

The Assembly met at 10 a.m.

Prayers

**ROUTINE PROCEEDINGS**

**PRESENTING PETITIONS**

**Mr. Krawetz:** — Thank you, Mr. Speaker. Mr. Speaker, I have a petition to present on behalf of residents concerned about the Channel Lake issue. The prayer reads as follows:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to cancel any severance payments to Jack Messer and to immediately call an independent public inquiry to find all the facts surrounding the Channel Lake fiasco.

And as in duty bound, your petitioners will ever pray.

Mr. Speaker, the signatures to this petition come from the community of Foam Lake. I so present.

**Mr. D'Autremont:** — Thank you, Mr. Speaker. I also have petitions to present today. The prayer reads:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to take immediate action to ensure the survival of the Carrot River Hospital.

And as in duty bound, your petitioners will ever pray.

These petitions, Mr. Speaker, come from the north-east part of the province. I so present.

**Mr. Toth:** — Thank you, Mr. Speaker. As well to present a petition. Reading the prayer:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to take immediate actions to ensure the survival of the Carrot River Hospital.

And as in duty bound, your petitioners will ever pray.

And the petitions are signed by individuals from Carrot River and Regina.

**Mr. Bjornerud:** — Thank you, Mr. Speaker. I also have petitions to present. The prayer reads:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to cancel any severance payments to Jack Messer and to immediately call an independent public inquiry to find all the facts surrounding the Channel Lake fiasco.

And as in duty bound, your petitioners will ever pray.

The community involved in this petition, Mr. Speaker, is the community of Gull Lake.

**Mr. Heppner:** — Thank you, Mr. Speaker. I too rise to present a petition and these are signed by the people from Handel and Landis and Doddsland. And I read the prayer:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to put an immediate halt to all investments in foreign countries by all Saskatchewan Crown corporations and instead invest Crown corporation profits in Saskatchewan.

And as in duty bound, your petitioner will ever pray.

I so present.

**Mr. Gantefoer:** — Thank you, Mr. Speaker. I rise on behalf of citizens' concerns about the possible closing of the Carrot River Hospital. The prayer reads as follows:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to take immediate actions to ensure the survival of the Carrot River Hospital.

Signatures on this petition, Mr. Speaker, are primarily from the community of Carrot River.

**Ms. Draude:** — Thank you, Mr. Speaker. I have a petition to present today:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to put an immediate halt to all investments in foreign countries by all Saskatchewan Crown corporations and instead invest Crown corporation profits in Saskatchewan.

And as in duty bound, your petitioners will ever pray.

The people that have signed this petition are from Govan and Duval.

**Mr. Boyd:** — Thank you, Mr. Speaker. I, as well, have a petition to present to the Assembly this morning dealing with the issue of investments by Saskatchewan Crown corporations and the view of Saskatchewan residents that they do not want to see that take place. And this petition comes from the south-east part of the province of Saskatchewan — Estevan, Lampman, and Benson areas — and I'm pleased to present on their behalf.

**Mr. Osika:** — Thank you, Mr. Speaker. I'm pleased to present a petition on behalf of concerned citizens from throughout the province of Saskatchewan with respect to the closure of the Plains Health Centre. The prayer reads:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to save the Plains Health Centre by enacting legislation to prevent the closure, and by providing adequate funding to the Regina Health District so that the essential services provided at the Plains may be continued.

And the signatures are from all good citizens in the communities, Mr. Speaker, of Ituna, Yorkton, Saskatoon, Foam

Lake, Balcarres, Goodeve, Melville, Lemberg, Homefield, Kelliher, and Fenwood. I so present.

**Mr. Hillson:** — Yes. Thank you, Mr. Speaker. This morning I rise to present petitions on the issue of the deterioration of health care in general, and specifically on the impending closure of the Plains Health Centre. And praying that the NDP (New Democratic Party) government will provide adequate funding so that the Plains Health Centre maybe continued.

Your petitioners this morning come from the communities of Ponteix and Cadillac.

**Mr. Aldridge:** — Thank you, Mr. Speaker. I too rise to present petitions on behalf of citizens that are concerned about the pending closure of the Plains Health Centre. I'll read the prayer. The prayer reads as follows:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to save the Plains Health Centre by enacting legislation to prevent the closure, and by providing adequate funding to the Regina Health District so that the essential services provided at the Plains may be continued.

As in duty bound, your petitioners will ever pray.

And those who've signed these petitions, Mr. Speaker, are from the communities of Ponteix and the city of Regina. I so present.

**Mr. Belanger:** — Thank you, Mr. Speaker. I also rise to present a petition. And the prayer reads as follows:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to take immediate action to address the long-standing concerns of northern people in regards to accessing quality health care, proper education and educational opportunities, affordable quality housing, and most importantly through meaningful community-based economic development and access to quality jobs;

and further that this be accomplished with the proper infrastructure such as safe roads, and affordable utilities being put in place to allow such economic development to facilitate once and for all our northern people joining with the rest of Saskatchewan in prosperity and social justice.

And as in duty bound, your petitioners will ever pray.

And, Mr. Speaker, the people that have signed the petition are from Imperial. They're from Melville. They're from Moose Jaw. They're from North Battleford. They're from Ile-a-la-Crosse, and all throughout the land. And I so present.

**Mr. McLane:** — Thank you, Mr. Speaker. I'm proud to rise again today in this House to present a petition on behalf of the people of Saskatchewan. The prayer reads as follows:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to save the Plains Health Centre by enacting legislation to prevent the closure, and by providing adequate funding to the Regina Health District

so that the essential services provided at the Plains may be continued.

Mr. Speaker, the signatures on this petition are all from the city of Moose Jaw. I so present.

**Mr. Goohsen:** — Good morning, Mr. Speaker. On behalf of the people of Saskatchewan I am happy to present the following petition. I'll read the prayer for relief:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to reach the necessary agreements with other levels of government to fund the twinning of the Trans-Canada Highway in Saskatchewan so that work can begin in 1998, and to set out a time frame for the ultimate completion of the project with or without federal assistance.

As in duty bound, your petitioners will ever pray.

Mr. Speaker, these folks all come from the community of Fox Valley, Saskatchewan.

### READING AND RECEIVING PETITIONS

**Clerk:** — According to order a petition regarding the high costs of power rates in the North presented on May 21 has been reviewed and pursuant to rule 12(7) it is found to be irregular and therefore cannot be read and received.

According to order the following petitions have been reviewed, and pursuant to rule 12(7) they are hereby read and received.

Of citizens of the province petitioning the Assembly on the following matters: to cause the government to take immediate actions to ensure the survival of the Carrot River Hospital; to fund the twinning of the Trans-Canada Highway; to save the Plains Health Centre; to call an independent public inquiry into Channel Lake; to have the Workers' Compensation Board reinstate pensions; and to ensure equitable treatment to those injured and disabled through auto-related injuries covered by no-fault insurance.

### INTRODUCTION OF GUESTS

**Mr. Renaud:** — Mr. Speaker. This morning, Mr. Speaker, to you and through you to all members of the Assembly, I would like to introduce in your gallery, 29 grade 7 students from Carrot River. With them, Dave NeuFeld, their teacher, and Darcy NeuFeld, the secretary of the school; and as chaperones, Helena LeFebvre, Agatha Derksen, and Sharon Newstead are with the students.

Mr. Speaker, Carrot River's about 250 miles north-east of Regina. And it's the home of SaskFor MacMillan Sawmill which was updated in the last few years. It's also home of Big Bert, the prehistoric crocodile. It's known for its forestry, its farming, its tourism, moose hunting, tobogganing — it's just a great place to live, Mr. Speaker.

And I would want everyone to welcome to the Assembly the people from Carrot River. Enjoy your visit and have a safe trip home.

**Hon. Members:** Hear, hear!

**Mr. Heppner:** — Thank you, Mr. Speaker. This morning I would like to introduce to you and to other members of the House in the east gallery, 53 students from Valley Christian Academy, just outside the community of Osler and they come from the Whole Valley area and from Saskatoon as well. This is a school that is well known for the high standards of education they put forward. These are grade 11 and 12 students and accompanied by their teachers, Scott Dyck and Trace Block. And I look forward to meeting them later on this morning and answering any questions they have from the activities they see here today. Give them a welcome, please.

**Hon. Members:** Hear, hear!

**Hon. Mr. Sonntag:** — Thank you, Mr. Speaker. It is with a great deal of pleasure that I would like to introduce to the rest of my colleagues in the Assembly, 29 students seated in the west gallery, Mr. Speaker, who are here from Loon Lake, Saskatchewan. They attend the Ernie Studer School. They're known by the way, Mr. Speaker . . . Loon Lake is known by the way for its wonderful, smart, good-looking students — and we have beautiful country aside from that — but they have great, intelligent students up there.

And with them, Mr. Speaker, is their teacher — or one of their teachers, I should say — Mr. Terry Paley; chaperons: Helen Trimble, Myrna Molinger, Penny Adamson, June Lorenz, Donna Lantz, and Rodney Novak. I'll be meeting all of them later for photos, drinks, questions; and certainly would ask all my colleagues to welcome them to the legislature here today.

**Hon. Members:** Hear, hear!

#### STATEMENTS BY MEMBERS

##### Pasta D'Aurum Plant for Swift Current

**Mr. Wall:** — Thank you, Mr. Speaker. It is not my nature to say nice things about Liberals, especially federal Liberals, but today I would like to make the exception that proves the rule. This is easier for me, Mr. Speaker, because an effort of the federal government which was roundly criticized by the Reform Party, the illegitimate twins of our Tories here, has created some good news in Swift Current.

You may have read what the Canadian taxpayers' association called the Tortellini Tour, a trade mission to Italy accompanied by some MPs (Member of Parliament) of Italian descent. Nothing like a little racism to spice up right-wing politics.

Anyway, Mr. Speaker, an agreement was signed this week that puts the final touch on a project that's been a long time coming to Swift Current, but at last the ink is on the paper. The deal is between Pasta D'Aurum of Swift Current and a company in Italy. Pasta D'Aurum is buying equipment from Italy to set up a pasta plant in Swift Current, to take advantage of the best durum wheat in the world. The deal is worth 40 million.

And here's the really good news. It will create many jobs in the already booming city of Swift Current. This, Mr. Speaker, is such good news that the Conrad Black papers neglected to

cover it — all the evidence we need.

My congratulations to Alan Smith, president of Pasta D'Aurum, and yes, my thanks to the Prime Minister and his trade mission.

Thank you.

**Some Hon. Members:** Hear, hear!

##### Child Custody and Access

**Ms. Draude:** — Thank you, Mr. Speaker. Today I would like to make a brief statement about a current study the Department of Justice is conducting on child custody and access. I applaud the fact that you are conducting this review, but I certainly have reason to question the process you have adopted. When just recently the joint Senate-House . . .

**The Speaker:** — Order, order. I want to remind the hon. member to direct her comments through the Chair and not directly to other members in the House.

**Ms. Draude:** — When just recently the joint Senate-House of Commons committee looking at the same issue was in Regina, they held public meetings, allowing all interested parties to attend.

But, Mr. Speaker, the meeting this government is holding today in Regina is a closed door meeting. It's a closed door meeting, and according to the National Shared Parenting Association, the Department of Justice won't publicize the lists of groups participating in the meeting.

We're concerned — and I believe it is quite a legitimate concern — concerned that fathers are being excluded from the process.

Mr. Speaker, I would challenge the Minister of Justice to open up these meetings. If he is truly concerned about the welfare of children in this province, he will recognize the importance of both the mother and the father in raising a child.

**Some Hon. Members:** Hear, hear!

##### La Ronge Ice Wolves

**Hon. Mr. Goulet:** — Mr. Speaker, the La Ronge Ice Wolves — this name now resonates in the hockey world of Saskatchewan. After two years of lobbying the Saskatchewan Junior Hockey League, La Ronge was awarded an expansion franchise with play scheduled for the '98-99 season.

Congratulations to the great support by local people, and the creation of the Northern Lights Hockey Development Incorporated, the non-profit, community-owned corporation that will hold the franchise. This team will provide first-class, family-oriented entertainment to northern Saskatchewan. The impact on La Ronge and the North as a whole will be substantial.

There are economic gains to the area, with 34 home games. There will be an influx of people to the community, many of whom have never been there before.

Secondly, the La Ronge Ice Wolves will provide a positive, dynamic image to La Ronge. Missinipi Broadcasting Corporation will be covering the Ice Wolves accomplishments in northern Saskatchewan.

Thirdly, and most importantly, will be the tie-in with the local youth in the community. Playing for the La Ronge Ice Wolves will be an attainable goal that our youth can achieve. The Ice Wolves will become involved in the community, providing positive role models for the youth and bringing an anti-drug, pro-education message with them.

Mr. Speaker, I am proud to say that I am an honorary member of the La Ronge Ice Wolves.

**Some Hon. Members:** Hear, hear!

### Highway Hot Line

**Mr. Aldridge:** — Mr. Speaker, there's growing concern about the state of highways in this province and for good reason. You only need to travel our highways and see orange flags which mark potholes to know there's a serious problem.

In fact the situation is so bad the time may have come for the government to rethink its flag policy. It may be more appropriate to start placing these flags on smooth sections just so people know they can relax for a moment.

Mr. Speaker, this government is falling behind on its commitment to provide \$250 million each year for the Highway's budget. The Tories are now indicating that they support reverting our highways back to gravel. We heard that from the Tory MLA (Member of the Legislative Assembly) from Saltcoats on Wednesday. Obviously this is not the answer and I wonder how Saskatchewan residents will view that position.

Because of the mounting concerns about this issue, the Liberal opposition is reactivating its pothole patrol hot line. We invite the public to call 1 888 621 Bump to register their concerns and their comments. Thank you.

**Some Hon. Members:** Hear, hear!

### Nutrition Education Programs

**Ms. Murrell:** — Thank you, Mr. Speaker. I recently had the pleasure of announcing on behalf of the minister for Social Services a \$68,795 grant to the Midwest Food Resource Project Incorporated through the child nutrition and development initiative to support nutrition education programs.

Programs like this one go a long way in helping families make the best use of the money they spend on food. Part of the grant will also be used to assist with the start-up and operation of a community kitchen.

In addition, the Battlefords Boys and Girls Club and the United Church have provided kitchen space, Kanawayimik child and family services has provided office space, and many other agencies and individuals have contributed in various ways to the program.

Participants in the community kitchen access low-cost nutritious foods, learn about nutrition, budgeting, and food handling, and are able to stretch their food dollars further.

A total of \$1.2 million is being provided in ongoing funding to our communities. There are now five community kitchens, and grants are also provided to schools and community groups.

Mr. Speaker, the funding of these projects is obviously very important. However, they require the dedicated service of volunteers to be fully successful. Last year over 1 million meals were prepared and served by volunteers. And I want to say thank you to them for investing their time in this very worthwhile cause. Thank you.

**Some Hon. Members:** Hear, hear!

### Mid-west Conference of Legislators

**Mr. Boyd:** — Thank you, Mr. Speaker. Mr. Speaker, the last couple of days the member for Melville and the member for Battleford-Cut Knife and myself attended the mid-west conference of legislators in Columbus, Ohio and we want to report back briefly that we had a very enjoyable trip to Ohio.

Interesting to see the types of issues that are on the minds of the legislators in Ohio. Deregulation and the many benefits that can be associated with that were a large topic.

I had occasion to sit in on an ag committee down there and looking at Ohio as the largest cash receipts in the entire U.S. (United States). Obviously Ohio is an important player in agriculture to the economy of U.S.

They were very interested in the concerns of people in Saskatchewan and what kind of issues we were dealing with and were quite surprised to learn that health care was very high on the minds of Saskatchewan people. Quite surprised for the fact that they thought in a system of state-run medicine that there were no problems; that they often hear that the system in Canada runs very smoothly. So they were surprised that there were issues surrounding it.

Welfare reform was something that they have gone through in the last few years, Mr. Speaker, reducing their unemployment rates and welfare rates to the lowest in their history, down to about 3 per cent.

We find that we had great company. I enjoyed the company of the two other members down there. Great hospitality. It was like receiving a transfusion of free enterprise, and the world's unfolding just as it should, Mr. Speaker.

**Some Hon. Members:** Hear, hear!

### Yorkton Short Film & Video Festival

**Hon. Mr. Serby:** — Thank you very much, Mr. Speaker. As many of you are aware, the Yorkton Short Film & Video Festival is currently under way. The Yorkton Short Film & Video Festival was established by the Yorkton Film Council in 1947. The first festival was held in 1950. This makes the Yorkton Short Film & Video Festival both the first and longest

running film festival in North America.

The work of Canadian film makers is on display there. Achievements of the Canadian film industry are both celebrated and rewarded at this festival.

This year 413 entries were received, competing for 24 different categories. The Golden Sheaf Award will be presented at the gala banquet and celebration Saturday evening.

I want to at this time congratulate the Short Film & Video Festival board of directors and staff and the many, many volunteers that make this event so entertaining and successful. The Yorkton Short Film & Video Festival is a world-class event and I look forward to joining the celebration of Canadian film makers on the weekend.

Thank you very much, Mr. Speaker.

**Some Hon. Members:** Hear, hear!

#### **No Rebate for SaskEnergy Users**

**Mr. Hillson:** — Thank you, Mr. Speaker. The hon. member for Swift Current was kind enough to rise this morning to tell us how the federal Liberals are keeping their commitments to Saskatchewan and keeping their promises, so I'm sorry to have to break this ecumenical spirit by rising to tell how the provincial New Democrats are not keeping theirs.

Last January the Minister of CIC (Crown Investments Corporation of Saskatchewan) hiked energy rates but he told the people of Saskatchewan they could anticipate a rebate if natural gas prices came in lower. Well we're still waiting for the news on the rebate but unfortunately the rebate has evaporated.

Ron Clark, president of SaskEnergy now says natural gas prices are higher than expected, and instead of a break on our bills we're going to get higher bills. That's NDP accountability. The minister announces the possibility of a rebate; it's left to a civil servant to announce that the rebate is gone. Well, Mr. Speaker, this year it's bad news time for Saskatchewan utility users. Next year I predict it will be bad news time for the Saskatchewan New Democrats.

**Some Hon. Members:** Hear, hear!

### **ORAL QUESTIONS**

#### **Natural Gas Rates**

**Mr. Toth:** — Thank you, Mr. Speaker. Mr. Speaker, my question is to the minister responsible for SaskEnergy. Mr. Minister, many other natural gas companies dropped their prices over the winter but not SaskEnergy. In fact they promised to rebate in July; now SaskEnergy president Ron Clark is saying there will be no rebate. In fact SaskEnergy bills will be going up this fall.

Mr. Minister, how can you justify gouging Saskatchewan families with another rate increase and how can you justify another back-door tax grab on Saskatchewan people?

**Hon. Mr. Lingenfelter:** — Mr. Speaker, I was just hoping that member would ask that question today.

Mr. Speaker, I sat in the House in opposition in 1988 when that member and his caucus sold off the gas fields in Saskatchewan which the people of Saskatchewan had owned. And I remember members from Regina in opposition with me sat and argued with you, sir, that if we sold off the gas fields we would be at the hands of the market-place, the commodity prices, which now influences totally the price of gas.

What Mr. Clark said today is, we control two parts of the gas bill: we control in Saskatchewan the freight rate on the gas coming through the lines and we control the billing. The big cost of the gas is totally at the vagary of the commodity market because you, sir, sold off the gas fields to your friends.

Mr. Speaker, if there's an inquiry needed in this province, it's into why they sold off the gas fields and who they sold them to, and now the biggest hypocrisy, they come and complain about the prices.

**Some Hon. Members:** Hear, hear!

**Mr. Toth:** — Thank you, Mr. Speaker. Mr. Speaker, I find that answer very hypocritical.

Mr. Minister . . . Mr. Speaker, the minister knows that other jurisdictions, other companies don't own the gas but they still offer lower gas prices because of their ability to go and buy from the market-place. You don't have to own to offer lower gas market-places.

Mr. Minister, the truth is you just can't justify it. You cannot justify another increase to SaskEnergy rates. It's an attack on Saskatchewan families. But worst of all, it's an attack on low income families. It's an attack on seniors on fixed incomes. And we don't really know if we're paying for an increase in natural gas prices or for NDP mismanagement of Crown corporations.

Mr. Minister, will you immediately stop this latest attack on low income families and seniors and will you give us the assurance that there will be no SaskEnergy rate hike this fall?

**Some Hon. Members:** Hear, hear!

**Hon. Mr. Lingenfelter:** — Mr. Speaker, I have here, and I will table, the rates and the comparisons on natural gas residential prices across Canada. In 1996 SaskEnergy offered the lowest price in Canada of any company selling gas in this great country of Canada — the lowest price in 1996. In 1997 we had the second, the second lowest price in Canada.

Now I would ask that member, if he is worried about the commodity price of gas, which is what we're talking about, because we are not increasing any portion where we have influence, I would ask him to phone his friends who he sold the gas company and the gas fields to, to ask them why they are increasing the price of gas, because we have no control over it. You understand that.

We control the freight rate on the pipelines, the billing costs,

and we're not increasing 1 cent on the area that we influence. The increase is totally on the commodity side of your friends who you sold the gas fields to. Give them a call, ask them why they're increasing the price of gas.

**Some Hon. Members:** Hear, hear!

### Carrot River Hospital Closure

**Mr. Gantefoer:** — Thank you, Mr. Speaker. Mr. Speaker, my question is for the Minister of Health. Mr. Minister, on Monday the North-East Health District Board is meeting in Nipawin to discuss the planned closure of the Carrot River hospital.

This is not a public meeting but many members of the public plan on being there. The people of Carrot River are organizing a motorcade in Nipawin to protest the planned closure of their hospital.

Mr. Minister, I plan to be in Nipawin on Monday to show my and the Saskatchewan Party's support for the people of Carrot River and their hospital. Will you be there? Will the NDP member from Carrot River be there? Or are you going to hide and let the district health board do your dirty work for you?

**Some Hon. Members:** Hear, hear!

**Hon. Mr. Serby:** — Well, Mr. Speaker, I want to say to the member opposite that first of all, I may or may not be at that rally. But I want to say this to you because I have a commitment on that night — I already have a commitment that night — to be at the Liberal rally. So I already have a rally that I need to attend. So I want to say to you that I likely will not be able to be there but my friend and colleague from Nipawin will likely be there.

I want to say to the member opposite that decisions around health care services in districts, as you well know, are made by district health boards. And if you're of the opinion that district health boards aren't serving the people of Saskatchewan very well, then when you get to that meeting you should be standing up and you should be saying to those people that have been elected through a due process, you should be saying to those people that they don't have the ability to make decisions in serving our communities across the province. And I'll be waiting to hear what your response is from that meeting.

**Some Hon. Members:** Hear, hear!

**Mr. Gantefoer:** — Thank you, Mr. Speaker. The minister knows that he's pulling all the strings for the district health boards. You control the budget; you control the funding, and you can play politics with it at your discretion as you did with the extra appointment of money all of a sudden before a by-election with the nurses.

You keep telling us that there's more money for health care than ever before. If that's the case why do you keep closing hospitals? Why are you closing the Plains hospital? Why are you closing the Carrot River hospital? When are the closures and the bed closures going to end?

Mr. Minister, the people of Carrot River need their hospital.

The people of Regina and southern Saskatchewan need the Plains hospital. Will you put an immediate moratorium on all future hospital closings, including the Plains and the Carrot River hospital, until after the next election where we can then take government and get the situation fixed.

**Some Hon. Members:** Hear, hear!

**Hon. Mr. Serby:** — Well, Mr. Speaker, I want to just remind the member on how it is that he works at fixing the system within the province. First of all I want to remind the member opposite that in 1997 the member from Kindersley, who was then the leader of your party now today — and I think still is the leader of your party today . . . who said this, that during the opening comments of health care, and I quote: "Boyd again cautioned praise to the Romanow NDP for closing rural hospitals that need to be closed." Now he said that.

And I want to say to the member opposite that part of that wording is inaccurate because the NDP government didn't close hospitals across the province. Many of those hospitals were converted by the districts. And I want to say to you, the member who sits, the member who sits with you now from Canora, you should have a chat with the member from Canora who goes to the facilities in Theodore, in Invermay, where they have community health centres, who speaks very highly of all of the multiple services they have there that they never had before.

You should have that chat with him and then come to the House and talk about which facilities should remain as hospitals and which should be converted.

**Some Hon. Members:** Hear, hear!

### Rose Valley Emergency Health Services

**Ms. Draude:** — Mr. Speaker, the minister is talking about converting a hospital and then closing it. Well I have an example of what's happening when you close a hospital and convert it to a health centre.

Mr. Speaker, like 52 other communities in Saskatchewan, Rose Valley saw its hospital converted to a health centre by this government. However the people of Rose Valley have been fortunate to this point to have access to 24-hour emergency care. But it has come to our attention this may stop at the end of this month when the 24-hour emergency care may have to be withdrawn, and that's because of the health district's inability to recruit a lab-X-ray combined certified technician who meets the Department of Labour's strict qualifications.

To the Minister of Health, what is your department going to do to ensure 24-hour emergency service remains available to the people of Rose Valley?

**Hon. Mr. Serby:** — I say to the member opposite, as she well knows, that across the province decisions regarding the services that are provided by health centres are made by district health boards. And your question is specific. Your question is specific of course as it relates to an employee who today is not able to practise in that facility because she doesn't meet the standards of the professional association.

Now I think the member opposite has to have a full appreciation of how that works. And you know as well as I do that the certification of professional members is done by their association. And in order for that individual to practise in that community — in order for that person to practise in that community, that certification needs to be provided by the association.

So I say to the member opposite, you need to take that issue not to the district health board or to this Assembly, you need to take it to the professional association and get direction from them in terms of how in fact that person might be able to practise based on their certification, not the district health board's or mine.

**Some Hon. Members:** Hear, hear!

**Ms. Draude:** — Mr. Speaker, the health district will begin advertising withdrawal of 24-hour emergency service early next week. The town council in Rose Valley has approached a woman in the community to take on the duties at the Rose Valley health centre. This woman worked at the Rose Valley hospital for 15 years as a lab tech until the government closed the hospital. Because she left her job she was not grandfathered in after the qualifications for this position were changed by the government.

All the town of Rose Valley is asking for is this woman, who is willing to take on the job part time, to receive the same grandfathering consideration as she would have had had she not left her job after they closed the hospital.

Mr. Minister, this person held a job for 15 years. Rose Valley is losing its 24-hour services because of a technicality. That's what's keeping her from getting her job back. Are you going to fix this problem or are you going to close another health centre?

**Some Hon. Members:** Hear, hear!

**Hon. Mr. Serby:** — Well, Mr. Speaker, I just finished answering that question on behalf of the member. And it clearly exemplifies, Mr. Speaker, the lack of knowledge and appreciation that this member has about how employees and how individuals are certified by the professions. She doesn't have a full appreciation of that because if the individual, if the individual, Mr. Speaker, in fact had received her full certification, today she would be able to practise. The professional association has said to this individual that because you do not have your appropriate status you're not able to practise as a CCT (combined certified technologist).

And so I say to the member opposite, your argument and your discussion should be with the professional association which in fact will be that . . . and which will in fact be the professional association that will provide the certification for the person. That's where it should go.

And don't play politics, don't play politics with the district health board or the provincial government — have the discussion with the people who make the decisions, and get informed.

**Some Hon. Members:** Hear, hear!

## Health Care Advertising

**Mr. Aldridge:** — Mr. Speaker, the NDP government is trying to solve one political problem by putting the Saskatchewan Health Information Network on the shelf and using SHIN funding to hire 200 nurses.

In recent weeks the government has demonstrated it does have the resources for health care advertising. Full page ads are appearing in daily and weekly newspapers explaining the future of health care. Other half page ads claim that year-long surgery waiting-lists are acceptable. And a seven-minute cartoon was even produced just to gather dust on library shelves.

My question is to the Minister of Health: why not spend your time and taxpayers' money on improving the system instead of wasting valuable health care dollars on advertising?

**Hon. Mr. Serby:** — Well first, Mr. Speaker, I want to comment on the member's opening comments where he says that we're now making an investment in nurses, where we're making an investment in the Saskatchewan information network, and the member says that this is a waste of money. He says this is a waste of money.

And I say to the member opposite, this is exactly the same kind of language that Liberals have been using in this province and across the country repeatedly. And yesterday we have the Minister of Finance, the Minister of Finance in Saskatchewan, and what does your leader say? He says: certainly, his presence here is an indication that the Liberals in Saskatchewan is a federal Liberal and a provincial Liberal, noted Melenchuk. A Liberal is a Liberal is a Liberal, irrespective of where they sit.

Today you come to the House, Mr. Member, and you say that investing in nurses, investing in Saskatchewan health information is a waste of money. And you know what? That's because the federal government took \$7 billion out. You don't support investment to health care and you need to make that clear, as your leader does.

**Some Hon. Members:** Hear, hear!

**Mr. Aldridge:** — Well, Mr. Speaker, let's try this one more time. We're talking about valuable dollars being wasted on advertising.

Well the Liberal opposition has been informed that yet another publication is being prepared for distribution to homes across Saskatchewan beginning this weekend. I'm told that all costs associated with the design, printing, and distribution of the *Guide to Health Services in Saskatchewan* will be borne by the Department of Health. I'm told health districts were provided little if any input. I'm also told that most if not all of the information contained in this publication is already available through health districts.

Mr. Minister, what is the total cost of these public relations exercises and why is your department involved in more publications than Conrad Black?

**Hon. Mr. Serby:** — Well I want to say to the member opposite that, first of all, I believe that there is a responsibility on the part

of the Department of Health to provide information to the people of Saskatchewan. I think that that's our responsibility. And in concert with the district health boards, I think that we need to work together in harmony to provide that kind of information to people in Saskatchewan.

And the member is correct. There is a new guide that's being published and that has been distributed to Saskatchewan people all over, from all the health districts — 32 health districts will receive this publication, and in Saskatoon, just recently, that publication in French.

And the importance of this publication and the circulation of this of course, Mr. Speaker, is to provide people who live within districts an opportunity to fully appreciate what services they have available to them, and also what kinds of information is available to them and services provincially so that people know where they could go to.

Because the member opposite, and his party, are going around the province today and they're spreading all sorts of mis-truths about the health care system. So there needs to be a system in place today, Mr. Speaker, that ensures that the people of Saskatchewan get full, appropriate information that will guide them to the appropriate facilities they need.

**Some Hon. Members:** Hear, hear!

#### Highways Funding

**Mr. McLane:** — Thank you, Mr. Speaker. Since this government came to power in 1991, we've seen our road and highway system in this province crumble.

A few years ago the member from Rosetown-Biggar came under fire when he talked about reverting our rural highways back to gravel. On Wednesday we heard similar talk, but it didn't come from the NDP; it came from the Tory member from Saltcoats who also told this House that the highway should go back to gravel.

Mr. Speaker, my question is to the Minister of Highways. Do you share the same feelings as the Tories who sit in this legislature? Do you support reverting our highways back to gravel?

**Some Hon. Members:** Hear, hear!

**Hon. Mr. Upshall:** — Well, Mr. Speaker, if they'd listen for a second, I'd tell them the answer to this question.

Mr. Speaker, the question coming from the Liberals, the question coming from the Liberals, when the federal Liberal government has put an average, put an average of 5, the federal Liberal government is putting an average of \$5 million a year for the last 10 years into our highway system when every other central government in the western world puts at least close to 50 per cent or more in, Mr. Speaker, I find that a hypocritical question.

With the money that we have we've made a commitment to two and a half billion dollars over the next 10 years on average, and we will be using that to maintain the roads in this province.

We'll use that to maintain the roads in this province.

I would like that member to stand up, I'd like that member to stand up in his place and table the letters that he sent to the federal Liberal government telling them that \$5 million a year is not enough to maintain their federal portion of the roads.

**Some Hon. Members:** Hear, hear!

**Mr. McLane:** — Thank you, Mr. Speaker. Well we've heard the Tories. They gave up on the Plains. The Leader of the Opposition said that's the last nail in the coffin. We heard them give up on hepatitis C victims, saying the provincial government has no accountability to them. And now they've given up on the highway system and it sounds like the Minister of Highways has given up on our highway system as well.

Mr. Minister, you're earmarking an estimated \$181 million out of this year's Highways budget for preservation and construction. And by the way, that 181 million is about the same figure as the 188 million that you stole out of farmers' pockets in the GRIP (gross revenue insurance program) program. Are you aware, Mr. Minister, that this is actually \$1 million less than was committed for the same project 10 years ago?

**Some Hon. Members:** Hear, hear!

**Hon. Mr. Upshall:** — Well, Mr. Speaker, I'll tell you I'm not going to . . . I won't stand here and listen to this hypocrisy. I asked the member to table a letter that he sent to the Prime Minister or even Mr. Goodale, who represents this province as a federal MP (Member of Parliament), table the letter saying that we need some highway funding in this province at least in proportion to the number of . . . the proportion of tax dollars they take out. Let's have them table that.

I mean you can stand in your place, sir, and talk about the highways in this province, but stand in your place and tell us what you're doing about it. Tell us what you're doing about it. Unfortunately a Liberal is a Liberal is a Liberal is a Liberal, and until the federal government stands up and puts some money into this province, you can't say one word about it. So stand in your place and table the letters that you've written on behalf of Saskatchewan people.

**Some Hon. Members:** Hear, hear!

**Mr. McLane:** — Thank you, Mr. Speaker. Obviously the Minister of Agriculture doesn't understand anything about highways. Mr. Speaker, the government is actually contributing \$1 million less for preservation and construction than the previous government did 10 years ago. And that's even before inflation is taken into account.

Mr. Minister, the 1997 business plan by your department indicates only 58 per cent of the highway system is satisfactory. The goal is to ensure 85 per cent of highways is satisfactory by the year 2000. But that same study notes current funding levels are 40 to \$50 million less than required just to maintain existing levels.

Mr. Minister, how are you going to meet this target when



you're actually spending less on preservation and construction than was spent 10 years ago?

**Some Hon. Members:** Hear, hear!

**Hon. Mr. Upshall:** — Mr. Speaker, this man's leader, Mr. Melenchuk — I want to give him a quote here from the *Star-Phoenix* — he says:

Melenchuk admitted that he had pulled (a few) . . . strings to have Martin in Saskatoon prior to the announcement of the Saskatoon by-election . . . (the Eastview by-election).

And I go on. It says:

Certainly his presence (meaning Mr. Martin's presence) here is an indication that a Liberal in Saskatchewan is a federal Liberal and a provincial Liberal, noted Mr. Melenchuk.

So a Liberal is a Liberal is a Liberal is a Liberal. You stand up, sir, and talk and ask about highway funding in this province when your federal Liberal cousins took a half a billion dollars out of Agriculture every year from two years ago to this year. He took \$7 billion out of health care and then you have the audacity to stand in this House and ask us why we haven't got enough money for roads. Mr. Speaker, that member is hypocritical and I ask him to table . . .

**The Speaker:** — Order, order. Order, order, order. I think the hon. minister will recognize that he's just used language that is beyond the standards of acceptable for parliamentary language and I'll ask him to withdraw his re . . . Order! I'll ask the hon. minister to withdraw the remark.

**Hon. Mr. Upshall:** — Mr. Speaker, I withdraw that remark, but just to say that this man stands up . . .

**The Speaker:** — Order, order, order. Now when . . . the hon. member is a veteran member of the House, I know, and he knows when requested to withdraw the remark to do it without qualification. I ask the hon. minister to withdraw the remark.

**Hon. Mr. Upshall:** — I withdraw the remark unequivocally. However, this man stands up in this House and asks about roads when his federal counterparts have pulled hundreds of millions of dollars out of this province. I ask him again, table your correspondence to your federal cousins on behalf of the people of Saskatchewan. Use your influence to get some federal dollars back into health care and back into . . .

**The Speaker:** — Next question. Next question.

**Some Hon. Members:** Hear, hear!

#### Gambling Addiction Services

**Mr. Goohsen:** — Thank you, Mr. Speaker. Mr. Speaker, my question today is to the minister in charge of Liquor and Gaming.

Mr. Speaker, I received a phone call this past week from a lady who lives at Canwood, Saskatchewan and that's a long ways

away from my constituency. In fact it's way up North.

She related to me a very sad story, Mr. Speaker, about a young man in his 30's who had gone to town and done some gambling and of course he lost everything. I won't mention any names out of respect for the family because the result was that he went home and committed suicide.

My question, Mr. Minister, is very simply this: what are you doing to address these very serious side-effects of gambling in northern Saskatchewan?

**Hon. Mr. Sonntag:** — Thank you, Mr. Speaker. It's with a great deal of anticipation and excitement that I've waited for my first question. And much like in a hockey game you want your first goal to be a good goal, this is a good question.

The Liquor and Gaming Authority, Mr. Speaker, for a long time now we've been involved in trying to find a balance as it pertains to this issue. We have in place many dollars for treatment to addictions.

I recently just attended a conference, Mr. Speaker, where Saskatchewan is recognized as a leader in North America as it pertains to addictions treatment. I was invited to speak there and I think it is a story that many people in Saskatchewan are not even aware of.

Saskatchewan provides treatment for addictions on a per capita basis much higher than any place else in North America. We have sympathy for any individual that finds themselves in a position of addiction and we certainly will continue to do as best we can.

**Some Hon. Members:** Hear, hear!

**Mr. Goohsen:** — Thank you, Mr. Speaker. I have a supplement to the same minister.

Mr. Minister, certainly it is a tragedy when people have to end their lives as a result of what they consider to be at first a form of recreation that gets out of hand. But the lady from Canwood asks some very pointed questions about what we could do to solve these very serious problems.

She poses a question that I pass on to you, Minister. Is there some way that you can initiate a limit on the amount of losses that individuals can lose before the people who are running the gaming authorities or the gaming houses would put a stop to that person's gambling for the night?

She suggests that if her husband went to the bar and drank too much, that the bartender would be responsible to stop him from drinking and to point out to him that he should go and get a taxi to go home with rather than take his own vehicle or to drink more and cause trouble. Could that not be applied to gambling, she asks.

She also of course would like to know if you're considering a vote in the North for the communities that would like to stop gambling.

**Hon. Mr. Sonntag:** — Thank you again, Mr. Speaker. And to the member opposite also, I thank you.

The question is actually quite timely. There was some discussion about this recently in concert with the hotels association. We actually will be launching a program later this year that will receive . . . that will allow for training of people that work in the hotels and in the facilities where VLTs (video lottery terminal) are located to address exactly this sort of issue, so that on-site workers will easily be able to identify patrons that are having difficulty.

And this and a number of other programs . . . as I said, we try to strike a balance. We've limited the number of machines in Saskatchewan to 3,600. And there are other things that we'll certainly attempt to do in dealing with this and other issues. But again I want to remind all members that Saskatchewan does in fact lead the way in what we do here in fact in North America, and was just reaffirmed at a conference that I was just at in the United States.

**Some Hon. Members:** Hear, hear!

**Hon. Ms. MacKinnon:** — Mr. Speaker, with leave, to introduce guests.

Leave granted.

#### INTRODUCTION OF GUESTS

**Hon. Ms. MacKinnon:** — Thank you very much, Mr. Speaker. Mr. Speaker, we have some very special guests in your west gallery that I would like to introduce through you to the Assembly. They are students from Caswell School in my riding. They're in grade 6, 7, and 8. They're accompanied by their teacher, Ms. Jodi Wilson, and by 12 parent chaperons.

So I ask all members to give a very warm welcome to these young people and their chaperons from my riding.

**Hon. Members:** Hear, hear!

#### INTRODUCTION OF BILLS

##### **Bill No. 43 — The Queen's Bench Revision Act/ Loi portant révision de la Loi sur la Cour du Banc de la Reine**

**Hon. Mr. Nilson:** — Thank you, Mr. Speaker. I move that Bill No. 43, The Queen's Bench Revision Act be now introduced and read the first time.

Motion agreed to, the Bill read a first time and ordered to be read a second time at the next sitting.

#### ORDERS OF THE DAY

#### GOVERNMENT ORDERS

#### COMMITTEE OF FINANCE

##### **General Revenue Fund**

##### **Health**

##### **Vote 32**

**The Deputy Chair:** — Before I call the first subvote I will invite the minister to introduce his officials.

**Hon. Mr. Serby:** — Thank you, Mr. Deputy Chair. This morning I have with me . . . seated to my immediate right is the associate deputy minister, Mr. Neil Yeates. Over to my immediate left is Mr. Barry Lacey, who is the director of finance and management services. Behind Mr. Lacey is Lois Borden, who is the executive director of district support branch. Behind me is Carol Klassen, who is executive director of acute and emergency services; and Mr. Dale Bloom, who is the associate to the deputy minister.

Also with us here today I have Leslie Parker, who is the manager of capital unit; Roger Carriere, who is director of programs support unit; and Bob Firnesz, executive director of medical services and health registration; and Kevin Wilson, who is the director of pharmaceutical services division, the drug plan and extended benefits, Mr. Deputy Speaker.

#### Subvote (HE01)

**Mr. Toth:** — Thank you, Mr. Chairman. And, Mr. Minister, welcome to you and your officials and the opportunity to discuss and debate some of the issues in health care. And I'm certain, Mr. Minister, we won't have a major problem in filling up the amount of time we have this morning or even maybe going into a further debate at a later date regarding the health care issue.

Mr. Minister, over the past number of weeks and certainly the past number of years, health care has and has always been a major concern for the population of Saskatchewan. As a government, the NDP have always taken pride . . . and they've always gone back to the implementation of medicare under Tommy Douglas, and how they have basically built what they have termed a universal health care . . . a health care plan that is accessible to all.

And yet we find, Mr. Minister, over the past two, three years specifically, and certainly since the implementation of the wellness model, there are a number of concerns that have continued to arise, and arise on a daily basis. And, Mr. Minister, I think in the past you've argued we're no different than what other provinces offer, as far as services in the area of health care, to their taxpayers and to individuals who live within the provinces.

As well in the province of Saskatchewan, Mr. Minister, on many occasions when we've addressed issues, such as today when we're talking about the closure of the . . . imminent closure of the Carrot River hospital, or we're talking of other communities in the province of Saskatchewan, I go back to what former ministers have indicated — and certainly the Minister of Finance last year in her budget indicating that — as a result of the province turning the corner, there will be no more bed closures, that there is more than adequate funding to address the difficulties we're facing in health care.

Mr. Minister, however, since that statement we continue to see reductions. We've seen reductions in nursing care. We've seen reductions in . . . and boards making decisions where they're cutting services, they're cutting acute care beds out of the system. These are some of the questions and areas we certainly want to get into today.

One of the questions I would like to ask of you, Mr. Minister, first of all, before we really get into some of the areas, many of the areas, I'd like to ask you, Mr. Minister, if you can explain to the people of Saskatchewan why you've continued to unilaterally cut services when, on the other hand, you continue to tell us you are putting more money into health care in the province of Saskatchewan than you have before.

And yet for those . . . for us as users or individuals who are . . . due to no fault of their own — must utilize the services of health care find themselves on waiting-lists or waiting for the services that they have gone to medical professionals certainly to seek help for, only to find that they may be on a six-month or an eight-month or even a longer waiting-list, whether it's waiting for to see a specialist or whether it's waiting for, at the end of the day, specialized services such as surgery.

So I wonder, Mr. Minister, if you could respond to that.

(1100)

**Hon. Mr. Serby:** — Well thank you very much, Mr. Deputy Speaker, to the member for his question. And certainly we, like you, appreciate the opportunity that we have to talk about the value of health care services across the province because, as you and I both know, health care touches the lives of everyone. And through the course, of course, of our deliberations and discussions of the next several days, we'd be pleased to address many, many of the issues that I think that you've raised on an individual basis in this House, that individuals across the province have raised with me, in the way in which we're delivering health care services today, in a very broad fashion.

I want to say to the member opposite that if I've been quoted by saying that our services are no different here, I want to clearly rectify that by saying that it's my belief that in Saskatchewan today we have the best health care system in the world — not only in North America, but we have the best health care system in the world. And I say to the member opposite that on a daily basis, or at least on a monthly basis, we have individuals who contact us from across the country, people who come here to look at the model of health care system that we have in our province.

And in fact I just want to share with you that in January of this year, I was invited to attend, along with my deputy minister and a small delegation of trade individuals, the countries of Taiwan and Hong Kong, who have been studying the level of health care delivery that they want to transplant in their system and have invited us to be a part of that so that we might describe and explain what we do in Saskatchewan.

And it would be interesting for you to know, and I think the people of Saskatchewan to know, that they're adopting our system in terms of what we do here in Saskatchewan after having studied various different countries and the way in which they deliver their health system.

So I want to say to you that the message that I've been trying to give and continue to consistently give, is that we're very proud of our health care system in Saskatchewan. We built it over a long period of time, and we say to you that we're going to ensure that into the future that health care system stays strong

and fluent and vibrant.

I say to the member opposite when you talk about that there have been cuts in services across the province, you need to look closely at what that language really means. Because when you say that there have been — and I've heard this statement many times over — that there have been 52 hospitals that have been closed across this province, in reality many of those facilities today are still in place. They're not designated as hospitals as you and I know the term, but they're designated today as community health centres or joint-use facilities, and somewhere in your riding and somewhere in my riding and somewhere in the districts that you and I serve. And on a daily basis I have the opportunity of visiting some of these locations.

And just yesterday I was in the communities of Borden and Hafford, which in both of those communities there have been a conversion of what you and I know traditionally as hospitals to health care centres — one being of course operational on a 24-hour basis, the other on an 8-hour basis. But still having the full complement of services by and large that they had in the past, although not having the acute care beds availability that they did in the past, designated as hospitals, in some instances — but you see an enriched blend of services in their communities today. And people talk about that.

And they talk about what they didn't have before under the old system prior to reform and what they have today with reform. And they speak about . . . yesterday for example, in the communities of Hafford where now they have massage therapy as part of their services, where they have occupational therapy that comes out on a regular basis, where they have an ophthalmologist who comes out on a regular basis to provide some of those . . . or optometry they provide in their community on a regular basis.

So when you talk about seeing your loss of services in the province, I think what you need to look at is that the services have been changed. There's a different way in which they're being delivered in the province today in communities across the way.

And I've shared with you on a number of occasions that there have been more procedures that we're doing today than we ever have in the past. And today we do for example hip and knee replacements in this province. They're up by 51 per cent over what we did in the past, 1991-92. Today when you look at the ophthalmology services that we provide in the province today, they're up by 81 per cent over what we did in 1981-82.

And the way in which some of these services are provided to the public today, it's changed significantly. Because where in the past people would come and stay for several days in a bed, that number of days has been reduced. We have way more, significantly more out-patient days today that we provide in terms of surgeries than we ever have in the past.

And that's not only Saskatchewan. But when you look at the entire health care delivery system across the country, this is what you see. You see a reduction in the institutional beds across the country and North America and you see an enrichment in the community-based side. And that's the direction in which we're moving as the Department of Health

over the last five years.

This is the initiative with the districts, to more appropriately define how we can provide broad-based, community-based services. And that's not a reduction in services in my opinion. What it is is a change in the way we provide health care services in the province today, not unlike what's happening across other nations across the world.

**Ms. Draude:** — Thank you, Mr. Chair. And, Mr. Minister, welcome to your officials this morning. I appreciate the opportunity to bring forward some of the discussion points from people I represent.

Mr. Minister, you made the statement that you felt that we have a strong and vibrant health care system. I would believe that there are many people in my constituency who wouldn't agree with that. I think your own polling has showed that a large percentage of people feel they don't have the same health care coverage that they did a few years ago.

Many people are feeling scared and apprehensive about what is happening to the system. They don't have the same sense of security that they used to have. And I guess I'm talking about rural Saskatchewan because that's what I know the best. But I do know that there are people out there who are scared, seniors who are scared when they go to bed at night because they don't know who would look after them if they had problems.

The direction that you're talking about is something that may be happening right across Canada. Maybe it's happening right across the world. It doesn't mean it's right. People have to be able to count on something in their life, and if you don't have the health care you don't have anything. That's one thing that you have to be able to count on; it doesn't matter if you're a senior or a young person.

I mean you talked about the health centres and I brought up a point to you this morning, Mr. Minister. We have a community health centre that may be closing — it was a hospital. The people fought very hard to keep the hospital open. It didn't work. They felt, okay, well at least we have a 24-hour emergency centre going for them. And people were using it.

They actually built a seniors home onto that and it was actually allowing people to stay in that community. And they felt a sense of security because they did have the hospital or the health centre attached to it. And now that there's a fear that that is going as well. The people that have invested money by moving their home into this seniors' attachment on the old hospital and made a life there are wondering — now where do I go to? The continual upheaval is something that people are not asking for.

When we also talked about the nursing staff, and I have lots of nurses in my areas that say there're working full-time, but they're working full-time because they work in three or four different hospitals. They work in Wadena and they work in Humboldt and they work in Kelvington or Hudson Bay, and they spend all their time on the road working full-time. They are stressed out.

I guess my first question to you, Mr. Minister, is the nursing

allocation that's been allowed for the two . . . two of the areas, two of the districts in my area, in Pasquia and in Central Plains. Can you tell me if there's an allocation for more nurses for those two areas?

**Hon. Mr. Serby:** — Just to your last question first, Madam Member, just to say to you that the allocation of nurses across the province, or front-line workers across the province will go to the 12 larger centres across the province. And the two that you ask about will not be receiving an enrichment at this time out of the pool of \$9 million that we've just allocated.

But to remember, Madam Member, that in the 1998-99 budget that just recently . . . you and I are of course discussing, we had included in that budget presentation additional funding for all health districts across the province. And my interest and hope is that we'll see some additional enrichments on front-line staff, particularly in the long-term care and in the home care side in some of those districts that you talk about and in others across the province.

And so my short answer of course to your question is that to those two districts that you've identified, out of the pool of the new \$9 million, there won't be any additional staff. They will be added to it but out of the budget allocation you and I are discussing — hopefully some will make its way there.

I want to say to you though that we should keep in mind though, that there is a fair bit of concern, I would suggest to you, from time to time by people around Saskatchewan about their ability to access and their assurance that they have quality health care services, and in rural Saskatchewan, I have a full appreciation as you do how some of those people feel from time to time.

And I want to say to you that it doesn't help when we have people who go around the province, of which you've been a part of, saying to the public that they need to be concerned about the value of health care that they're getting today. And when you stand up at a public forum and say that their, for example, their hospital beds will be cut — if we use the Plains as an example, where we say on a regular basis and the district health board says that there'll be 675 beds and you arrive at a public meeting and you say there're going to be bed losses — when the district health board and I say to you on the best information that I have that there won't be any loss of front-line nursing staff.

We go around to these district meetings . . . or these public meetings and say that that won't be the case. And you and your colleague stand up and say there's going to be losses in the health care system of professionals. That doesn't help the system.

And so when you talk about the fact that there is from time to time some insecurity in the system, I think that we have a responsibility, as colleagues who represent our constituencies, to at least provide the appropriate and actual factual information so that people will have confidence in that.

And you're right. Some of the polling has indicated that people who do not have access to the health care system today are concerned about it. But when you look at the individuals and

folks who've actually had direct contact with the system, they say and the polling suggests, that 85 per cent of those people are very happy and satisfied that the health system is serving them well.

Can we do a better job of enriching our health care system? The answer is clearly, yes, we can. And that's part of why we've put the additional \$88 million into the budget this year. And that's part of why we're going to see continued enrichments in the health care field.

**Ms. Draude:** — Mr. Minister, Mr. Chair. The Central Plains Health District that Humboldt hospital is part of has been trying to work with different opportunities that they see. And that is doing surgery in rural Saskatchewan to encourage the doctors to come out from Saskatoon and probably, more importantly, to see if they can attract doctors out to that area themselves so that they don't have to just bring them in from Saskatoon.

There's an opportunity there to use these centres so that they will be vibrant on their own; that we don't have to have the out-migration of money as people, or patients I prefer to call them . . . Although I see a lot of documentation now where patients are now called clients which scares the life out of me — when we take the word patient out of health care and call them a client then they're more of a dollar figure than they are a health figure. And that is something that really annoys me.

But I think that we have an opportunity to see some of these centres like Humboldt being used more, their facility used to a great extent, so that actually we can get money into the rural areas instead of seeing it go out. When we see that this area hasn't been allocated more nurses, that's a scary thought for them.

Mr. Minister, can you tell me what the status of the Humboldt hospital is at this time? There was expression . . . or there was a written request for capitalization so that they can add on or build their hospital. And I'd like to know what the status of that hospital is.

**Hon. Mr. Serby:** — I want to certainly support the, Mr. Deputy Deputy Chair, the comment that's made by the member from Kelvington-Wadena because I think she's absolutely accurate in her comment that there is strong interest on the part of this administration and the department to try and ensure that we can provide more rural services through a physician recruitment process — particularly specialists.

I don't think that it is in the best interests of people, for example, who live in a Saskatoon to have to drive out to a Humboldt to have their surgeries done there. That's not the intent of my comment.

(1115)

My intent is that an interest is to see some of those specialities make their way into rural Saskatchewan and to some of the larger centres and provide some of those specialized services to those communities; so that in fact people don't have to make those long treks, as they often do, from your part of the world or our part of the world to the larger centre.

And so if we can attract some of those people then to practise in rural Saskatchewan, that's the initiative that we have under way of course.

And I say to the member opposite that the capital request that you talk about for Humboldt, at this point in time it's part of the mix. The capital announcements have not been made yet. We expect that they'll be made within a short little piece. But certainly the Humboldt one continues to be a priority in the bigger piece of ensuring that people receive quality health care services in rural Saskatchewan.

**The Acting Chair (Mr. Johnson):** — Why is the member on his feet?

**Mr. Osika:** — Mr. Chair, with leave, to introduce guests.

Leave granted.

### INTRODUCTION OF GUESTS

**Mr. Osika:** — Thank you very much, Mr. Deputy Chair. And I thank the minister and the official opposition for allowing me the opportunity, on behalf of my friend and colleague, the member from Wood River, to introduce some very fine looking people in the Speaker's gallery this morning who have come here to watch our proceedings.

They are grade 10 students from Rockglen, Saskatchewan and I know they've travelled a long way to be here and be with us. And I want to make sure that they are, on behalf of the MLA from Wood River and all members and all my colleagues, are very warmly welcomed to this Assembly.

And I notice that you have a meeting scheduled for 12 o'clock and perhaps I will also have the privilege of meeting with you at that time on behalf of my colleague.

Please welcome them. Thank you.

**Hon. Members:** Hear, hear!

### COMMITTEE OF FINANCE

#### General Revenue Fund Health Vote 32

#### Subvote (HE01)

**Mr. Toth:** — Thank you, Mr. Deputy Chair. Mr. Minister, you were just responding to some comments by my colleague, the member — oh I forget the place right now but I'll just say my colleague — regarding scare tactics.

And I would have to say, Mr. Minister, that coming from your side of the Assembly, and coming . . . other than the fact that you were not elected until 1991 — you can be excused for that — but I don't know if there was a group of MLAs that was more better at creating fear and using scare tactics than the NDP caucus of the 1980s.

And I don't think, Mr. Minister, it's just fair just to level at

opposition parties today, . . . because if you take a look . . . And you just have to go back to *Hansard*. And I could dig out some of the *Hansards*. I could dig out some of the comments made by the member . . . or by Ms. Simard, who was the Health minister in 1992, following the 1991 general election. I can dig up all kinds of areas and comments where she would come to this Assembly with fictitious accusations of problems in the health care system and two or three days later find out that they really weren't true, the information that she was bringing forward.

So to suggest that the opposition of today is acting in an irresponsible manner, in fact, Mr. Minister, I think if you . . . some of the meetings that I've had the privilege of attending regarding the Plains Health Centre, I've raised the issue that the 675 beds you're talking of, yes, is achievable — we're not losing that — but the question we've been raising, Mr. Minister, is are 675 beds enough? Are 675 beds going to address the health care needs today and into the future?

Mr. Minister, when we look at other areas and other jurisdictions, we find that other jurisdictions are now adding beds into the system. Now I know that in Ontario one of the areas they're adding beds in, they're adding beds in the heavy care field because of the fact that too many heavy care patients are ending up in acute care facilities, tying up beds that are more expensive to serve, as far as serving a heavy care patient, rather than a heavy care facility.

And certainly in the province of Saskatchewan we had that. If we go back to the late '70s and the NDP government of that day put a moratorium on any further heavy care bed construction in the province to the point that there was a real . . . there was pressure put on the system. And as a result of the lack of heavy care beds, there were a number of heavy care bed patients occupying acute care beds of the day; beds that could have been used, and should have been, and needed to be available to meet the acute care needs.

The province of Alberta is now adding another . . . some more beds in its acute care facilities to meet the needs. And other jurisdictions are looking at . . . to try and meet those needs.

Mr. Minister, to suggest that we have enough beds in the system or to suggest that we can deal with everyone through home care or sending people home early, I don't believe, Mr. Minister, if you're looking very carefully . . . And to some of the individuals I've talked to . . . In fact a couple of individuals who happen to be very close neighbours, the problems that associated and that they had to deal with as a result of early dismissal or being sent home from an acute care bed after an operation, Mr. Minister . . . a dismissal which resulted in a later stay — in one case of over a month, the other case of over six weeks — I don't know if that is using and spending our health dollars wisely.

Mr. Minister, you probably could have done more, the system could have done more to protect itself and to help itself, if they would have maintained that observation status in the acute care facility following the operation, an extra two or three days to make sure that there would be no complications arise as a result of surgeries.

As a result of early dismissal and of freeing up the bed . . .

which in certain cases, Mr. Minister, there are lots of opportunities I believe where stay in hospitals, acute care facilities, isn't always necessary to stay that 10 or 14 days. I don't disagree with you on that. I think it depends on the procedure.

But I think we need to be very careful as to the type of procedures and how quick we're sending patients home. Do we send everyone home early, or would you take a look at the type of procedure. Because at the end of the day if you're looking at an additional cost to the system because you now have to keep a patient in an acute care facility as a result of a major infection for, like I've indicated, anywhere from four to six weeks or more, it means an added cost to the system.

Mr. Minister, what is being done to address that? And what is being done to address the fact of waiting-lists and the fact that on many occasions we do have waiting-lists arising as a result of the inability to access acute care beds at the time of an emergency situation or even when a person's operation has been scheduled. Such as the lady from Rocanville last year we raised, laying on the operating table, right in the operating room, only to be informed just before the anaesthetic is applied, we don't have a bed to put this patient in for post-operative care; sorry, we're going to have to cancel the surgery.

And that individual had gone through a lot of work to make sure there was someone there available to run their business until the recovery period and she could get back into service. Then she had to reschedule that again. That's inconvenient for that person, and how many other people like that, Mr. Minister?

**Hon. Mr. Serby:** — I think you make a number of comments, Mr. Deputy Chair, that I think are important for us to respond to. And certainly some of them we concur with you with; others I think need broader explanation.

I want to say to you that when you make the comment today about the waiting times for many of the procedures that people are experiencing or needing to have, are significantly reduced. Where you make the comment in the past where someone might have been in a hospital bed for 10 to 14 days, today many of those procedures have been reduced significantly.

And in some instances there aren't any waiting times for some of those procedures at all because people are experiencing a different way of which they're having that work done. With the new technology that we have today, and laser surgery is of course on the leading edge of much of that, today you can have a procedure conducted within a few hours, and you're back within your own home or within your own community. Where in the past you've had to lay in a hospital bed for three or four or five days and sometimes, as you suggest, ten days.

And of course what's happened to that is we're adding another dimension, not only in Saskatchewan, but across the nation, about how you provide those support services to people who are having those immediate procedures done and go home. And home care has become very much a part of that.

And as you know, there's the national agenda in this country about developing a home care strategy, how we might be able to see additional enrichments, additional enforcements of

people on the ground who provide that support service to folks across this province and across the nation.

And we're going to try to lead some of that, as you can well understand, because the home care conference was in this province not more than three or four months ago. And we have a strong interest here in promoting that as a model to enhance the level of services that we provide to people within their own homes and communities and we have put significant money onto the home care side over the last couple of years to try to grow that.

When you ask the question about, do we have enough beds, and I mean, and I've answered this question from time to time. When you look at the number of acute care beds that we have in the province today, that's still running at about 31 . . . 3,100, 3,150 acute care beds across the province. And when I examine my average daily census report against that number, it's somewhere between 23 and 2,500 on a daily basis, which means that within the system today we have some slippage or some opportunity where we still have beds that are unutilized.

Now if the question is, you know, whether or not those beds should be relocated somewhere else, I mean it's one that really begs the discussion. It really does beg the discussion. But as you well know, the distribution of beds across the province is a very delicate debate.

And so we'll continue to work with the district health boards. And we're promoting some of those partnerships today, where districts can work together. As you know, in your area and in ours — the one that I'm from — the Regina Health District is actively trying to ensure that discussions are broader, so that when in fact people require a early discharge, that there's an opportunity for them back in those communities to accept those individuals. Or if somebody requires a procedure that might not be able to be done immediately in one part of the province, that maybe they can be directed to another larger tertiary centre to ensure that that happens.

The accuracy today of the waiting-lists are questionable, to say the least. And it's not an issue that we only have here in Saskatchewan, but one that we have nationally. And we're looking at trying to provide some sense to, over the next little while, looking at how we might develop a national strategy in examining what the waiting-lists are.

Because there are procedures today that we can't do in Saskatchewan — we can't do in Saskatchewan — and we have a dependency on our neighbours in Alberta or possibly in Manitoba or in Ontario. And so we need to get some appreciation of what the waiting-lists are, not only in our own provinces but certainly nationally.

**Mr. Toth:** — Well thank you, Mr. Minister. And your closing comments about talking about the fact of working with other jurisdictions . . . I certainly think are some things we need to look into. And there's an issue I'll be raising a little later in regards to that.

Because, Mr. Minister, I agree with . . . I would say I would agree with you and I would think if we're looking at health care, not just on the basis of a province-wide system but

certainly a national health care program, it would indicate that as provinces we can reach out and we can provide a service that maybe another province isn't able to provide for the simple reason that there are some situations where you don't really have a lot of individuals, so it's difficult to justify the cost of trying to provide a specific service.

So let's take advantage of situations where we have specialists in other provinces who have done intensive research in certain areas and, indeed, help patients seek those services there, and in return offer something in our province.

And, Mr. Minister, I would also suggest that we don't just stop inter-provincially and nationally, we look internationally. I mean that in regards to the northern states and some of them having probably more direct access to services here in places like Regina versus — if they would like to come here — versus maybe going to other areas in the United States. We have people going to the Mayo Clinic all the time, even from Saskatchewan. They take advantage of the specialized services there.

Mr. Minister, when we talk about health care though, I think we need to look at as well how we utilize beds, and how the fact that district boards can maybe look at working together a little more in providing some of the services there as well.

Now, Mr. Minister, you made a comment a moment ago about the fact that the average daily census, I think you said, is something between 2,300 to 24 or 2,500, I'm not exactly sure on that. But Mr. Minister, when it comes to an average census . . . and certainly boards look at the average daily census of acute care bed usage within the facilities that they are operating, whether it be the large centres like Regina, Saskatoon, or the smaller centres like, say, Pipestone, Moose Mountain, or East Central, whatever.

Mr. Minister, the thing is, that's an average. You and I know that an average is a balance between a low and a high. You and I know as well that when you're doing an average, an average census, that doesn't necessarily mean that those beds are utilized at that level on an ongoing basis.

That means that there are times when facilities have a lower number of usage of beds, and on other occasions there are emergency situations or situations such as we see arising in the fall because of the weather and environmental conditions we face where you may have major cases of flu.

Certainly this past winter in our area — and I'm not exactly sure of other areas of the province — it was amazing the number of severe pneumonia cases that arose, cases where people needed the institutional or the acute care facilities for that heavy care in order to battle the pneumonia that arose.

And Mr. Minister, what bothers me is when we say because we only have an average of 23 to 2,500 acute care beds utilized on any one day, that we would cut down to that average rather than say leaving the beds available. After all those beds are already paid for. Those beds aren't costing you anything.

(1130)

Mr. Minister, the hospitals that I have chatted with on a number of occasions, if the usage . . . if the patients aren't there they have working agreements with the staffing whereby they call on them if they need more or they don't call everyone in to work. They have ways of working so that they just have the staffing available for the amount of services that are needed at that time.

So I would suggest to you, Mr. Minister, to cut beds to an average is certainly inappropriate, or to remove the beds physically from the hospital is inappropriate, because when we're talking about an average, boards are basing their funding based on the average census, recognizing that there will be periods of low usage, recognizing that there will be periods of high usage.

Now the one problem we have when we talk about average daily census, Mr. Minister, it becomes very easy and probably as we've seen in the past, whether it continues to be done today — because you talk of averages, and because facilities do not want to lose the beds because they've been seeing them removed because that average has been lowered — I shouldn't say lowered, we've cut the beds to what the average is — you certainly leave in place the opportunity, if you will, for districts to utilize more beds to at least guarantee that they're going to have so many beds physically available in the system if an emergency or a situation down the road says that we need so many beds available.

Mr. Minister, I think it's time to recognize the fact that districts have access and their funding is maintained at a certain level based on that average. But we're not demanding that they remove beds out of the system simply because their average is lower because what you're going to have is districts and/or facilities themselves making sure there are people occupying beds when maybe they don't need to be, just to maintain that average so they don't lose that funding.

Mr. Minister, how do we address it? How do we say to boards, listen, here's what your funding is . . . and I guess the question I asked you, Mr. Minister — is it's about time if indeed boards are going to be held accountable and boards are going to be blamed if services are cut — it's about time we gave them a block funding rather than a limited amount of acute care funding saying well if you're short in acute care, tough luck. We don't have any more money. But if you have a little extra in acute care you can move that into heavier home care services if needs are available there.

Mr. Minister, how do you address these questions? How do you address these problems of no. 1, making sure the beds are physically available for when they're needed without penalizing districts by cutting the funding because their average may be down to the point that they start putting more patients in the beds just to guarantee that average census so that they can guarantee that acute care funding?

**Hon. Mr. Serby:** — Well, Mr. Deputy Chair, just to the member opposite just a couple of comments. First of all I want to respond to my early comment about the number of overall acute care beds that we have in the province and the ADC, the average daily census. There is no intent by the department or the government to shrink that space that we have today between the 3,200 and the 2,400 beds that we have around the province.

And so to suggest for a minute that there's some sort of an agenda today, that we're on a campaign to shrink that level even further than what has been suggested, is not the direction that we're campaigning on.

And so I say to the member that when you look at the number of people who work in the system and the number of beds, the number of staff that you have in the facility that are employed are clearly tied to the number of beds that you have.

So I think it would be irresponsible for anybody, be it the district health board or the department, to suggest that what you do is you staff up for this month based on the number of beds that you might need, and then you might add another, if you have a particular need, an immediate need to add another three or four beds to the system, that you bring on a whole complement of staff to support those three or four beds. And then when you don't need those beds again, that you take the staff out of the system. And so you have sort of a yo-yo effect where you have staff come and going with number of beds that you have.

I don't think that you or the district health boards or certainly I would agree with that process. I think you need to staff to what you would suspect would be the mean, and then try and ensure that from time to time you have appropriate staffing levels that come in that can support that. And that's why you need a continuum of services. And hospital beds in my opinion don't dictate the quality of services that people get or the quality of health care, which is clearly the case.

I mean I say to you from my own experience, having moved to the community where I come from, in 1973, in the regional hospital in Yorkton we had 245 acute care beds; today, we have 107 acute care beds, over a period of 25 years.

Does that translate into the fact that we don't have good specialists today? Do we not have quality health care in our part of Saskatchewan? And I would say to you that the answer is that we have excellent quality health care services in our area today. We have better specialities there today, we have better surgeons or as good as surgeons as we've ever had, and the people continue to access on a daily basis, their needs. So beds in themselves don't translate into the level of quality services, health services, that you might be suggesting they do.

In terms of how you utilize the beds, I couldn't agree more with you that there needs to be a better working relationship between the districts. Because today in particularly some of the larger regional community hospitals, there are some pressures and demands on how they're providing and meeting the needs on a regular basis. But in some of your smaller rural hospitals today, there isn't a full complement of occupancy. And so what's happening is that when someone goes for a procedure to a larger centre, to a larger centre, they then get transferred back out to the smaller community hospital to convalesce. And that's a good practice and a good process but often it's not within the same district.

So when you have somebody who comes into a centre or community hospital or regional centre, to give you an example, has the procedure completed on them, then their immediate search is only within their own district as to where that



individual might go back to convalesce.

And there needs to be a growing partnership, in my opinion, between the districts. So that when someone comes in, has a procedure completed, it doesn't matter if they're within — and I'll use my example — in the East Central Health District to convalesce. Maybe they need to go to the Assiniboine Valley Health District, which might be the same distance back to home, and convalesce in that facility.

But the process today, in terms of the way in which the districts are structured, the relationships between the districts, some of that's inhibited. And so when you make the comment that there's an important role here to interface some of the districts, not only the large centres, the tertiaries of the Regina, Saskatoons, with the rest of the province — because that's where two-thirds of the services are provided — we need to do a better job of how we coordinate some of that integration at the regional level, the community-based level, so that some of those services . . . or some of those individuals can move freely between the districts. And I support that.

**Mr. Toth:** — Mr. Chair, Mr. Minister, I'm pleased to hear you talking about the fact that we can look at convalescence outside of the large urban centres, especially when it comes to major surgeries. Because that's something I've been chatting about for a number of years. I've been bringing that forward to government for a number of years, even back during the '80s when I had the opportunity.

Unfortunately it seems not too many people were listening at the time because there seemed to be the push to the large urban centres and the feeling that the services are better there. But I can guarantee you, Mr. Minister, that in our smaller communities, services, the quality of care, is excellent.

And, Mr. Minister, if indeed, if you are really serious and if you really believe what you're saying, you and your department, your officials will begin to take advantage of the quality of care we have in rural communities and certainly in our smaller regional centres that had smaller health districts.

When a patient comes in for operative care and for post-operative services, rather than confining that patient to the bed and occupying that bed, as I saw most recently. . . couple patients — one patient from our area, another patient that I met from the Estevan area — for heart surgeries, had been bumped a couple times. And they got to the point where the specialist said he wasn't prepared to release them any more. Because of the fact that they're . . . how far they were from the large urban centre outside of the city of Regina — basically asked that they be held within the beds in Regina here, and it just so happened at the Plains Health Centre, until an operating room became available.

Because he didn't want to have to accept or have to answer the question, why were they sent home, if a major problem arrived as a result of a major heart attack. And then when a simple — well, I shouldn't say simple because heart operations are not simple — but an operation would certainly meet the problems that they were facing. And 200 or 150 miles outside of the city is something that they didn't want to face.

So, Mr. Minister, I guess what I'm saying to you and what I'm asking, and if what I'm hearing from you is that's you're feeling, why we should be doing more to work with all health districts. When a person comes from, for example say Kipling, and they're in for an operation and there's some post-operative recovery period, once that patient has reached a point where they could be transferred, to transfer them back. That then frees up the bed that's at one of the hospitals in Regina then for another bed available for that, for another operation to be conducted.

And, Mr. Minister, I think it would be appropriate that we take advantage of this because it's a way of making better use of our system rather than saying, at the end of the day, we're going to have to put more beds into Regina to address the needs of the waiting-list.

Now you talked about more operations for hips, that's true. We've advanced a long ways in the area of hip and knee replacements. And there was a period in time where Yorkton was the place to go because it was the quickest place to get in. But as other patients began to hear of the specialized field of hip replacement in Yorkton that's become . . . has now a long waiting-list as well.

So, Mr. Minister, what I would suggest to you is not just transferring patients back to local facilities for some post-operative care, but as well looking at means whereby we can provide some of the specialized fields in regional centres. And I believe you've talked about that as well.

I believe we just saw recently in the area of . . . yes, Saskatoon surgeons operating in Humboldt because of the fact that there were beds available, that they weren't available in Saskatoon. So they made arrangements to go to an area like Humboldt.

I don't disagree with that. There's no reason why surgeons couldn't operate in, if the beds are available, in places like Humboldt, and meet patients there versus always sending them to the large, to the large centres — the Humboldts or the Swift Currents or the North Battlefords, providing some of that service and allowing for that post-operative recovery out there.

Mr. Minister, I think those are areas in which we can manage our system better. And what it does, Mr. Minister, while it doesn't necessarily save you a lot of money, because you're still performing a service, it certainly means more to the patient themselves in the fact of the cost, if it's from the rural area transferring or going into Saskatoon for the service, of when they could receive it in a Yorkton, or in a Humboldt for that matter, Mr. Minister.

So I would certainly suggest that we take a serious look at how we utilize the beds, and take advantage of the beds that we have overall within the system, rather than just saying we're going to confine all the surgeries to Regina and Saskatoon when there are a number of surgical procedures that could be conducted in a lot of our regional centres. And even in some of our smaller centres.

If you have the specialists, if you have doctors available who specialize and certainly are qualified to perform certain procedures, I think there are different ways in which we can

certainly manage how we provide health care services. And I'll give you an opportunity to respond to that, Mr. Minister.

**The Deputy Chair:** — Why is the member for Saltcoats on his feet?

**Mr. Bjornerud:** — With leave, to introduce guests.

Leave granted.

### INTRODUCTION OF GUESTS

**Mr. Bjornerud:** — Thank you, Mr. Deputy Chair. I'd like to introduce to you and the members of the legislature today, 15 grade 3 and 4 students from Rhein, with their teacher, Mrs. Donna Dickie; and Mrs. Pihrag, and Mrs. Michalcewich, Mitchell Michalcewich. And I'm hoping to meet with them while they have their lunch very shortly and look forward to doing that.

So I would ask the members to help welcome them here today.

**Hon. Members:** Hear, hear!

### COMMITTEE OF FINANCE

#### General Revenue Fund Health Vote 32

#### Subvote (HE01)

**Hon. Mr. Serby:** — Mr. Deputy Chair, just to respond to some of the comments that the member opposite has made. Certainly the strategy and the discussion that's going on today within the Department of Health, and with SAHO (Saskatchewan Association of Health Organizations) and the district health boards, is to pick up on some of the thought that you've expressed and the direction of which you've expressed.

There is a strong interest on our behalf to examine more fully how we might be able to use some of the larger community hospitals and regional hospitals across the province more efficiently and more effectively. And that's why we've just completed in this province, led by the Department of Health — a couple of our employees — and the Saskatchewan Medical Association and SAHO, a physician needs review.

(1145)

Because as much as we talk about how important it is to keep people and provide services as close to home as we can, you need to have individuals who'll come and practise in those communities. And of course the physician is critical to that piece.

And so in the 1998-99 contract we've just signed with physicians, one of the critical pieces in that discussion was to help them assure us and Saskatchewan people that there would be an effort to both recruit and retain physicians to this province, which is a very difficult task not only for Saskatchewan but across the nation, to try and get people to practise. And more so not in urban centres so much, but

certainly in rural. And when I talk about rural communities in a province like ours, in many instances I am speaking about places like a Lloydminster or a North Battleford or a Yorkton or a Prince Albert. Because by and large the majority of the very specialized services today are provided in Saskatoon and Regina, and I think will always need to be there.

But when we did our physician needs review, there's been a very clear identification here that we have a shortage of specialties, particularly in this community here, Regina, and for the regional and larger community hospitals across the province. And so our effort with the Saskatchewan Medical Association and the Department of Health, and the new contract with physicians, is to try to encourage physicians to come and practise here.

Because there's no question that if you get a situation like the one that Humboldt physicians . . . or the Saskatoon physicians talked about where they go to Humboldt to practise on a casual or an interim basis, that it will ensure that the people who live around the Humboldt community who need a particular procedure will now go to the Humboldt facility as opposed to going to a Saskatoon or even a Regina, and reduce the kinds of pressures that you talk about and I talk about on the larger tertiary centres.

Recently I was in the Melfort hospital and spent about two hours in that facility. But in the first 15 minutes as I walked through the facility, three of the individuals that were practising, they were from Saskatoon. They were specialists that were there from Saskatoon, travel out to the community and provide very valuable specialized service. Which means then that people who live in those areas of the province don't have to travel to the larger centres and/or get better utilization of those beds in those rural areas.

So some of the language that you use around the importance of building stronger regional community centres across the province are ones that we have as well. It's almost as though you're serving on our committee here and helping us to some of that strategy, because that's certainly the direction that we've been taking this process. Now the key piece of it, as I've suggested to you, will be our ability to attract and retain physicians to practise in those areas.

I want to also just share with you a piece of information as it relates to the percentage of day surgeries in the province, because I think they're critical to some of the discussion that we've had about utilization, but when you look at the . . . or utilization of beds.

When you look at 1991-92 or as far back as '97-98 . . . or 1987-88, there was about 29 per cent of our day surgeries were performed in the province. Today in 1996-97, there's about 52 per cent of our day surgeries. So there's almost been a doubling of the number of day surgeries in the province over that period of about 10 years.

So the technologies change. The system, in terms of how long we keep people within acute care centres, today has changed; it's reduced. And so there's some accountability of course around what's happening in those areas as well.

**Mr. Toth:** — Well, Mr. Chair, and Mr. Minister, I certainly appreciate some of your comments and the fact that you are beginning to recognize, or whether it's the department or yourself as an individual out of the Yorkton area with the large regional hospital, beginning to recognize that we don't necessarily have to provide all the services and consolidate into the two large urban centres. That there is more to Saskatchewan than Regina and Saskatoon. And I appreciate the fact that you recognize that.

In fact from the column "More health change," I believe this one is in the rural weeklies that have just come out, talks about, and, Mr. Chair, I'm quoting:

What Serby believes would work better is a system of health districts where large regional or large community hospitals in places like Swift Current, North Battleford, Humboldt, Melfort, Weyburn, Yorkton, and Nipawin would play a far more significant role.

And that's something like I indicated earlier, I've chatted about for a long time.

When we talk about that, Mr. Minister, as well, and we just talked about the regional centres, I would also indicate to you that there may be possibilities of some of even the smaller districts providing some specialized service.

And I raise that, that whether or not that may happen in the future is something I don't know. But I know the opportunity in the Pipestone, Moose Mountain area was certainly possible three years ago with two doctors, one at that time residing in Moosomin and one in Kipling, had both taken intensive training in gastroscopy. And we had agreed and were hoping that they could continue to function out of the two hospitals, working back and forth, if they could get other districts to send patients so that they could provide the service and indeed utilize the training that they had received.

Unfortunately, there didn't seem to be much of a willingness on the part of the boards to expand or even look at operating those services even though they had facilities. While there was some major construction may have been needed in one facility versus the other, they did have operating rooms and they did have a lot of equipment available. And the results were, Mr. Minister, both doctors left the province. And I think that's unfortunate.

It's unfortunate in the fact that they chose to leave the province rather than even looking at the possibility of moving to a centre like maybe a Yorkton, or a little larger centre, or even a centre like Regina to work together to offer the service to the health care field.

And you just talked about recruiting physicians. In that case, both of those physicians came from South Africa; both of them really liked the communities they were living in. We talk about recruiting physicians. We talk about some of the difficulties we have in recruiting even local, or trying to encourage more Saskatchewan young people to get involved or to become . . . look at the possibility of medicine as a vocation.

However, Mr. Minister, the fact that we don't have that many or at the end of the day a lot of our locally trained individuals

choose to move out of the province . . . I think it's important as well to look at other areas of the world, such as South Africa where physicians are coming from, and working through agreements that make it easier, if you will, for physicians to come to this province.

And the reason I say that is because I was just involved with the community of Wawota. They had recruited a physician. They had actually put up \$25,000 out of a foundation that they had been building for a number of years to recruit this physician with the hope at the time when they finally completed all the discussions the physician was hoping to be in the community by February 1. It was almost the end of April before we were finally, through Immigration, able to work out an arrangement where Immigration began to realize that this physician had been recruited locally, was being brought in, and would allow the physician to come into the province.

And that's just one of the many situations that I've had people come to me with, dealing with some of the problems they've had with Immigration and just travelling to this province . . . or coming to this province to practice medicine, when they've had communities like the Wawotas and Kiplings really aggressively seeking their services, only to find Immigration is holding up their ability to come and practice.

Mr. Minister, what is the department doing to address the problems of immigration when we look at . . . and as I say this, I'm not suggesting that we throw the doors wide open. But I believe, Mr. Minister, where there are jobs available, where there are opportunities available to practice, I think it's atrocious that we have a Department of Immigration that seems to stand in the way of the province of Saskatchewan recruiting physicians to fill positions, much needed positions, in the province of Saskatchewan.

**Hon. Mr. Serby:** — Well this issue is a very tender one, of course, as the member knows. And our strategy of course has been to work very closely with the Saskatchewan Medical Association and of course the College of Medicine because we recognize . . . and this isn't only a — as much as it's difficult to say this, but it's accurate — it's not only an issue that we have in Saskatchewan, but we have across the country, in terms of ensuring that we are able to attract some physicians from outside of Canada or North America to practice here.

There is some extremely stringent criteria that's in place today that's both managed by the royal college . . . and certainly the immigration rules for people to practice in Canada are such that there is a process. And that process of course is currently managed by the college and the national college. I say to the member what efforts are we making?

Just before Christmas I spoke with the registrar, Mr. Kendel, from the college of physicians and surgeons. He had just been to Ottawa and made a representation to the federal government about this very issue that you talk about, about the fact that we have physicians across the nation or across the world today. And I give you an example of my colleague from Manitoba, who just returned from Germany where today they have an abundance of physicians and practitioners, specialists in Germany who would be very anxious to come and practice medicine in our country. And in his case, he was trying to

recruit for Manitoba.

The ability to get these people through the immigration process that you talk about, and in order for them to get the kinds of licensure and certification through the royal college has been a very, very difficult process.

And our people from the College of Medicine and Mr. Kendel, have been to Ottawa, have had the discussions with the federal government about the importance of working with the economic community in terms of developing a different kind of a migration capability here for physicians into North America. And this has not been an easy task, I need to say to you. And as a result of that, that process has to some degree been stymied, I might say, in moving ahead.

And this will be an agenda item that we have as provincial Health ministers. This is an issue that we're taking up with Minister Rock, because it's not only a provincial issue in Saskatchewan but it's a national Canadian issue that we have, and it requires that kind of participation at the federal level to try and grow the number of foreign physicians that practice in this province and in this country.

**Mr. Toth:** — Mr. Chair, thank you, Mr. Minister. Mr. Minister, I guess when we talk about this, and you indicated this was a complicated issue and I'm not exactly sure why it should be so complicated. I really have a problem trying to understand why the colleges, whether it's the royal college or even the college of physicians in Saskatchewan, would seem to almost in some cases almost put limitations or hindrances or road blocks in place of other physicians coming to practice in this — whether it's in Canada or whether it's in the province of Saskatchewan.

The facts are, Mr. Minister, if indeed we are, and we do find in areas certain shortages, it would seem to me that even the colleges should be working at bringing physicians to this province or helping locate physicians. Or seeking services of specific physicians coming to Canada and certainly coming to the province of Saskatchewan to practice rather than, as we almost would seem to see on occasion, putting road blocks or hindrances in place which then affects the ability of communities and local district boards to provide services that they could if indeed the physicians were able to immigrate to this province to practise medicine in a way that they would feel real comfortable with.

**The Deputy Chair:** — Why is the hon. member from Rosthern on his feet?

**Mr. Heppner:** — Permission to introduce guests.

Leave granted.

#### INTRODUCTION OF GUESTS

**Mr. Heppner:** — Thank you, and I'd like to this morning through you and to all members of the House here this morning introduce to you, on behalf of Mr. Gantefoer, 68 students from Melfort Comprehensive Collegiate.

They're accompanied by two teachers and three chaperones, and they will be meeting with their MLA, Mr. Gantefoer, right

after they've seen the activities that are taking place here this morning. And he may be buying them lunch, we're not sure, but you'll have to negotiate that with him.

So would you welcome them to this House and to Regina.

**Hon. Members:** Hear, hear!

**The Deputy Chair:** — I just wish to remind the hon. member for Rosthern, you cannot use names of sitting members. And I see that the veteran member recognizes that.

#### COMMITTEE OF FINANCE

##### General Revenue Fund Health Vote 32

#### Subvote (HE01)

**Hon. Mr. Serby:** — Thank you very much, Mr. Deputy Chair. Just in response to the question as it relates to foreign physicians and the ability to come to Canada to practice. As you know the standards that are set today by national colleges — and in this case a Canadian college — need to reflect what would be our standards as a Canadian community willing to see people come here and practise medicine.

And of course when you look at sort of European economic communities from which we would be recruiting physicians to practise in Canada, these standards are really set by, if I might suggest, by the peers themselves; the people who sit on your national body of your college of physicians and surgeons are in fact physicians and surgeons.

And so their standards would need to reflect what's acceptable in their opinion for individuals coming into Canada to practise medicine. And of course the criteria that they've established for themselves is such that makes entrance quite difficult, if I might suggest to you, based on those standards that they've set.

And I use the example of my friend and colleague out of Manitoba who's just been to Germany and was interested in seeing if he could recruit a group of individuals to come and practise in Canada. Because in fact — and in Manitoba — because in fact they have an abundance of physicians there.

But when they come here or look at trying to meet the Canadian standard and need to write the royal college standard here, which is a federal one that's established, their ability to do that, they have not been successful in achieving it.

And so when I say to you that this a difficult and complex process, it's primarily due to the fact that those standards are established by individuals who have tried to protect the best interests of Canadians and possibly their own environment — and I'd be careful to say that — and at the same time ensure that we have a sufficient supply today of physicians in the country.

**Mr. Toth:** — Mr. Chair, Mr. Minister, well in response to that, and I appreciate that because certainly that's one of the things that's come back and been thrown in my face time and time again when communities or groups or districts or individuals

come and bring to my attention a problem they're facing while having recruited a physician in getting that . . . working towards bringing that physician into the country and meeting the requirements.

And the reason I say that, Mr. Minister, is because I have found that in any community certainly in the last little while, I haven't found at any one time whether it has any . . . been any dissatisfaction with the type of care and the quality of care of physicians who have come into the country.

In fact recently, I would suggest to you that more people have been more than impressed with the quality of care and with the type of physicians that have come to our communities and have tried to establish themselves in the communities, only to, if you will, I would suggest, run into roadblocks as a result of the exams and some of the criteria set up by the college.

And whether or not it's a means of the physicians' association themselves protecting their own environment, I don't know. But it seems to me, Mr. Minister, with the need for physicians, that we need to find ways of indeed working with — and you indicated the Minister of Health in Manitoba going to Ottawa to lobby Mr. Rock and to discuss this whole question — it seems to me we need to find a mechanism that basically guarantees or at least opens up the doors and makes sure that we give physicians the opportunity to come and practise. To meet the needs of the Preecevilles or the Yorktons or the Shaunavons or some of the other areas, communities of our province.

And, Mr. Minister, I guess as physicians have indicated to me, they have felt at times it's almost like it's a personal attack on their ability because they're maybe stepping on the toes of the college, because they've come here because they have expertise. And I guess that's a question I don't understand. I'm not exactly sure why we have what would seem to be almost hindrances. It's almost like it's become a protectionist field rather than, can we recruit the best and the most qualified and bring people to meet the needs that we have for doctors' services, medical services in the province.

That aside, Mr. Minister, I want to discuss the area of nurses for awhile. And we've heard the . . . We see by the headlines Tuesday, May 5, Nurses wanted, health districts looking for more nurses. We see the nurse shortage is growing. And this is something that I've heard from a number of individuals, and certainly in the last few years.

I'm not exactly sure if people are, if young people are even all that interested in entering the field of nursing. I'm not sure what . . . I'm not really aware of the numbers in the last couple of years of where we're at. But you certainly hear a greater concern about the fact that a shortage is growing in the field. Whereas I would suggest even three or five years ago there was an abundance of . . . were an abundance of nurses available to fill positions.

Now just recently in response to the need for nurses you just announced a \$9 million expenditure for 200 positions in the province of Saskatchewan, Mr. Minister. Now, Mr. Minister, I find that very interesting. Interesting for two reasons.

Number one, this has not been an . . . This is not a shortage that

has just developed in the last month. This is a problem that's been arising over the past number of months. And I find it also interesting, Mr. Minister, that up until just recently there was no indication whatsoever that there would be more funding to meet the needs of a shortage of nurses in districts.

I would suggest to you, Mr. Minister, that part of this could have been addressed had again you looked at and allowed boards the autonomy to make decisions in regards to their total global funding to meet the needs of their districts without just recently announcing a \$9 million expenditure into the area of nurses, to recruit nurses, which would seem to me was aimed more specifically at the fact of addressing a major concern just prior to an upcoming by-election.

Mr. Minister, \$9 million for 200 positions. How was that arrived at and where is the money coming from?

**Hon. Mr. Serby:** — Well first I want to, Mr. Chair, address the issue of the importance of adding front-line staff to the system. And as you can appreciate, this is my . . . In my short tenure as the Health minister, I have been working closely with the department, and clearly a new team of individuals at the senior level of the department, on what some of our priorities might be within the health system.

And when we looked at, at some length, at where some of our greatest pressures are today, my assessment is that it's at the front line. And I've been saying that now for about eight or nine months as I've travelled around the districts and have visited almost all of the health districts in the province. And almost on every occasion when I've been there, front-line staff and district health boards are saying to me that the pressures of the front line are significant.

And so what we did in our budget preparation for 1998-99, the one you and I are discussing today, we injected within the health care districts' funding allocations some additional money, in our opinion, that would help relieve some of the pressures at least on the front line. Not a significant piece of money but certainly one that would send a signal that we are wanting to put some additional . . . to see some additional resources for employees who are working on the ground or on the floor, particularly in the areas of home care and long-term care.

Now when you asked the question about how it is that today we make a decision or a couple of days ago we make a decision on an announcement, as you can well appreciate, and there has been some discussion around it, about four weeks ago or five weeks ago I attended the Saskatchewan Union of Nurses convention and from the podium on that date indicated, as I did a few days before that, that I had a strong interest of ensuring that we would add additional people to the front line.

And on that date, it was around the end of March I believe, where I said that we would be adding additional staff, front-line staff, that would be assisting in the ensuring that we have improved-quality front-line services. So I did that about six weeks ago.

And so to assume or to tie it to any kind of an agenda that you might think is there regarding a potential by-election, I want to

say to you that I had no sense or knowledge of whether or not . . . who the candidates were going to be or whether or not the fact remained that there might be some advantage here as you might put it.

My interest as the Health minister from day one has been to ensure that we provide a broad-based health system that is efficient and is accessible and that serves the people of Saskatchewan very well. And I identified early in the day, as I say to you, a need to add additional resources in staffing.

And so six weeks ago made the commitment to nurses in this province, the front-line workers, that by the middle of May we would make an announcement about additional front-line staff. And almost to the day, we were true to our commitment from the Department of Health and the ministry that we would be providing an additional \$9 million.

When you asked the question about where the money will come from, we, as you know, have within our budget this year 1.72 billion. We have budgeted in this year around \$20 million for the SHIN program.

It's our sense that we might be able to use some of that funding that was allocated specifically for SHIN and apply some of those valuable dollars to what we would see as enrichment in the front-line staffing and, at the same time, not suppress the work that's being done on SHIN but possibly just to extend it out over a bit longer period of time to ensure that both systems can work in complement of each other, knowing that we need to have a health care system that is new and modern and state.

And so SHIN is very much a part of that process, but at the same time reflecting the value and the needs of front-line workers and using some of those valuable dollars then to be added to the front-line complement.

**Mr. Toth:** — Mr. Chair, thank you, Mr. Minister. Mr. Minister, I beg to differ, and we will agree to disagree, but when it comes to announcements of more funding for nurses, this isn't, as I indicated earlier, an issue that just has arisen. It's been there for quite awhile. It's been an issue that boards have been talking about for quite awhile.

And to say that you were not aware of an imminent by-election even two months ago after the member from Saskatoon Eastview resigned — the legislation says within six months; you're aware of that.

I'm also aware of the fact that one of the candidates for the Saskatoon Eastview NDP nomination happens to be Judy Junor, who was the president of the nurses' union. It's my guess that in her discussions and certainly your meeting with the nurses, there was a strong message being sent that this was an issue that had to be addressed immediately.

I would suggest to you as well, Mr. Minister, that the fact that you've announced it today, or announced it just recently — \$9 million, 200 positions — whether or not you want to suggest that it had nothing to do with the Saskatoon Eastview by-election, it certainly appears to me that would have some very strong implications, that it would be addressing some concerns of a candidate of the Saskatoon Eastview by-election.

And the fact that it's a strong signal to residents of Saskatoon Eastview that now the government is beginning to listen.

And we have to ask, how long is the government going to listen? Until the by-election is over again, such as they did in North Battleford — the promise of a heavy care facility? And I believe that they're still waiting for that heavy-care facility.

Mr. Minister, you talk about \$9 million coming out of SHIN this year — or the SHIN budget, the budget of 20 million; that means about 11 for SHIN for this year. One has to ask, how do you cover the nursing positions next year, these 200 positions? You're taking 9 million this year — what happens next year? What do boards do next year if they're still left to manage an acute care . . . (inaudible) . . . Are you going to take another \$9 million out of that project next year? Maybe there's a strong indication that SHIN, at the end of the day, really isn't as beneficial a program as is necessary.

And, Mr. Minister, I think when we look at 200 positions, I think we need to give boards some flexibility in how they are able to utilize the funds that are presented to them in regards to the delivery of health services that are being required of them, or requested of them.

**Hon. Mr. Serby:** — Well, Mr. Chair, just to the member who refers to that, that there is . . . to the point that you've raised a couple times now this morning, and that is that there gives the appearance that boards don't have the flexibility in terms of how they would expend their funding.

And I say to the member opposite that clearly the only restriction within the base allocation to the district health boards is that money can't flow from the acute care, the one-way valve, where the allocation of money that's provided today specifically for acute care services can't flow in the direction outside of that.

Now aside from that, all of the other opportunities that they have for the expenditure of their global base budget is really left to them, and they make those decisions on an ongoing basis, and in my opinion, do an excellent job of doing that.

So to suggest that there isn't flexibility there I think wouldn't be fully quite accurate, because there is a significant amount of opportunity for that to happen.

Now I say to the member that I want you to be assured that the Saskatchewan Information Health Network, or SHIN, as we know it, is a very important piece to the entire continuum of the delivery of health care services in this province into the future, and we continue to view it as being one of the priorities that we need to work hard to advance and to develop in Saskatchewan.

(1215)

I've said on many occasions that it's not unlike what's happening in Alberta and Manitoba, where they're developing that kind of technology, because the way of the future will be to ensure that we can connect communities and link them. Because as the diagnostic services and the techniques and the procedures advance themselves, we'll need a mechanism so that we can provide those broad-range services to people,

particularly in rural Saskatchewan, which you and I represent. And the value of SHIN will be critical as we move down the way.

So I want to assure you, and anyone else who's interested in this particular piece, that this isn't a decision by this administration or the ministry to make any decisions about abandoning the idea of addressing SHIN. We're going to continue to do it in a progressive manner, carefully and methodically, and working closely with the medical community and the professional community to ensure that we get there at the end of the day.

I want to say to you that when you ask the question or make the comment about the fact that we haven't been listening to what health care professionals across the province have been saying and only heard this a couple days ago because of there's a by-election going on in the province, I want to say to you that in this budget that you and I are debating today, we've added some money for front-line people. And it's to the tune of about, we're saying, 50 to 70 positions particularly in the areas — through the base budgets that we provide to the districts — particularly in the areas of long-term care and home care, because that's what we've been hearing all along. But as well, we've been also hearing the fact that we want to add and need to add front-line workers in the province that are of the nursing profession.

And so when I made the announcement, or made the comment six weeks ago it was, and I say to you, without the knowledge about who is going to be running or serving or wanting to serve politically anywhere in the province. Because my interest is to ensure that the people of Saskatchewan are well served in terms of a Health portfolio. That's my number one priority.

And if along the way people can use that benefit of that announcement to advance their future, I'm sure that the good doctor in Regina or Saskatoon, when he gets up on the podium, he's going to be speaking about how important it is to see enrichments in the health care field today and that nurses will play a very valuable role in assisting doctors in their work in this province.

Because as you well know, in January we also provided an additional \$48 million for doctors in this province over a three-year period. And the good doctor has, as on many occasions, also indicated how important that contract has been.

So when you make the comment that we're advantaging people today in the by-election because of the announcement, I would say to you that it would be an advantage for all three of the candidates, their success, or four at the end of the day, however many there are, to be standing up in the province and saying that we've seen an enrichment in the quality of health care services at the field level or on the floors.

And the addition of \$9 million in the province has been well received not only by nurses, but by the general public.

**Mr. Toth:** — Mr. Chair, Mr. Minister. You talk about . . . just talked about injecting \$9 million using SHIN funds. You've talked about 200 physicians. Mr. Minister, when will the nursing positions be put into place, in view of the fact, Mr.

Minister, that during the summer months we have seen in the past, and I think the indication is already there, that there will be more bed closures during the summer months to facilitate holidays and what have you.

And I've heard different nurses and even physicians indicate that they don't need bed closures. They're more than prepared to work because they have a system whereby they do offer their . . . and work together to accommodate each other for holidays, Mr. Minister.

So, Mr. Minister, when are these positions going to becoming available; and if they're coming available even by July 1, does that mean we'll have a reduction in the number of beds that are closed during the summer months, normal closure? And also, Mr. Minister, can you give us a breakdown of where the 200 positions will be placed?

**Hon. Mr. Serby:** — Just a couple of comments. I think there are two issues here that you're addressing. One is that, when are the nursing positions going to be available? And the answer to that is that the district health boards are just completing their plans today and as soon as we get the district plans back, then the money will be flowing out to each of those districts to ensure that they can make their appropriate complement enrichments across the province; and that I expect all of those district board plans will be in by the end of June.

I want to comment on the other point that you make about what was happening in the summer in this province, which is not unusual, where you have slow-downs in terms of surgical procedures. And this isn't only Saskatchewan, this is a national kind of a decision that's made by acute care facilities. And we do it . . . district health boards do it at Christmas time and they do it at Easter time and they do it over vacation periods. So there are slow-down periods, and that's been consistent for as long as I know in this province, irrespective of who the administration of the day is.

And when we were responsible directly for the operations or funding operations of union hospitals and regional hospitals and the large tertiary hospitals, we funded exactly on the same basis. So the funding formulas haven't changed at all nor has the practice in terms of slowing down during some of those periods been any different today.

In respect to where the funding will flow for the positions, they will go to these locations, and we can provide you with a list of these because I'm sure that you'll want that. The locations from where the funding will go will be to Regina for 3.2 million; for Saskatoon, 3.6 million; Swift Current will get 280,000; East Central will get 360,000; Lloydminster will get 80,000; Prince Albert will get 280,000; the Battlefords will get 140,000; Moose Jaw-Thunder Creek, 240,000; North Central, 60,000; South Central, 60,000; Northwest, 60,000; Southwest, 80,000 — or sorry, Southeast, 80,000; and the Saskatchewan cancer agency will get 600,000. So that brings that total then to 9.4 million . . . or 4,000 . . . 9.004 million.

**Mr. Toth:** — Mr. Chair, thank you, Mr. Minister. Mr. Minister, then can you break that down into actual positions? Or is this something the boards will be then arriving at as they receive the funding?

**Hon. Mr. Serby:** — Well, Mr. Chair, I can provide the number of positions for you, too. It might be just better for me to send that over to you, and then you can have that rather than me reading it into the record.

**Mr. Toth:** — Thank you, Mr. Minister. Mr. Minister, getting into . . . Oh there's one area that I wanted to address and I want clarification on, on a comment you just made earlier about the fact that boards have the ability to manage the acute care dollars that are presented to them in their budget.

And I was not quite sure if I was left with the impression that if the boards are short in the acute care side but they have extra in heavy care and home care, they can move some funds into the acute care side of their budget. Is that true?

**Hon. Mr. Serby:** — Yes, I'm glad you've asked that question again for clarification. They can't move it from community into acute but they can move it from acute to community.

**Mr. Toth:** — Thank you, Mr. Chair. Mr. Minister, that's why I wanted the clarification. Because I didn't want . . . I've had too many boards saying that we do not have total control.

And the reason they say that is because if the need in their district is acute care funding and their acute care . . . the funding that they received does not meet that total need, you're right. They come back and say to me, we do not have the ability. We have actually a little extra in our pool for heavy care or extra in our pool for home care, but we can't use that to meet the needs of the acute care services.

And that's why, Mr. Minister, we have suggested giving the boards a global budget, allowing them to have then direct control of the total budget so that if indeed . . . You're right. If they're in a position where the acute care level that they receive is more than what they really need and they're short in heavy care, they can move it into that, or they can move it into some home care funding. But if they're short on the acute care side, they don't have that ability if they have a few dollars on the other side.

So it's important I think, Mr. Minister, if we're asking boards to make serious and sound decisions and suggesting that they're responsible, that they have the ability to manage the total budget to meet the needs of their district and that they not be restricted on which way . . . restricted in one degree as far as funding flowing into the acute care side.

Because basically what you're saying, Mr. Minister, what the Department of Health is saying is we're going to give you the ability. We trust you to meet the needs of heavy care. We trust you to try and meet the needs of home care services, but we really don't trust you in the area of acute care; we're afraid you're going to put too much money into acute care.

As a result, we see part of that shortage in many cases means positions. Now you're just throwing some money out to districts to give them that ability to meet some of the shortages specifically in the area of nursing.

So, Mr. Minister, I think it's important that we allow boards, if we're going to hold them responsible for their overall spending,

that we allow them the ability to make those total decisions and have that global budget so that they can utilize the budget in the way they feel it would best meet the needs of their district.

**Hon. Mr. Serby:** — Well today, as you can appreciate and as you look at the *Estimates*, we'll see that we're already spending in this province or investing about 80 per cent of our entire health care budget in acute care services and support care services. And there is ability here to have . . . the district boards have the ability here to move funding between the acute care and the long-term care so they have some ability to do that within the institutions.

Now just recently at the SAHO convention, we had this discussion about whether or not there's a need for us to relieve the one-way valve. And district boards really support the fact that we need to enhance and enrich the community-based service side of the health delivery system. Twenty per cent of the expenditures that we make today are on the community health side which is our community-based side which is a very, very small percentage of services or funding.

Giving consideration that that's the direction in which not only we're moving in this province but across the nation where we want to see stronger home care services, we want to see more respite services, more palliative, more mental health services, more addiction services, enriched emergency response services, you know, so there's the tremendous interest here to grow and develop and expand the community-based side.

And so it's not the opinion of the Saskatchewan Association of Health Organizations nor is it mine that we're restricting some of the decisions of course the district health boards can make, giving consideration that 80 per cent of their funding already is targeted to the acute care side.

**Mr. Toth:** — Mr. Deputy Chair, Mr. Minister. Mr. Minister, I'm going to move into another area for the time being, and hopefully get to one more before we reach the end of discussion today. But, Mr. Minister, in regards to hepatitis C and the whole question that has raised, then raised as a result of hepatitis C and the funding for victims of hepatitis C and the fact that it's been restricted to individuals between '86 and 1990.

In today's paper we see that the headline is "Hepatitis C estimate may be too high" and I think one of the arguments you have raised and your colleague in Ottawa has raised is that we are dealing with too many individuals.

A Toronto researcher today hired by federal Health department told a news briefing that there may be as few as 20,000 people alive today who are infected by transfusions before 1986 — a number which is substantially lower than the so-called . . . or the number used up to today of some 50,000 individuals.

Now I can appreciate the fact, Mr. Minister, that when you start looking at numbers of individuals it's easy to say, well, that's a number and that's going to mean a monetary figure that we really cannot meet or would have difficulty meeting.

And yet on the other hand, Mr. Minister, people in Canada, and certainly in this province, are compassionate people and feel very strongly about reaching out to meet the needs of



individuals who, as the result of no fault of their own — in this case tainted blood — are faced with a life-threatening problem as a result of infections to hepatitis C.

Mr. Minister, in the province of Saskatchewan, how many individuals would there be today, based on this figure of some 20,000 nation-wide, that would or should or have access to compensation as a result of their acquiring the hepatitis C virus through tainted blood?

(1230)

**Hon. Mr. Serby:** — Thank you, Mr. Deputy Chair. First of all, I want to say that the ability for us as a province and certainly as a national committee — and we've been working on this now for about 10 months to determine the exact number of people who were infected by hepatitis C in Canada — has been a very difficult process. And to ascertain what number of people that actually reflects is still, in my opinion, being reviewed.

And I say that because there's been a variety of different actuarials that have been performed in trying to determine what that number is. It's been done by the Red Cross, and they have a series of numbers that suggests what that population is. It's been done by the federal administration as well, and they have a number of what that is. The provinces and the territories in their look-back, check-back process have estimated what that particular number of individuals might be.

So you have today about three or four sets of numbers that are out there, and today you've add yet another one to reflect what we think are the actual numbers of people who are infected by hepatitis C.

And the debate continues to centre around whether or not governments can afford to provide the kind of compensation. And the debate is: how much should Ottawa pay and how much should the provinces pay.

But there is a far more fundamental question that needs to be addressed here than the number of people that are infected by hepatitis C or the value that you attach to how much federal governments and provincial governments end up paying at the end of the day, and that's whether or not provincial governments and federal governments should take responsibility for wherever there's fault within the health system.

This is the bigger debate that both you and I and others in this province, in this country, need to have. Because if there's an expectation here that into the future all Canadians will have to take responsibility to pay for faults within the health care system, there needs to be some criteria of establishing that, because you're really now moving from the current process of a tort system to one of no fault.

And if there's a suggestion here that we should be moving to a no-fault system in the health system, then clearly we're indicating that taxpayers in this country will have a greater responsibility to share in where there is fault determined. And the ability to determine what that fault is into the future will be an exercise that will be one that future politicians at all levels and courts will need to spend a great deal of time in making

determinations around.

And that's where the fundamental debate in discussion is today. Because when the decision was made in Toronto and the announcement was made in Toronto to select a window between '86 and '90, the decision was made based on, in our opinion, a sound rationale.

It was based on the fact that there was testing available during the period '86 to '90, that in fact that governments of both levels, both provincially and federally, and the Red Cross, who were the agents that delivered the blood to Canadians in this country, failed. They failed during that period of time. And because we recognize that there's been failure, we should take responsibility for that. And clearly the decision and the answer of all of the provincial health ministers and the federal government was to accept that responsibility front and centre — and took that.

Now beyond 1986-90, and maybe further to add to that, there are three class actions today. Two have now been certified, one other soon to be certified in Canada. And the period that the courts have selected are the period '86 to '90. And they've selected '86 to '90 because there's a criteria and a rationale and a basis for making a decision as to who should compensate and why you should compensate.

Outside of '86 or prior to '86 and post-90, the evidence of who should take responsibility becomes really fuzzy, becomes really fuzzy. And if political parties and politicians today are demanding that governments take responsibility to compensate without a rationale or without a basis, because clearly Ontario or Quebec, they don't have the corner on humanitarianism, okay, or they don't have the corner on compassion. We all have the same feeling and we all understand the difficult situations that people live under today who in fact are infected by this disease.

But there needs to be a rationale that governments today and in the future will need to be able to identify, that would make them responsible. Because taxpayers are going to demand that of us at the end of the day because this is a new way that we're moving on today in terms of how we're going to accept responsibility for fault and how we determine that.

**Mr. Toth:** — Mr. Chair, Mr. Minister, for individuals infected with hepatitis C, whether it was prior to 1986 or the '86 to '90 period or even since 1990 and, Mr. Minister, a gentleman was sitting in my office, he had had four tests. The first three tests said he wasn't infected, but he demanded and got a fourth test. It finally showed that he was infected and in fact through the test they also were able to trace back where that infection came from.

So it goes to show you, Mr. Minister, that '86 to '90, while it's chosen as a period that's just picked out of, it's almost out of the blue, the facts are, Mr. Minister, that other individuals have, even though we look at and we say 1990, it should have been better, there's still individuals who have fallen through the hoops.

And, Mr. Minister, what you have is individuals, I suggest if you'd taken the time to really sit down with them, they do not

have the ability that everyone I see in this room today has. They do not have the same quality of health that individuals, whether it's the Department of Health, whether it's MLAs that are in this Assembly today, have to enjoy.

We can walk out of this room at the end of the day, Mr. Minister. Some are going to go and pick up the golf clubs and they're going to go and golf and they're going to be able to enjoy it and enjoy a good round of golf. Others may go for a run, or whatever area of entertainment over the weekend may be, Mr. Minister. There are many individuals infected with hepatitis C who do not have that opportunity, such as Vicki Lissel — although you don't really have to worry about her any more because I believe she's left the province.

So when I ask how many individuals in this province, and you're indicating at this time you're not really sure how many individuals I believe based on 20,000 people and the number of people in this province, it would be not that large an amount. But I would be . . . It would be irrational of me to say, that based on a million people and 38 million people in Canada, that it would be this percentage. I can't say that because it could be a few more; it could be a few less.

Mr. Minister, I think at the end of the day, as you've indicated, the public will certainly demand that there is some compensation shown for individuals who, through no fault of their own, have unfortunately been infected with hepatitis C as a result of tainted blood.

And, Mr. Minister, for many people that has meant that they have lost life savings just trying to provide the finances needed to even meet the demands of the drugs that they are forced to use just to maintain some sort of a life, an average life, and a quality of life, Mr. Minister.

So I guess, as you indicated earlier, the courts probably at the end of the day will decide. And that onus may fall on governments. In fact I don't doubt it will fall on governments, and we're going to be left to deal with that down the road.

Your negotiations with the federal government through '86 to '90 has arrived at . . . and I believe there has been an understanding and agreement that this seems to be an appropriate level of care and compassion shown through this package that's delivered. And that, Mr. Minister, may at the end of the day be much better than what the courts would've awarded.

And I guess what I would suggest to you, it's important we look at the overall impact that may be held at the end of the day, and we look at how we can discuss, or continue the discussions in regards to hepatitis C and the compensation that may be faced. And maybe there's a better way to achieve what level of compensation should be looked into before the courts sit down and award a larger amount and the governments are forced to deal with it, and maybe in some cases through retroactive legislation, because they feel they do not have the ability to meet that requirement put on them.

So, Mr. Minister, if I understand, is there ongoing discussion in regards to the compensation that may be faced and may be ways of arriving at something that would be fair in dealing with

hepatitis C victims prior '86 and past 1990?

**Hon. Mr. Serby:** — Mr. Chair, just for the member, we have re-engaged of course the working group that's been in place now for about nine or ten months to go back and broadly examine five or six options that we think might be available to us in respect to what we do with the decision that's been made out of Ottawa — or out of Ontario I mean — and the recommendation that it appears that Quebec is following to some degree. So the working committee has re-engaged itself at the national level to look at those five or six options and will be reporting back likely within the next four to five weeks in terms of what their findings are.

I want to say to you that there are a number of inclusions in that option, of which we in Saskatchewan believe we are leading the nation in many areas. As you know, in this province already we provide the drug Interferon to people who in fact are infected by hepatitis C, and we have for some time. This isn't the case with other parts of Canada. There are some provinces that don't insure the drug at all.

We have a very extensive home care program in Saskatchewan which in many ways exceeds what you'll find in other provinces across the country. And we've made those services available to people who are in fact infected by hepatitis C.

And we also as you know in this province, have an income replacement or an income supplement . . . I mean program. It's through the financial assistance program that we have in the province. People are certainly eligible to be a part of that. And that's why it's there. It's there to assist people when in fact their lives are affected in such a fashion that they need to have additional enrichments. And I say to you that in this province we provide some of those services as we do across the nation.

I think that it's important here to realize that the decision about 1986 to '90 was made on what we would perceive would be a legal responsibility that governments and the Red Cross would have across the nation. It's based on that. And giving consideration then to the issues of compassion and humanity, all of the other public services that are included today in our complement as a province or as provinces are part of that, and we view that as being our compassionate contribution to how we'll look after people who in fact have been infected or there's a fault related.

I want to suggest to the member that when you make the comment that there are people in this room today who are capable of performing and functioning in their daily lives in the similar fashion as most Canadians are, it's not quite the case. There are people who even in this Assembly today can't enjoy the same qualities and levels of life that we as individuals can and do appreciate, for a variety of different reasons.

And if there's a suggestion here, of which I think Ontario has opened the door to and which Quebec to some degree supports, that governments of the day are going to have to take responsibility for where there is fault in the health care system, where you can identify fault. This becomes an extremely important precedent, and sets on a new basis the way in which we're going to be compensating people into the future.

And the debate now has to shift, in my opinion, as to how taxpayers and governments are going to be able to administer that, how they're going to be able to determine it, and that how we're going to be able to put into place what would be in my opinion, suggesting that we would go to a full no-fault system.

And I say to you that that jeopardizes to a large degree the way in which we'll deliver health care in this country and change the face of it in a major way.

**Mr. Toth:** — Mr. Chair, and Mr. Minister, no doubt that is going to impact governments of the future. That is a major concern.

However, Mr. Minister, I think you mentioned something about the number of drugs that are currently covered under the drug plan. Mr. Minister, I think while we talk about the drug plan, your comments about governments being held responsible, I think I would have to suggest that yes, they are going to be held responsible because of the fact governments have also suggested that they have been the givers of this health system through medicare. We've been supporting . . . we've offered, we've built medicare and the universal health program, and as a result, people expect almost more of governments.

But when it comes to MS (multiple sclerosis) patients . . . or hepatitis C patients, Mr. Minister, and we talk about the drug plan, as I understand it, the patient still puts up roughly \$1,800 out of their pocket initially. And I'm not exactly sure if I've got the numbers right — is it 35 per cent from there on in for any of the drugs? What would be the average that a patient suffering hepatitis C may have to put out of their pocket on an annual basis just to meet the requirements of the drugs they need to offer quality of life?

**Hon. Mr. Serby:** — Mr. Chair, this could be a difficult question to answer because there may be a whole host of other associated illnesses or health issues that an individual might have that's associated to the disease that they might have, or the illness of hepatitis C. And so there would be a combination of different medical needs that they may have. It may be a variety of different medications that they would require.

So on an individual basis . . . we could provide that on an individual basis, I would suggest to you, but generically this would be very difficult for us to provide for you.

(1245)

**Mr. Toth:** — Mr. Chair, Mr. Minister, that's true. In just chatting with a number of individuals, whether it's hepatitis C or even certainly MS patients and sufferers in dealing with it, I can suggest to you that some families are facing enormous, horrendous costs with the so-called drug plan we have in the province of Saskatchewan.

Mr. Minister, another area I want to move on to and that is, one simple question here — I think it's simple — what's the cost of operating an acute care bed in the province of Saskatchewan?

**Hon. Mr. Serby:** — I think the length of time to the response was to do specifically with the type of bed that we might be talking about here because some beds of course are more

expensive. If you have an ICU (intensive care unit) bed versus a medical bed, there will be a difference in terms of what that cost is; where that bed might be located too, would be a difference, in terms of where that bed is located.

And so I would suggest to you that that range might be — and I'm using a very arbitrary ballpark figure — that might be somewhere between, you know, 350 to 6 or \$700 a day depending on what that bed is . . . or where it is and the type of bed.

**Mr. Toth:** — Mr. Minister, I would ask if it would be possible to have a breakdown, and even if it's not given today, maybe just send it across in writing, as to the different levels of acute care beds. Certainly some of . . . a lot of the regional centres I'm sure would be probably a lot less than you would have in the major centres where you have surgeries and what have you. And I'd appreciate having that information.

Mr. Minister, as well, a moment ago you talked about tertiary beds. And I hear the words used, tertiary and primary beds, and I wonder if you could explain what we're specifically meaning by tertiary and primary beds.

And as well, how many beds in the large urban centres, if any, would be allocated based on rural needs. Or whether or not there's a breakdown, rural and urban, and the allocation of the beds available for patients outside of the large urban centres.

**Hon. Mr. Serby:** — I think the comment, Mr. Chair, that I was making is more related to the centres and where the services are provided. So when we talk about tertiary centres as opposed to tertiary beds — and if I gave the impression that the tertiary is tied to the bed; it's more tied to the centre — so the tertiary centres, what we would consider would be Saskatoon and Regina.

And then secondary or community-based hospitals might be ones like the regionals that we talked about in the past — the Swift Currents, the Moose Jaws, the Prince Albert, the Yorktons, would be considered regional or secondary facilities around the province. And then community hospitals like the Melforts or a Humboldt or a Melville, that would be the designation.

Now in terms of . . . and the designation of those centres would be based on the level of service that you would receive from them. And because Regina and Saskatoon have such a high level of specialized services where we do cardiac surgeries here, and certainly in Saskatoon, that would give it that type of designation in what we're doing in Saskatoon — for example kidney transplant — that would be the level of definition in terms of tertiary and not specifically to the bed but more to the facilities in the communities.

**Mr. Toth:** — Mr. Minister, is there, if you will, a bit of a breakdown in regards to beds that would be made available for rural patients versus urban patients? Or is it just one lump sum?

**Hon. Mr. Serby:** — Mr. Chair, what we could provide is, we can provide for you the, sort of the total utilization of the facilities' beds and then try to give you a percentage of what migration might be from outside a larger centre to maybe a

tertiary and/or secondary that are . . . people who are actually migrating from a rural area to a tertiary or secondary; so we can give you a percentage.

**Mr. Toth:** — Mr. Chair, Mr. Minister, another area I want to move into before we end discussion today and certainly get into some major discussion on the Plains Health Centre in the upcoming debate, but a question that was just raised recently in just chatting with some people about health care. Mr. Minister, the amount of funding that has gone into the upgrade of the Pasqua and the General Hospital in Regina, has the city or the taxpayers through property taxes been asked to contribute any funding towards these two facilities?

**Hon. Mr. Serby:** — There wouldn't be any, to the best of our knowledge, wouldn't be any participation, Mr. Chair, to the health district by the community itself on the operating side.

Now there may be and there likely is, some participation by the community through the foundation's work, because the foundations of course are out busy working at collecting finances for the purchase of capital equipment. And so through that process there would be some involvement, but it would be voluntary, by individuals or corporations or businesses in assisting with the purchase of equipment. But there wouldn't be any, in our opinion, on the operating side.

**Mr. Toth:** — Mr. Chair, Mr. Minister, I guess the question . . . My apologies for not getting it directly. I can appreciate that, yes, because I'm aware of the Regina health foundation and the work it's doing.

But when it comes to the area of capital construction, is there anything outside of the Department of Health as far as funding towards capital construction projects in Regina and Saskatoon?

**Hon. Mr. Serby:** — Mr. Chair, if it's a provincial facility, then as you know the funding is 100 per cent. If it's not, then we're using the formula of 65/35 in terms of the capital construction. And that's the case for some of the work that's being done here.

**Mr. Toth:** — So if I understand you, Mr. Chair, if I understand you correctly, Mr. Minister, what we have in Regina here with the current capital construction project taking place at the General and the Pasqua, you're saying that there is some funding coming from the community via the district board — or is it all being funded directly by the department?

**Hon. Mr. Serby:** — For the facilities themselves, Mr. Chair, that's funded 100 per cent. Okay? For some of the capital equipment that's being included into the facilities, like the MRI (magnetic resonance imaging) for example, as you know there has been some participation by corporations and primarily it's been largely the corporations. There's a small injection I think, of about \$2.2 million by the department on that particular piece, but it would be primarily for the preparation of site, but the capital purchases are mainly coming out of the foundation.

**Mr. Toth:** — Mr. Chair, Mr. Minister, I find it a little . . . somewhat disturbing, and I think you're almost indicating that centres like Regina — these are provincial centres — but areas like Moosomin, who are currently discussing the idea of possibly rebuilding their hospital, they're going to be asked . . .

in fact the taxpayers — there's been meetings with town council — going to be asked to foot about 35 per cent I believe of that capital project.

And it seems to me, Mr. Minister, if we have what we call universal health care, that all taxpayers would be involved, not just when it comes to rural communities. All of a sudden rural communities are left, there again they're left having to fund part of a capital project to provide a service to their community when large urban centres with a larger tax base have it all funded by the total tax base of the province of Saskatchewan.

And, Mr. Minister, it seems to me that is grossly unfair if we're talking about a universal health care system in the province of Saskatchewan, and that's one of the reasons I raise the . . . (inaudible interjection) . . . and the member from Regina South, barking from his chair, is suggesting we all . . . yes, we all use the facilities.

But I would suggest to the member from Regina South that even members from the large urban centres are in the position of having to use smaller centres. It doesn't necessarily . . . all accidents just don't happen in centres like Regina and Saskatoon. There's a couple were in a position of having to utilize some of the local facilities just recently in our community. If it wasn't there, they would have had to wait that extra two or three hours to get to a major centre.

So, Mr. Minister, it just doesn't seem to be fair, and I guess the member from Regina South is totally insensitive to the feelings of rural people with his comments from the peanut gallery.

But, Mr. Minister, I think it's totally unfair that we ask a certain level of the population of Saskatchewan to have to help in funding, when the large, major urban centres just have all of this paid for thoroughly via the tax base of Saskatchewan.

**Hon. Mr. Serby:** — I think what's important here is that we recognize that the tertiary centres really are provincial centres — they're provincial centres — and that's the rationale for why in fact it's 100 per cent funded for those capital costs.

And not unlike what you see in the regionals. The regional centres also serve large municipal areas, and there isn't any expectation, for example, today from municipal . . . for municipal systems to participate into that funding.

So it's not really unlike that, because the municipalities around regional centres also use those facilities to a large degree, but there isn't a call for, today, for that kind of support.

The committee reported progress.

**The Speaker:** — It now being the hour of adjournment, this House stands adjourned until Monday afternoon at 1:30 o'clock.

Have an enjoyable weekend in your constituencies with your families and your constituents. And I look forward to seeing your bright and shiny faces back here on Monday afternoon.

The Assembly adjourned at 1 p.m.

**TABLE OF CONTENTS**

**ROUTINE PROCEEDINGS**

**PRESENTING PETITIONS**

Krawetz.....	1289
D’Autremont.....	1289
Toth.....	1289
Bjornerud.....	1289
Heppner.....	1289
Gantefoer.....	1289
Draude.....	1289
Boyd.....	1289
Osika.....	1289
Hillson.....	1290
Aldridge.....	1290
Belanger.....	1290
McLane.....	1290
Goohsen.....	1290

**READING AND RECEIVING PETITIONS**

Clerk.....	1290
------------	------

**INTRODUCTION OF GUESTS**

Renaud.....	1290
Heppner.....	1291
Sonntag.....	1291
MacKinnon.....	1298
Osika.....	1301
Bjornerud.....	1306
Heppner.....	1308

**STATEMENTS BY MEMBERS**

**Pasta D’Aurum Plant for Swift Current**

Wall.....	1291
-----------	------

**Child Custody and Access**

Draude.....	1291
-------------	------

**La Ronge Ice Wolves**

Goulet.....	1291
-------------	------

**Highway Hot Line**

Aldridge.....	1292
---------------	------

**Nutrition Education Programs**

Murrell.....	1292
--------------	------

**Mid-west Conference of Legislators**

Boyd.....	1292
-----------	------

**Yorkton Short Film & Video Festival**

Serby.....	1292
------------	------

**No Rebate for SaskEnergy Users**

Hillson.....	1293
--------------	------

**ORAL QUESTIONS**

**Natural Gas Rates**

Toth.....	1293
Lingenfelter.....	1293

**Carrot River Hospital Closure**

Gantefoer.....	1294
Serby.....	1294

**Rose Valley Emergency Health Services**

Draude.....	1294
Serby.....	1294

**Health Care Advertising**

Aldridge.....	1295
Serby.....	1295

**Highways Funding**

McLane.....	1296
Upshall.....	1296

**Gambling Addiction Services**

Goohsen.....	1297
Sonntag.....	1297

**INTRODUCTION OF BILLS**

**Bill No. 43 — The Queen’s Bench Revision Act/Loi portant révision de la Loi sur la Cour du Banc de la Reine**

**Nilson** .....1298

**ORDERS OF THE DAY**

**GOVERNMENT ORDERS**

**COMMITTEE OF FINANCE**

**General Revenue Fund**

**Health — Vote 32**

**Serby** .....1298

**Toth** .....1298

**Draude** .....1300