us there 'til Christmas. And they didn't really like staying all the way 'til Christmas, so the bill was passed and, thankfully, it has been a success. It took three years after that—in 2016—before it was implemented. So that was eight years after I had first introduced the bill.

I think this bill, hopefully, can move a lot faster. There's a whole lot of reasons why it can and it should. I think there's better recognition now of the need to address newborn hearing issues, and this is an important way to do that.

Cytomegalovirus infections can be across the placenta, so they can be transmitted from the mother to the child. And they can be a very significant impact on the child, not just on hearing but on neuro-developmental processes. Children can have a small head, can have intra-uterine growth retardation and other things happening, so it's really important that we are addressing this and we are addressing it in an important way.

Now, the estimate for Manitoba is 0.6 per cent of newborns with CMV, but, in fact, we probably won't know that for sure what it really is until we do the screening and we can test everybody.

This is valuable to do; it is important to do it at birth if you're going to detect it, and this will make a big difference in preventing problems. Children who could go on to have severe hearing or neurological

developmental problems can be treated with antiviral agents, and this is improving as we speak. So we hope to be able to even do better in the future than we're doing at the moment.

So, certainly, let us move this forward. It is a critically important step for the health of children, for the health of our society. Children whose hearing issues are not addressed early on go on to have learning problems, difficulties in school and difficulties throughout their life.

So, it is really important to address this, to do this screening to make sure we're addressing hearing and other neurological problems in children with CMV as early as we possibly can so that we can help them well.

So with those few words, Madam Speaker, I will pass this on to others or to a vote, I hope. And thank you for the opportunity to speak.

Merci. Miigwech. Thank you.

Some Honourable Members: Question.

Madam Speaker: Are there any further speakers in debate?

Mr. Rick Wowchuk (Swan River): Yes.

An Honourable Member: Point of order, Madam Speaker.

Mr. Wowchuk: I'd like to thank the member from Union Station—

Madam Speaker: Order, please. Order, please.

Point of Order

Madam Speaker: The honourable member for Concordia, on a point of order.

Mr. Matt Wiebe (Concordia): Madam Speaker, this morning we've heard support for this bill from all sides. Seems like every party in this Legislature wants to take credit for doing something for newborn screening, and that's fine; we're okay with that. But this morning before us we have a bill that does need to get passed.

I think I've heard more than enough support, and so I'm just asking for leave that we call the question this morning, that we have the vote, and let's move forward on this very important bill.

Madam Speaker: The honourable Government House Leader, on the same point of order.

Hon. Kelvin Goertzen (Government House Leader): Madam Speaker, of course, it's not a point

of order. I do agree that there is, you know, lots of support when it comes to the concept of this bill, but I also know that it's been the government—or sorry, the Opposition House Leader who has demanded that there be debate time and there to be time for members of the House to have their word on different things, and now they don't want to. Now they want to shut down that debate. *[interjection]*

Madam Speaker: Order, please. I would indicate that the member had been asking if there was leave of the House to call the question.

* * *

Madam Speaker: So I would ask, is there leave of the House to call the question?

Some Honourable Members: Agreed.

Some Honourable Members: No.

Madam Speaker: Leave has been denied. Debate will continue.

The honourable member for Swan River, to continue on his debate.

Mr. Wowchuk: Okay, thank you, Madam Speaker, and I'd like to thank the member from Union Station for bringing Bill 214, Universal Newborn Hearing Screening Amendment Act, forward.

Our government knows the safety and security of infants, children and youth is of top priority. This has been exemplified by our Healthy Baby program, which we introduced in 2021 and put forth \$4 million within the budget to deal with this. And we've committed to ensuring children get the care they need as soon as possible.

Our government has enhanced the newborn screening program to cover a broad range of issues crucial to the healthy development of infants.

We all know that the first two years of a child's life are the most important for language development. This government is committed to ensuring that babies born in Manitoba face the best possible outcomes as they grow. Early detection is the key to ensuring that children with congenital hearing loss get the treatment they need in a timely fashion. This government has worked throughout our mandate to see that both the youngest and the oldest Manitobans are treated with dignity and receive the care that they deserve.

In 2019, the Canadian infant hearing task-report card indicated that Manitoba has made significant improvements in early hearing detection as a result of

the implementation of the UNHS. Annually, there are between 16,000 and 17,000 births in Manitoba. Between 2019 and 2020, nearly 17,200 babies were born. Of that, approximately, 16,800 received hearing tests. Over 500 infants were recommended for diagnostic assessment; that's 3 per cent of those screened.

Our government has made enhancements to the newborn screening program, which looks for easily—or, easily detectable and preventable diseases. Many of these conditions are very uncommon or rare, and in 2019, the Manitoba newborn screening program was expanded to include severe combined immune deficiency. Our government's top priority is the health and safety of all Manitobans.

CMV is the leading cause of congenital infection and the most common cause of non-genetic hearing loss in childhood. C-M-E—or CMV, rather, on average, occurs in 1 to 4 per cent of all pregnancies. Its intra-uterine transmission rate is about 30 per cent and 60 per cent. In infants, CMV is typically transmitted from mother to child and through it, can be transmitted from child to child in high-density settings like child care or crowded housing.

CMV is largely preventable, and the key to reducing these risks is ensuring prospective mothers—practices—prospective mothers practise good hygiene. This has been crucial to decreasing maternal acquisition. As it stands—

* (11:00)

Madam Speaker: Order, please.

When this matter is again before the House, the honourable member will have six minutes remaining.

And just to clarify for the record, the last point of order was not a point of order.

RESOLUTIONS

Res. 14—Immediate Supports to Ensure Child Care is Affordable and Accessible

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 Immediate Supports to Ensure Child Care is Affordable and Accessible, brought forward by the honourable member for The Pas-Kameesak.

Ms. Amanda Lathlin (The Pas-Kameesak): I move, seconded by the honourable member for Notre Dame (Ms. Marcelino),

WHEREAS all Manitoba families deserve quality childcare that is affordable and accessible in all areas of the province; and

WHEREAS over 90% of Manitoba children receive childcare through a non-profit licensed centre; and

WHEREAS since taking office, the Provincial Government has failed to meaningfully invest in quality, public childcare for Manitoba families and the waitlist has grown exponentially under its power; and

WHEREAS the Provincial Government has frozen operating funding for the last four years despite growing costs associated with childcare; and

WHEREAS many early childhood educators are leaving the sector as a result of low wages because of this lack of government funding; and

WHEREAS the Provincial Government has provided no additional financial support to public childcare centres even though they have faced increased costs associated with lost parent fees due to COVID-19 closures and spent thousands on PPE to keep kids safe when open; and

WHEREAS the Provincial Government spent less than 1% of the \$18 million Temporary Child Care Service Grant; and

WHEREAS the Provincial Government cut nursery school grants which will result in parent fees increasing for thousands of families from \$5 a day to over \$10 a day beginning April 1, 2021, making childcare less affordable and accessible; and

WHEREAS the Provincial Government passed Bill 34, The Budget Implementation and Tax Statutes Amendment Act, 2020, which removed the cap on childcare fees for private sector businesses; and

WHEREAS the Provincial Government gave KPMG double their contract, \$600,000, to conduct a review that will raise parent fees and lay the groundwork for privatization.

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba urge the provincial government to reverse changes made to the nursery school grant and to end the freeze on child-care operating grants while committing to keeping child care public, affordable and accessible for all Manitoban families.

Madam Speaker: I'm sorry, I did not catch who seconded that.

An Honourable Member: Notre Dame.

Madam Speaker: Notre Dame.

It has been moved by the honourable member for The Pas-Kameesak (Ms. Lathlin), seconded by the honourable member for Notre Dame (Ms. Marcelino),

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba urge the provincial government to reverse changes made to the nursery school grant and to end the freeze on child-care operating grants while committing to keeping child care public, affordable and accessible for all Manitoban families.

Ms. Lathlin: It's an absolute honour to put forward this private member resolution—MLA for The Pas-Kameesak and especially as a mother.

Madam Speaker, Manitoba families deserve quality child care that is affordable and accessible no matter where they live or whatever their income is. Child care is a universal need in our province. Over 90 per cent of Manitoba children receive child care through a non-profit, licensed centre.

Mr. Len Isleifson, Acting Speaker, in the Chair

The Pallister government has made it harder for families to access quality, public child care since taking office. They have failed to meaningfully invest in this vital service for Manitoba families, and the wait-list has only grown more.

The Pallister government has, in fact, frozen operating funding for the last four years despite growing costs associated with child care. This is not the direction we want our province to head in. Many early childhood educators are leaving the sector as a result of low wages, thanks to this government's lack of funding.

The Pallister government has provided no additional funding, no additional financial support to public child-care centres during COVID-19. These centres have increased costs due to lost parent fees during COVID-19 closures and have spent thousands on PPE to keep kids and staff safe.

This was directly put forward to my office by a couple of our centres in regards to the operating during the pandemic. They felt lost; they felt alone. The parents were absolutely terrified to send their children because of lack of PPE; in fact, the child-care centres had to provide their own PPE.

They also cut nursery school grants, which will result in parent fees increasing for thousands of families from \$5 a day to over \$10 a day beginning

April 1st, 2021. This will make child care less affordable and accessible.

This government has also passed bill 34, which we all know of, the budget implementation and tax statutes amendment act, in 2020, which removed the cap on child-care fees for private sector businesses.

And now they have introduced Bill 47, which will begin to dismantle public, affordable, quality child care for profit care. Bill 47 will starve out public health care—I mean, public child-care centres—unless the minister increases funding, which she has failed to show up for her own announcement on Friday, where child-care providers were anxiously waiting for the minister to end this freeze.

Bill 47 is—also gives the minister vast power to set everything by regulation, so we don't even know what her plan is yet because she refuses to release the KPMG report before the second reading deadline.

This government must make the necessary investments to keep child care public, affordable and accessible for all Manitoba families.

In regards to—the Pallister government has failed to invest in this quality public health child care, which is crucially needed. Manitoba parents need access to this accessible child care.

The Premier's (Mr. Pallister) responses to child-care concerns during the pandemic have been a disaster. Child-care centres did not get the help they needed for months. Thousand of spaces remained closed because centres just can't make it work with funds provided in the current restrictions. Rather than timely investments for non-profit daycare, the Pallister government established an \$18-million fund for home daycare and awarded only \$63,000 of that.

The wait-list has already grown to record heights before the pandemic, to 16,605 in 2018. The Pallister government solution? Stop counting. Instead, now they release a phony supply list that includes private operators that charge double the growing rate for care.

Child-care centres have had their operating funding frozen for the past four years despite growing costs. Instead of investing in public child care, the Pallister government paid KPMG over double the amount of their original contract for a review that will raise parent fees and lay the groundwork for privatization.

Before the report was even released, the Pallister government had already gone to work cutting nursery school funding. The result will be drastically

increased parent fees in some programs and the loss of spaces altogether. And rather than invest directly in non-profit child care, their meagre commitments have been focused on private benefits, with tax credits for developers who don't need the money.

The consequences of these cuts are they continue to cut inclusion supports that have revealed a series of proposed cuts to child care as a result of their review. Last year, only 1,516 children were supported—among the lowest number in years despite a growing population, according to the annual report.

Then, during the pandemic, they forced these moving centres to reapply for the support, adding unnecessary burden and delay just to save a few dollars. At the same time, they sent child-care centres expired masks, and, when it came to light, said, prove it—very disrespectful.

Manitoba is on the verge of having a majority of its child-care centres not offer supports for children with exceptional needs. In 2020, of—the number has fallen to just 51 per cent, again, according to the annual report.

They have also cut a series of supports, including the wage enhancement grant that topped up the wages of staff to improve quality and retention, which was nearly cut in half. Sixty-two facilities received funds in the year 2016 and '17. Only 36 did in 2017 and '18, and they have stopped reporting if any received it at all.

They also shut down the Healthy Child Committee of Cabinet and cancelled their Roots of Empathy program.

In regards to Bill 47 and the damage it will be doing, we have several concerns with this legislation and with the way the Pallister government has proceeded.

*(11:10)

First, last week, the government—the Pallister government erroneously suggested that this bill somehow gives it flexibility to do things it can't. For example, they suggested this flexibility included part-time facilities, overnight facilities or daycare and dance studios.

Of course, this is nonsense. This is a tremendous mistake. The Pallister government [*inaudible*] study for-profit child care shows that profit motive in this care means worse quality. There's not even a real debate about this.

So Madam–Deputy Speaker, in closing, I just want to put on record that we believe all Manitobans should have access to affordable child care. It's good for our children—including mine—families, communities and, most importantly, what's coming up for our post-pandemic economic recovery.

Ekosi.

Questions

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

Ms. Janice Morley-Lecomte (Seine River): Thank you—or thanks to the member from The Pas–Kameesak for her resolution.

Why would the member believe that a one-size-fits-all approach for Manitoba families, when we know a lot of families in Manitoba have different child-care needs?

Ms. Amanda Lathlin (The Pas–Kameesak): On this, what we are mostly concerned about is to ensure that child care is provided for all Manitoba families, that it's accessible and affordable and quality.

For example, we do not want to see our child-care centres, like a non-profit centre, such as the chaos that we have seen—such as personal-care homes. I would like to see—ensure that we have quality child care for our children. That's it.

Ms. Danielle Adams (Thompson): What are the dangers of public money being funnelled off to for-profit child-care centres?

Ms. Lathlin: Just another example of what happened to our personal-care homes. When it goes to private sector, quality goes down.

In fact, you know, safety of our children can be a concern. And also, the fees will also go up, which will make child care unaffordable for many families who just want to, basically, raise up their income and their—yes, I'm done.

Ms. Cindy Lamoureux (Tyndall Park): I'd like to thank the member for bringing forward this resolution, and I was hoping the member would share with us an example of a story that she has heard from a constituent where they were unable to afford and

access child care, and just why this resolution is so important for early child-care educators.

Ms. Lathlin: I have a couple of examples.

When I was a former employment counsellor for Employment Manitoba, the No. 1 barrier for our people to pursue training or education was the fact of child care. That was always a barrier that we had to work into their plan.

And also, another example is a young student at UCN couldn't afford the child care anymore, where she had to ask her grandparents to look after her children. And these are people in their 70s who helped this mother so she could raise up her life, increase her income and become an ECE educator herself.

So, that's a No. 1 barrier that we face as single parents—

The Acting Speaker (Len Isleifson): The member's time has expired.

Mr. Josh Guenter (Borderland): I want to thank the member for The Pas–Kameesak for bringing this resolution forward, and I'm just wondering who the member consulted with on this resolution.

Ms. Lathlin: I've had—several of my colleagues in my caucus have done tremendous amounts of work consulting with various organizations in regards to child care. We've had several briefs from our members in caucus regarding this very, very important initiative, and I'm looking forward to pursuing these policy changes that will ensure affordable, quality child care for all of us.

Ms. Adams: How has the Pallister government let down Manitoba families regarding child care?

Ms. Lathlin: Well, there's been a freezing of funding since 2016.

And also too, during the pandemic, there was no real leadership there in regards to child care. In fact, the child-care centres in The Pas were sitting empty, with parents obviously afraid of sending their children to these daycare centres, especially when PPE was not properly provided, which was not a safe area for parents and children, especially during a pandemic. There was no real leadership there.

Mr. Doyle Pivniuk (Turtle Mountain): I want to ask—first I want to thank the—my friend, the member from The Pas–Kameesak, for bringing this resolution forward.

And my question to the member, why is it the member opposite defending the status quo approach to child care that is not working for Manitoba parents and families?

Ms. Lathlin: Thank you for that question.

As a mother, a single parent, child care is crucial in order to raise up somebody's life. I have accessed child care throughout my career, since I was with the feds, to provincial, to UCN, to now as an MLA. I am a perfect example of what child care can do to improve families and their livelihood, and especially the care for my own children.

Ms. Adams: Last week, the minister suggested that Bill 47 would enable overnight daycare, part-time daycare and daycare in dance studios.

Why would the minister say this when the current Community Child Care Standards Act facility already allows this?

Ms. Lathlin: Of course, we all know that's nonsense.

Although those things could be accommodated with the current provisions under The Community Child Care Standards Act, there's nothing novel about what the minister has proposed. What is new is as old as this legislator. The Pallister government is using any pretext they can to hand over public funds for non-for-profit companies.

The Acting Speaker (Len Isleifson): The member from Dawson Trail?

The member from Dawson Trail, you need to unmute.

Mr. Bob Lagassé (Dawson Trail): Hello.

The Acting Speaker (Len Isleifson): There we go.

Mr. Lagassé: Oh well, now I get to ask it twice, it's perfect.

Can the member explain how the current system meets the needs of parents and families in Manitoba when the legislation is 30 years outdated?

Ms. Lathlin: Well, currently, we're trying to improve legislation and prevent this bill from being passed, or at least putting on record that we don't support it, because at the end of the day, what is most important about this discussion is that we want affordable, accessible and quality child care for all of our families, including mine and yours.

Ms. Adams: What are the benefits to affordable, accessible child care in Manitoba for children and families?

* (11:20)

Ms. Lathlin: Like I said, again, as a parent, as a mother who have used—had to use child care, it benefits all families. It enables families to pursue training, to pursue education, to keep that job, to keep food on the table, to ensure that their children are taken care of while we go to work, pursue the income that is needed to keep our families afloat. Child care is essential to do that, in order to raise our families and our livelihoods, and—

The Acting Speaker (Len Isleifson): The member's time has expired.

Mr. Piwniuk: Does the member believe that only parents that hold jobs with conventional hours should be access to child care in Manitoba?

Ms. Lathlin: I believe child care should be accessible for all families who are in training, working, in school. Affordable, accessible, quality child care should be there for all families, no matter what they're pursuing in regards to the need for child care.

Ms. Adams: How long has the government frozen funding for public child-care centres and why?

Ms. Lathlin: I believe the funding has been frozen since 2016.

As for policy as to why that has stayed, I do not know, but I do know that we have several members from my side of the House who are working hard to pursue policy changes in this initiative to ensure that affordable, accessible, quality child care is there for everyone: all Manitobans, all families, including mine.

The Acting Speaker (Len Isleifson): The time for questions has expired.

Debate

The Acting Speaker (Len Isleifson): The floor is now open for debate.

Ms. Janice Morley-Lecomte (Seine River): Thank you, Deputy Speaker—sorry, there—good morning and thank you for giving me the opportunity to put a few words on record in response to the member from The Pas-Kameesak's resolution, the Immediate Supports to Ensure Child Care is Affordable and Accessible.

Everyone has child-care needs. I can remember as a teenager growing up, offering my services as a

babysitter so a family could take some much-needed time for themselves while knowing their children were well taken care of. Babysitters, family members and friends are the first individuals who are present in our children's lives as child care, the first people we look to to ensure our children are taken care of in a safe and healthy environment.

In some homes, there is the addition of a room that is either transformed into a suite or built with the purpose of having a family member or child caregiver live within the home. The room is a great answer to child-care concerns while keeping family members close.

However, for many families, due to distance, work schedules or lack of close family members, they are not this fortunate. Families have to find a child-care space they are comfortable with and feel secure with to watch their children. This is a huge challenge for many families in Manitoba. Think about farm families that are living in remote locations; they work long hours and have to find someone to tend to their children. It is not uncommon to see a picture of a carseat in a tractor while a farmer is collecting the last of their harvest off the field, or a picture of children playing close to an outdoor area where the parents are busy with their outside chores.

Child care is varied and adaptive, and I remember looking for child care when my children were younger. I did not have the luxury of a family close by, nor did I know many people in Winnipeg. I had to adjust my work schedule to meet my child-care needs.

Later on, I was fortunate enough to access a daycare spot at my children's school; the spot was flexible in that it offered time slots to families with varied work shifts and would also meet the needs of the school program that was being taught. The flexibility of the children's centre worked. It definitely relieved my stress on finding a space when I was at work.

Deputy Speaker, our government has been working hard to address the needs of all families in Manitoba to ensure parents are able to continue to work and still access some of the cheapest child-care programs in this country. The last thing families need while trying to provide for their children is to worry about where they will be able to access adequate child care.

Under our current child-care system, we are met with challenges. These challenges have offered an opportunity for our government, and those in the

child-care sector, to take a long, hard look at what was needed so all families could benefit from the supports currently in place. Some of the challenges families face are around availability, location, hours of operation. Most families have the luxury of working a 9-to-5 job, which meets the general hours of child-care facilities. But there are lots that don't. However, there are families not working in fixed schedules and require child care at different hours throughout the working day.

Professionals on shift work, those with evening shifts and people on call all need to have access to a child-care facility so they can get to their place of employment. Child-care facilities are not always located close to a person's work or their home. This adds to the time families need to prepare to get children to child care, and then off to work. Wait-lists, registration, accessibility based on older siblings have added a strain to an already burdened system. We have also seen an increase in families who have put their names on a wait-list in the hope of finding suitable child care and they're still expecting the baby; the baby's not even born.

Bill 47, The Early Learning and Child Care Act, would create more equity and expand supports that better meet the diverse needs of families, especially families with children in early learning in the child-care age category. Our priority is to ensure the health, safety and development of well-being of all Manitoba children. Children are our priority, and we need to ensure parents are provided with services that best meet their needs while providing the best protection and care for their children.

Our government appreciates and welcomes the diversity within our Manitoba families. The ability to respect, accommodate and include everyone is our priority. The Early Learning and Child Care Act acknowledges and creates more equity within the system.

Through expansion of supports, families with diverse needs in the early years in child-care services, this is met. In areas such as construction, health care, shift-work professionals are continuously seeking child-care providers that accommodate their flexible and ever-changing work schedules. Bill 47 will look at the child-care services and the availability of child care on a continuum to these families. This will meet the diverse needs and demands of these individuals.

Our government has proven time and time again to families in this province that children are important to us and that we stay committed to their health and

safety. Throughout COVID, child care was available for families, individuals working in critical services. Grants of \$18 million were offered to help early childhood educators.

These grants were administered through both the Winnipeg and the Manitoba Chambers of Commerce. These grants provided individuals an opportunity to open up child-care spaces in their homes, spaces that would provide family and friends a safe and healthy environment for their children and still offer individuals an opportunity to be independent operators in the child-care industry.

We care about the health and safety of our front-line workers. Throughout the past year, over 25,000 pieces of PPE were provided directly to our front-line workers. In addition, many of the child-care workers were eligible for the Manitoba Risk Recognition Program. The program provided a one-time payment to essential front-line workers. And 1,000 workers in the child-care sector received this payment.

Our government values the work our front-line workers do every day, and this was just one way of acknowledging and thanking them for their dedication and service.

I will also add, there were financial investments made in many areas: \$22 million in child-care expansion and sustainability programs; \$90 million in operating grants; \$3 million for pandemic 'stepping'-sorry-staffing support benefits for overtime, staff replacement and sick leave.

This year alone, our government has invested \$181 million into child care. We have created nearly 2,500 new spots, with 795 new spaces this year alone being funded through the capital grant programs. In addition, the temporary child-care grant for home-based centres created 130 additional spaces for children in Manitoba, spaces much needed by individuals seeking child care.

* (11:30)

Our government is invested in children and in their future. We have asked families and child-care providers what is needed. The parent advisory committee is set up to meet and discuss what will work and represent all families in this province. These committee members are parents, professionals who have previously used, currently work in the field, currently use child care themselves.

Deputy Speaker, Manitoba families want to benefit from a safe and healthy child-care program, and our government is working at leveling the field for all who need access to suitable child care.

Thank you.

Ms. Danielle Adams (Thompson): I rise in support of this motion and I'd like to thank my colleague from The Pas-Kameesak on bringing it forward.

Manitoba families need to know that their kids are going to be cared for and they need to know that they're able to afford child care. Child care is an equalizer in our province. It allows families to be able to go to work so they can earn money. It also enables children who need the additional supports to get the supports needed.

This government has failed children, it has failed families and, most importantly, it's also failed ECEs.

When I listen to members opposite talk about child care, they're not talking about early learning. They're talking about child minding. Nobody is saying that the teenager down the street won't be able to babysit your kid. We're talking about ensuring that our children are able to be cared for in a quality manner that sets them up for success, and Bill 47 doesn't do that. And this government needs to just stop their attacks on child care. They have done enough damage to child care. They need to stop and go back and actually listen to families in Manitoba.

The current bill—the previous bill allowed—and child care act allowed for weekend, evening and overnight centres. I visited a centre in Dauphin that provided weekend care. It was—you called ahead of time and you were able to put your name on the list. You didn't have to be a family that went to the centre.

The only thing that Bill 47 does is it adds for-profit, and this government doesn't—is only happy when they're giving money to the private sector, and it isn't going to help anybody.

We've seen what happens when the for-profit centres get involved in the care sector. All we have to do is look to long-term care. Quality goes down. Wages go down. And parent fees are going to go up. That's not going to help families. Families need to know that they're able to afford child care. They need to know that they're going to be able to go to work and earn money and not just have to pay for child care.

I come from a community where a lot of families are—a lot of women I know don't go to work because they would be working to pay for child care. So

lowering parent fees will make child care accessible to everybody, so parents and families who want to stay home have a choice. If you want to stay home with your child, that's great; that's your choice. But it should be a choice. It shouldn't be forced upon you because child care is so expensive that you're not able to afford it.

So this government has done nothing for families. They blackmailed child-care centres at the height of the pandemic, saying, if you don't open your doors, you're not going to get your operating grants. They've kept funding levels frozen to 2016 levels. That's almost a 10 per cent cut. They keep championing how they're investing so much in daycare. I have not seen it. They have kept funding levels frozen.

I come from a child-care centre where I worked on the board, and I did everything we could to get funding for a centre, and this government did nothing for them. All they did was they froze CEDF's funding so we weren't able to get our loans. That doesn't help child care. That centre was going to add 12 additional spots to Thompson, and this government wasn't there.

Centres and families need to know child care is available, there is quality and there is affordability. They cut the nurseries grant program. That was a targeted program that was put in place by the NDP to support families of moms that were—families that had stay-at-home parents, so the children weren't in a child-care centre; children with exceptional needs; newcomer families. And it abled kids to get the supports they needed early and then they translated that into kindergarten.

It takes almost a year to get the supports in place in the school sector. So, by having a child go and access the nursery school program, they're able to translate that over so the child didn't skip a beat and they were able to get—and set themselves up for success.

We need to start—this government needs to put children first. Children are not at the forefront of this government; it is for profit of their rich friends, and that's unacceptable. I am proud to stand with my colleagues where child care is a priority, child care is important and we're putting children at the forefront.

And we're also listening to ECEs that are saying they need more money. They're—they go to school for two years and are some of the lowest paid professionals. That's unacceptable. That is why people are leaving the sector.

And centres are saying, we want to give our ECEs more money. They're highly trained, skilled professionals. But we can't, because the government has frozen their funding to 2016 levels. The member from Seine River was talking about the masks that they sent to child-care centres. They were expired.

And then they had—when they got called out on it, they said, well, prove it. Well, they did. You sent it to them. And then, when I ask the minister, would they be investigating how that happened, there was no response. That's unacceptable. That's not accountability; that's not transparent.

The bill—the KPMG report that this bill is based off of isn't even being released for 30 days. The bill—we've already debated the bill, and we haven't seen the KPMG report that designed it. They say they've talked to families and parents—I don't know who they've talked to, because I've been getting emails and we've got petitions signed by 26,000 Manitobans that say opposite.

This government keeps saying that they're thanking Manitobans, but I can tell you, Manitobans are saying, enough. You can stop thanking us, because when you thank us, you cut. And that doesn't help.

When I moved to Manitoba with my family in '93, I was 10 and my brother was eight. And it was during the Filmon years, and there was Filmon Friday. My mom was an articling student with Legal Aid and was not making very much money. And because of the cuts this—that the Filmon government was doing, it actually put her subsidy at risk, that she wouldn't be able to go to work, and that would have meant my mom wouldn't have been able to get called to the bar to be a lawyer.

So, how many families is this government putting at risk? How many other families have stories like mine? People remember—and that is why there was 17 years for NDP that was very—it was great. It was beneficial. UCN got built. There was a lot of investments in child care.

And I think this—I think the government forgets that Manitobans will remember how they've treated Manitobans, and Manitobans are done. Manitobans have had enough of this government, and that was shown in Thompson when they removed the former member and elected me.

So, I am very happy to be standing in this House. I'm proud to be a member of this party, and I'm proud to be a member of a caucus that is putting Manitobans first.

Thank you, Mr. Deputy Speaker.

The Acting Speaker (Len Isleifson): Member from Borderland. [*interjection*] Order. Order. Order.

Member from Borderland.

Mr. Josh Guenter (Borderland): It's a pleasure to rise virtually in the House to reflect on the great strides our government has made and—in improving child care, even in the last—I think, over the course of the last year, the work of the previous minister, Minister Stefanson, and the current minister—

The Acting Speaker (Len Isleifson): Order. Order. Just a reminder to the member to please refer to members of the House by their title or their position. Thank you.

Mr. Guenter: Thank you, Deputy Speaker, for that reminder.

So, obviously, a lot of work, a lot of challenges, as the member for Seine River (Ms. Morley-Lecomte) reflected on in her remarks. And these challenges are real. We know that child care is important. But, again, Bill 47 is just another step in addressing those challenges and improving access to child care, making it more affordable and creating more spaces.

Madam—or Deputy Speaker, I'd like to share as well that locally, in the community of Altona, we've got an acute shortage of child-care spaces, and I believe that the daycare space available in the area is only available for 4.2 per cent of children under the age of 12, compared to the provincial average of 17 per cent.

* (11:40)

So, what's happened is, as a result of an announcement by our government—last summer, I believe it was—to create the temporary child-care grant, or the Child Care Centre Development Tax Credit, we've actually seen a number of local businesses take advantage of that opportunity.

And so we've got employers—I think of Friesens Corporation that jumped on board as a title sponsor and announced \$100,000 towards a \$425,000 expansion and enhancement project at the Kiddie Sunshine Centre in Altona.

And they're not the only ones. We've got Red River Mutual, another great local business, has come on board with a \$75,000 multi-year commitment. So—and there are other businesses as well that have come on board. So I think that's just one area in which we've seen success.

And it's a \$4.7-million Child Care Centre Development Tax Credit, and it's going to create 260 new spaces in workplaces in Winnipeg, Selkirk and Altona. And it's projected to create an additional 682 spaces over the next five years.

So I know this is important, and I just wanted to share that local perspective. And again, I guess, you know, I'd like to share as well that my wife Alicia and I, you know, we're young parents, just one of thousands in the constituency who—of young families raising young children—and I believe my constituency is the youngest one in the province, with a median age of 30 years.

The RM of Stanley in my constituency is the second youngest area in the country. And so we've got children everywhere, and we've got very low unemployment rates. People like to work in our area as well and raise big, healthy, happy families. And so we try to do everything, and we like to live hard and play hard, but we need, obviously, some child care to make that work.

And so my wife and I have two young children, a son, Jack, who is two and a half years old, and he's doing well, and we've got a daughter, Scarlett, who's—who turned one on February 23rd. And we found out a couple weeks ago that we can expect delivery of a third one in September.

So we're really looking forward to that, and, of course, you know, accessibility to child care is something that we want to know is there as, you know, for us, like many others across the province, when that time comes. So the steps that our government is taking to make that happen is vitally important and it's assuring to parents like myself.

I wanted to share a little bit, but before I do go into our government's record a little further, I wanted to first of all thank all those in the child-care sector who, through their dedication, their commitment, they put in the time and resources to look after children. And children are so precious, they're so important, and they are—really are our future.

And so, you know, I—of course, as a parent, again, I can appreciate the challenges that come with looking after children, and so I want to thank all those in the child-care sector who do such a great job of working with parent schedules and working with children and making sure that they're available to provide that care when needed.

I also want to say that I was deeply impressed by the work of the parent advisory council that was

established by the member for Riel (Ms. Squires) in—as part of the consultation process in the development of Bill 47. And I know, obviously, the parent advisory council are parents themselves with young children; they've got skin in the game.

And I think that was an absolutely critical piece in the development of this legislation, to get that direct insight and advice and guidance from parents and have them go out and field advice and guidance more broadly across the province, and then take that back and do some thinking and share that with the minister. I think that's just an absolutely critical piece of this, and I think really shows—demonstrates that this legislation has been developed in a thoughtful, consultative way and really strives to meet the challenges of tomorrow in the area of child care.

We recognize that child care is critical to ensure that parents have the choice that they need to enable them to get back to work, and so we've reviewed—the government of Manitoba has reviewed the nursery school program established by the former NDP administration and has made changes that will better support Manitoba families.

Our government is modernizing the current child-care system to ensure that child care is affordable and accessible for all Manitobans, and so we're in the process of—through developing legislation that will transform our early-learning and child-care system to better meet the needs of parents.

We ultimately know that parents are the best decision makers for their children, not government, and so that's why we've listened to parents, as I said, across the province, on what they want to see from a modernized system.

We know that the opposition believes in the government-knows-best approach to child care, and that's blatantly obvious in the comments and the debate that we've seen thus far—just a further perpetuation of this ideological approach to child care that's gotten us nowhere in Manitoba. And that needs to change, in that this government was elected to change, and that's exactly what we're doing.

So, we're going to move forward with this important piece of legislation and this important mandate that we received from Manitobans to address the challenges in child care as we have been doing, and we can be proud of our record on that.

So, again, the legislation is going to support greater equity. Bill 47 will support greater equity in child care by maintaining parent fees at their current

levels for three years and to increase flexibility within the sector to meet the diverse needs of Manitoba families.

This new legislation will modernize Manitoba's child-care system to ensure there are options for care available for families when parents need them.

Parents employed in lower wage jobs or jobs with non-standard hours, such as those in critical services, health care, grocery stores, farming, banking and construction often experience difficulties when finding child care, as legislation does not enable a delivery of services outside of typical work hours.

So Bill 47 includes provisions that would support the development of more part-time and extended-hours options for those who work unconventional hours, and this critically looks to change the—it looks to correct the former system created by the NDP administration that consisted of two tiers of nursery schools in Manitoba—those that received enhanced funding grants and those that did not.

And I think, frankly, when you look at the last—the 17-year record of the NDP—that's a great theme—the haves and the have-nots. That's the most succinct summation of their record in Manitoba over those 17 years, as they created two sets of people in society—the haves—the select few, the privileged few, the insiders—and the have-nots.

And we see that here. Of the approximately 162 nursery schools in Manitoba, 66 programs were receiving the enhanced funding—

The Acting Speaker (Len Isleifson): The member's time has expired.

Ms. Cindy Lamoureux (Tyndall Park): I'm really grateful that the member has brought forward this resolution, and I'm going to keep my remarks short this morning because I want to make sure people have the opportunity to speak, get their words on the record, and we still have the opportunity to vote on this resolution before 12 o'clock.

So, the resolution talked about Immediate Supports to Ensure Child Care is Affordable and Accessible, as all Manitoban—Manitoba families deserve quality child care that is affordable and accessible in all areas of the province, Mr. Deputy Speaker, and we strongly agree with this.

And we are hearing this from parents and workers from children centres who are struggling to find child care. I had a parent just message me yesterday who had been trying to find child care throughout the

pandemic—really, really struggling with this—and now is having to show their employer that they have been putting in this effort.

We know the role that child care plays by enabling parents and guardians to go back to work, and it provides parents with the confidence that their children are safe and that they are learning. And it is more prevalent than ever because of the pandemic right now: everything from all the shifts happening between jobs, employment, part time, full time; going onto CERB, back to employment, not really knowing what to expect, Mr. Deputy Speaker, and parents working from home. Child care needs to be affordable, now more than ever, and accessible.

* (11:50)

You know, child-care workers are very passionate about their jobs, and they personally invest in the early-learning and child-care workforce. And now it's time that this government invest to attract and retain the best and the highest quality care services that we can, here in Manitoba.

So, Mr. Deputy Speaker, this resolution brings to attention that since this government has taken office they have not invested into our child-care system. And it is very important to point out that the federal government has given the Province money for child care, and this money has been used in child care here in Manitoba.

But the Province is—themselves have yet to actually put money forward. So there have not been provincial funds. The Province has used federal funds that the federal government gave, but the provincial government have not themselves put money forward.

So what this government has done—and this is all mentioned in the resolution—but they've cut nursery school grants, which will result in parent fees increasing for thousands of families from \$5 a day to over \$10 a day. That's beginning this coming April 1st.

They passed bill 34, the budget implementation and tax statutes amendment act in 2020, which removed the cap on child-care fees for private sector businesses. And the government, this provincial government, gave KPMG double their contract, \$600,000, to conduct a review that will raise parent fees and lay the groundwork for privatization.

It is really, really important we vote on this today, Mr. Deputy Speaker, so I'll end my remarks here. But we're happy to support this resolution urging the

provincial government to reverse changes made to the nursery school grant and to end the freeze on child-care operating grants while committing to keeping child care public, affordable and accessible for all Manitoban families.

Thank you.

Mrs. Bernadette Smith (Point Douglas): It gives me a great pleasure to put some words on the record in support of the private member's resolution, Immediate Supports to Ensure Child Care is Affordable and Accessible, put forth by the member for The Pas-Kameesak (Ms. Lathlin).

As we know, you know, there is a shortage of child-care centres in our province, and this government, since taking government in 2016, has done nothing to whittle that wait-list down. There are thousands of Manitobans waiting on this list for a spot to have their child in daycare.

I, myself, was a single mother of two young children and had to use subsidized daycare. I was fortunate enough that I did have a daycare that was flexible in times, that they did offer evening daycare, because I did work shift work.

So this is possible. You know, this PC government, Pallister government likes to, you know, say that this is not possible and that by the changes that they've made in privatizing daycare that this is going to, essentially, do this, while daycares are already able to do this.

But this government continues to freeze wages for daycare workers. They are—they go to school for two years, get the education, and they're making \$18 an hour, and that's at the top of the scale. I talked to, actually, a woman who had worked in the child-care field for over 25 years, Deputy Speaker. And she, at the top end, was making just under \$19.

So, you know, this government wants to privatize. Well, why not put more money and more investments and pay daycare workers the wage that they so deserve? They are taking care of our children, just like when educational assistants are taking care of children in schools; they are providing the same level of care.

Education doesn't begin when children go to school. Education begins in utero, when we're speaking to our children in our bellies; when, you know, we're reading to our children before they're even born; when our siblings are talking to their sibling that's going to be born, you know, through their—the stomach.

And so I just want to remind, you know, that this PMR would ensure that child care is affordable and accessible to all, that those subsidies remain in place, that families have access to nursery school.

This was something that both my sons benefited from. They both went to Anne Ross daycare, which is out of Mount Carmel Clinic.

And that's a daycare, myself, that I attended before they moved to the new site. They used to be on Selkirk by the river, just out of a house. And it was started by Anne Ross.

So this daycare, you know, named after Anne Ross, and this daycare, you know, is still in service today, and is offering supports and connecting families to resources. So, daycares do so much more than just, you know, provide care for children while they're in school.

But this Pallister government has made it harder for families to access public child care since taking office. They failed to meaningfully invest in this vital service for Manitoba families. And, like I said, this wait-list has continued to grow and grow and grow while families are waiting to, you know, return back to work or even get into the workforce.

You know, this government has cut over 200 civil service jobs, which essentially has left families without work. They've—you know, with daycares, you're allowed to keep your spot for a certain amount of time. And families, you know, have said that they weren't able to keep their spots because they lost their job and they weren't able to afford the child-care spaces.

So I just want to, you know, remind this government that they can and should support this resolution.

And miigwech, Deputy Speaker, for allowing me to put those few words on the record.

Mr. Doyle Pivniuk (Turtle Mountain): I just want to put some words on the—on this resolution on the immediate support of ensured child care and affordable and accessibility by the member from The Pas-Kameesak.

And the thing is, what I found with this—the NDP government in the past, you know, they failed on child care, daycares in Manitoba. We, as the PC Party government, came in and built many daycare centres.

And I'll use one example is the community of Virden, which I live and reside. We were fortunate to have one of the few spots for daycare when we had my daughter—daughter was going to daycare. And the thing was, there was such a long waiting list in the town of Virden. I remember there over a hundred and some—160 waiting list.

And this NDP government just failed. They were easily to take money from the region when it comes to oil. I remember when they were going into deficits, and I remember before the election in that—2016, they were going to say that—they didn't come out with a budget but they came out with a financial update. And the update was that they were going to—from a \$400-million deficit to almost a \$700-million deficit. And the thing was, they ended up being a billion dollars when we took over government.

But the big thing was, the excuse that they gave Manitobans was because oil prices were low. So that—this proved how much oil revenue that came out of our southwest corner.

But, again, they failed to provide a town like Virden, who has a lot of people who wanted work in the workforce. There was shortage of labour because people had to stay home with their children. Families had to balance—try to balance it out to see who would stay home, how to provide, they had to get relatives.

And this NDP government failed on private daycares. People wanted to do daycares in their homes. And when they did daycares in homes this NDP government was so—created so much red tape that we fell behind on daycares throughout the province of Manitoba.

And this is why—what—since we became into government, we've provided a hundred—like thousands of daycare spots that this NDP government failed to provide.

And right now, Deputy Speaker, I'm actually now representing the area of Notre Dame. Again, us, our PC government, has now created a project—

The Acting Speaker (Len Isleifson): Order. Order.

When this matter is again before the House, the honourable member will have seven minutes remaining.

The hour being noon, this House is now recessed and stands recessed until 1:30 p.m.

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, March 18, 2021

CONTENTS

ORDERS OF THE DAY		Resolutions	
PRIVATE MEMBERS' BUSINESS		Res. 14—Immediate Supports to Ensure Child Care is Affordable and Accessible	
Second Readings—Public Bills		Lathlin	1757
Bill 214—The Universal Newborn Hearing Screening Amendment Act		Questions	
Asagwara	1747	Morley-Lecomte	1760
Questions		Lathlin	1760
Nesbitt	1749	Adams	1760
Asagwara	1749	Lamoureux	1760
Adams	1749	Guenter	1760
Gerrard	1749	Piwniuk	1760
Wishart	1749	Lagassé	1761
Wowchuk	1750	Debate	
Martin	1750	Morley-Lecomte	1761
Debate		Adams	1763
Nesbitt	1751	Guenter	1765
B. Smith	1752	Lamoureux	1766
Wishart	1754	B. Smith	1767
Gerrard	1756	Piwniuk	1768
Wowchuk	1756		

The Legislative Assembly of Manitoba Debates and Proceedings
are also available on the Internet at the following address:

<http://www.manitoba.ca/legislature/hansard/hansard.html>