

The Assembly met at 1:30 p.m.

Prayers

**ROUTINE PROCEEDINGS**

**PRESENTING PETITIONS**

**Mr. Krawetz:** — Thank you very much, Mr. Speaker. Mr. Speaker, I have a petition to present on behalf of Saskatchewan farmers. The prayer reads as follows:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to demand that the federal government work with Saskatchewan to put in place a farm aid package that provides real relief to those who need it, and that the provincial government develop a long-term farm safety net program as it promised to do when it cancelled GRIP against the wishes of the farmers.

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

Mr. Speaker, the signatures on this petition come from the communities of Churchbridge and MacNutt.

I so present.

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

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to demand that the federal government work with Saskatchewan to put in place a farm aid package that will provide real relief to those who need it, and that the provincial government develop a long-term farm safety net program as it promised to do when it cancelled GRIP against the wishes of farmers.

The communities involved, Mr. Speaker, in the petition are Langenburg, Wroxton and Calder.

I so present.

**Ms. Julé:** — Thank you, Mr. Speaker. Mr. Speaker, I have a petition to present from citizens of Saskatchewan who would like to see very meaningful legislation put in place to prevent this child sexual abuse on the streets of Saskatchewan. And the petition reads as follows, Mr. Speaker:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to enact provincial legislation that would inject a stay-away order restraining anyone who interferes with the healing process of victims of child prostitution, anyone who threatens in any way the healing while it is taking place is subject to a large fine, and to provide police with the authority to search a place where they believe a child is being held by pimps and perpetrators of this crime for the purpose of engaging in child prostitution activities.

The signators on this petition, Mr. Speaker, are from Kamsack

and Oxbow, Saskatchewan. I so present.

**Mr. Osika:** — Thank you, Mr. Speaker. I'm pleased to present a petition on behalf of citizens of this province who are concerned about the terrible state of our highways. The prayer reads:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to call on federal and provincial governments to dedicate a greater portion of fuel tax revenues toward road maintenance and construction so that Saskatchewan residents may have a safe, reliable, and effective highway system.

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

And the good people from Melville, Yorkton, Killaly, and Fenwood have signed this petition.

Thank you, Mr. Speaker.

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

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to call on federal and provincial governments to dedicate a greater portion of fuel tax revenues toward road maintenance and construction so that Saskatchewan residents may have a safe highway system that meets their needs.

Mr. Speaker, this petition has been signed by people from right across the province, including the areas of Willow Bunch, certainly Davidson, Craik, and all across Saskatchewan.

Mr. Speaker, I so present.

**Mr. Aldridge:** — Thank you, Mr. Speaker. I too rise to present petitions on behalf of citizens that are concerned about the deplorable state of our highway system in this province. The prayer reads as follows, Mr. Speaker:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to call on federal and provincial governments to dedicate a significantly greater portion of fuel tax revenues toward road maintenance and construction so Saskatchewan residents may have a safe highway system that meets their needs.

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

Those who've signed these petitions, Mr. Speaker, come from communities of Rush Lake and Herbert as well as the city of Swift Current and the city of Regina.

I so present.

**Mr. McPherson:** — Thank you, Mr. Speaker. I join with the colleagues in bringing forth petitions today regarding the poor state of Saskatchewan's highways. The prayer reads:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to call on federal and provincial governments to dedicate a significantly greater portion of the fuel tax revenues toward road maintenance and construction so Saskatchewan residents may have a safe highway system that meets their needs.

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

Mr. Speaker, people that have signed the petitions are from Taber, Lethbridge, Medicine Hat, Swift Current, Shaunavon, Climax, Frontier, Ponteix, all the way over to Assiniboia.

I so present.

**Ms. Haverstock:** — Thank you very much, Mr. Speaker. It's an honour once again to rise on behalf of citizens who are committed to the appropriate education for some of our most vulnerable in the province. And I'll read the prayer:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to provide essential funding and ensure the delivery of scientifically proven, diagnostic assessment and programming for children with learning disabilities in order that they have access to an education that meets their needs and allows them to reach their full potential.

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

The people who have signed this petition today, Mr. Speaker, are all from the fair city of Prince Albert. And I'm very pleased to present it on their behalf.

#### READING AND RECEIVING PETITIONS

**Clerk:** — According to order the petitions presented at the last sitting have been reviewed and found to be in order. Pursuant to rule 12(7) these petitions are hereby received.

#### INTRODUCTION OF GUESTS

**The Speaker:** — Hon. members, we will recognize that we will be joined shortly by some award recipients of Aboriginal . . . Order, please. Order. We will be joined shortly by some award recipients of Aboriginal ancestry from our province. And when they join us, we will recognize them.

I will ask the co-operation of the House. If they're not able to join us before we move onto the next agenda item, then we will most conveniently return to introduction of guests at that time.

With the co-operation of the House, the Chair would like to introduce nine visiting legislators who are here in the province of Saskatchewan from our neighbouring state, North Dakota.

As hon. members will recognize, they've joined us earlier this day and will be with us for the next two days. They will be joining you in your caucus meetings, as well as engaged in private meetings on matters of personal concern to them, in which case they will be seeking to come to a greater understanding of the Saskatchewan perspective of those issues, as well as to develop some dialogue and common bonds in

those areas. We will also recognize as well that they will join us this evening at the Commonwealth Parliamentary Association annual meeting.

And I would like to introduce them to you. They are all seated behind the bar. And I'd like to introduce them to you. I'll ask them to stand as I introduce them, but if you would please reserve your welcome to them until we've introduced them all.

Joining us is the Lieutenant Governor and President of the Senate, Rosemarie Myrdal. And also from the Senate of North Dakota, Senator Meyer Kinnoin and Senator Ken Solberg. From the House of Representatives, the Speaker of the House, Representative Francis Wald; and Representative Glen Froseth, Representative George Keiser, and Representative John Nelson.

The delegation is joined as well by two officials who themselves are former members of the Houses of elected representatives in North Dakota, and we're pleased as well to have join us Mr. Orlan Hanson, Clerk of the Agriculture Committee; and Mr. Clare Carlson, the Governor's Legislative Liaison and Agriculture Policy Director. Hon. members, will you please extend a warm Saskatchewan welcome to these North Dakota legislators.

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

**Mr. Whitmore:** — Thank you, Mr. Speaker. In your west gallery I see an old friend up there today who is now employed by a wonderful institution of the Canadian Wheat Board, and I would like the Chamber today to welcome Tom Halpenny.

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

**Mr. Trew:** — Thank you, Mr. Speaker. It's my pleasure today to introduce to you and through you to all members in the Assembly a delightful young lady, Coreina Zaretski, who is seated right directly in front of Tom Halpenny. Coreina brought with her roughly 20 grade 11 and 12 students from O'Neill High in my constituency. Some are wondering why I single out Coreina. Coreina was a work practice student at my constituency office for six weeks, and this is in no small measure how I know she's a delightful young lady and very, very competent.

With the rest of the students there's teachers Bill Allen and Curtis Kleisinger. And I'm looking forward to meeting with the entire group later on this day for pictures, refreshments, and an exchange of ideas and questions and answers. So please members join me in welcoming this great group from O'Neill High School.

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

**Mr. Osika:** — Thank you, Mr. Speaker. I wonder if I might be allowed to join you in your welcoming words on behalf of the Liberal caucus to the hon. members that are visiting here, the delegation visiting here from North Dakota. We look forward to meeting with them and having some meaningful dialogue with them. I welcome you here and look forward to meeting you personally. Thank you, Mr. Speaker.

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

**Hon. Mr. Sonntag:** — Thank you, Mr. Speaker. I'd like to introduce to you and to members of the Assembly a number of guests seated in your gallery. And I'd ask members to just hold their appreciation until after I've introduced them. They are representatives from business, labour, and trainers who have worked hard to prepare the apprenticeship renewal legislation that we will be giving second reading to this afternoon. I would ask them to stand individually as I introduce them.

First of all, Mr. Paul McLellan, who is the Vice-Chair of the Provincial Apprenticeship Board representing the Saskatchewan Construction Association — if you'd just remain standing. Mr. Ed Cowley, representing the Saskatchewan Provincial Building and Construction Trades Council. Mr. Gordon Forbes, representing the Saskatchewan Mining Association. Mr. Garth Ivey, representing the Canadian Federation of Labour, Saskatchewan Council.

Ms. Valerie Overend, representing Saskatchewan Women in Trades and Technology. Mr. Vince Marcotte, representing the Mechanical Contractors Association of Saskatchewan. Mr. Bob Todd, representing the Saskatchewan Federation of Labour. Mr. Al Parish, representing the Canadian Manufacturers Association.

Mr. Mike Berkes, representing the Plumber Trade Advisory Board. Dr. Art Knight, of course, representing . . . as president of SIAST (Saskatchewan Institute of Applied Science and Technology). Mr. Bob Guthrie, director of the Apprenticeable Trades Coordinating Group. Ms. Susan Pentelichuk, representing the Apprenticeship staff. Mr. Doug Muir, director of Apprenticeship and Trades Certification Unit. Mr. Wayne McElree, representing Post-Secondary Education and Skills Training.

I'd also like to recognize, Mr. Speaker, Mr. George Pellerin, the chairperson of the Provincial Apprenticeship Board representing the Saskatchewan Pipe Trades Association. Unfortunately George cannot be here due to a death in his family, but we want to extend many thanks to George for his leadership in this initiative.

Mr. Speaker, and to everyone, I would ask to join with me in extending a warm welcome to our guests this afternoon.

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

**Mr. Aldridge:** — Thank you, Mr. Speaker. To you and through you to the members here this afternoon, I'd like to introduce a gentleman sitting in your gallery, Mr. Mike Fahey, a resident of the city of Moose Jaw, well known, well thought of in the city of Moose Jaw. He's here today to view the proceedings of the House and to share with us some health care concerns. I'd ask everyone here to join with us in welcoming him.

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

**Mr. Calvert:** — Thank you, Mr. Speaker. Also in your gallery, I'd like to introduce to all members a person who is no stranger to yourself, sir, that being in the person of Mr. Blair Klassen. Blair is a grade 12 student at Caronport High. Blair has been serving in a student placement in our constituency office and has served both our office and the people of Moose Jaw very

well during that period of time.

Beside Blair is another individual who has served the city of Moose Jaw very well for many years, that being Mr. Bob Piden, our constituency assistant.

And I would ask all members to welcome these two.

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

**The Speaker:** — Well, hon. members, earlier today at Government House tribute was paid to Saskatchewan recipients of the National Aboriginal Achievement Awards and some of these recipients and their guests are with us in the Speaker's Gallery this afternoon, and we want to recognize them in our legislative Chamber in our proceedings today.

In just a moment I'll invite the Minister of Intergovernmental and Aboriginal Affairs, the Leader of the Opposition, and the Leader of the Third Party to make a few brief remarks. And then MLAs (Member of the Legislative Assembly) who represent the constituencies — that these recipients — in which they live will have opportunity to introduce them.

**Hon. Mr. Wiens:** — Thank you very much, Mr. Speaker. It has often been noted that Saskatchewan's greatest resource is our people and no better proof can be given than the four people it is my honour to recognize in the legislature with us today, and five others who could not join us.

These four outstanding individuals present with us are, and I'll ask them to stand, and then they will stand again later. Dr. Howard Adams, Dr. Lillian Dyck, Theresa Stevenson, and Alika LaFontaine. They are the 1999 National Aboriginal Achievement Award winners who have come from Saskatchewan and who have made a difference in all of our lives and continue to contribute to this province. It was indeed a pleasure for me to host the luncheon today at Government House in their honour, Mr. Speaker.

The four recipients who could not join us today were Allen Sapp, the 1999 lifetime achievement recipient; Buffy Sainte Marie, the 1998 lifetime achievement recipient; Bryan Trottier, who was also recognized in 1998 for sports; Maria Campbell, the 1996 recipient for arts and culture; and Dr. Ahab Spence the 1995 recipient for education. They will be forwarded their recognitions from the province later on.

Mr. Speaker, the National Aboriginal Achievement Awards founded in 1993 by John Kim Bell recognize outstanding achievements by individuals of First Nations, Inuit, and Metis heritage. This year the awards ceremony was held in March at the Saskatchewan Centre of the Arts.

For those of you who missed this spectacular event it will be broadcast to a national audience on CBC (Canadian Broadcasting Corporation) on June 13. So I recommend you watch to learn more about these exceptional Canadians and these exceptional Saskatchewanians.

Mr. Speaker, I would also ask all members to join with me now in extending a warm welcome to our distinguished guests who will be shortly introduced by their individual MLAs.

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

**Mr. Krawetz:** — Thank you very much, Mr. Speaker. Mr. Speaker, I'd like to join with the Minister of Intergovernmental and Aboriginal Affairs in congratulating the four recipients who are with us today.

My colleagues and I had the opportunity to attend the luncheon hosted by the minister where we heard tremendous accomplishments of those four individuals and of course the other five who are not able to be with us today.

I want to congratulate each and every one of you on your accomplishments. As we heard today, there's a tremendous need for mentors, for people that other individuals can admire and can look up to. And I think we have a classic example of that here today in our midst.

I want to congratulate you on behalf of the official opposition, the Saskatchewan Party, and indeed on behalf of all people in Saskatchewan. You've done a great job. Well done. Thank you.

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

**Mr. Osika:** — Thank you, Mr. Speaker. I would like to add the voice of the Liberal caucus to those of the minister and the Leader of the Official Opposition. I just want to share with you the feeling of pride that we all feel, that I'm sure you must feel as well, and we want to share that pride with you.

Congratulations to each and every one of you in your efforts on behalf of your communities, on behalf of this province, and as our leaders and people that we look forward to guiding us as we direct ourselves towards the future.

Thank you. Congratulations again.

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

**Ms. Julé:** — Thank you, Mr. Speaker. Mr. Speaker, it is my distinct pleasure to introduce to you and through you to the Legislative Assembly of Saskatchewan, Dr. Howard Adams, the 1999 recipient of the National Aboriginal Achievement Awards for education. I ask the Assembly to give him another warm welcome.

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

**Mr. Trew:** — Thank you, Mr. Speaker. I'm going to urge that we don't even think of labelling Alika LaFontaine. He was labelled some, oh, roughly a dozen years ago, as developmentally delayed. A few years later, he's obviously proved his critics to be dead wrong on that.

He's actually now begun his first year of pre-med studies at the Saskatchewan Indian Federated College. He arrived there after setting an academic record of his own that at 97 per cent, his mark in his school's grade 12 native studies class was the highest ever recorded. And just for good measure he also chalked up a 92 per cent in biology. And that's a course that will help him as he achieves his goal of becoming a cardiologist with an added speciality in cancer care.

His award speaks for him, the 1998 Canada Youth Award, Canada Youth Award finalist, 1998 Rotary Club Service Award, and the same year, Sherwood Co-op Service Award.

Mr. Speaker, I could go on and on. I won't, other than simply to say that I'm about halfway through some of the achievements that Alika LaFontaine has had. And it is my distinct pleasure and honour to be the MLA that has the pleasure of not only introducing Alika LaFontaine, but to let everybody know that Alika LaFontaine really is the future of Saskatchewan. Please join me in welcoming Alika.

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

**Ms. Haverstock:** — Thank you very much, Mr. Speaker. I am truly blessed today and very, very moved to be afforded the opportunity to introduce to you, not only a neighbour but an exemplary Canadian, and to all of the members of the Assembly as well. And I ask Dr. Lillian Dyck to stand, please.

Growing up in the Canadian West in the 1950s, one might say that Dr. Lillian Dyck had two significant challenges to face. Born to an Aboriginal mother, her father was Chinese — not exactly the easiest mix for the towns and villages of our province that she and her family moved throughout those years. They were poor and non-white.

Lillian and her brother Winston, both members of the Gordon First Nation, found themselves placed in the slow room at their Swift Current school. What a mistake. A mistake however, that both overcame. A teacher, John Dyer, some of us most certainly know him well, took a special interest in both of them. He helped them excel and encouraged them to embark on university journeys, and they did.

Years later a little girl is now a neuropsychiatrist, one of the few women in Canada and all the Aboriginal world to hold such a title. She has earned just about every degree the University of Saskatchewan offers, up to and including a Ph.D. (Doctor of Philosophy). The study of the brain simply appealed to her, she says modestly.

Now a full professor at the University of Saskatchewan's department of psychiatry, she is deeply into studies into Alzheimers and other diseases. Her academic publications in some of the world's most learned journals are far too numerous to mention.

She's been honoured by the country's House of Commons for her service as a role model to young girls and women considering careers in sciences. Dr. Dyck is a frequent speaker for Aboriginal young audiences and, as obvious today, a superb role model.

Professor Lillian Eva Dyck is our medical pioneer, and she is also the 1999 National Aboriginal Achievement Award recipient in the category of science.

Please give her a very warm welcome.

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

**Mr. Toth:** — Thank you, Mr. Speaker. To you and through you

to members of this Assembly, it's a pleasure again to introduce a wonderful lady who has done a lot for not only in this city, but certainly her community, Mrs. Theresa Stevenson. This lady is well-known for — and I'd ask her if she'd stand please — well-known for the program of Chili for Children.

She's been recognized before as a volunteer recognition award in this Assembly. And today we're pleased, and I'm pleased, to present her as a recipient of the 1999 National Aboriginal Achievement Award for community development.

Theresa is joined by her husband, and we welcome Bob as well. But, ladies and gentlemen, please join me in extending a special welcome to Mrs. Theresa Stevenson.

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

**Hon. Mr. Goulet:** — Mr. Speaker, I too would like to acknowledge the recipients. It is indeed, as an Aboriginal person, with great honour that I acknowledge a tremendous and outstanding level of achievement that each of you have been able to do.

In Cree we say, Kinunaskomitinan Ki geechi guskeetanawau.

We thank you. You have presented yourself with excellence.

Haw egosi tape geechi.

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

**Mr. Belanger:** — Thank you, Mr. Speaker. I'd like to also join my colleagues in recognizing these fine Aboriginal folks. And I just wanted to add that the example and their perseverance, and certainly their intelligence and dedication to their cause and to their people is something that we all admire. I can say that as an Aboriginal member of this House that your continued support to the Native and the Aboriginal folks in general is very much appreciated and that you are now an inspiration to us all. Thank you.

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

**Hon. Ms. Atkinson:** — Thank you, Mr. Speaker. I too want to welcome the Aboriginal Award recipients to the legislature. And in particular I want to welcome Howard Adams who used to teach in the College of Education when I was there; he taught philosophy of education, or ed. foundations. Howard then went on to teach at Berkeley and Howard has had an outstanding career as a professor of education not only in Canada but in the United States as well.

And I also want to welcome Dr. Lillian Dyck, my former neighbour who lived right across the street from me. Lillian has been an outstanding contributor to women and science. What's interesting about Dr. Dyck is that Dr. Dyck some time ago on the University of Saskatchewan campus, long before it was fashionable, was encouraging young girls and women to pursue the sciences. And I think that that should be acknowledged in this legislature this afternoon. So welcome to both of them.

I've had the opportunity to see Mr. LaFontaine dance and sing. He's a creative young man. And the College of Medicine no

doubt will be looking forward to him, and I hope he stays in Saskatchewan.

And Theresa Stevenson who has provided thousands of meals for Aboriginal children in the city of Regina is also welcomed to the legislature.

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

## STATEMENTS BY MEMBERS

### Day of Mourning

**Mr. Trew:** — Mr. Speaker, today is a day that we set aside as a day of mourning for workers that are killed or injured on the job in the past year. The day of remembrance of course began here with a private member's motion that you yourself moved, sir, and now the day of mourning is observed right across our great country.

In one sense it is a sad and an odd day, because today we're commemorating our failure — our failure as individual employees, as employers, as legislators, and as a society.

In Saskatchewan we failed 27 times last year, Mr. Speaker — 27 workers lost their lives on the job because something went wrong that should not have. The consequences are tragic, not only for those 27 but for the families and the friends of those 27 who've had their lives suddenly and irrevocably fractured.

It's little comfort to know that this year's number is seven less than last year's, because last year was five more than the year before.

In a perfect society, Mr. Speaker, we would observe this day right out of existence. That we have not yet done so is a stain on our collective conscience.

In a few moments, when the minister reads the names of those avoidably taken from us, let us remember them by preventing others from following.

Thank you, Mr. Speaker.

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

**Mr. Toth:** — Thank you, Mr. Speaker. It's my pleasure on behalf of the official opposition to as well just pause to remember and extend condolences to the families who've been affected as a result of workplace tragedies and accidents that this past year have taken the lives of a number of individuals. Certainly to those families, that's a tragic and traumatic event.

Mr. Speaker. I believe that in this Assembly, while we as elected members endeavour to bring forward regulations and guidelines that would bring some safety to the workplace, there's no doubt that the workplace itself, as well as the owners and the managers, all in themselves, make every effort they can to ensure that they have a safe . . . the employees have a safe environment to work in.

And while we do everything we can to ensure that, the unfortunate reality is that we sometimes cannot prevent some of

the tragedies. The least we can do is stand up and acknowledge the efforts that are being done and extend our condolences to those who are affected, and hope that we can build a better workplace in the future.

Thank you.

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

**Mr. Osika:** — Thank you, Mr. Speaker. I also would like to add our words on behalf of the Liberal caucus to this sad day that we recognize here today in this great province of ours. Today honouring the memories of the 27 workers who lost their lives in the workplace. Today, Mr. Speaker, we mourn those who died, as well as those . . . we remember those who are also injured on the job sites. These were all preventable losses.

We must remember not only on April 28 but also through the year, that we as a province must put people first — the health and well-being of our number one resource, the great people of this great province of ours, Mr. Speaker. We urge the government to continue to work with labour and employers to build the safest possible province for the people of Saskatchewan to live and work in.

And I'd also like to express on behalf of my colleagues, sincere condolences to those who have lost loved ones.

Thank you, Mr. Speaker.

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

#### **Forest Industry Expansion in Prince Albert**

**Mr. Kowalsky:** — Thank you, Mr. Speaker. On Monday, the Premier, the Minister of Economic Development, the Minister of Environment, and the Minister of Northern Affairs made a well received announcement about the expansion of our forest industry.

This announcement is good news indeed for Saskatchewan and particularly for people in my constituency in Prince Albert. Ten thousand jobs, \$850 million of investment — those are not numbers to sneeze at. Or more dramatically, Mr. Speaker, those are not numbers at which not to sneeze.

But don't take my word for it. Let me quote from a news release by the Prince Albert Regional Economic Development Alliance. An alliance of the P.A. (Prince Albert) city, the P.A. Chamber of Commerce, the P.A. REDA (regional economic development authority) and the Prince Albert and District Community Futures Development Corporation.

Economic alliance Chair, Gerry Stroshein, said, I quote:

With the creation of 10,000 new jobs, we are looking at a very vibrant economy for the northern half of the province for years to come. The alliance, he said, is even more enthusiastic about the announcement of a forestry centre of excellence in Prince Albert.

A centre which will bring industry, academia, and government together to lead in research, development, and training for our

expanding forest and wood product industry.

Mr. Speaker, the people who make up the P.A. alliance are cautious, careful people. They are not enthusiastic without good cause, and here they have very good cause.

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

#### **Birth of Hannah Rae Mandryk**

**Ms. Julé:** — Thank you, Mr. Speaker. Mr. Speaker, I'd like to take this opportunity to acknowledge that Saskatchewan's population drain slowed slightly yesterday with the birth of Hannah Rae Mandryk, daughter of a gentleman who looks down on us every day from the press gallery, Mr. Murray Mandryk.

Now, Mr. Speaker, while Murray is a brand-new father, which I know can be a nerve-racking experience for anyone, I'm sure he feels well qualified to look after a young child after watching the antics of question period in this legislature for so many years.

Mr. Speaker, I should also point out that even at this young age the youngest Mandryk shares something with most of the people of Saskatchewan — she's never read her father's column either.

Mr. Speaker, in all seriousness I'm sure all members of this House join with me in congratulating Murray and Shawna Mandryk for the blessing they have received and in wishing that health and happiness follow Hannah throughout her life.

Thank you, Mr. Speaker.

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

#### **Kyle Small Business Loans Association**

**Hon. Mr. Wiens:** — Thank you, Mr. Speaker. On Monday I had the privilege to celebrate a great success in Kyle.

Kyle is an energetic community that's previously demonstrated its success firstly through agriculture, more recently through its work with the provincial government in establishing the Saskatchewan Landing marina and attracting fisherman from both Canada and the United States to their annual Saskatchewan Landing walleye tournament, and on Monday through the achievements of the Kyle Small Business Loans Association. The Kyle Small Business Loans Association has created 41 jobs with the help of the Small Business Loans program.

Yesterday I had the honour of presenting John Noble, the chairperson of the Kyle Small Business Loans Association, with a certificate recognizing this achievement. Local businesses helped by the SBLA include home improvement operations, food service ventures, and various retail businesses.

I'm very proud of the Kyle area businesses that have helped create 41 jobs, adding to the 12,800 jobs created province-wide by the local SBLAs. This job creation is an excellent reflection of the Saskatchewan spirit of co-operation. It is just another example of Saskatchewan's rural economic strength which

continues to grow.

Congratulations to John Noble and the Kyle Small Business Loans Association for their efforts to help build Saskatchewan.

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

### Spring Farm Safety Campaign

**Mr. Langford:** — Today I am happy to tell members about the new partnership between SaskPower and the Saskatchewan Safety Council. This morning the minister responsible for CIC (Crown Investments Corporation of Saskatchewan) announced the partnership will help build awareness of farm safety issues.

Radio announcements, group presentations, and TV messages will remind farmers and farm families about safe farming practices.

SaskPower will continue to work with the safety council to promote safe working conditions. The “Come Home Safe Tonight” message will also be used again this year. I too, would like to encourage farm safety for the upcoming season, and would like to congratulate SaskPower and the Saskatchewan Safety Council on their new partnership. Thank you, Mr. Speaker.

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

### SaskEnergy Sweater Recycling Program

**Ms. Murray:** — Thank you, Mr. Speaker. As we approach the end of this month and move into the warm days of May, today seems a good time to recognize a significant and successful community program of one of our Crown corporations. After all if the program is recognized in Conrad Black’s national newspaper it is worth at least 90 seconds of our time.

Yesterday’s *National Post* section on corporate social responsibility was prepared with the help of The Conference Board of Canada, a section that highlights the most outstanding companies in Canada in supporting their communities.

On page 1 is a picture of SaskEnergy employees and their sweater recycling program. This program, Mr. Speaker, takes the off-hour time of over 200 SaskEnergy employees who work with more than 100 schools and community organizations. This year they collected 65,000 sweaters, more than triple the previous record. These sweaters are distributed around the province where they are needed.

Mr. Speaker, our Crown corporations and their employees serve us in many ways in the marketplace and in the community. They are true leaders, and I join The Conference Board of Canada and the *National Post* in recognizing this one unique SaskEnergy program. Thank you, Mr. Speaker.

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

## ORAL QUESTIONS

### Agricultural Income Disaster Assistance Program

**Mr. Bjornerud:** — Thank you, Mr. Speaker. Mr. Speaker, my question is for the Minister of Agriculture. Well, Mr. Minister, it finally happened. We finally found a farmer who qualifies for your AIDA (Agricultural Income Disaster Assistance) program. Robert Olson of Quill Lake filled out the forms and he qualified for assistance under AIDA. The problem is AIDA is only sending out 50 per cent of the cheque right now because apparently the federal-provincial agreements have not been signed.

Mr. Minister, will you confirm that you have not yet signed the federal-provincial AIDA agreement which means the few farmers who do qualify are only going to get half of their money now?

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

**Hon. Mr. Upshall:** — Well, Mr. Speaker, I know that the federal/provincial . . . the technical signing . . . (inaudible) . . . been done for any of the provinces so that’s . . . we’re no where different than anybody else.

And I know the member likes to blame the provincial government for this program. But I’ll tell you what the member doesn’t tell you. The member doesn’t tell you that the programs that he support cut \$320 million of transportation subsidy, cut \$80 million, \$80 million of safety net money. It cut \$105 million through the deregulation promotion. It cut \$125 million dollars from the two-price wheat system.

Mr. Speaker, if we had the programs that that member advocated to cut — and succeeded — we wouldn’t need AIDA today.

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

**Mr. Bjornerud:** — Thank you, Mr. Speaker. Mr. Speaker, I wish just once the Minister of Agriculture would quit living in the ’30s, get with the ’90s and get behind the farmers of Saskatchewan.

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

**Mr. Bjornerud:** — Mr. Minister, if you were actively trying to renegotiate this dismal program, it might make sense that you haven’t signed on the dotted line yet. But you haven’t been part of the negotiations since day one. You sat on the sidelines while Ottawa designed a program that wouldn’t work for Saskatchewan farmers, and now the few farmers who do qualify are only going to get 50 per cent of their cheque because Ottawa doesn’t know if you are in or out.

Mr. Minister, what are you going to do? Do you have any idea how to deal with this farm crisis? Are you trying to renegotiate this program? Or are you just going to live with this dismal program?

What are you going to do to help Saskatchewan farmers through this crisis?

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

**Hon. Mr. Upshall:** — Mr. Speaker, what the member is trying

to do is say that this government doesn't support the Saskatchewan farmers. Well let me tell them something. Saskatchewan, this government uses more taxpayers' dollars per capital for agriculture than any other province in Canada.

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

**Hon. Mr. Upshall:** — We use, Mr. Speaker, we support agriculture to the tune of \$310 — \$310 per capita. Our next closest is Alberta at 139. We're four and a half times the average of all the Canadian provinces.

Mr. Speaker, that party leader has sat in the federal House in 1995 when the federal Liberals cut out \$250 million from agriculture. And the next year he advocated more cuts — more cuts.

Now I want him and his leader to explain to the farmers of Saskatchewan why they promote that. Why in their policy manual they say no support to agriculture and yet they stand in this House day after day accusing us of not supporting.

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

**Mr. Bjornerud:** — Thank you, Mr. Speaker. Well, Mr. Minister, shame, shame on our leader. He wanted to cut down the bureaucracy. He wanted to cut the bureaucracy down, something that your government couldn't understand. You'd rather spend the money on bureaucracy instead of giving it to the farmers who really need it.

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

**Mr. Bjornerud:** — Mr. Minister, let's just review your record in dealing with the farm crisis. First it took you months and months to figure out farmers were in trouble. Then you refused to go to Ottawa until the Saskatchewan Party motion forced you. Then you declared the farm crisis over and bailed out of the program. Then you bailed back in but it was too late to help design the program.

Now the program's failing so you're asking farmers to spend hundreds of dollars to fill out the forms just to show you that the program doesn't work. And the few farmers who do qualify are only going to get half of their money.

Mr. Minister, if Saskatchewan farmers ran their farms like you run the Ag department, they'd all be out of business.

**The Speaker:** — Order, order, order, order, order. The hon. member has been extremely lengthy in his preamble and I'll ask him to go . . . Order. I'll ask him to go directly to his question now.

**Mr. Bjornerud:** — Thank you, Mr. Speaker. Mr. Minister, will you agree today to lobby the federal government to change the AIDA program for next year so we're not stuck in this program for two years?

**Hon. Mr. Upshall:** — Well, Mr. Speaker, he says that his leader wanted to cut the bureaucracy. Well that's fine, but why not leave the Agriculture budget alone? Just shift it around. Don't cut it, don't cut it.

And then his leader went from November of 1998 saying, don't put any money in — which he agreed with us — to December saying 70/30. Then his leader said in January, well just put your 40 per cent in. And now they're complaining about the program.

Mr. Speaker, the credibility on that side of the House is very small today. And I think the member over there has to explain their position of why they flip-flop around this agricultural issue when it's convenient for them to do so.

**Mr. Bjornerud:** — Thank you, Mr. Speaker. If the Minister of Agriculture wants to talk about who's cutting budgets, I believe in 1991 the Ag budget in this province was over a billion dollars. Today it's about 240 million. Who's cutting what, Mr. Minister?

Mr. Minister, you told farmers you'd have a bankable program by last Christmas. Remember that, Mr. Minister? Last Christmas. Well it's already spring seeding and farmers still don't know what's going on with your AIDA program.

Mr. Minister, your NDP (New Democratic Party) government has betrayed farmers too many times. It's probably too late to do anything with AIDA this year but maybe it can still be fixed for next year. But it's going to take some big changes on your part, Mr. Minister.

Also, Mr. Minister, the Minister of Municipal Government in answering questions the other day mentioned that maybe the federal government is thinking of enhancing the AIDA program because it isn't working for Saskatchewan farmers.

Is the federal government looking at enhancing the AIDA program or the NISA (Net Income Stabilization Account) program on top of what we already have?

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

**Hon. Mr. Upshall:** — Mr. Speaker, members opposite cannot get away with this and the public knows that. You can't, you can't be on all sides of the issue at all times. We went forward and the information that he puts forward, a lot of it is very, very semi-accurate, and they know that.

For example, the budget to agriculture? It wasn't the budget. It was . . . we administered the agriculture programs that you supported cutting, and it was a billion dollars we administered. And now you say it's down to 240. Well thank you very much — you succeeded in taking that money away.

Mr. Speaker, we have been very clear from the outset on this agriculture program. We went into this program to again support Saskatchewan farmers from the attack from the US (United States) and the European treasuries because those national treasuries support the agriculture people. We are trying to do the same here from Saskatchewan in helping out.

But you can't be on all sides of the issues. I want you to explain to the farmers of Saskatchewan why you supported the removal of annual payments of \$635 million to the producers of this province.

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

### Number of Graduating Nurses

**Mr. D'Autremont:** — Thank you, Mr. Speaker. Well the minister may not know what to do with agriculture, but I can tell you that farmers know what to do. They know they can't afford another year of NDP administration, particularly in agriculture.

Mr. Speaker, my question though is for the Associate Minister of Health. Madam Minister, as the former president of the Saskatchewan Union of Nurses, you know that the critical nurse shortage in Saskatchewan is a direct result of decisions made by your NDP government — your government.

Madam Minister, what is the quota set by the province this year for nursing graduates? How many nurses will actually be graduating?

**Hon. Ms. Atkinson:** — Thank you, Mr. Speaker. Mr. Speaker, just for the information of the member opposite, he may know that the nursing education program or the NEPS (nursing education program of Saskatchewan) program, which is combination program between SIAST and the University of Saskatchewan College of Nursing, is moving to a four-year baccalaureate in nursing. We no longer in the province have a two-year diploma program.

And in fact, Mr. Speaker, we have a three-year diploma program moving into a four-year degree program. The Saskatchewan Registered Nurses' Association, along with all other registered nurses' associations across the country, are calling for a baccalaureate by the year 2000.

Mr. Speaker, we are in the midst of a transition between the diploma and degree program. The program has been fast-tracked, and in fact you can now get your degree after three and a half years. My understanding is that there will be degree nurses graduating in 1999.

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

**Mr. D'Autremont:** — Thank you, Mr. Speaker. I thought perhaps the associate minister would actually like to answer. Perhaps she would have some of this information having been a nurse, but I gather not.

Madam Minister, you should know that in 1990 Saskatchewan graduated 390 nurses from SIAST and from the university. And we are told that the College of Nursing at the University of Saskatchewan, the provincial government quota for nursing graduates this year is 180. That means that no more than 150 nurses will actually graduate this year.

Nurses at the University Hospital tell us there are 80 postings for vacant nurses' positions in that hospital alone and that Regina has almost 200 vacant positions and that many rural health districts say they can't find enough nurses either. Thanks to the NDP, most nursing graduates this year from school have already been recruited outside of the province.

Madam Minister, what are you doing to increase the number of

nurses graduating in Saskatchewan, and what steps are you taking to keep those nurses at home here in Saskatchewan working in our hospitals?

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

**Hon. Ms. Atkinson:** — Thank you, Mr. Speaker. For the information of the member, in 1998, September 1998, the number of seats in the nursing education program was increased from 180 to 239 and we doubled the number of seats in the licensed practical nurse program.

Mr. Speaker, I understand that even with the recent dispute we have a significant increase in the numbers of young people that are wanting to enter the nursing education program at SIAST. Our Post-Secondary Education department and SIAST and the College of Nursing, as I understand it, are presently determining what seats will be available for nursing education students come fall 1999.

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

**Mr. D'Autremont:** — Thank you, Mr. Speaker. The minister may talk about 220 or so nurses potentially going into school but the quotas are still set at 180.

And, Madam Minister, nurses may indeed be entering but not to work in Saskatchewan because nurses are leaving Saskatchewan for two reasons: the NDP are taking more than half of their income with the second highest taxes in this country. And the NDP has managed to create workplace conditions that are so brutal that many nurses have quit or are leaving because of emotional or physical burnout. If anyone in the NDP caucus understands these facts, it should be the associate minister.

However, hospitals in Edmonton are offering nurses a \$5,000 signing bonus. Lower Alberta taxes mean that nurses keep thousands of dollars more in their pockets so it's not hard to understand why nurses want to leave NDP Saskatchewan.

Madam Minister, what specific measure is the NDP government taking to improve the working conditions for nurses and to keep our graduates at home here in Saskatchewan? And what evidence can you give us to show that you would rather keep nurses here rather than arrest them?

**Hon. Ms. Atkinson:** — Mr. Speaker, I know that the member opposite really doesn't want to hear this but, you know, I would suggest that you might listen.

Mr. Speaker, during the nursing dispute the Regina Health District, as I understand it, hired 30 nurses in the Regina Health District. Let me tell you where they've come from, let me tell you where they've come from. They've come from the United States; they've come from Australia, Ontario, Alberta, British Columbia, Manitoba, and Newfoundland.

Mr. Speaker, if you were to listen to those members, you'd swear that no one is coming here. Well contrary, *au contraire*, people are coming to this province who are interested in pursuing their work opportunities here.

Now just for the information of the member, the Regina Health District, the Regina Health District has now hired over 100 — I think it's 106 — nurses in the Regina Health District. Mr. Speaker, we are not into doom and gloom.

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

**Hon. Ms. Atkinson:** — We are not into doom and gloom.

And, Mr. Speaker, I just want to tell the member that 18 of those are graduates from the College of Nursing program.

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

### Renal Dialysis Sites

**Mr. Aldridge:** — Mr. Speaker, unfortunately we have another case today that demonstrates the NDP priorities are wrong. Mike Fahey lives in Moose Jaw. Mr. Fahey needs dialysis treatment, hemodialysis treatment. He's needed it since 1989, and for 10 years, two to three times a week, Mr. Fahey is up at 5:30 so he can drive into Regina to receive dialysis treatment.

Forty below zero, freezing rain — it doesn't matter to him what the conditions outside are because, in Mr. Fahey's words, you have to drive or be sick. You don't have a choice. Rather than offer treatment in Moose Jaw, the NDP make him and about 13 others drive into Regina to receive basic health care.

To the minister, why are you forcing people who need this basic treatment to go through this for the rest of their lives when you could easily offer this treatment out of a regional hospital in Moose Jaw?

**Hon. Ms. Atkinson:** — Mr. Speaker, I know that we have not yet reached perfection in the province of Saskatchewan, but what I can say to the member opposite is that we have now increased the number of sites for dialysis from Saskatoon and Regina to Lloydminster, P.A., Tisdale, and Yorkton. And in this budget, Mr. Speaker, there is additional funding to fund — to fund, Mr. Speaker — additional renal dialysis sites.

Now just for the information of the member, what is important is that we have seen an increase in renal funding in this province from 1997 to 1998-99 going from \$10.5 million to \$11.8 million. Mr. Speaker, the funding will be up in this year's budget. We have some working groups that are identifying which locations — either North Battleford, Swift Current, Moose Jaw, Fort Qu'Appelle — can also add renal dialysis sites to their regional centres, Mr. Speaker.

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

**Mr. Aldridge:** — Mr. Fahey used to be an emergency medical technician and a city police constable. His poor health requires that he live on Canada pension disability. He's living on just over 9,000 a year; he's calculated that it costs him about 8,000 a year just to drive to Regina every other day. That leaves him with just over a thousand dollars a year.

To the minister, this man is a pensioner. He's not a wealthy man, yet your NDP government forces him into poverty just to receive the health care that he needs to survive and that he has

the right to deserve. Why are you forcing him into poverty just to receive the health care that he needs to stay alive?

**Hon. Ms. Atkinson:** — Mr. Speaker, I think the member raises an important point. For many, many decades, Mr. Speaker, people who required renal dialysis either had to go to Saskatoon or Regina. And that's why it was so important for us to identify satellite sites, Mr. Speaker, in Tisdale, Yorkton, Lloydminster, and Prince Albert, Mr. Speaker.

We have money in this budget for additional sites. And I can assure the member, in order to have off-site dialysis you need to have the co-operation of the nephrologists in both Saskatoon and Regina. And we have money in this budget, Mr. Speaker. We have money in this budget.

And I somehow have to say to the member that I regret that he is playing politics with this when we have seen a significant increase in off location, Saskatoon and Regina, for dialysis patients. And, Mr. Speaker, we have seen an 88 per cent increase in kidney transplants performed last year in comparison to the year before. And we're going to continue to support the people who have kidney failure.

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

**Mr. Aldridge:** — Mr. Speaker, Mr. Faye is not alone. There are 13 other people in Moose Jaw who are travelling to Regina to receive treatment. There's also four nurses from the area who travel to Regina to work in hemodialysis. We also understand that another quit because she grew tired of having to do that commute.

Mr. Speaker, Moose Jaw has the need for hemodialysis treatment. It has the trained staff to do the work. The only thing that it needs is a government that cares. A government that thinks that looking after people like Mike Faye in their own community is a priority.

Mr. Speaker, to the minister, why does she feel that it's not a priority to have hemodialysis facilities in Moose Jaw when there's clearly the need and the ability to do it right now?

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

(1430)

**Hon. Ms. Atkinson:** — Mr. Speaker, in order for their to be off-site renal dialysis, other than Saskatoon and Regina where the nephrologists are located, you have to have the involvement of people who are nephrologists and very familiar with kidney disease and kidney failure.

Mr. Speaker, in this budget which was announced by the Minister of Finance on March 26, we indicated that there was significantly increased funding to support renal dialysis in centres outside of Saskatoon, Regina, P.A., Tisdale, and Yorkton.

Mr. Speaker, in order for that to occur, you need to have the nephrologists and the health districts working in co-operation. Mr. Speaker, for the edification of the member, I can assure the member that we believe that we need to decentralize services,

and we are doing so.

Mr. Speaker, we have seen a significant increase in allocated funds for those people who have renal failure. To those districts we've seen a significant increase in kidney transplants in this province. And I can assure the member that we are going to make sure that we have renal dialysis sites in other parts of the province. And I'd just like to remind the member that it was his federal government colleagues that cut \$200 million . . .

**The Speaker:** — Order, order. Order. Next question.

**Mr. Aldridge:** — Thank you, Mr. Speaker. The Liberals have in their platform the belief that no matter the region, people have a right to expect medical treatment in their region. That's why the Liberals have committed in their Priorities 1999, to give Moose Jaw regional hospital status. Under the Liberals, Moose Jaw will have a regional hospital that can provide enhanced diagnostic services and dialysis so people like Mike Faye can receive treatment in their community and not be forced into poverty by driving into Regina.

Mr. Speaker, to the minister, does she support the Liberal idea of making Moose Jaw a regional hospital with all required diagnostic treatment, or does she feel the money is better spent on NDP hacks and flacks.

**Hon. Ms. Atkinson:** — Mr. Speaker, I'd like to know when that member wrote to the Prime Minister of Canada and Allan Rock asking for the federal government to return the \$200 million that was cut to this province in the area of health funding and post-secondary education.

**The Speaker:** — Order. Order. Order. The purpose . . . order, order. Order. The purposes of question period are not served by having hon. members shouting across the floor. And I'll ask for the co-operation of all members to permit the Minister of Health to be heard.

**Hon. Ms. Atkinson:** — Mr. Speaker, in 1998 we didn't get one renewed nickel from the federal government for health spending in the province of Saskatchewan. And in 1998, Mr. Speaker, on our own, the province of Saskatchewan funded renal dialysis in Tisdale and Yorkton without a cent from the federal government.

But we have said in this year's budget that we are going to increase the numbers of sites for renal dialysis. We're going to continue the work that has been done in this province to move renal dialysis outside of Saskatoon and Regina.

Mr. Speaker, there is a working group of nephrologists, The Kidney Foundation, and the health districts working on this issue, and I can assure the member that we will be announcing where those sites are going to be located.

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

#### **Job Announcement in Forestry Sector**

**Mr. Gantefer:** — Thank you, Mr. Speaker. Mr. Speaker, my question is for the Minister of Economic Development.

Mr. Minister, a couple of days . . . Madam Minister, a couple of days ago you announced a major initiative in the forestry industry and insofar as any of this is new, it is worthwhile but, Madam Minister, it seems that you keep dragging out the same projects and announcing them over and over and over again. It is indicated that there are \$850 million only 300 hasn't been announced once or twice or three times before.

For example, how many times are you going to announce the OSB (oriented strand board) plant in Hudson Bay? You announced it before the '91 election, the '95 election, now we're going to the '99 election.

How many times can you drag out these projects and re-announce them?

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

**Hon. Mr. Cline:** — Mr. Speaker, I'd like to start out by congratulating the members opposite on their valiant efforts to find a cloud behind every silver lining. And I'd like to thank the member for the opportunity to talk about the biggest job announcement in Saskatchewan history, Mr. Speaker.

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

**Hon. Mr. Cline:** — Ten thousand new jobs, \$850 million in private sector . . .

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

**The Speaker:** — Now the Chair is having some difficulty being able to hear the answer being provided, and I'll ask the co-operation for all on both sides of the House.

**Hon. Mr. Cline:** — Mr. Speaker, I want to quote Paul Martin from CJGX Radio where he said, "This plan takes underdeveloped resources natural and human resources and puts them together, and it does it without spending government money."

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

**Hon. Mr. Cline:** — And it goes on to say, Mr. Speaker, for the edification of those members, he says, "Now that's what economic development is all about."

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

**Hon. Mr. Cline:** — Mr. Speaker, I'd like to quote from the Tory platform, I'd like to quote from the Tories platform on forestry.

But you know what, Mr. Speaker? I can't because it doesn't say a word about forestry in the Tory platform, Mr. Speaker.

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

**The Speaker:** — Order. Order. Order, all hon. members, I'm sure, will want to come to order.

#### **INTRODUCTION OF BILLS**

**Bill No. 35 — The Land Information Services Facilitation Act**

**Hon. Mr. Nilson:** — Mr. Speaker, I move that Bill No. 35, The Land Information Services Facilitation Act be now introduced and read for the first time.

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

**Hon. Ms. Crofford:** — Before orders of the day, I rise to ask leave of the Assembly to make a statement of importance to Saskatchewan workers.

Leave granted.

**STATEMENT BY A MEMBER****Day of Mourning for Workers Killed or Injured on the Job**

**Hon. Ms. Crofford:** — Thank you, Mr. Speaker. Today is April 28, the day we set aside to remember and to mourn the workers who have died on the job. Today we also remember the workers who have been injured, disabled or become seriously ill at work.

And, Mr. Speaker, I think it's important that we reaffirm our commitment to the prevention of accidents, injuries, illness, and death in the workplace, not just today but every day.

And it's important to reaffirm our support for prevention programs and enforcement of health and safety laws. And we must remember it's our obligation that health and safety come first.

Since last April, 27 people have died on the job in Saskatchewan, and that's 27 lives cut short and 27 families left grieving. And today we join those families.

Mr. Speaker, I wish to read into the record for all to know and remember the names of the 27 people who died in Saskatchewan workplaces this year. And I'll try to do them justice by reading out their names clearly.

Grant Atkinson, Andres Besisle, Walter Betker, Howard Bird, Michel Brazeau, Bruce Brown, Ronald Carson, Donald Deren, John Diagneault, Raymond Doka, Andrew Duncan, Donald Fathers, Robert Fotheringham, Daniel Haseloh, Matt Hnatiuk, Jason Hoffman, Michael Lacoursiere, Collin Laroche, Miles Magel, John Nash, Christopher Peltz, Verna Pottruff, Robert Reitenbach, James Rothecker, Bruce Steeves, Andrea Sylvestre, and Ardith Todd.

And, Mr. Speaker, I ask that all hon. members rise to join me in observing a moment of silence.

The Assembly observed a moment of silence.

**Mr. D'Autremont:** — Thank you, Mr. Speaker. With leave to introduce guests before orders of the day.

Leave granted.

**INTRODUCTION OF GUESTS**

**Mr. D'Autremont:** — Thank you, Mr. Speaker. I'd like to introduce to you and through you to the Assembly a very important person in my constituency, a cattleman from the Arcola, Kisbey area, Mr. Don Lees.

In 1991, Don was the Liberal candidate in the provincial election. In 1995 Don was the Liberal candidate in the provincial election, and for the upcoming election hopefully in 1999, in June, Don will be the co-campaign manager for my re-election campaign.

I ask members to welcome Don to the Assembly and I thank him very much.

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

**TABLING OF REPORTS**

**The Speaker:** — Also before orders of the day the Chair tabled three reports. The annual report for 1999 by the Provincial Ombudsman, entitled *Promoting Fairness*; the 1998 annual report by the Saskatchewan Children's Advocate entitled, *childhood . . . entitled to special care*; and the 30th annual report 1998 of the Commonwealth Parliamentary Association.

**ORDERS OF THE DAY****GOVERNMENT ORDERS****SECOND READINGS****Bill No. 26 — The Apprenticeship and Trade Certification Act, 1999**

**Hon. Mr. Sonntag:** — Thank you, Mr. Speaker. I'm pleased to outline the key provision of the proposed Apprenticeship and Trade Certification Act to all members.

Last May, with our industry and training partners led by Mr. George Pellerin and Mr. Paul McLellan, both from the Provincial Apprenticeship Board, and of course Dr. Art Knight of SIAST, we announced our decision to create a new industry-led commission. The new commission will lead the renewal of the apprenticeship and trade certification system in Saskatchewan.

The proposed legislation you see before you today makes this all possible. Responding to labour market needs and creating access to job opportunities for Saskatchewan people are key elements of the Saskatchewan training strategy, *Bridges to Employment*, announced in 1997.

Apprenticeship renewal is an important part of the training strategy. Apprenticeable trades are a component of the workforce in 19 per cent of Saskatchewan businesses. One-fifth of our employer community in Saskatchewan relies on the apprenticeship system for training, certification, and updating of their skilled workforce.

In 1998 there were 5,003 apprentices in the province, almost as many trainees as the full-time enrolment in SIAST's certificate

and diploma programs. Provincial expenditures on apprenticeship this year are equivalent to our total operating grants to the regional college system. Apprenticeship is clearly a significant part of our provincial training strategy.

Mr. Speaker, my department has worked extensively with industry over the past three years. This began in 1996 with industry-led consultations regarding the survival of apprenticeship in light of federal funding withdrawal from training. Over the course of two years of broad consensus of industry, trainers, equity groups, and the public has been established regarding the survival and renewal of the apprenticeship system. This new Act reflects that consensus.

(1445)

Public consultations were also held by the department this past fall on the new Act in nine communities: Regina, Saskatoon, La Ronge, North Battleford, Prince Albert, Yorkton, Estevan, Moose Jaw, and Swift Current. As well, the Northern Labour Market Committee was consulted. This was in addition to ongoing consultations with the Provincial Apprenticeship Board and all trade advisory boards. We wanted to be certain that we heard from the people of Saskatchewan.

We did hear the people, Mr. Speaker, and this is what they said: they wanted a more responsive apprenticeship training system; they wanted improved access to apprenticeship training and trade certification for all residents; they wanted increased awareness by youth about good quality careers in the trades; they wanted a sustainable, vibrant system capable of expansion; and they wanted more direct industry involvement in decision making.

What we heard is now being acted upon in this legislation, the new Apprenticeship and Trade Certification Act, 1999. Mr. Speaker, this government is listening to its stakeholders and to the people of Saskatchewan.

The proposed Act would establish a new commission with an industry majority board as an agent of the Crown to manage the renewal of the apprenticeship system. This Bill will allow industry to lead the renewal process and manage the system.

Through a new apprenticeship commission the system will be more responsive and innovative. Mr. Speaker, this is because it will involve those most directly affected by apprenticeship, that is business and labour, in decision making in partnership with government trainers and representation from those groups not now active in apprenticeship, such as Aboriginal people and women.

Mr. Speaker, these are the people who are the ones most in tune with quality assurance, productivity, and competitive needs of business. These are the people who know how apprenticeship best relates to skilled workers and their needs. And these are the people who can best determine how to engage underrepresented groups in the apprenticeship system.

This commission will be responsible for renewing apprenticeship. The commission board will be mandated through this Act to firstly create a responsive and relevant training system; to increase access to apprenticeship training

and to develop a more representative workforce in the designated trades; to form strong industry-SIAST partnerships; to ensure high quality responsive training to meet the needs of industry and apprentices; to increase promotion of apprenticeship as a quality career option for young people; to undertake human resource planning to meet industry skill needs; and to strengthen Saskatchewan's reference to national and international standards as a means to ensure our workforce is recognized for its high calibre throughout North America, thus contributing to the competitive advantage of Saskatchewan companies.

Mr. Speaker, I will highlight some of the elements of the proposed legislation.

Firstly, the new Act will establish the commission as an agent of the Crown reporting to the Minister of Post-Secondary Education and Skills Training with an industry led board plus representation from government trainers and underrepresented groups.

Secondly, it will authorize the commission to manage the apprenticeship and trade certification system. This includes designating trades for apprenticeship purposes; generating, retaining, and expending revenues; registering apprentices and journey people; monitoring their training and providing certification of skill levels achieved; determining and charging fees for products and services; entering into agreements for training delivery; and representing Saskatchewan on interprovincial initiatives.

Thirdly, it will give the commission authority to make operational regulations to ensure the efficient and effective operation of the apprenticeship system and to meet the needs of industry effectively in a more timely manner.

Fourthly, it will ensure a strong, dual accountability to both industry and government. Fifth, it will ensure a cost-effective approach to implementation through the transfer of existing operating and training funds to the commission.

Sixth, it will demonstrate respect for employees by transferring apprenticeship unit staff to the commission while maintaining their full employee rights and benefits.

Mr. Speaker, this proposed legislation reflects the consensus of the people of this province. It increases the business and labour commitment to investing in apprenticeship training and a training culture. It ensures that trainers give priority to providing the most relevant responsive training needed.

The proposed legislation increases access to quality apprenticeship careers for all Saskatchewan residents, and it will provide a better return on investment of the public funds provided for the program.

Mr. Speaker, in addition to our support for the commission, the commitment of the provincial government is also assured. This government invests heavily in apprenticeship.

We have replaced federal funding withdrawal in apprenticeship training of almost \$5 million on an annual basis. In addition we provided 555,000 in the year 1998-99, and another 1.5 million

in 1999-2000 in provincial funding to expand our training capacity to meet the increased demand for apprenticeship training. This provides technical training for about 3,000 apprentices annually. This is an increase of almost 30 per cent, providing many more opportunities for young people than in 1996.

Mr. Speaker, a new and innovative partnership of government, business, labour, trainers, and equity groups will ensure that apprenticeship training matches the skills needed for jobs and trades now and into the future.

The proposed new apprenticeship commission will ensure the training and employment needs of all Saskatchewan people are met, including large and small employers, organized and unorganized labour, youth, Aboriginal peoples, and other under-represented groups and industry sectors.

I am therefore, Mr. Speaker, very proud to move second reading of Bill No. 26, The Apprenticeship and Trade Certification Act, 1999.

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

**Mr. Krawetz:** — Thank you very much, Mr. Speaker. Mr. Speaker, it is my opportunity and indeed an honour to be able to comment on the proposed Bill.

Saskatchewan has been waiting for a change to its apprenticeship program for many, many years, Mr. Speaker. I've had the opportunity to talk with various leaders of businesses, of labour, of programs in fact of instruction at the SIAST. And for a long period of time we've heard from people that there was need to address the changes that were required.

The minister has outlined that of course the federal government has withdrawn from the funding. And what I think this has done to Saskatchewan is allowed us, the province of Saskatchewan, to develop an apprenticeship program that meets the needs of Saskatchewan people.

I had the pleasure, Mr. Speaker, of attending one of those nine public meetings that the minister indicated. And while I was somewhat disappointed I think in the number of people that were in attendance, I was pleased to see a cross-sectional representation of a number of people.

There were representatives of businesses in Yorkton, there were representatives from labour groups, and most importantly though, Mr. Speaker, there were students who were in attendance at that public meeting in Yorkton and had an opportunity to raise some concerns. I understand from the other meetings that that was the general makeup of many of the meetings where there was tremendous amount of input and comments made by everyone.

I think what this has shown — and in fact the minister earlier on today introduced a number of representatives, key individuals in the province of Saskatchewan who represent a wide cross-section — it was time for Saskatchewan to design an apprenticeship program, to design the Bill that would put in place an industry-led apprenticeship trade program.

Mr. Speaker, we have had a few calls, and I say a few — not very many in number — to our offices primarily from students who felt that the communication lines between the committee that was travelling around the province and themselves wasn't good enough, that indeed students didn't have the opportunity to have as great an input.

And I know that's probably true in many instances when we look at government or we look at businesses being able to ensure that everyone has had an opportunity to be involved. It's not always possible.

But I would like to assure the minister, from the comments that we've had from businesses, from individuals representing labour, that they're pleased to see this apprenticeship program developed and in fact this Bill come forward today.

We have a number of questions, Mr. Speaker, regarding very specific sections of the Bill that can be handled during Committee of the Whole and I see no reason for the Bill to be held up at this stage of its development. And I would indicate that that will be appropriate at the Committee of the Whole.

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

Motion agreed to, the Bill read a second time and referred to a Committee of the Whole at the next sitting.

## COMMITTEE OF THE WHOLE

### Bill No. 29 — The Health Information Protection Act

**The Chair:** — I would ask the minister to introduce her officials please.

**Hon. Ms. Junor:** — On my left is Jim Engel; on my right, Duane Mombourquette.

#### Clause 1

(1500)

**Mr. D'Autremont:** — Thank you, Mr. Chairman. I'd like to welcome the minister and her officials here today. This is a very important piece of legislation, and I think a piece of legislation that most people in the province do not understand what implications it may very well have in their lives, both on the short term and on the long term.

So before we get into this, Madam Minister, I wonder if you could explain a couple of the terms under the interpretations of the Act where it states commissioner, and deals with a commissioner that will oversee any requests for information that it will be ... means the information and privacy commissioner appointed pursuant to section 38 of The Freedom of Information Protection of Privacy Act.

I wonder if you could outline for us and for the people who are watching this today with some concerns about this particular piece of legislation, how that commissioner is selected.

**Hon. Ms. Junor:** — Thank you. The Information and Privacy Commissioner is appointed as an officer of the legislature. He's

already appointed and we will be using him. As he's already there we'll be using him.

**Mr. D'Autremont:** — Well, thank you, Madam Minister. I'm aware that the commissioner is already in place, but I was wondering if you could identify for the public that are listening in just how his selection process works.

Is he appointed by the Premier? Is he appointed by the Assembly? How does this person come to hold this position?

**Hon. Ms. Junor:** — The Minister of Justice moves a motion and then they're appointed through the legislature.

**Mr. D'Autremont:** — So, Madam Minister, then from your understanding of the process, this person is chosen by the Minister of Justice to fulfil this role. And what impartiality is there to ensure that this person will be looking after the interests of the public, that their private information is indeed kept private, and not for some other purposes that anyone might envision this information being useful for?

If it's simply an appointment by the Minister of Justice, I think it's open to some concerns. But, Madam Minister, I think what should happen here is that the selection process — and I believe in all likelihood this may very well be more appropriate — that it be dealt with in a manner similar to what we did with the appointment of the electoral officer.

An all-party committee should discuss, debate in committee the selection process and be a part of the selection process and be able to choose from amongst the qualified people whose names have been put forward and seek the person who would be impartial . . . knowledgeable, impartial, and be able to render fairly for the people of Saskatchewan on decisions requiring privacy of information and that it simply not be an appointment by the Minister of Health.

Now I think perhaps that process has been used in the past, even in this particular area as the Privacy Commissioner, that it was done in consultation with other members of the House and not simply done by the Minister of Health. And I wonder if you could give an indication that you would support and encourage that this be done through an all-party committee and brought to the floor of the Assembly by the Justice minister, but that the recommendation of the Justice minister come from an all-party committee.

**Hon. Ms. Junor:** — The Information and Privacy Commissioner, as he is appointed now through the process that it is done, and he is also . . . is in place, is an independent officer and not appointed by the Minister of Health.

**Mr. D'Autremont:** — No, I recognize he's not appointed by the Minister of Health, Madam Minister. You said the appointment was by the recommendation of the Minister of Justice. And that it would come to the floor of the Assembly for approvals same the as . . . what I'm suggesting is it should come to the floor of the Assembly for approval the same as the electoral officer did — the Chief Electoral Officer — that we just did here not that long ago.

I think that process worked out very well. There was no

disagreements at the end of the day with the parties as to who that person became; and I think in this process, a similar process of that fashion would be beneficial to the comfort levels of all the people involved. And so I'm asking that you give some consideration to that.

Madam Minister, part of this legislation talks about the health services number and that the health services number should not be used for any other thing other than health. I wonder if you can confirm that, and whether or not you support that motion that the health services number be used strictly for health information.

**Hon. Ms. Junor:** — The Act actually specifies that — that no one has to give their health services number for other than a health service. So that is what the Act is actually enshrining.

**Mr. D'Autremont:** — Thank you, Madam Minister. What do you propose to do then with other pieces of legislation and other government forms that demand the health services number to access those programs or those applications? And the one that immediately comes to my mind is the province's hunting licences, which have . . . you have to have a Saskatchewan health services number on that hunting licence to actually get a hunting licence.

So are you proposing to make changes in that area so that the health services card is directly related to health services and not to a myriad of other government services that are not related in any way, shape, or form to health?

**Hon. Ms. Junor:** — The Act as it reads gives more substantial force to the fact that you do not have to have your health services number for anything other than a health service. Your particular point that the collection of the health service number for the big game draw, that it does allow the government to verify Saskatchewan residency, but it doesn't give access to any health information. And the big game draw will not have access to SHIN (Saskatchewan Health Information Network), and will not have therefore any access to any health records.

**Mr. D'Autremont:** — Madam Minister, once our health numbers are out there and about in various and sundry forms, people with computers seem to do marvellous things these days, and if they have access to our numbers they may very well have access to our files. And I think there's a great deal of concern out in the public about that very fact.

If these health services numbers are strictly to be used for health purposes, then there is absolutely no reason why they should be used for such a thing as hunting licences. And it's in your legislation even that they are to be used just for these services.

So if we can say no to allowing that health services number to be used in other areas, as you're suggesting, then you're going to have to change the other legislations that use the health services numbers for whatever purposes they may be using them.

So will you be approaching the other ministers to change their requests, their information forms, and their legislation so that the health services card number is used strictly for health services?

**Hon. Ms. Junor:** — Right now there's no limit to who can ask you for your health service number. This Act puts in limitations exactly stating what you can be asked for it for.

There is no other way in Saskatchewan to determine residency other than your health services number. So this legislation is a balance between what we require for non-health services that will have no access to your health records. And what we still need to verify, things like for student loans and for the big game licences.

**Mr. D'Autremont:** — Well, Madam Minister, we have driver's licences which could be utilized for that purpose. Not everyone in the province obviously has a driver's licence. But we have other . . . we recognize people simply by their locations and enumerations when it comes to vote and to pick the representatives for this province to speak in this Assembly.

We don't ask them whether they have a health services card number and take it when we are allowing them to vote, which I think is probably the most important privilege we have. And yet we don't have to have a health services number to do that. So we don't need that health services number for all the other things that government wants to keep track of us for.

So I think the health service number, Madam Minister, should be used strictly for the health services.

I'd like to ask for another clarification. The term trustee — when you use the term trustee, does that mean institutions, government institutions in Saskatchewan, or does it encompass people outside of Saskatchewan?

**Hon. Ms. Junor:** — Government institution where we're referring to as something like Saskatchewan Health. And provincial legislation only has jurisdiction over provincial institutions.

**Mr. D'Autremont:** — Will this information then be available to someone other than provincial institutions?

**Hon. Ms. Junor:** — I'd just ask you to clarify what information you're asking — what will be available.

**Mr. D'Autremont:** — Any health information collected and stored on this program . . . under this Bill.

**Hon. Ms. Junor:** — I just wanted to clarify that this Act covers all information stored on paper, on files. It doesn't just cover the electronic network that is proposed for an electronic information manager like SHIN. This covers everything — paper records, everywhere we store files in every format that we store them.

**Mr. D'Autremont:** — Well that's good to know, Madam Minister. But does . . . when you say trustee, does it include anyone outside of this province that may have access to any of the health information collected from any patient in Saskatchewan.

**Hon. Ms. Junor:** — Basically what this legislation does in its broadest sense is determine the use of the information when it's been collected. So that if you are collecting it only for the

specific purpose to deliver a health service, then it doesn't preclude that that health service could be delivered outside the province, and then that information would have to be disclosed to an institution outside the province. But the same onus is on the trustee, that the information is only to be used and disclosed for the delivery of a health service.

(1515)

**Mr. D'Autremont:** — So Madam Minister, none of this information could be used outside of this province for any reason other than to provide an immediate service to a particular patient. Is that what you're saying?

**Hon. Ms. Junor:** — Disclosure always has to follow the rules that are implied or put into place in this Act for a trustee to disclose. So any disclosure has to follow all the rules in the Act.

**Mr. D'Autremont:** — Okay, Madam Minister, do any of the rules in this Act allow any of the information collected under this Bill to be used by any person, corporation, entity outside of this province other than for the particular immediate health provisions to an individual patient?

**Hon. Ms. Junor:** — The answer is generally no. There are some circumstances where the information may be having to be shared because it's not directly a health service. It might be for the protection of someone's safety, for example.

**Mr. D'Autremont:** — Well someone's safety is pretty general, Madam Minister. Is it their imminent safety? Is it a broad category that someone may, at some point in time, come down with some disease, therefore we need to have access to information to carry out research to prevent that disease from ever happening; therefore it's for a person's safety. I mean that's pretty general, Madam Minister.

So when you're talking about the information being made available outside of the province to someone operating . . . an individual or a corporation of any sort, I think you need to be a lot more specific than a person's safety.

**Hon. Ms. Junor:** — Well you have a copy of the Act, I presume, and there is . . . very specific in the Act. I'll read (4)(a) on page 13 under "Disclosure," section 27:

A trustee may disclose personal health information in the custody or control of the trustee without consent of the subject individual in the following cases:

(a) where the trustee believes, on reasonable grounds, that the disclosure will avoid or minimize the danger to the health or safety of any person;

That's what I was talking about.

**Mr. D'Autremont:** — Are there any other reasons, Madam Minister, why some of this information may be transferred to a trustee outside of this province?

**Hon. Ms. Junor:** — I think basically what has happened is that this Act sets the parameters of why you can disclose, not so much as where you live if I'm disclosing to you for example.

Because there's provisions of care, there's the one I just read. There's express consent — a person can consent to have information sent anywhere that they want. So there are several situations that are covered in explicit sections of the Act that will cover off almost every scenario.

But it is generally in the Act that . . . the Act covers or puts the onus on a trustee to only disclose for certain reasons and they are specifically listed here.

**Mr. D'Autremont:** — Madam Minister, does this Bill supersede all previous legislation that would deal with the collection and distribution of health information either identified or de-identified?

**Hon. Ms. Junor:** — I'll just draw your attention again to the Bill, that the Act prevails, on page 5 and 6 of the actual Bill, subsection 4. Would you like me to read them all or can we just . . .

**An Hon. Member:** — You can give me the paraphrase on it.

**Hon. Ms. Junor:** — Well there's several Acts that it does supersede:

- (a) The Adoption Act or The Adoption Act, 1998;
- (b) Part VIII of The Automobile Accident Insurance Act;
- (c) section 16 of The Cancer Foundation Act;
- (d) The Child and Family Services Act;
- (e) The Mental Health Services Act;
- (f) The Public Disclosure Act;
- (g) The Public Health Act, 1994;
- (h) The Workers' Compensation Act, 1979; or
- (i) any prescribed Act or regulation or any prescribed provision of an Act or regulation.

**Mr. D'Autremont:** — Well, Madam Minister, those are the things it does not apply to. So that leaves a fairly broad area that this Act does not apply to, particularly when it says any prescribed Act or regulation, or any prescribed provision of an Act or regulation. It leaves it pretty broad for the disclosure of information.

Madam Minister, does your department and does the SHIN health information system have any agreements of information sharing with any other jurisdiction, including the federal government?

**Hon. Ms. Junor:** — For SHIN, the answer is no, they do not have any agreements for reciprocal sharing. The Department of Health does have some agreements for sharing with some of the registrations for some of the data in the systems. Like for the Canadian Institute of Health Information, they do have reciprocal agreements to share for those federal programs, federal institutions.

**Mr. D'Autremont:** — So how does our privacy legislation then deal with CIHI (Canadian Institute of Health Information) when they have the information that's available. I'm assuming the information they have available is identifiable. It'll say a particular person's name and here's their health information. So how does our privacy regulations and how does your Bill control access to the information that CIHI might have?

**Hon. Ms. Junor:** — This legislation actually sets the rules for what we can share and when we can share it. This is very clear about what we can and can't share. And this sets it for the department as well as for SHIN.

**Mr. D'Autremont:** — The information though that you have shared with this Canadian Institute of Health Information, once they have that information what controls do you have over the use of that information?

**Hon. Ms. Junor:** — Currently we have a binding contract with CIHI that says that they cannot disclose without our consent any of the information that we've given them. This will further reinforce that.

**Mr. D'Autremont:** — Well perhaps you could give us an indication of who the Canadian Institute of Health Information is; who else participates in this organization?

**Hon. Ms. Junor:** — This is just a general overview of CIHI, which is a non-profit organization arm's length from the federal government. It has federal-provincial representation on it as well as representation from StatsCan.

**Mr. D'Autremont:** — Does it have any involvement or representation from any of the health industry pharmaceuticals, anyone else other than government agencies?

**Hon. Ms. Junor:** — There is no representation on CIHI from the commercial sector.

**Mr. D'Autremont:** — Thank you, Madam Minister. What is the information that is sent to the Canadian Institute of Health Information used for. What's the purpose of its collection and what does it do with the information?

**Hon. Ms. Junor:** — I would like to ask the Chair how far we're going to go into what CIHI (Canadian Institute of Health Information) is as pertains to this Bill. If you give could give me an indication of how far we're going to go here.

**The Chair:** — If the subject matter is not in the Bill, then I would ask the minister to . . . or the member to rephrase his question to what's related in the Bill.

**Mr. D'Autremont:** — Madam Minister, any of the Saskatchewan health information that is being distributed to other entities, including the Canadian Institute of Health Information, to what purposes will that information be used? And why does that agency collect this information?

**Hon. Ms. Junor:** — Generally, information gatherers like CIHI monitor and evaluate health services outcomes and disease patterns, and it's a federal-provincial type of process, with participation from those agencies, federal and provincial.

**Mr. D'Autremont:** — Madam Minister, will any of the information from Saskatchewan Health services and patients that is collected through this program and distributed through trustees to other agencies such as the Canadian Institute of Health Information Services be used or transferred in any fashion for data studies, for examinations of procedures, or any of such types of studies that may be carried out by medical

services, by pharmaceuticals and other corporations?

**Hon. Ms. Junor:** — Generally speaking, information is shared into the non-profit provision of health services. If you want to talk about use and disclosure for research, which is, I think, what you're leading up to, there is a provision in the Bill on page 16 — it's section 29. I would refer you to that.

**Mr. D'Autremont:** — Madam Minister, any of the information that is transferred from Saskatchewan Health services, is it transferred to other trustees in an identified form or in an unidentified form?

(1530)

**Hon. Ms. Junor:** — Do you want to clarify if you're asking that for general purposes or for research? Are we on research, or what are you actually asking for? Then there's two answers.

**Mr. D'Autremont:** — Well, Madam Minister, maybe I need to ask the question twice if there's two answers. I want it both for general services and for research.

**Hon. Ms. Junor:** — Okay, there will be two parts to the answer. For research, it's basically de-identified information that's used. And this Bill reinforces that it's the minimum amount of information for the purpose which it's collected. For health services it is usually identified information.

**Mr. D'Autremont:** — Madam Minister, the information that would be transferred, de-identified for research purposes, to whom does that information belong?

**Hon. Ms. Junor:** — Section 29 sets the parameters for what information that's gathered for research can be used for. But if you're talking about who owns personal health information in the general sense, the Supreme Court has decided that in a doctor-patient relationship, the doctor owns the paper information but carries it in trust for the person that he's collected it from. And that is what is implicit in the Act about ownership of information.

**Mr. D'Autremont:** — Would any of this information or could any of this information ever be transferred for research purposes for which the province of Saskatchewan through any agency would be compensated?

**Hon. Ms. Junor:** — The department doesn't sell information, de-identified or otherwise.

**Mr. D'Autremont:** — Can you give us a personal guarantee then, Madam Minister, that none of this information will ever be sold or transferred for any monetary or other considerations?

**Hon. Ms. Junor:** — The Act itself is the guarantee of what will happen to people's information. There is no charge for . . . or selling of information, or no intent to have information become a commodity. There is some provision where, if you want access to your information, you may have to be charged the cost of the photocopying. That would be it.

**Mr. D'Autremont:** — Well, Madam Minister, information is very much a commodity these days, and particularly health

information. In fact there is a big debate going on right now in Iceland over this very subject as to who owns the health care records and the informational records of all of the people of Iceland, because they have some very unusual genetic traits that is of very important interest to the pharmaceutical industry.

And what you're putting together here is a collection of all of the statistical data on all of the people of Saskatchewan, and I'm sure it would be of value to some people if they could access that unrestricted. And that is a grave concern to the people of Saskatchewan and to us in the opposition, Madam Minister.

The information that you're transferring to agencies outside of government agencies in this province including the Canadian Institute of Health Information. Is that information being transferred identified or is it being transferred de-identified?

**Hon. Ms. Junor:** — I think what we're missing the point here, this is a health information protection Act. We're not discussing SHIN or any other electronic information system. We're discussing a health information protection Act that in effect will give us better protection of our health information than we have right now. This sets out what we can and can't do when we collect it, and how we use it and how we disclose it.

You have to separate the fact that this is not SHIN we're talking about — we're not talking about an electronic record. We're talking about The Health Information Protection Act. This sets down specific guidelines that are far better than what we have now in our system and will protect our information far better than it does now, and give us rights as individuals to do certain things and to say certain things about where our information should go.

**Mr. D'Autremont:** — Indeed it does, Madam Minister, but the SHIN program which — this is information on the SHIN program — is part of this program, gives a much easier access to the information than is currently available. When it's on paper in a doctor's office in Arcola or in a doctor's office in Choceland or in Meadow Lake, it's difficult to access it and use it on a statistical basis.

But once that information has been collected and gathered onto one database — which is happening with SHIN — then that information becomes valuable, it becomes accessible, and desired by a good many people in the health research field.

And that's why it's critically important, Madam Minister, that when you're bringing this in as a Crown corporation that we have the utmost in assurances that this information will be used solely for the benefit of the patients from whom it was gathered, that this is not an asset for sale by the government of Saskatchewan, by the Crown corporation that this Bill is establishing.

The Supreme Court, as you have already said, has indicated that a person's personal health information file belongs to that person for whom that file is related. The paper copy — the paper on which that information is stored — or the computer on which that information is stored, is owned by the person: (a) the doctor who wrote on the paper; or (b) the corporation that owns the computer. But the information itself belongs to the patient,

to the individual.

And if there is even the remotest opportunity that you will sell that information through this Crown corporation, then those monies collected belong to that individual patient whose information you transferred.

Madam Minister, I know you want to scoff at that idea, but those are the facts of what's happening around this world. That information is very valuable. And the people of Saskatchewan have a right to have control of their own personal health information and not having the government distribute it around the world either identified or de-identified.

**Hon. Ms. Junor:** — I didn't hear a question there, but I will say that SHIN does not own any of the information they will collect on behalf of the trustees. And I did explain what the onus is on a trustee for ownership of the information.

And again back to my comment about the Act — enshrining in an Act that will protect our information far better than it is now in whatever form we have it at the moment. But I do want to reinforce that SHIN does not own any of the information nor will it be selling the information, as we do not as a Department of Health.

**Mr. D'Autremont:** — Thank you, Madam Minister. But you transfer that information to other agencies that do in fact use a monetary means to measure the transfer of information. Canadian Institute of Health Information I'm told charges a fee for the distribution of its information. That, in essence, is the sale of that information.

So, Madam Minister, while your department may not benefit from it directly, that information is later used in the transfer of information in which there are monetary considerations given.

So, Madam Minister, part of the Bill talks about implied consent. I wonder if you could give an example and definitions of implied consent, expressed consent, and non-consensual.

**Hon. Ms. Junor:** — Expressed consent is pretty much self-explanatory. You would give your consent in writing or verbally. Implied consent is if I've gone to a doctor and had a referral; by going to the physician or the specialist that I've been referred to, I've implied consent that my information can follow me along that track. Without consent there are specific places where you can withdraw your consent. You can not consent to have your information on any information network; and you can also be unconscious, if you're coming in, and then you are not giving it with consent.

**Mr. D'Autremont:** — Madam Minister, when you say that you can deny your information to certain areas, or not have your information on the system, can you designate access only to certain trustees and not to others on the system?

**Hon. Ms. Junor:** — The Bill allows people to withdraw their consent for having their information stored anywhere. How it is applied when it is up and running as a system, whatever system we do see it running as, that is an implementation issue of how it will be applied rather than how the Act pertains to it, that you can or cannot . . . what you do consent to, implied, express, or

without consent.

**Mr. D'Autremont:** — Would it be possible for an individual to give consent for hospitals and doctors to have access to that information but that nursing homes and home care and mental health don't have access to that information?

**Hon. Ms. Junor:** — Technically you could do that. How feasible it would be for an information manager to do it, would be what we would see with whoever picks it up as an information manager, how their systems would allow that to happen; but technically the Act does allow that to happen.

**Mr. D'Autremont:** — Thank you, Madam Minister. Perhaps before we got into all of the other debate, I should have asked you the question of what the purpose for this collection system and distribution really is?

**Hon. Ms. Junor:** — I think back to my previous comments. We're talking about a health information protection Act and I think what I'm gathering is you want to talk about SHIN which is not where that conversation should be held. This is about The Health Information Protection Act.

(1545)

**Mr. D'Autremont:** — Well, Madam Minister, SHIN and all of the other information gathering systems are being lumped together under this protection Act. The access to the information on those programs is being dealt with by this Bill.

I have a concern that once this information has been gathered and is being distributed, how that distribution is going to take place both in the province and out of the province. And I'll deal now with in the province though . . . is how that information will be distributed and the purposes to which that information is then put.

One of the concerns that has been raised to me is that this could be used as a system to track, say, doctors' prescription habits. Are certain doctors providing certain prescriptions for certain illnesses? You could track that and determine that 80 per cent of the doctors prescribe drug A for this particular ailment but 20 per cent prescribe B, C, and D.

So then the possibility arises that the bureaucracy or the managers of the information could come back and say to doctor A, why are you prescribing drug C when 80 per cent are prescribing drug A, and you start to standardize the diagnostics of the doctors because you have statistical means to track their habits and what they do within their own offices, even though the people who are managing this information have never seen the individual patients.

**Hon. Ms. Junor:** — Again I'm not sure what the question was, but I did get a point at the beginning about tracking drug and prescribing habits, which we have a drug plan that we do have the capability of doing that as we have the system in place at the moment.

What I do want to also mention about this Act is that there was extensive consultation as it was being developed over the 18 months or 2 years that it's been out in the public and in the

stakeholder community. And the SMA (Saskatchewan Medical Association) has quite comfortably said that this Act meets all their needs and addresses all their concerns.

**Mr. D'Autremont:** — Well, Madam Minister, the SMA last year, when this Bill was initially discussed — not brought in but discussed — the SMA had a great deal of concerns.

Have all of the items that they were concerned about been addressed and they're now satisfied with the Bill in its present form?

**Hon. Ms. Junor:** — Yes, I can assure the member that that has happened. This Act is significantly changed. All the concerns of the SMA have been identified and addressed in this Act and they are very comfortable with this Act as you see it before you.

**Mr. D'Autremont:** — Thank you, Madam Minister. Madam Minister, last year the proposal for the gathering of the information that this Bill is designed to protect the information distribution of was . . . the SHIN Bill was proposing a \$40 million computerized health information network. Are those costs still in place or have they grown since the Bill that we now have before us was held up from last year. Has that changed the amount of money that it's going to cost to collect this information?

**Hon. Ms. Junor:** — I think again this question would probably be better addressed during the finances in Health department. This is again about a Health Information Protection Act that we're discussing at the moment.

**Mr. D'Autremont:** — Indeed it is, Madam Minister, but there is always costs associated with the collection and protection of information. The protection of the information, you're going to have to have costs associated with that in the computer programs, in the paper files, to make sure that the distribution does not go awry. So there are costs associated with this. And are those costs that are associated with that being included in the \$40 million that was proposed for SHIN, or is the cost of this protection agency going to be over and above that cost?

**Hon. Ms. Junor:** — Again, I'm not sure about the intent of the question. If we're talking about finances, we could talk about that when we talk about Health finances. But if you're talking about the Office of the Commissioner, I'm not sure exactly what you're asking.

**Mr. D'Autremont:** — Well, Madam Minister, all this information that you're proposing to protect under this Act and to distribute under this Act will take a monetary consideration to ensure that that protection is in place. Hopefully the protection that you're talking about is not simply the Privacy Commissioner sitting in an office in a tower in Regina as the sole source of protection for this information.

We hear almost on a daily basis of someone who has accessed information illegally through computers. Your Act was supposed to be protecting us from that happening to our medical information.

So there's got to be some costs associated with that. Now what are those costs going to be?

**Hon. Mr. Van Mulligen:** — Mr. Chair, I wonder if I might have the leave of the committee to make an introduction?

Leave granted.

## INTRODUCTION OF GUESTS

**Hon. Mr. Van Mulligen:** — Mr. Chair, I notice that seated in the Speaker's gallery is a very distinguished visitor to our gallery and to Saskatchewan. This is a person who will be well-known to all of us in political circles, but I think to all of the people in Saskatchewan and Canada as having made a significant contribution to public life in Canada and, I think, continues to do so.

I would ask all members to join me in welcoming the Hon. Don Mazankowski.

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

## COMMITTEE OF THE WHOLE

### Bill No. 29 — The Health Information Protection Act (continued)

#### Clause 1

**Hon. Ms. Junor:** — The Health Information Protection Act is about protecting information. It does not address the costs of that. If we want to talk about the costs, we will have to talk about them in Finance with the Department of Health or wherever we end up having information stored if it's on a Crown corporation.

**Mr. D'Autremont:** — Well, Madam Minister, you're setting up a Crown corporation to administer this Act. If there's no costs involved, what's the point of setting up a Crown corporation to do this? Why simply don't you administer it through the Department of Health? Surely there's going to be somebody involved in this Crown corporation; it isn't just going to be the Privacy Commissioner.

So, Madam Minister, there's going to be some costs involved here. There's going to be some costs in ensuring that that information is made secure in some manner.

What are you doing to make sure that the information stored on the computers is actually secure, and that no one other than an authorized person can actually access it? When you do that, there's some costs associated. What are those?

**Hon. Ms. Junor:** — I just want to clarify that SHIN as the Crown corporation is not the administrator of this Act. This is an Act of the Legislative Assembly that will be administered, I would assume, by the Department of Justice.

So I think this is, again, we're straying from our conversation about The Health Information Protection Act into SHIN, which is another conversation entirely.

**Mr. McLane:** — Thank you very much, Mr. Deputy Speaker. Minister, it's interesting to see a Bill such as this coming forward at this time. However, I am happy to see it.

Somehow it seems to me that this particular Bill, because of the progress that you've made with SHIN, should have probably been before this House six or seven years ago. But somehow that doesn't surprise me that that hasn't happened.

I do have some concerns, however, regarding the Bill and the privacy to clientele information that is covered by this Act, and I'd like to ask you a few questions regarding that.

The first one, if you could confirm with me, is that under this piece of legislation that any person in the province will have the right to refuse access to any personal information that they may have.

**Hon. Ms. Junor:** — First of all, any person has the right to . . . not to have . . . to say they do not want their information stored on any information system.

Secondly, they can withdraw that consent at any time.

**Mr. McLane:** — Thank you. Having said that then, Minister, do you have any sense of the number of people that will refuse consent to their information?

**Hon. Ms. Junor:** — I don't. I would assume that as people become comfortable with what is in this Act, and as I said before to the other member, that this is far better protection than what we have at this moment. And I think that the public will see that and be made aware that this is a better . . . this is better protection than what they have at this moment. And then I think all the reasons for withdrawing consent may become a lot less urgent. And I think that people will hopefully see that the number will be very small.

**Mr. McLane:** — I don't particularly like your argument or buy into your argument that it's better than we've had before. It's like saying that you're better off to have pneumonia or lose a leg than it is to have cancer.

If you don't have a system that looks after the needs and the privacy of the patients in this province, well then regardless of what system it is, whether it's better than the previous one or the previous six or the one that will succeed this one, it doesn't really help too much.

I know you did a fair bit of consultation, or your department did, with stakeholders. And you talk about stakeholders as being the medical association, certainly SRNA (Saskatchewan Registered Nurses' Association), health districts — all those groups. Those are all interest groups.

I think the problem that you're going to find is that you're going to have a hard time getting the information out to the real people out there, the everyday patients who have real concerns about how their privacy needs are going to be looked after.

And I would ask you then, if you don't have any idea as to the numbers of people that initially will refuse to give consent, is there at some point then a number that will make the whole SHIN project impractical? If half the people in the province say I don't want anything to do with it, I don't want my information on there, is the SHIN project itself then going to become impractical and you will have wasted millions of dollars on

that?

**Hon. Ms. Junor:** — As I said before, I am confident that the number of people that withhold their information from any system will be small once they realize how much better this Act will protect their information and what rights that are enshrined in the Act for each individual person, to control their information and to be secure in the knowledge of where their information is going and how it's being used.

**Mr. McLane:** — I'll ask you the question again. Is there a number that will make it impractical to continue on with SHIN if the majority of the people of the province, being 51 per cent or . . . would you be happy if 50 per cent of the people are on, are you happy if 20 per cent? Is there a number that all of a sudden makes the SHIN network itself impractical?

**Hon. Ms. Junor:** — As I said before, we're hoping the number is very small. And there is no number etched in stone about when or when not an information manager becomes viable or not.

**Mr. McLane:** — So in essence then, irregardless of how many people actually consent to have information on that network, you will continue on with that?

**Hon. Ms. Junor:** — Continue on with what?

**Mr. McLane:** — Minister, we're talking about SHIN; this Act has direct impact on SHIN. We're talking about SHIN. How many numbers of people do you have to have before SHIN becomes impractical, or before you say well, we need to do a better job of selling this to people, that their privacy . . . information is kept private, to get them to say okay, we want to be part of the system?

**Hon. Ms. Junor:** — As I said before, we're hoping the numbers will be small, and I don't have a defined number to give you. But I do want to say that SHIN is developing as an information manager in consultation with a wide variety of health providers. Those health providers are becoming quite comfortable with the idea, with SHIN as an information manager, and with the ideas that an information manager has and will be able to provide service in this province. And I think that as the providers are comfortable, so will the people that they speak to and that they provide the services for.

**Mr. McLane:** — Yes, probably the health providers are becoming comfortable with it but are the people becoming comfortable with it? How long is it going to take for them to become comfortable? Your government's already spent \$30 million at least on the SHIN network project itself before you ever brought this Bill forward. And I'm just wondering — well I'm not wondering — the people know that a lot of that money is going to be wasted because you're going to have to do things differently than originally started out to be.

However I will ask you, under the Bill in order for a person to give consent they can have . . . you can have an implied consent. They don't have to do it in writing. Is that a clause in there that gives you any concern that there may be some mix-ups down the road where people will say . . . a trustee will say I had consent, I had implied consent? However you'll end

up in court and the client may say no you didn't have consent. So I'm wondering if the clause in there that says you don't have to give consent in writing gives you any concern?

(1600)

**Hon. Ms. Junor:** — The providers in this system already operate under their own professional ethics. And implied consent is not something new that this Bill has all of sudden introduced into the system. So I would assume that the onus on the provider, on the trustee with the information, will be the same and added onto with this Act. But I think that the professional ethics that govern how people provide care and how they are trustees of information now will only be built upon by this Act, not eroded.

**Mr. McLane:** — Thank you, Minister. You mentioned earlier that this Bill provides much better protection than it did before so the same thing may apply to this implied consent then. If you're going to have explicit consent, and consent where you're prepared to back it up with some fines which aren't very large to say the least, you're telling me that not having the consent in writing doesn't cause you any concern.

**Hon. Ms. Junor:** — Having worked in this system there is a fair amount of onus on the providers to get consent, depending on what you're getting it for, in writing or verbally. That consent implied, expressed, or implicit will stay the same, and this Act will only reinforce that. We will not see anything . . . any less than we have now; in fact we will see it better defined. And I don't think that there'll be any problem with providers who already work in the system under this kind of assumption and under their own professional ethics.

**Mr. McLane:** — Will consent then be a bit like negative billing — negative consent? If you don't expressly say no, I don't want my information used, then it may be misconstrued that that's fine, go ahead and use it by the trustee.

**Hon. Ms. Junor:** — That's exactly the opposite. I mean the express consent is in writing but there's also an onus on providers in the Act that there is some way to educate the public that this is what they're expressing their consent for.

I mean right now we look at consent forms for surgeries, for admissions to hospitals. You have informed consent, and that's what we . . . this Bill will also deal with informed consent. So we expect people to be informed about what they're consenting to, or actually asking to have their information not put on the system; that they will be informed.

**Mr. McLane:** — But do you not see that there could be . . . a problem could develop? As I indicated before, and I'll repeat it, that a trustee may think that they have consent and you end up in the courtroom and the client says no, I didn't give him consent. Then you've got a problem. And that's something we certainly don't need to have — any more chaos in the health system than we've already got.

And this to me would seem that would maybe lead down that path. And I would think that if you had consent in writing then it's pretty black and white. And if the reason . . . if there's a reason for not giving the consent in writing, I'd like to be made

aware of that.

**Hon. Ms. Junor:** — I think again back to my answer — I will repeat it again — that what's in the system now still takes into consideration expressed consent and implicit consent. So that there are incidences where your consent is implied by the fact that you've gone to say a specialist from your GP (general practitioner) being referred there so your information has followed. That will not be changing.

The Act does nothing to erode what is already in place. And that's how the system works, and the providers work within the system, like I said before, under their own professional ethics.

If there are problems with the termination or the definition of implied consent then those problems exist now. And this Act will enhance, I think, what we expect of providers and as trustees. And I don't think it will do anything to erode what is now. I think it will only add to what we have in the system, as I said.

**Mr. McLane:** — Minister, who will be the main trustee in all of this? Who will be the one that will probably receive the most numbers of consent?

**Hon. Ms. Junor:** — The Bill doesn't anticipate one main trustee. A trustee is whoever takes the information from you. It will be most likely your doctor; it could be a nurse; it could be a lab tech; it could be a physiotherapist; a mental health worker. It doesn't concentrate the trustee around one particular group. It's a wide group of providers that will be trustees.

**Mr. McLane:** — Under this Act, does it limit who could be a trustee?

**Hon. Ms. Junor:** — It's on page 4 of the actual Act; under trustee, under the definition, under T; it specifies exactly who can be defined as a trustee.

**Mr. McLane:** — That appears to be pretty broad, and it seems to me that it doesn't limit it to . . . it doesn't exclude anyone. Is that . . . do I read that right?

**Hon. Ms. Junor:** — It includes what we would consider to be the mainstream health system.

**Mr. McLane:** — But technically it doesn't exclude anyone, is that right?

**Hon. Ms. Junor:** — I'm not understanding the intent of your question — if you could clarify that.

**Mr. McLane:** — Well I think the question is simple. I think technically, under the Act, it doesn't exclude anybody from being a trustee, whether it be a doctor, a nurse . . . it could be a bureaucrat. It could be anyone.

**Hon. Ms. Junor:** — It includes . . . The definition of trustee includes a wide variety of people that are included right now in the mainstream health system.

**Mr. McLane:** — Not having received an answer I guess we'll move on after asking the question of the minister three times.

One of the things that concerns me with a lot of legislation that your government has brought forward in the past three or four years are the number of regulations. And certainly this Bill is no different; in fact it's probably a lot worse. The Bill is about 30 pages long as I have it here, and there are pretty near two full pages of regulations.

Can you tell me what the need for that length, that many regulations might be for a piece of new legislation that's before the House and before the people of the province today?

**Hon. Ms. Junor:** — I just want to make a comment about not answering the question. Just because you don't get the answer you wanted doesn't mean that I have not answered the question.

Under the regulations the health system is quite broad and the regulations need us to have the flexibility to deal with the system as it is now, and as it will be in the future. There is an ability in the regulations to have consultation when regulations are changed that will have impact on certain areas of the Bill.

**Mr. McLane:** — Minister, what this tells me, that there's two pages of regulations for a 30-page Bill is that, as most people suspected, that you weren't prepared nor ready to bring this Bill forward; and that so in order to accommodate anything that may be have to be changed in the security of the Cabinet chambers with an order in council, you can go ahead and change it.

You've been asked today about the selling of information. You said, well that wouldn't happen. But under the regulations a minister through an order in council can change all of that. A minister can change virtually every clause in this Act because of this amount of regulations. And as I've said, I suspect that the reason for this is because you weren't ready to bring the Bill forward, and had to do it to try to justify \$30 million being spent on the SHIN network.

I would think that when you're bringing in a new piece of legislation, that the amount of regulations in it, Madam Minister, could be very small to start with. Because it's new legislation, put everything into the legislation and let the people look at it for what it is.

The old saying, the devil's in the detail, certainly applies to a lot of legislation, and here's a perfect example of it. And I would have thought that maybe you might have wanted to be a little more upfront with the people, especially when you're dealing with their privacy, as to exactly what you wanted to see in the Bill instead of trying to hide it in the regulations.

**Hon. Ms. Junor:** — I draw the member's attention to page 28 of the Bill, section 2, under regulation 63.

At least 30 days before the coming into force of a regulation made pursuant to clause(s) (and name them) the minister shall provide a copy of the proposed regulation to each of the health professional bodies that regulate members of a health profession pursuant to an Act.

This gives all the people who are impacted by this — the health providers, the regulated health professions — the ability to look at anything that we will be bringing in as a regulation to react to the changing health system as it . . . We all know it has been

changing and will continue to change and also will technology.

This gives a degree of comfort to the stakeholders and to the regulated bodies that there will be consultation before regulations are put into place. And we have given this assurance to people and this is actually one of the strengths of the Bill.

And I think that in the consultation that we've had over the last 18 months — the wide and extensive consultation — that people are very comfortable with this Bill. And I think the public will also be very comfortable knowing that their privacy is going to be protected.

**Mr. McLane:** — Well, Minister, yes, you will send a copy of this to all the member stakeholders. But again you're missing the point. We're talking about the people of the province — the real people out there.

And as a legislator, I was sent to this building — the same as you were — to represent the needs of the people in my constituency. And they are hoping that I am looking after their needs in pieces of legislation. They're not too concerned as to whether the number of stakeholders that you think are important — and they are — in the health system. But what about the people out there?

I'm the representative of the people from my constituency. They're my only avenue to know what's happening with a piece of legislation — to keep them aware. And by hiding stuff in the regulations, you sure don't further the trust of the people with legislators or with legislation. So you have to remember there's a difference between the special interest groups and the real people of the province who you're supposed to be protecting.

**Hon. Ms. Junor:** — I'd like to draw the member's attention to page 2 of the Bill, the whereases that set out the rights of the public in this Bill, and clearly articulate to them that this Bill is for them and for their protection.

All of the public that each of us represent would probably appreciate it if we read the Bill. And when we're asking questions, I think the questions should keep to what the particular interests of the public are, which are to make sure their privacy is protected.

Clause 1 agreed to.

Clauses 2 to 71 inclusive agreed to.

Preamble agreed to.

(1615)

**Mr. D'Autremont:** — Thank you, Mr. Chairman. I would like to thank the minister and her officials for coming in today and answering our questions.

**Hon. Ms. Junor:** — I would also like to thank my officials, and I would also like to thank the opposition members for their questions.

The committee agreed to report the Bill.

## THIRD READINGS

## Bill No. 29 — The Health Information Protection Act

**Hon. Ms. Junor:** — Mr. Speaker, I move that this Bill be now read the third time and passed under its title.

Motion agreed to, the Bill read a third time and passed under its title.

## COMMITTEE OF FINANCE

## General Revenue Fund

## Health

## Vote 32

**The Deputy Chair:** — Before I call the first subvote, I'll invite the Minister of Health to introduce her officials.

**Hon. Ms. Atkinson:** — Thank you, Mr. Chair. Mr. Chair, to my left is Con Hnatiuk, the deputy minister. To my far right is Marlene Smadu, the assistant deputy minister; directly behind me is Carol Klassen, the acting assistant deputy minister, and to the right of Ms. Klassen is Lawrence Krahn, who is the executive director of medical services and health registration.

Behind Mr. Hnatiuk is Steven Pillar, associate deputy minister, and to Mr. Pillar's left is Rod Wiley, the executive director of finance and management services. And also with us is Barb Shea, executive director of drug plan and extended benefits.

## Subvote (HE01)

**Ms. Julé:** — Thank you. Thank you, Mr. Chair, and good afternoon, Madam Minister, and to the associate minister, and good afternoon to all of your officials.

Madam Minister, as you know just a few weeks ago, there was some argument I guess, if we could say that . . . use that word over whether or not that the proper process had been used as far as the government receiving calls from district health boards for capital funding projects. The regular process that your government had issued to the districts saying that the districts had to wait for a call from government was not followed. Your response to the media, Madam Minister, was that the process had changed and that every district health board should have known that. The fact is district health boards did not know that.

Now what I want to know today is why was that process changed without informing the districts about it? And I really feel very strongly that the district, the Central Plains Health District in this case, was cheated out of a consideration for budget approval for the hospital in Humboldt.

We have had a couple of years of deliberations over the building of a new hospital there whereat meetings . . . whereat members from Sask Health were present, knew full well that those . . . all of the plans had been made and that it was ready for submission to the government for approval.

Now, Madam Minister, I would like to know why this whole process had been changed by you or by your government and why there was not consideration given to the health districts to

at least inform them if there was a change in process by the government.

**Hon. Ms. Atkinson:** — Thank you. Just for the edification of the member, since becoming Minister of Health, I have really come to appreciate the capital funding process that the Department of Education has had and was developed while I was the minister of Education. It was a transparent process. Capital projects were submitted by school boards at any time. Capital projects were prioritized, the process was transparent. And that's what we're moving to in Health.

So for the purposes of this provincial budget, we have Health capital, \$37.829 million. Of this, approximately 26.629 million is currently committed to projects already in progress.

Health districts can now submit their capital projects to the department at any time. The health districts can submit projects that require urgent fire safety upgrading, occupational health and safety corrections, energy management initiatives, minor or major capital upgrades to address program and facility needs, and maintenance works.

So we are moving to a system that's transparent so that we don't have a situation where for instance health districts are submitting capital requests each year. Those health district projects are going to be put on a list, they're going to be prioritized, and as the money becomes available, those projects will be undertaken.

**Ms. Julé:** — Madam Minister, I think you sort of danced around my question.

Madam Minister, we have Sask Health officials out at just about every meeting, I understand, at every meeting where the planning for that capital project was being discussed and deliberated on. The Sask Health officials out in Humboldt knew very well that that project had been completed as far as planning goes.

If in fact a submission for approval, an application for approval by government, could have been submitted at any time, surely the Sask Health officials should have known that and should have been courteous enough to offer that service to take in the proposal on behalf of the Central Plains Health District.

Instead, what we got was the people out in Humboldt and Central Plains waiting and waiting and waiting for government to call for this application. I think this is underhanded and I think it's quite deceitful, and I find it very disappointing.

Madam Minister, could you tell me if there is any capital funding that will go out to the Central Plains Health District from this . . . any money from this year's budget that will go to that district for the building of a new hospital in Humboldt?

**Hon. Ms. Atkinson:** — I understand that we are waiting for the Central Plains Health District — I believe that's the name of the district — to submit their submission to the department.

I've just indicated to you, member, that there is \$37.829 million in capital funding this year, of which 26.629 million is currently committed — currently committed — and your health district is

in no different position that every other health district across the province. They can submit their proposals to us, and the difference between 37.829 million and 26.629 million — the difference of approximately 11.2 million — will be allocated.

**Ms. Julé:** — Thank you, Madam Minister. From what you've just said, if I'm hearing correctly, there has not been a submission yet from the Central Plains Health District for a new hospital?

**Hon. Ms. Atkinson:** — I'm advised that they've only submitted basic information. They have not submitted a project application.

(1630)

**Ms. Julé:** — Well thank you, Madam Minister. I will look into that. And if you could afford the courtesy, I guess, to the Central Plains people of maybe checking with the Sask Health officials that were out there discussing plans for the new hospital and see whether or not they have further information, I would appreciate that.

Madam Minister, I have some concern that . . . you know, with the whole revamping of the health system and the wellness model. I understand that you as government have asked district health boards to submit three-year strategic plans. And those plans I would presume had some guidelines for the health district officials.

When I looked at the plan that Gabriel Springs had — first of all, they haven't had one since 1994; and even in 1994, 1994 was the last time needs and assessments were looked at in that district — they don't have a plan right now for the . . . this time, the three-year strategic plan that's supposed to be in. And the CEO (chief executive officer) of Gabriel Springs Health District tells me that they probably won't have that plan ready for a couple of months yet.

So, you know, when we're considering the marks, the remarks rather, of the deputy minister of Health and the fact that some hospitals in rural Saskatchewan will not look the same as they did before, that naturally we're wondering if that means that hospitals as they exist will be closing. Wakaw hospital is one of those hospitals that comes in play simply because of the daily census.

So what I'm wanting to know is: is there any concern on the part of you as Health minister that these three-year strategic plans are not in place? They were supposed to be in place and sent to the government by the end of March for approval.

How in goodness name can we determine whether or not needs in those districts are being met or whether or not there are good plans going on for the district if we don't even have the three-year strategic plans completed when they should be?

**Hon. Ms. Atkinson:** — Well one of the things that I've learned, and I'm sure the member has learned this, is that not only school divisions but health districts, governments, other agencies, can ask for plans, but it doesn't necessarily mean that those plans are submitted in the time frame that the request is made for.

As I understand, health districts across the province, some have submitted their strategic plan; others are still consulting with their communities as to the kinds of health services that communities would like to have in their particular health district.

So yes, they were asked to have them submitted by the end of March. Many health districts have not done that because they're continuing to consult with their various stakeholders and citizens.

**Ms. Julé:** — Thank you, Madam Minister. Madam Minister, just for your information, the CEO of Gabriel Springs Health District told me personally that he had completed those consultations by last November already and still he seems to be able to sit there without completing all of these plans and sending them in.

It would seem to me that your government would be concerned about that and would make sure that these people are accountable to do as they are supposed to be doing for the people of the province.

Madam Minister, I'd just like to go to a further question. I want to know if this government has a plan to solve the very serious problem of a lack of medical specialists in Saskatchewan.

**Hon. Ms. Atkinson:** — For the information of the member, we have in the province of Saskatchewan, we're very fortunate that we have a College of Medicine. And the College of Medicine not only trains Saskatchewan medical students to become general physicians, but it also is involved in a residency program for young people from across the country who want to specialize in particular fields of medical endeavour.

What I can report to the member is that the number of specialists in this province in the last three years for instance, have increased from 439 to 451. And I'm told by dean of the College of Medicine that they have more faculty positions filled today than they've had for many years.

In this budget, I can advise the member that we have significantly increased the health budget by \$195 million. And in the health budget is contained funding, for instance, to recruit and retain medical oncologists and radiation oncologists, which are people that are required in the area of cancer treatment.

In addition there are funds that have been made available through the health districts, particularly in Saskatoon and Regina, to recruit medical specialists. And I think that with some of the work that we're now doing with general physicians in rural Saskatchewan, where they can train in a residency program for some specializations, that this is certainly assisting us in having general physicians in rural Saskatchewan that have specialization in general surgery, or anesthetics. This certainly is helpful.

So I would say that Saskatchewan, not unlike many other parts of Canada, is busy recruiting those specialists that this province needs, particularly in the area of cancer treatment, particularly in the area of diabetes, and particularly in the area of neurosurgery.

**Ms. Julé:** — Thank you, Madam Minister. Madam Minister, I know that there was a 1997 report of the medical council in Saskatchewan, the medical council being comprised of the college of physicians and surgeons, SMA, and the College of Medicine. And I know that that report also had officials from Sask Health that were invited to have submissions for the report. And I know that that report has guidelines in it, and I know that those guidelines are approved by Sask Health.

Madam Minister, that report was entitled — and I'm not too sure why it was entitled as it was because certainly the guidelines in it do not concur with the intent of what the titling sounds like — it was entitled, *Establishing and Maintaining Specialty Physician Services in Rural and Urban Saskatchewan*.

Now, Madam Minister, I really looked over that report and what I could see in there was that the guidelines were asking that there be three specialists of any one kind in an area of 100,000 population and that there must be three or there will be none.

Madam Minister, in rural Saskatchewan it is not necessary to have three specialists of any one kind. The necessity is not there. But it would be helpful if there was one allowed. Now it's either, according to this report, three or none.

So what is the result of this going to be? Specialists then are going to reside not in rural Saskatchewan but only in areas like Regina and Saskatoon because those are the only two areas of the province that would have a 100,000 population health district.

Madam Minister, this report also indicates that Aboriginal people are not to be considered within the 100,000 population guideline. So there are areas within our province that have a number of Aboriginal people.

What this whole thing means in essence is that we will not have resident specialists in rural Saskatchewan. We will only have the opportunity possibly for a specialist to be coming out of Saskatoon or Regina to rural areas once in a while — maybe once every week or two weeks — but no resident specialists in rural Saskatchewan.

Madam Minister, this sounds to me like centralization heavy-duty. Madam Minister, are there existing guidelines in that report that indicate to you that Saskatchewan Health is designing a program to limit the residency of specialists to a select number of cities in the province?

**Hon. Ms. Atkinson:** — As you describe the medical council, the medical council is made up of the Saskatchewan Medical Association, the College of Medicine, the college of physicians and surgeons, I believe PAIRS (Provincial Association of Interns and Residents of Saskatchewan), which is the residents association, SAHO (Saskatchewan Association of Health Organizations), and the Department of Health. And you know this is . . . these are recommendations that have come from the medical council.

As I understand it, the medical council is saying that there should be a minimum of three physicians in each specialty area

in order to provide adequate relief and coverage. and so that's the public safety or a patient safety issue.

Now that doesn't mean that they all have to be located in the same area. Let me give you an example. I mean it would be possible to have a specialist in Humboldt for instance. Humboldt isn't that far from Saskatoon. It would be possible to have a specialist in Melfort, not that far from P.A. And so on.

It doesn't mean that they have to be located in the same vicinity or the same city, but they need to be in closer geographic area in order to have relief and coverage, which is extremely important.

And let me just give you an example. If you have two neurosurgeons for instance — and this is a problem that we're having in Saskatoon with neurosurgeons — you have to have at least three available in order to cover off. And so there's someone coming in from Regina to assist them in Saskatoon as they're going out trying to recruit some more neurosurgeons. And it's a public safety issue, member. It has nothing to do with the centralization of service; it has to do with having service, appropriate service, available to the people of this province.

**Ms. Julé:** — Madam Minister, when you talk about Humboldt and Melfort possibly having one resident specialist, the fact is that the boundaries of the health districts are different. And if you want to clarify or if you're trying to clarify that it's within an area that encompasses a 100,000 population base, I would like to receive that as a confirmation and an affirmation, because I think that will help people to get rid of some of their fears that we won't have resident specialists in our own areas.

**Hon. Ms. Atkinson:** — The key is that they work together and that they co-operate and collaborate with each other. It doesn't mean they have to be in the same centre or the same health district. But they need to be able to work together and to be in collaboration with each other. And I think that's the key.

Just because one physician is in one health district and one's in another, that shouldn't prevent people from working together.

**Ms. Julé:** — Thank you, Madam Minister. Madam Minister, I'd like to go to the issue that you had just mentioned about . . . for instance, having — the necessity rather — of having three specialists, let's just say, in and around Saskatoon.

Well we very well know that our specialists are leaving. Dr. Gary Goplen has left. Mark Healey has left. These are top neurosurgeons in our whole country. They are gone as well as others are gone.

Madam Minister, from what I understand, these specialists have said that they could do up to 60 surgeries a week and many of them only have O.R. (operating room) time to do three a week.

Now if you say that's not the reason, Madam Minister, I guess you need to be talking about what the reason is. It's no use to say that we need three specialists in that area when they don't have the time in the O.R. room to do what they are trained to do and what they want to do for the people of this province. Maybe you would like to offer further comment on what the reason is that these specialists, these very good specialists, have left our province.

**Hon. Ms. Atkinson:** — Well Dr. Goplen was a constituent of mine, someone who I know. And so I can tell you that Dr. Goplen did not leave Saskatoon because of the events that you describe.

As you know, we have just recently received the Noseworthy report, which is a report on the College of Medicine. And that report makes a number of recommendations which I think are extremely important to the future of the College of Medicine, but also to the future of this province in terms of being able to attract not only specialists to this province, but people who are academics and people who are researchers.

(1645)

And one of the areas that we have a lot of need for growth in is the co-operation between the College of Medicine, the health districts. This is certainly pointed out in the Noseworthy report, where there needs to be much more co-operation between Regina and Saskatoon health districts where we do have specialists, and the College of Medicine, which also has specialists.

But there's teaching specialists and there're research specialists. And I think the trick is to develop a culture of co-operation where we have working environments for specialists, particularly in the College of Medicine, where they can do three things. They can teach, they can do their research, and they can also provide clinical services to the people of the province.

And in order for them to do that, that requires the co-operation between the College of Medicine and the health districts.

**Ms. Julé:** — Madam Minister, I don't think I heard you give me the answer of why you believe that Dr. Gary Goplen left.

**Hon. Ms. Atkinson:** — Well I think that you need to talk to Dr. Goplen.

I did have an exit interview with him. It was in the confines of my constituency office. I don't discuss conversations that take place in my constituency office between a constituent and myself. But I think that your observation about O.R. time is not the reason why Dr. Goplen left Saskatchewan.

But you need to talk to him. He's located in Kelowna, British Columbia, and I'm sure he could be reached through his parents. Or I can give you his address and phone number and you can have the conversation with him yourself.

**Ms. Julé:** — Madam Minister, I happen to believe that from everything that has transpired in this province since your government has taken office that we are heading towards centralization. We are heading towards centralization.

This government has claimed that they would not decentralize . . . or that they would not centralize the system. You said that you'd give it back to the people.

But what do we see, Madam Minister? We see hospital closures and downsizing. We see nursing home closures and downsizing. We see serious labour unrest to the point of civil disobedience; critical decisions that are affecting our province,

made by the Premier.

But this is not decentralization — it's social manipulation, Madam Minister. The Premier tried to make criminals out of 8,400 professional caring nurses. This is truly a deformed health system that the NDP has created, and it's part of the government's plan to reform health in a way that centralizes health.

Madam Minister, why would this government cause nurses to leave the province? Why would this government cause specialists to leave the province? My deduction is that you believe that you may not need that many specialists or that many nurses in this province simply because we won't have the services in rural Saskatchewan that we had before.

Madam Minister, if health care is in the hands of the people, if health service decision making is decentralized, if health services are to be closer to communities, then why is the government putting restrictions on specialists who want to locate in rural areas?

And that is what they are doing, Madam Minister. In Humboldt we are having restrictions placed on specialists that want to come into Humboldt.

**Hon. Ms. Atkinson:** — I know the member is getting herself all rhetorized up for the provincial election which is about to come shortly. And I must admit that rhetoric coming from the member just doesn't look good on her, to be quite frank, because I don't really think that's who she is as a person.

And I do want to say to the member that we have more services available in rural Saskatchewan than ever before. And let me just give you some examples.

Up until recently, if you required cancer treatment in this province you went to Saskatoon or you went to Regina. Now you can have chemotherapy in 15 different districts. That's called decentralization, Member.

Up until recently, you could only receive your renal dialysis in Saskatoon and Regina. Now Lloydminster, P.A., Tisdale, Yorkton, and there's another site that will be located shortly.

You know, people talked about a lack of rural physicians in this province, and I can say that with this government we now have emergency room coverage for rural physicians, which means that when they're away, other physicians can provide emergency coverage for them.

We now have rural practice establishment grants which provides \$18,000 to Canadian-trained physicians that establish new practices in rural Saskatchewan.

We now have medical bursaries at \$18,000 per student per year, and those bursaries are available in second, third, and fourth year. And what that student has to do is return service to rural Saskatchewan of one year for each year they receive the bursary. And there are 15 grants each year.

What do you know, Mr. Chairperson? We actually have young, Saskatchewan-trained doctors in rural Saskatchewan providing

services to rural people.

On top of that, for rural people, rural physicians, we have a training program that provides up to two spaces for two rural physicians to get some specialized training in general surgery and anesthesia, and in exchange they provide a six-month return service to rural Saskatchewan.

We also have a locum service program which allows those solo doctors an opportunity to take a holiday, and they have locum coverage.

And we also have weekend relief programs for those communities that have fewer than three physicians in rural Saskatchewan. I don't think that's bad.

And if you tally it all up — 5.5 million for emergency room coverage; rural practice establishment grant, 18,000; 15 grants available each year of \$18,000 per year for a student once they're finished medicine to go to rural Saskatchewan. And guess what? Since 1991 there's been 50 medical students have received bursaries; 21 of them have graduated, and 15 have completed or are serving their rural commitment for an overall retention rate of 71 per cent. I think that's pretty good.

On top of that, we have a training program which is 80,000 per year for an in-practice physician, plus 40,000 for a medical resident; locum service, half a million dollars a year; weekend relief, 1.3 million. And then we have a re-entry training program for rural family physicians that want to enter a specialty training.

Now on top of that, we've increased rural home care by 42 per cent. We have Telehealth pilot projects linking rural physicians to specialists. We think that's important. We not only have broader services, particularly in small hospitals and health centres; we not only have emergency care and chronic care, but now we have palliative care, respite care; we have professionals like chiropractors, dieticians, physiotherapists.

So I say to the member, you know, you need to get out and ask people what services are available to them, and they will tell you there are more services available to them in rural Saskatchewan today than there were two years ago, four years ago, six years ago, eight years ago, ten years ago, twelve years ago.

My point is that if you're a person living on a farm, and my parents are, they have more health services for them today than they've ever had.

**Ms. Julé:** — Madam Minister, what you read off of that paper is in word only. That is simply in word.

I have talked to people in my constituency. Home care? Home care, there's not even the number of hours that they had a year ago. Home care practitioners cannot give the service. They are getting more and more need for home care but they are not able to be able to provide the service.

Madam Minister, Dr. Goplen and people like him have left this province simply because they do not have the backup staff to be able to assist them. Why in Yorkton are dialysis patients having

... even though that the unit has been set up there, people are still leaving Yorkton and having to go to other centres to get dialysis. Madam Minister, why? They don't have the backup staff to provide the service.

You've mentioned to me that you were going to tell me another answer about why Dr. Goplen left and then you didn't. But it doesn't matter. That's beside the point, Madam Minister.

Madam Minister, there are not the backup services. The staffing to assist physicians and surgeons and specialists in this province are not there. And it's simple as that.

And nurses are leaving this province. They're leaving in droves ... (inaudible interjection) ... Yes, they are. I have had phone calls, as every other member of this legislature on this side of the House have, that indicate that if they're only going to get 2 per cent per year, they are leaving. And many of them have put in their applications already to work in other provinces, or more likely to work in the United States.

**Hon. Ms. Atkinson:** — Okay. I'll just be really short with the answer to this question about Yorkton. What the member needs to know is that the people who determine whether or not you're eligible for renal dialysis. It's not the Minister of Health, not any of these officials; it's called a nephrologist. They're a kidney specialist.

And in the case of the nephrologist in Yorkton, eight. In this budget there is additional ... (inaudible interjection) ... Well, you know, you need to get proper information. Eight. They were prepared to have eight off site because you have to have a linkage between the satellite centre and the Regina General where the nephrologists are located.

In this budget there is funding to expand the program in Yorkton. Member, in addition, there are some people that are not eligible to have their renal dialysis on site because they ... or off site, because they need to be in an area where there is a nephrologist available to them because they have complicated kidney failure.

So, I mean, I'm sure that if you want real information, what you might want to do is contact Dr. Cam Wilson who is the nephrologist that is involved in the program with Yorkton, and he can give you accurate information.

**Mr. Björnerud:** — Well, thank you, Mr. Deputy Speaker. Madam Minister, I say hogwash. The CEO of the East Central Health District, number one, said it comes down to funding. There are a number of the 28 people that are using the dialysis either in Yorkton or Regina and there's only eight being treated out there, number one, because you're running it and only funding it for three days a week.

Now I don't know who's telling the truth here — you, or the CEO, or the people in the Yorkton health district. But somebody is stretching the truth here. And, Madam Minister, I would be willing to lean a little bit towards them.

We have the case of the man that lives two blocks from the Yorkton hospital. Could be treated in the Yorkton hospital; was, on Christmas Eve; but normally has to drive three times a week

or take the bus in here. And that person can be treated in Yorkton, but cannot be treated because of lack of funding.

So, Madam Minister, I do not agree with what you're saying here today, and you'd better check with the specialist because even he doesn't agree with you.

**Hon. Ms. Atkinson:** — Well I will say this . . .

**An Hon. Member:** — We checked with him.

**Hon. Ms. Atkinson:** — Well I'm sure the member may have checked with, what's his name, Doctor . . . Who's the CEO out there?

**An Hon. Member:** — Millar.

**Hon. Ms. Atkinson:** — Dr. Millar — right. Dr. Millar. But I've had an opportunity to talk to the working committee, I think — what's it called — Integrated Renal Committee. What you need to know is that this idea of having an off-site satellite clinic, for I think the Regina people, is new; that Yorkton is the first off-site satellite clinic for the southern part of Saskatchewan. The people in Saskatoon are more familiar with this because there is P.A. and Tisdale. And as I understand it, the program started in December, and they wanted to see how it worked. It's worked quite well. Dr. Millar will know there is money in this budget to expand the program. The nephrologists are now very comfortable with the notion of an off-site satellite clinic. And we're looking at expanding the program to another site.

I mean, I know you really want to mix politics into this. And it's not funding; it's making sure that the people who are treated for renal dialysis are appropriate patients, because you need to make sure that they don't have complications, that they can be served away from a nephrologist. You need to make sure that the people at the Regina General who monitor the dialysis are comfortable with the situation. And I can assure the member that the program is going to be expanded, and Dr. Millar will know that.

**Mr. Bjornerud:** — Madam Minister, you told us this for two years. The past minister, the member for Yorkton told us the same stuff.

I pushed for this. It was one of my pet peeves out there to get a renal dialysis unit in Yorkton and was very happy when it was announced. Now what we're seeing is 6 to 8 people being treated in Yorkton and the other 20 driving to Regina. You're going to tell me that all 20 of those people — not one of them, not two of them, four of them — could be done in Yorkton; I'm sorry, I don't believe that, Madam Minister.

(1700)

And you say you're going to expand it to other areas. Why don't you fix the areas up that you've already got going, fund them properly, get them up and running, and then go to the next area.

What we're going to see — and you talk about me playing politics — that's exactly what you're doing. Oh, we did Tisdale, we did Yorkton, we're going to Swift Current. We've been all

over the place. You haven't got one of them up and running full steam because you're not funding them. You have people in Yorkton trained to run them and you're not using them full-time; they have to go find part-time jobs. And I'm not playing politics. That is the truth, Madam Minister.

So why don't you fund Yorkton properly? Maybe only half of the 28 that'd normally get renal dialysis could use it, but that would be a vast improvement over the six to eight that you have now through lack of funding.

**Hon. Ms. Atkinson:** — Just for the members, to reiterate, there are eight people who are being served. It began in December of 1998, January, February, end of March.

End of March, the Minister of Finance, Minister of Finance announced in his budget 195 new million dollars for Health. There was a press release that said the Yorkton program and the Tisdale program was going to be expanded and it will. As well there is going to be another site.

Do you understand? Is it clear? More people are going to have access to that site in Yorkton and the people who have access, that will be determined by the nephrologists — not you, not me, and not Dr. Millar, the CEO.

**Mr. Bjornerud:** — Thank you, Mr. Deputy Chair. Madam Minister, I have it very clear. I've watched your record in health care reform. In fact when the past minister, Louise Simard, came out and said we want all municipal officials, all community officials, all in the area of the East Central Health District to help form this district, take part in it, tell us what they think we need.

And we went to meetings for, Madam Minister, probably a month, month and a half. Thought we had input. And she came along and said, well you've had input; now this is what we're going to do. And that's exactly what we're seeing from you. And you talk about your record in health care. I have a little mistrust for you people.

I remember in my constituency, Langenburg hospital comes right off the top here right away. That was the place where they raised money to build a new hospital. And you people came along and what did you do? You closed it. You shut it down.

What do we have now? A glorified band-aid station that's supposed to appease the people of that area. And they're the first to say, if anybody has a problem, don't stop at Langenburg. And the problem being now is that a number of cases don't stop at Yorkton; come right to Regina, because in the end that's where you're going to get.

So, Madam Minister, you can say I'm playing politics. I don't trust you. The public of Saskatchewan don't trust you when it comes to health care. So, Madam Minister, we'll see what you do with renal dialysis. But we will be making you answer for it if once again it's another one of those announcements where we're putting more money in and it never sees the light of day.

**Ms. Julé:** — Thank you, Mr. Chair. Mr. Chair, I just wanted to make some closing comments. And we must say on this side of the House, incongruence . . . (inaudible interjection) . . . Oh,

I'm sorry, would you like to make a comment?

**Hon. Ms. Atkinson:** — I just want to make a comment. To the member, he talks about the Langenburg health care complex. I just want to say this. That now in Langenburg . . . since the Langenburg facility was converted to a health care centre, we now have occupational therapy. This is since 1992. We now have speech language therapy. We have public health nursing five days a week, nutrition, dental education, diabetic counselling, podiatry, the lab five days a week, x-ray five days a week, physician services, home care, assessor, and nurse.

So you know there are more things that are available to people; as well I believe that there are mental health services. So I don't know what the member is talking about. You do not have your understanding of a hospital, but there are more services available to the people in Langenburg.

**Ms. Julé:** — Thank you, Mr. Chairman. Madam Minister, if this reformed health system is all that we are going to get from this government, what the people of Saskatchewan have received, is not any benefit at all from it. But what the people of Saskatchewan have received are the liabilities of your reformed health system.

Madam Minister, I have one more question to put to you. Have you heard any rumour that the board of governors of the University hospital in Saskatoon are talking of removing themselves from the Saskatoon Health District?

**Hon. Ms. Atkinson:** — There is no board of governors at the University hospital.

**Ms. Julé:** — Pardon me then, Madam Minister, have you heard that the University hospital is thinking of finding a way to get out of the Saskatoon Health District. They are so frustrated within that hospital that they want to do something so that they no longer have to belong to a health district.

**Hon. Ms. Atkinson:** — I haven't heard that, but I'll follow up.

**Ms. Julé:** — Thank you, Madam Minister.

**Mr. D'Autremont:** — Thank you, Mr. Chairman. Madam Minister, officials, I'd like to welcome you here, I guess, late afternoon to participate in these activities.

Madam Minister, you put a certain amount of fear into the public here earlier this year with a few of your statements. And I wonder if you'd like to take this opportunity to clarify what you meant when you said that there would be fewer hospitals in Saskatchewan, when you went on to say that hospitals as we know them may not necessarily be in rural Saskatchewan.

I wonder if you'd mind clarifying exactly what you meant. Because a lot of people take those statements — after having 52 hospitals closed around this province — take the statement of fewer hospitals very seriously. And they view their hospitals, not as the Minister of Health described them as mental health services and home care and nutrition; they view hospitals as acute care facilities. That is what their term for a hospital means. It may mean inclusion of all the other services, including X-ray and including labs. But when they say hospital,

their first thought is acute care.

So, Madam Minister, when you say fewer hospitals in Saskatchewan, what do you mean?

**Hon. Ms. Junor:** — Thank you very much. We have no, no plan to close rural hospitals.

When we talk about health services, we're talking about the broader health services that make you healthy. Your access to an acute care bed is not what's going to make you healthy or keep you healthy. What you need to have is a broad variety of services to meet your ongoing needs, and the communities themselves identify those needs and as the districts do their needs assessment. And then the districts plan to address those needs and where to address the needs.

Now what we've seen in what we call the social determinants of health, that what makes you healthy is not your access to a bed or a doctor or nurse, it's whether you have good education, good food, decent housing, security, piece of mind — all those things impact on your health. So when we put a broader range of services into our health facilities, we are meeting the needs of people, the broader needs of people that make them healthy and keep them healthy.

**Mr. D'Autremont:** — Well, Madam Minister, I don't even disagree with you on that. Except for the fact that when people need acute care services, they need them very quickly.

And with the closure of the 52 hospitals that happened and with the fewer hospitals that you have commented on this past fall, people become very nervous because they want those acute care services in their communities. Because when an accident happens, they want to know that those facilities are going to be available to them. They want to know that the medical staff is going to be available in those communities.

The Minister of Health just talked about the Langenburg health care facility. That place locks its door on Friday afternoon and doesn't open up again until 8 o'clock Monday morning. What do you do for health care services on the weekend? They used to have an acute care facility there. They used to have nurses on staff. They used to have doctors on call. Don't have that any more. And that's what you're proposing for more places in Saskatchewan when you say fewer hospitals. So, Madam Minister, I wonder if you could name those locations where there will be fewer hospitals.

**Hon. Ms. Junor:** — Thank you. I appreciate the member agreeing with me on what health services are and what the health needs of people are and what determines health.

I think that I want to reiterate that there is no plan to close rural hospitals. And there has been a campaign of fearmongering going on trying to have people in rural Saskatchewan believe that the average daily census will determine the fate of their hospital. That is not so. And that is not what was said by me or by anyone else.

When we talk about health services, again I want to say that health services are what people need. The districts are determining those needs by a needs assessment; they're

planning to address those needs by putting services and programs in place that meet the broader needs of people, not just for access to an acute care bed.

We now have access to respite care, palliative care, observation beds, step down beds, swing beds, all the things that people in rural Saskatchewan as well as urban Saskatchewan need when they have certain needs not just whether they have emergency needs.

But there are many more needs that people have to have addressed, and that's what the broader health services that we are contemplating and we are delivering will do for people of Saskatchewan, both rural and urban.

**Mr. D'Autremont:** — Thank you, Madam Minister. Which of these fewer hospitals will no longer have acute care services?

**Hon. Ms. Junor:** — As I've said before, there is no plan to close rural hospitals. So to name some would be pretty much an exercise in futility.

If the member wants to hear me again recite what we think about health care, I certainly will do that because I think that we have . . . the plan we do have is to broaden the delivery of health services that will meet the real needs of people in rural Saskatchewan and urban Saskatchewan.

The health needs of people are changing and the service delivery is changing. Our service delivery is more integrated. And as we change the service delivery systems to meet the needs of people, we will see changes. Those changes are going to enhance the services that we deliver and add services to many places, including rural Saskatchewan.

**Mr. D'Autremont:** — Madam Minister, when you use the term hospital, does that always include acute care services.

**Hon. Ms. Junor:** — I believe I've answered the question about no hospitals being planned to be closed in rural Saskatchewan. The definition of a hospital I think is clear. And I think acute care in a hospital is something that's needed in many situations, and how many are needed is for the district to determine.

That's what the districts do with their needs assessment. They determine how many acute care beds they have to have and where. So that is up to the districts to decide, and that is what they are doing.

**Mr. D'Autremont:** — Madam Minister, does your definition of a hospital always include acute care?

**Hon. Ms. Junor:** — Not only my definition of a hospital, but the definition of a hospital is 24 access to acute care and a physician service.

**Mr. D'Autremont:** — Thank you, Madam Minister, for that. Now why did you say there would be fewer hospitals in Saskatchewan?

(1715)

**Hon. Ms. Junor:** — What I said was that the nature of health

services are changing — as I've just said before — and that we will see a different service delivery depending on the needs of the communities. And that's what we'll be seeing. We'll be seeing that the needs of the communities will be addressed through whatever services are needed and programs that are needed, and those will be put in place by the different districts as they address the needs of their communities.

Those needs are going to be changing and so will the service delivery patterns. And that's what we're going to be addressing and the districts will be addressing to keep up to the needs of their people. As our demographics change, as our population changes, as technology changes, as our service patterns change — all those things will be taken into account as the districts contemplate their needs. And then to address those needs, they put the programs in place.

**Mr. D'Autremont:** — So then you're saying, Madam Minister, there will be fewer hospitals in rural Saskatchewan. Is that what you're saying?

**Hon. Ms. Junor:** — I'm sure you've heard me not say that at all. I've said there is no plan to close rural hospitals. I categorically stated that.

**Mr. D'Autremont:** — Okay, I'm glad you said that because I'd like to quote another statement you made: "Hospitals, as we know them, may not necessarily be in rural Saskatchewan." You said that in a news scrum.

So what did you mean by that, Madam Minister? "Hospitals, as we know them," which means, in your own words now, acute care facilities, "may not necessarily be in rural Saskatchewan."

**Hon. Ms. Junor:** — What I meant is that the mix of services that we'll see in hospitals will be different than what we have traditionally seen in a hospital. We have not seen public health, mental health, home care, observation beds, palliative care, respite care, chiropodist, dentists, physiotherapists, occupational therapists — all those services delivered under one roof.

We haven't seen that before. We are seeing it now. Those types of a congregation of integration of services are something that are going to add to the health services that are out in rural areas and in urban areas, when we put services together like that to actually address the needs of different communities.

**Mr. D'Autremont:** — So, Madam Minister, you're saying then that it will be up to the district health boards to determine whether or not a facility retains its acute care services based on their needs assessment.

Or would it be better to say, Madam Minister, that the health districts will make the determination on which facilities have acute care services based on the funding you provide them?

**Hon. Ms. Junor:** — I think the health districts as we know them now, as I said before, they do a needs assessment. They do a needs assessment in their communities, then they develop the programs to address those needs, and then they establish where those programs are best delivered. That is something that's been going on since the formation of the districts and that is their mandate.

**Mr. D'Autremont:** — Thank you, Madam Minister. If a district health board did a needs assessment which determined that they needed more acute care services, would you fund it?

**Hon. Ms. Junor:** — Thank you. Our funding is based on need and on population and if that need has been identified to service a different population or a certain population, then we will be funding it.

**Mr. D'Autremont:** — And who determines that need, Madam Minister?

**Hon. Ms. Junor:** — As I said before, the health districts have the mandate to do their needs assessment, which they have done ongoing for several years now. Those needs assessments are becoming more sophisticated and they're identifying more problems in their districts and they're identifying which programs need to be put in place to address those needs. They are doing a very good job of that, and that's why we're seeing expanded services, we're seeing added services, and we're seeing enhanced services in all of our communities and our rural and urban society.

**Mr. D'Autremont:** — We're seeing all sorts of services except acute care. Madam Minister, if a district health board determined under its needs assessment that it needed more acute care, would you fund it?

**Hon. Ms. Junor:** — Our funding is based on need and on population.

**Mr. D'Autremont:** — So Madam Minister, I'm sure the district health boards understand your base-on formula that says need and population. So you're saying while the need may be there, if they don't have the population numbers, you're not going to fund it — is that what you're saying?

**Hon. Ms. Junor:** — I'm not sure exactly how you can separate that because it's the population that needs things. So I think that if the population needs certain services, that's what will dictate how it's being funded.

**Mr. D'Autremont:** — Well, Madam Minister, if we have a more aging population in the health district we are going to need different health care services than if we have a whole series of 20-year-olds in that health district.

So while population certainly plays a role, the need of that population at times can play a greater role. You're saying the district health boards get to do the needs assessment and that you fund it based on needs assessments. So, Madam Minister, if the health board does a needs assessment that says they need more acute care, will you fund it?

**Hon. Ms. Junor:** — I think I've answered that question. I've said yes. If they've identified that as their need, that's how it will be funded.

I find it interesting that you're only interested in acute care. What we've talked about is a change of demographics of our society and many of the needs that we have never addressed are now being addressed in some of these integrated facilities and to a far better degree.

When our elderly population . . . and as our population ages, their needs are changing. We now have occupational therapists, physiotherapists, podiatrists. We have people that are giving . . . they're giving services to our elderly population in the way and in the places where they need them.

**Mr. D'Autremont:** — Well, Madam Minister, since getting information out of you is like pulling wisdom teeth, you have to deal with you one issue at a time. And that's why I've been dealing with acute care.

But I'm glad to see now that you're prepared to . . . If a district health board comes to you and says our needs assessment says we need more acute care, that you're prepared to fund it. I hope the other Minister of Health agrees with you on that because that's what your statement has been. And I'm sure that the district health boards will be very interested in that statement, Madam Minister, and I suspect you may very well see a significant number of applications coming in for further funding for acute care.

So, Madam Minister, let's move onto another area of health care that needs some significant concerns addressed. And that's long-term care. There are a good many areas in this province that need substantial increases in services of long-term care.

So, Madam Minister, if the needs assessment provided by the district health boards indicate that there is a need for more long-term care, will you fund it?

**Hon. Ms. Junor:** — The same answer as for acute — if there's a population and there's a need, yes we will fund it.

**Mr. D'Autremont:** — Again, Madam Minister, the population is irrelevant if there is a need there. Or is the population base actually the major criteria here — that need is of lesser importance but your formula based on your population is what is the driving imperative for your department?

Is need, is the need for the service the driving imperative? Or is fitting your population numbers into the formula the driving imperative?

**Hon. Ms. Junor:** — I don't think we can disconnect population and need. I don't think we'd want to be having the need for one person to have long-term care in a far-reaching community and suggest we would build a facility for that person. So we have to connect need and population. And that's how we do base our funding.

**Mr. D'Autremont:** — Well there are a good many areas of this province, Madam Minister, in which the need is there and the population is there, and it's a lot more than one person that needs a long-term care bed or an acute care bed, and it's not happening around this province under your government.

All you have to do is talk to virtually any person on the street that's had any dealings with the health care system and they're extremely unhappy with it. We've just gone through a strike in which the majority of the nurses have said that they were extremely unhappy with the working conditions that you have put them through, Madam Minister.

One of the things that you did during this nurses' strike was move people out of the province and provided services for them in Minot or in some other locations.

Madam Minister, did you pay for the entire costs of the patients that were transferred out of the province, and did you also pay for any companion that travelled with those patients?

**Hon. Ms. Junor:** — Yes we did and we paid for one companion for each of those transfers.

**Mr. D'Autremont:** — Well thank you, Madam Minister. Since you paid for out-of-province travel and since you paid for travel by a companion for out-of-province travel, why are you not providing the same kind of support for people who were transferred in province — not because of a regular transfer where they would have been transferred from a community hospital into one of the central facilities, but because they were transferred strictly based on the strike, where family members had to travel with the patient that was in the acute care facility to another acute care facility where the services were being provided in that health district or in a neighbouring health district?

**Hon. Ms. Junor:** — If people were transferred somewhere where they didn't normally go, then we would be paying.

**Mr. D'Autremont:** — Well, Madam Minister, my colleague from Melfort had a citizen who was transferred because of the strike from Melfort to P.A. which would not have been a normal transfer for them. The cost of the transfer had to be borne by that patient and as well as the companion that travelled along with them. Will the department be investigating that and covering those costs?

**Hon. Ms. Junor:** — Please just share that information with us, and yes we will look at it.

**Mr. D'Autremont:** — Okay. Thank you, Madam Minister.

Madam Minister, one of the things that you talked about last fall were primary health services and you tried to describe that as the new forum for health care facilities across this province. I wonder why in that discussion that was to help you correct some words that you had used earlier as fewer hospitals, etc., why acute care was not also discussed and provided in this primary health services?

**Hon. Ms. Junor:** — Primary health services has been something I've been interested in for a long, long time. In my previous position I have been very, very interested in promoting primary health services. Primary health services do include acute care services and circumstances where the need is there.

**Mr. D'Autremont:** — Thank you, Madam Minister. One of the things that the department has just done is carried out a study on the waiting lists, and we have the longest waiting lists in Canada. And a study was carried out that identified some of the points, the pinch points in the system from I believe it was the time that a patient saw the surgeon to the time they actually received the surgery. And there was some recommendations in there and hopefully those recommendations will prove to be beneficial.

Madam Minister, are you carrying out a study prior to the visit with the surgeon? Are you investigating the waiting periods from the time that a patient may see a GP to a specialist, the time from a specialist to a surgeon? Are you investigating those areas to determine what pinch points there are in the system in those areas?

**Hon. Ms. Junor:** — Our task force looked at, as you had described, the waiting time once you've been diagnosed and have seen your specialist. We have not looked at the time leading up to that. We have not heard an urgent need for that.

**Mr. D'Autremont:** — Well, Madam Minister, when you have as much as a 28-week waiting period for surgeries, I think there is a serious concern there that needs to be addressed. And I think an investigation in that area would be very relevant.

In fact, what's the statistic — that you wait 21 days for cancer surgery in Regina, or . . . yes, Regina I believe it is, if not the province? I think in those areas there is a critical need for some of those surgeries to be done a lot quicker than that, Madam Minister. I'm sure you've heard some of the horror stories as well as I have of people who failed to get in for cancer treatment and surgery because of the waiting list that suffered fatal results of those waits. And I think we need to take a very, very serious look at the whole system and not just look at one little piece of it.

But we've had major health reform in this province since 1993-94 and we've never taken a look at the entire system to see what's happening — what's working, what isn't working. Obviously some things aren't working. There may be some things that are working, and that will be well and good and those can remain in place. But we need to take a very serious look at what isn't working. And to do that we have to take a look at the system and that hasn't happened yet.

I was pleased to see that the study was done from the surgeon to the surgeries. But we also need to take a look at what happens prior to meeting the surgeon.

So is your department, and are you, taking a look at that and doing a study of what health care reform has meant to Saskatchewan Health and the actual service that patients receive?

**Hon. Ms. Junor:** — Thank you. We're constantly looking at what we can do better. What the \$12 million in the budget will address now, the recommendations from the waiting list task force, will be what we can quickly do is serve more patients through day surgery. We can also coordinate the 24-hour post-operative care in districts surrounding Regina and Saskatoon so there's a better admission/discharge service in place that includes home care.

We also are changing the system so that people scheduled for elective surgery can be given priority based on need. And this is something that we've never had on a waiting list or a waiting-time system.

So those are things that we'll be doing immediately to address what the task force showed us in their recommendations.

**Mr. D'Autremont:** — Thank you, Madam Minister. I believe within your budgets you have allocated \$50 million for computer upgrades or dealing with YK 2000 potential problems.

Exactly what are you doing there, Madam Minister? What assurances do we have that our health care system and our records are going to be safe? And is the \$50 million going to be adequate or are we going to see, as we have seen in the case of the Plains hospital transfers, massive overruns?

(1730)

**Hon. Ms. Junor:** — We believe that the \$50 million millennium fund for medical equipment and technology, that amount is efficient . . . is sufficient to ensure the critical Year 2000 needs are addressed. And the fund will be targeted towards the costs incurred by health districts and the cancer agency specifically related to the Year 2000 readiness.

**Mr. D'Autremont:** — Thank you, Madam Minister. Since I mentioned the Plains, it triggered another thought. How much is the cost overruns going to be at the Plains?

Now I know that you're likely going to stand up and say, oh, no, no, we're right on budget, right on time, nothing has changed, except we've added on all of these other new things that we have to do like in fact finding a parking place for staff.

You know, we didn't need that on the original plan because we weren't actually going to have any staff in there because the nurses were all leaving. But now we've decided maybe we will need some staff in there so now we're going to build a parking lot that's not included as part of the original proposal.

So, Madam Minister, the Plains transfer to the General Hospital, what is it going to cost us and how much are the overruns going to be?

**Hon. Ms. Junor:** — The total cost of the project, original projected cost was 83.2 million. The cost overruns, including the building code overruns, project building and site requirement overruns, move cost and commissioning, and the demolition of the nurses' residence has totalled it up to 95.2 million.

The MRI (magnetic resonance imaging ) has been added in at 2.3 million. There has been some other initiatives — community health consolidation, energy management and laboratory consolidation that also added about 6.4 million.

Then there were program enhancements that the district undertook to do at the same time. That included the burn unit, the cath lab — the second cath lab — the enterostomal therapy, eye clinic, the G.I. (gastrointestinal) unit, and that added another 15.4. Mental health added 9.7. So the total cost of the project is \$129 million.

**Mr. D'Autremont:** — Well, Madam Minister, when you know you're doing a major project like this, why wouldn't you have included all of these other things in the original estimates?

You knew you were going to be putting a new MRI in there. In

fact as I'm told that when the MRI — I'm not sure I should say when it arrived — before it arrived, the room was built and all of a sudden it was discovered that the room was too small and it had to be reconstructed to fit the MRI into that particular area where it was going.

I mean there are some of these things, Madam Minister, that are obvious failures by the district health board in their planning process in dealing with this move. And I would suspect that part of this problem came about because of the decision of the government to rush the closure of the Plains ahead by a year so that they wouldn't actually have to deal with that situation during an election year. That's why it was closed last year rather than this year as it originally had been slated to do so.

When the minister, Louise Simard, made the announcement of the closure of the 52 hospitals, one of those items was that the Plains hospital would close in five years. So the General Hospital went ahead with its plans for the expansion for the eventual closure of the Plains hospital that was rushed.

All of a sudden you had to have all these other things in there. You had to have the energy consumption changes; you had to have the mental health services changes all in there. And that should have been planned into the process prior to those moves, but because of the rush at the Plains hospital it created a severe dislocation and that caused considerable problems.

The \$129 million, Madam Minister, should have been part of the original estimates. Why wasn't it?

**Hon. Ms. Junor:** — I think what we're having is a confusion about what's actually project '98 and what are actually program enhancements that the district planned to put in given that they had the ability to do so at this time.

As I have said before that health services and our health needs are ever changing, so what was planned back when the project was determined changed as it went along which is normal in construction. And it is also normal for the district to add in what they have now seen as identifiable needs and to include them in the construction as this project was going along.

Those have added services to Regina that they would not have had before and at a considerable less cost than they would've if they would've waited and done them afterwards as stand-alone projects.

Subvote (HEO1) agreed to.

Subvotes (HE02), (HE03), (HE04), (HE06), (HE08) agreed to.

Vote 32 agreed to.

**Supplementary Estimates 1998-99  
General Revenue Fund  
Budgetary Expense  
Health  
Vote 32**

Subvotes (HE03), (HE04), (HE06), (HE08) agreed to.

Vote 32 agreed to.

**Hon. Ms. Junor:** — I'd like to thank all the officials from the Department of Health, and I'd also like to thank the members opposite for their questions.

**Mr. D'Autremont:** — Thank you, Mr. Chairman. I'd like to thank the minister — both the ministers — and their officials for coming in today and providing us with some of the answers.

The committee reported progress.

The Assembly adjourned at 5:40 p.m.

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