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**From:** [REDACTED]  
**Sent:** March 16, 2025 4:51 PM  
**To:** Office of the Legislative Counsel  
**Cc:** chair.pdbns@eastlink.ca; Curtis Gregoire; registrar@nsrdda.ca  
**Subject:** Provincial Dental Board of Nova Scotia - Feedback on Bill 36  
**Attachments:** PDBNS Submission to Standing Committee on Public Bills re Bill 36 2025-03-16 FINAL.pdf

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Good day.

Please find attached a submission from the Provincial Dental Board of Nova Scotia to the Standing Committee on Public Bills regarding Bill 36.

Kindly acknowledge receipt.

Sincerely,



Dr. Doug Mackey, DDS  
Registrar  
Provincial Dental Board of Nova Scotia

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## Provincial Dental Board of Nova Scotia

March 16, 2025

VIA EMAIL: [legc.office@novascotia.ca](mailto:legc.office@novascotia.ca)

Standing Committee on Public Bills  
Office of the Legislative Counsel  
802-1909 Barrington Street  
PO Box 1116  
Halifax, Nova Scotia B3J 2X1

Dear Members of the Standing Committee on Public Bills:

**RE: Bill 36 – Free Trade and Mobility within Canada Act**

As the Registrar of the Provincial Dental Board of Nova Scotia (the “PDBNS”), I am writing you regarding Bill 36.

The PDBNS is the legislated body with the mandate to protect the public interest in matters related to the provision of dental services. We do this primarily by:

- establishing standards of practice and quality assurance programs;
- dealing with complaints against dentists and dental assistants about ethics and standards of dental care; and
- ensuring that only individuals who can provide competent, safe, and ethical care are licensed in Nova Scotia.

### Bill 36

Along with our fellow healthcare regulators, the PDBNS fully appreciates the need for Canadian provinces and territories to explore ways to reduce unnecessary inter-provincial trade barriers, particularly in light of the current geopolitical climate. However, we are very concerned with some of the wording in Bill 36 as it was introduced on February 25, 2025. Our concerns arose specifically around Section 4(5):

*“All licensing authorities and bodies of the Province shall, to allow a smooth transition, co-operate with the licensing authorities and bodies of a reciprocating province or territory by waiving any requirement for registration or licensing [underlined for emphasis], or renewal of registration or licensing, for any service provider or licensee seeking to do business in the*

*Province who is registered or licensed in the reciprocating province or territory and who is in good standing in that jurisdiction.”*

This section was widely interpreted (by Nova Scotia healthcare regulators, our counterparts across Canada, the Canadian media, and the public) to mean that a healthcare professional who is licensed in a reciprocating province or territory could practise in Nova Scotia without holding a licence here.

To highlight just a few of the many serious questions that would arise out of such a scenario:

- Who would proactively monitor these unregistered individuals to ensure that a safe level of care is being delivered? (“Proactive monitoring” of professionals by licensing bodies is a key element of Recommendation C.19 in the *Final Report of the Mass Casualty Commission*.)
- Who would ensure that these individuals carry professional liability insurance in order to protect a patient who is harmed during the course of treatment?
- To whom (specifically, to which regulatory body) would a patient complain if they have concerns about the standard of care received?

#### Meeting with Premier Houston

We were extremely pleased when the Premier reached out for a meeting with healthcare regulators on February 27, 2025 to hear our concerns. There was a free exchange of ideas, with Premier Houston appearing to listen with an open mind and appreciate regulators’ concerns.

The health regulators walked away from that meeting with a better understanding of the Premier’s intent, most notably that professionals coming to Nova Scotia from reciprocating provinces would indeed need to be registered and licensed in Nova Scotia.

At that meeting, the Premier and the healthcare regulators acknowledged the success of the *Patient Access to Care Act* (“PACA”) and the work that the healthcare regulators have been doing under PACA to register and license interprovincial applicants in less than five days. Through PACA, along with the *Canadian Free Trade Agreement* (“CFTA”) and the Nova Scotia *Fair Registration Practices Act* (“FRPA”), unnecessary barriers to the interprovincial migration of health professionals into Nova Scotia have been virtually eliminated.

We were reassured that the Premier would explore a mechanism to ensure that, for healthcare professionals, Bill 36 does not duplicate or supersede what is already being achieved through PACA.

#### The Need for Checks and Balances

Nova Scotia healthcare regulators know that our counterparts in other provinces and territories are as committed to the public interest as we are. We also know that we need to maintain our robust mechanisms to share information with one another about applicants coming from other jurisdictions – including information about applicants’ competence, character, and capacity.

An illustration of this lies in the ill-defined concept of “good standing”. In some jurisdictions this may simply mean that there are no outstanding licensing fees. In others it could mean that there are no current conditions or restrictions on an individual’s licence, or that there are no unresolved complaints. In neither of these scenarios would “good standing” capture whether the applicant has had a prior history of disciplinary actions, which can be highly relevant to establishing safe parameters for an individual’s licensure in Nova Scotia.

I shared with Premier Houston that at the Provincial Dental Board, two of our twenty most recent inter-provincial applicants for a dental licence (ten percent) had lied on their applications. Both had stated that they had no prior history of disciplinary actions when, in fact, each had a long and varied history of professional complaints. There is a phenomenon wherein some professionals may apply for registration in one province while fleeing regulatory processes in another. In the cases of the two individuals described above, I was able to discover their histories (and dishonesty in their applications) only through my ability to obtain a “Certificate of Standing” from my counterparts in other provinces.

When a Nova Scotian reclines in a dental chair, they have the right to expect that the dentist treating them is competent, safe, and ethical and that the regulatory body has properly vetted them.

### Conclusion

I am confident that the Provincial Dental Board and indeed all Nova Scotia health regulators have effectively innovated to implement more streamlined registration practices, particularly since PACA came into effect. We have done so while maintaining the necessary safeguards to assess applicants’ competence, character, and capacity.

I am pleased to gather that there will be amendments to Bill 36 such that it will not apply to regulated health professions which fall under PACA.

Again, I thank the Premier for taking the time to listen to healthcare regulators’ concerns and for working with us on the shared goals of maintain public safety and public confidence in our regulated health professions while facilitating mobility of healthcare providers among Canadian jurisdictions.

Sincerely,



Dr. Doug Mackey, DDS  
Registrar, Provincial Dental Board of Nova Scotia