

The Assembly met at 13:30.

Prayers

**ROUTINE PROCEEDINGS**

**PRESENTING PETITIONS**

**Mr. Wall:** — Thank you, Mr. Speaker. It's a pleasure to rise again on behalf of citizens concerned with the hospital facilities in my hometown of Swift Current. Mr. Speaker, the prayer of their petition this afternoon reads as follows:

Wherefore your petitioners will humbly pray that your Hon. Assembly may be pleased to cause the provincial government to carefully consider Swift Current's request for a new hospital.

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

Mr. Speaker, today the petitioners are from the communities of Admiral, Frontier, Rush Lake, Hodgeville, Regina, and the city of Swift Current.

I so present.

**Mr. Weekes:** — Thank you, Mr. Speaker. It's my pleasure to rise today to read a petition from citizens concerned about cellular telephone coverage in their area. The prayer reads:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause government to provide reliable cellular telephone service in districts of Rabbit Lake, Hafford, Blaine Lake, Leask, Radisson, Borden, Perdue, Maymont, Mistawasis, and Muskeg Lake.

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

Signed by the good citizens of Rabbit Lake and Glenbush.

I so present.

**Mr. Bjornerud:** — Thank you, Mr. Speaker. I also have a petition to present, to do with the lack of funding to non-profit personal care homes. The prayer reads:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to provide subsidies to non-profit personal care homes in the province so all seniors can be treated equally.

The signatures, Mr. Speaker, are from the towns of Esterhazy, Togo, Kamsack, and Runnymede.

**Mr. Brkich:** — Thank you, Mr. Speaker. I have a petition here with citizens concerned about the high cost of energy:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to use a portion of its windfall oil and gas revenues to provide a more substantial energy rate rebate to Saskatchewan consumers.

As in duty bound, your petitioners will ever pray.

Signed by the good citizens from Elbow, Tugaska, Loreburn, Saskatoon.

I so present.

**Mr. Allchurch:** — Thank you, Mr. Speaker. Mr. Speaker, I rise in the Assembly today to bring forth a petition from concerned citizens of Saskatchewan in regards to the gas and oil revenues and rebates. And the petition reads as follows:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to use a portion of its windfall oil and gas revenues to provide a more substantial energy rate rebate to Saskatchewan consumers.

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

And the signatures on these petitions, Mr. Speaker, are from Duck Lake, Mildred, Spiritwood, La Ronge, the Witchehan Lake First Nations, Shell Lake, Glaslyn, and Mayfair.

I so present.

**Mr. Hillson:** — Thank you, Mr. Speaker. I present petitions concerning the restoration of Government House in Battleford.

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to designate the restoration of Territorial House in Battleford as a centenary project and provide the necessary funds to complete the project prior to the Saskatchewan 2005 centennial celebrations.

Your petitioners come from North Battleford, Mayfair, and Battleford.

I so present.

**READING AND RECEIVING PETITIONS**

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

These are petitions of citizens of the province petitioning the Assembly on eight matters that are addendums to previously tabled petitions.

**STATEMENTS BY MEMBERS**

**Recognition of Government Employees**

**Mr. Wartman:** — Thank you, Mr. Speaker. In this year's Provincial Ombudsman report, members of the public service were recognized for their commitment to fairness and their exceptional effort in their everyday dealings with the public and their co-workers.

Recognized in this year's Kudos Honour Role are: Gordon Barnes who works for SaskPower in Yorkton; Rose Ann Baum

of Post-Secondary Education in Regina; Les Bell of Highways and Transportation in Regina; Isobel Coats at SaskTel in Saskatoon; Carol Fiedelleck from Saskatoon branch of Justice; Arlene Franko from SGI (Saskatchewan Government Insurance) in Regina; Bev Huget from Social Services in Regina; Evelyn Hynes from Social Services in Saskatoon; Doug Kelly from Highways and Transportation in Regina; Tom Laverty from Justice in Saskatoon; Bill Maximiuk from Justice in Regina; Linda McNaughton of the Sask Housing Corporation branch in Regina; Ron Nicolson from Justice in Regina; and Dan O'Hanlon from Justice in North Battleford.

I want to offer congratulations on behalf of all members in the Assembly to all of these fine members of the public service. We appreciate the hard work and dedication you have to your jobs and to the people of Saskatchewan. On behalf of all of us, we thank you.

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

#### **International Fuel Ethanol Workshop and Trade Show**

**Ms. Harpauer:** — Thank you, Mr. Speaker. Mr. Speaker, I had the pleasure just recently of attending the International Fuel Ethanol Workshop and Trade Show in Minnesota. It was a fantastic opportunity to listen and learn from people who are not just studying ethanol production but are actually making it happen.

There were a number of presenters from various countries who described what their government was doing for initiatives to stimulate the industry. All of the keynote speakers at the conference from around the world had different strategies in place to create the necessary environment to encourage ethanol production.

Of interest, Mr. Speaker, was the parliamentarian from Thailand. That government took less than a year to put close to 10 policies in place to get things up and running for their country. It was especially encouraging to hear Mr. Bless Baker, president of the Canadian Renewable Fuels Association, announce Canada's goal is to increase our production to one billion litres by the year 2005.

Mr. Speaker, I live just a short distance from Saskatchewan's only existing ethanol plant so I have a special interest in this industry. I see first-hand what an asset it is to our community and how good it is for the environment.

Although I did not see the member from Regina Qu'Appelle Valley, who is heading the ethanol study, at the conference, it is my hope that this government, who has been promising to bring in full-scale ethanol production for years, will get the ball up and rolling before another 10 years passes them by.

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

**The Speaker:** — Order. As members . . . Order please. As members know, there's only 90 seconds allowed for a member statement and I think members would appreciate if we could be able to hear the entire statement. And I ask members to keep their voices down during member statements.

#### **Contaminated Site Clean Ups**

**Mr. Prebble:** — Thank you very much, Mr. Speaker. Mr. Speaker, some of us will remember that a few years ago, on an otherwise quiet day, two blocks of downtown Mexico blew up. This because of a faulty underground gas tank, which leaked into the sewer system and then ignited.

It has happened and it can happen again. Or less dramatic but equally harmful, underground tanks can leak into the water system causing serious contamination.

There are several abandoned and more than 300 orphaned underground gas tank sites in Saskatchewan, which pose a potential hazard to the environment and to public health. That is why I am very pleased that SERM (Saskatchewan Environment and Resource Management) has initiated a program in co-operation with SUMA (Saskatchewan Urban Municipalities Association) and SARM (Saskatchewan Association of Rural Municipalities) to assist communities in clean-up efforts. Through the Centenary Capital Fund, the province has dedicated \$1.73 million over two years to clean up the orphaned sites, those where the original owners no longer exist and municipalities are the current owners.

This makes good environmental sense, Mr. Speaker, and also good economics because these cleaned-up sites may once again be used for commercial purposes.

I also want to emphasize, Mr. Speaker, that responsible businesses and co-ops throughout Saskatchewan are actively cleaning up their own sites. At the risk of being exclusive, I'd like to for instance congratulate the Beeland Co-op of Tisdale for undertaking the clean up of its former bulk fuel station which can then continue to be used for commercial purposes.

This is just one good example, Mr. Speaker, of the excellent clean-up projects that are underway.

Thank you very much.

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

#### **Young Inventor from Craik**

**Mr. Brkich:** — Thank you, Mr. Speaker. I proudly rise in the House today to talk about a constituent of mine from the community of Craik. Mr. Curt Heinen is a young inventor of the age of 25 who has designed and built a new invention called the grease saver. This device is a small steel cylinder that fits over the nozzle of a standard-sized grease gun and locks any common grease needle firmly in place.

This resourceful young man is an expert with the lathe work and fine machining tools that put his . . . his expertise was put to the test to develop this new product for agriculture and industrial use.

Mr. Heinen had the opportunity to display his new invention at the recent Farm Progress Show. There he sold over 200 units and received a lot of interest from individuals, companies who may be ordering these new units in large numbers.

The success of this gentleman's achievement is even more remarkable due to the fact that Mr. Heinen was born without sight but Mr. Heinen has never let his blindness hold him back from achieving. He uses modern technology to increase his abilities in his profession.

Most of his tools from the lathe to the drill work are done by talking tools wired to a voice box which always gives Mr. Heinen the exact measurements that he's dealing with on his new products.

I would like to personally congratulate Curt Heinen on his achievement and look forward to the many new inventions I believe he will be making in the future.

I would ask that all members of the Assembly join me in honouring Mr. Curt Heinen today.

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

#### Official Opening of Ruth Robinson Place

**Mr. Addley:** — Mr. Speaker, I stand before the House today in recognition of an important project that officially opened yesterday in the city of Saskatoon.

Saskatchewan Municipal Affairs and Housing provided a \$600,000 capital grant to the Saskatoon Housing Coalition to purchase and renovate an existing 12-unit apartment building. This building, to be used by people suffering from mental illness, will develop a supportive and secure living environment. Ruth Robinson Place was the name given to the new building.

People with mental health issues are at greater risk than others in the general population of becoming homeless, and projects like Ruth Robinson Place help address this concern.

Mr. Speaker, Ruth Robinson has been given the honour to have this project named after her. She is a constituent of mine and a former Saskatoon citizen of the year. Mrs. Robinson has served as a volunteer in various capacities with the Saskatoon coalition since it was formed in 1983. Her dedication to the Saskatoon coalition, the city of Saskatoon, and the spiritual wealth of the province is second to none, Mr. Speaker.

I would like to congratulate Ruth Robinson on this very distinguished recognition and wish her and her namesake the best of luck into the future. Thank you, Mr. Speaker.

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

#### Saskatchewan Trapshooting Provincial Championship Winner

**Mr. Wakefield:** — Thank you, Mr. Speaker. I wish to bring to the attention of this legislature an outstanding achievement in trapshooting by a long-term resident of Lloydminster.

Brian Sheppard achieved distinction recently by winning trapshooting version of the grand slam in the Saskatchewan trapshooting provincial championships held in Macklin two weeks ago. Brian achieved this coveted and elusive handicap

championship to complete this four-piece winning set.

In this most challenging of events, Brian was able to knock down ninety-five out of a hundred targets, one better than the closest contender — a most impressive achievement. Brian already holds Saskatchewan titles in the singles, the doubles, the all around scoring. He now has bragging rights as the 2001 Saskatchewan all around title.

In addition, he already owns Canadian singles and doubles titles and he'll be leaving tomorrow for Brandon for the national championships — his eye set on the national handicap and the national all around champion. Congratulations to this exceptional athlete, Brian Sheppard.

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

(13:45)

#### Payment for Requested Saskatchewan Government Insurance Medical Reports

**Mr. Harper:** — Thank you, Mr. Speaker. Mr. Speaker, Saskatchewan Government Insurance and Saskatchewan Medical Association working committee has recently made a number of improvements to the policies of SGI's medical review unit. One of the most significant changes to the review unit's policies involves the payment for medical reports that have been requested by SGI.

Saskatchewan is the only province in Canada to move to assisting motorists with these costs. In the past, drivers who have indicated they've had a medical condition, which may affect their driving, were required to pay for all the medical reports SGI requested. Mr. Speaker, SGI will now pay a portion of these costs for their requested medical information.

By working closely with the SMA (Saskatchewan Medical Association), SGI is confident that the service being provided to drivers with medical restrictions on their licences while ensuring the safety to all drivers on the roads. Mr. Speaker, through improvements such as these, SGI is continuing with its ongoing efforts to enhance and provide highly valued customer service.

Thank you.

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

#### ORAL QUESTIONS

##### Declining Population

**Mr. McMorris:** — Thank you very much, Mr. Speaker. Mr. Speaker, Saskatchewan's population is dropping like a rock, thanks to the NDP. In the first quarter of 2001, our population has dropped by nearly 2,000 people. In the past year Saskatchewan's population fell by over 5,000 people. That represents the worst population loss in Saskatchewan in over a decade. Mr. Speaker, it is clear that the NDP's economic policies are disastrous. They are driving people and jobs out of Saskatchewan at an ever-increasing rate.

My question is for the Premier. Mr. Premier, why is your NDP government driving . . .

**The Speaker:** — Please rephrase your question through the Chair.

**Mr. McMorris:** — Mr. Speaker, why is the NDP government driving people out of this province?

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

**Hon. Mr. Calvert:** — Mr. Speaker, it is a matter of concern I'm sure to every member of this legislature and to the province generally when we see the population decline or the job loss or young people leaving the province. We ought all to be concerned and this government takes it very seriously, Mr. Speaker.

That said . . . that said, Mr. Speaker, let us also look at what is happening in this province to provide employment, to provide new life for communities, to provide opportunities for our young people.

Mr. Speaker, let me just refer members opposite to this month's publication of *Saskatchewan Business* — *Sask Business* — from the business community in Saskatchewan. They talk in this publication of things that are happening around the province. They talk about significant employment gains — gains, Mr. Speaker, in the non-agricultural sector. They talk about the significant growth in the retail sector. They talk about growth in gross domestic product.

Mr. Speaker, some are looking at the positive things that are happening in Saskatchewan. Our colleagues opposite should do that as well.

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

**Mr. McMorris:** — Thank you, Mr. Speaker. I'm sure after much research you can find an article like that. But, Mr. Premier, our population is dropping. It's in a nose-dive, thanks to the NDP government.

Saskatchewan has just suffered the worst year of out-migration in over a decade. From April 1, 2000 to April 1, 2001 Saskatchewan suffered net out-migration to other provinces of over 9,000 people. That is, we had 20,000 people move into Saskatchewan, but we had 30,000 people move out of Saskatchewan. For every two people that move into Saskatchewan, Mr. Speaker, three people move out to get away from that NDP government.

Mr. Speaker, this is a huge problem for our province. It is the worst period of population loss since the NDP came to power. And it's been getting worse since this Premier took office.

Mr. Speaker, why is the Premier and his government driving so many people — 30,000 people — out of this province?

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

**Hon. Mr. Calvert:** — Mr. Speaker, I think the member opposite would recognize, and many would recognize, that

some of the great difficulty we're having is in the, in the ag sector, Mr. Speaker. And the member will know that this is not unique to Saskatchewan, but in ag-producing provinces and states we're all having some of these same difficulties.

But, Mr. Speaker, I do not know why it is that members of the opposition seem to take such glee in this. And that opinion is being asked today in the editorial pages of the Regina *Leader-Post* where Mr. Marty Klyne in a letter to the editor says the following:

There are those who will take some inexplicable pleasure in playing this up and scaring others into believing that the sky is falling.

Well, then Mr. Klyne goes on to review some of the facts from this city alone — just from the city of Regina — when he says:

In the first five months of this year, Regina's total employment is up by almost 300 . . . jobs.

Job growth in Regina over the next five years is expected to average nearly two per cent per year. That's almost 2,000 new jobs per year, or 10,000 new jobs over the next five years.

In Regina alone, Mr. Speaker.

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

**Mr. McMorris:** — Mr. Speaker, it doesn't matter what kind of a spin that the NDP try and put on these. These numbers are disastrous and if you don't face up to them, they're going to continue to be disastrous.

Over 9,000 people have been lost to out-migration. That's the entire population of the city of Weyburn, Saskatchewan — 9,000 people packed up and left last year. Meanwhile other provinces are growing their population, all over Canada. Let's look to our neighbour to the East. Manitoba's population has grown by over 4,000 people.

And what about Alberta? Should we mention Alberta? Fifty thousand people have moved into Alberta; their population has grown. It's only the NDP Saskatchewan that is hemorrhaging jobs and people to other provinces.

Mr. Speaker, the worst population loss in a decade; that's this Premier's record. Why is Saskatchewan's population dropping like a rock? It's kind of similar to the NDP in BC (British Columbia) dropping like a rock.

Why is the NDP driving so many people out of this province?

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

**Hon. Mr. Calvert:** — Mr. Speaker, I've referred to recent articles in *Saskatchewan Business*, and an article from *The Leader-Post* today. Let me refer this member to an article from the *World Spectator*, Moosomin, Saskatchewan, where the editor writes:

How are things in Saskatchewan (he says), I asked, slowly

repeating the question to give myself some time to gather my thoughts. They're not too bad, I said.

Listen to this, Mr. Speaker:

Despite what one may hear from the Saskatchewan Party whose members are intent on making things sound so gloomy and beyond hope so that they may one day become rulers of this great province, things aren't bad at all, I said, especially in eastern Saskatchewan.

Mr. Speaker, what have we heard during this session from this opposition by way of progressive or positive change? What have we heard by way of solution? They stand in this House day after day, criticizing, criticizing the people of Saskatchewan, criticizing business people in Saskatchewan. What have we heard by way of one possible solution? None, Mr. Speaker. Not one.

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

**Mr. McMorris:** — It's interesting, from the other side they always like to call doom and gloom. It's their doom and gloom; it's their numbers — 9,000 people.

It's no mystery why our province is hemorrhaging people. People go where the jobs are. And last year this NDP government killed 21,000 jobs in this province — 21,000 jobs you've killed. That is the worst number since the Great Depression, and it's all happened since this Premier took office.

Mr. Speaker, the job loss is incredible — since the last Great Depression, the worst population loss in a decade. That's this Premier's record and it's absolutely dismal.

Mr. Speaker, this Premier and his government have absolutely no plan for the future; no vision for the future; and no hope of growing an economy. Why? Will the Premier admit that his economic record is an absolute disaster?

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

**Hon. Mr. Calvert:** — Mr. Speaker, several days ago the opposition came in to this House, had a press conference, paid \$8,500 to have their own consultant study the circumstances in Saskatchewan. Their own consultant, Mr. Speaker, their own consultant points to the to the hurt that's happening in Saskatchewan as a result of the agricultural sector.

Now this is what their own consultant says. Fundamentally, fundamentally, this relatively modest growth is the result of the combination of the agricultural base of Saskatchewan coupled with the fact that it is the information technology knowledge-based tax . . . (inaudible) . . . of Ontario and Alberta which will lead Canada's growth.

Their own consultant says the province will grow. Their own consultant says it will grow, albeit at a smaller rate than we all would hope for. So what are we doing about it? They criticize. They do not come with one positive suggestion or solution. Not one. Not one.

We have released the partnership for progress, we are taking

steps to grow our energy industry, we are working with our farming people. This is a government that solves problems not just raises them.

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

**Mr. McMorris:** — Mr. Speaker, the Premier just said that yes, we may grow modestly. If the growing is losing 9,000 people, then that's how you're going to be growing this province . . .

**The Speaker:** — Once again, once again . . . Order, please. Order. Once again, I ask the member to direct his remarks through the Chair.

**Mr. McMorris:** — Mr. Speaker, let's go through these numbers one more time: 21,000 jobs lost in the past year. Who said it? StatsCanada, Mr. Speaker. The worst job loss since the Great Depression. That's the NDP record.

Let's try 9,000 people in net out-migration last year. Whose numbers? StatsCanada's numbers, Mr. Speaker. That's the worst population loss in over a decade. That's the NDP numbers. Saskatchewan is hemorrhaging jobs and people. It's an absolute disaster because of this government.

When is the Premier going to stop making excuses and excuses and start fixing his failing policies — policies that are driving more and more people out of Saskatchewan. When are you going to fix your policies?

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

**The Speaker:** — Order. Order, order. Would the member care to rephrase his question?

**Mr. McMorris:** — Mr. Speaker, when will this Premier fix his policies and start growing the province?

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

**Hon. Mr. Calvert:** — Mr. Speaker, I have in my hand the *Partnership for Prosperity*, a plan of action developed with the people of Saskatchewan to take on the economic challenges and build this province. Mr. Speaker, page after page of progressive suggestion. We talk about the need to work with you. We talk about the need for growth and prosperity in our key sectors. We need . . . we talk about the need to work with our private investors, our private business, our Crown corporations, our co-operative sector. We talk about the need for revitalizing rural Saskatchewan, all with targets, all with plans, Mr. Speaker.

I say to you and I say to them — where, Mr. Speaker, is their plan? Where is one suggestion? Well the only plan I've ever heard, the only plan I've ever heard is to cut taxes. That's the only plan I've ever heard from them in a way that they cannot demonstrate is sustainable, in a way that they know is only going to benefit certain segments of our society.

Mr. Speaker, we have developed a plan. We are implementing the plan and we're working with Saskatchewan to make sure that plan brings the prosperity of which we speak.

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

### SaskEnergy Rates

**Mr. Wall:** — Thank you. Thank you Mr. Speaker. Mr. Speaker, my question is for the Minister responsible for SaskEnergy.

Last night, Regina City Council voted in favour of shopping around for the best price for natural gas. A recent report prepared for the city says that SaskEnergy's current price is, and I quote, "higher than the current market price," and suggests that the city would save at least \$60,000 over the year and may in fact save up to \$120,000 — that's a substantial savings.

So the city of Regina is going to negotiate a contract to buy natural gas from another private supplier in the province, and that's good for the city of Regina and its residents.

But it begs a question, Mr. Speaker. Why is SaskEnergy, a publicly owned member of the family of Crown corporations, overcharging for natural gas?

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

**Hon. Mr. Sonntag:** — Well, Mr. Speaker, a week or so ago when I answered this question — it was raised by the member at that time — it was clear that at that point that I said that competition does exist in the sale of natural gas here in Saskatchewan. That's been evidenced by the example that the member raises. This is nothing new, Mr. Speaker. The city of Regina has purchased gas from other companies before and they've come back to SaskEnergy.

And I think if the member refers to the story — in *The Leader-Post* I believe that ran — even the city itself says they're not sure that this was the right decision to make. It could well be if SaskEnergy is able to purchase gas later on at lower rates, that they might have been better to stay with SaskEnergy. So this was no guarantee. And that was acknowledged by the city, Mr. Speaker.

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

(14:00)

**Mr. Wall:** — Well thank you, Mr. Speaker. Part of the reason why the city of Regina may have made the decision that they did make last night is the fact that SaskEnergy is currently charging \$6.30 a gigajoule. Today's spot price is \$4.06 a gigajoule, and today's one-year contract price is \$4.66 a gigajoule. And when you add in the cost that the government says you must add in per gigajoule, which is 50 cents, you still get a rate, you still get a long-term rate that's 27 per cent lower than what Saskatchewan people are paying today to SaskEnergy. That's why the city of Regina concluded that they could go with a private supplier over SaskEnergy, why they decided it's time to consider other suppliers.

And they're not the only ones, Mr. Speaker. The Humboldt Separate School Division has signed a three-year contract with CEG Energy for gas. They expect to save as much as \$1,500 from the switch.

The question is simple, Mr. Speaker. Why is SaskEnergy

insisting on overcharging for natural gas when it's actually losing large-volume customers?

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

**Hon. Mr. Sonntag:** — Well again, Mr. Speaker, CEG specializes in commercial clients. Many of the customers that the member refers to . . . this is nothing new. I mean this has happened before.

And again the member, or the expert, Mr. Speaker, refers to the spot price. Well today he's advocating that we buy on the spot market. I mean, I'm not an expert and he's not an expert; we should leave that to the people who are experts.

And if I refer, Mr. Speaker, to the city, even they say — and here it is in *The Leader-Post* yesterday — it says: however city manager Bob Linner admitted there is no guarantee. He says what you're doing is taking a calculated risk into the future, he said. So they've taken a calculated risk.

SaskEnergy, if they're able to lock in prices at lower prices and achieve savings — additional savings I should say — this will be passed on to SaskEnergy's customers, Mr. Speaker.

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

**Mr. Wall:** — You know, Mr. Speaker, this NDP government and that minister went to great lengths to take credit for SaskEnergy's gas purchasing policies late last year when they were indeed providing low prices to Saskatchewan people. So it is completely fair that the people of Saskatchewan would expect that minister to stand up and be accountable when those prices seem to have us paying more than we should for natural gas.

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

**Mr. Wall:** — That's the bottom line today, Mr. Speaker.

Mr. Speaker, Saskatchewan people don't have the options that the city of Regina does or that the separate school division in Humboldt have because CEG and other suppliers aren't yet ready to begin offering their gas services to residential customers and small customers of natural gas. And since they don't have that option, Mr. Speaker, they must rely on the government and the minister and SaskEnergy.

There is mounting evidence that the NDP is overcharging SaskEnergy customers. Will the minister be directing SaskEnergy to consider an application of the rate review panel or to adjust its price, lowering the price of natural gas for Saskatchewan people?

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

**Hon. Mr. Sonntag:** — Well, Mr. Speaker, the one thing that SaskEnergy customers do have in this case, Mr. Speaker, is they have a guaranteed maximum with an opportunity — and I want to emphasize this — an opportunity to achieve even more savings and even a lower price, unlike the customers that this member refers to, the commercial customers. They're locked in at a price now, which may or may not be better than what SaskEnergy can offer.

But SaskEnergy has assured, through the process and the application to the Rate Review Panel, that \$6.30 is the absolute maximum. If prices continue to decline, Mr. Speaker, if they continue to decline and SaskEnergy is able to achieve additional savings, this is good, this is a good thing and will be passed on to the SaskEnergy customers, Mr. Speaker. This is a good thing.

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

#### **Conflict of Interest Guidelines at the Saskatchewan Liquor and Gaming Authority**

**Mr. Heppner:** — Thank you, Mr. Speaker. Mr. Speaker, my question is for the Liquor and Gaming minister.

Mr. Speaker, in September 1995 Liquor and Gaming president Paul Weber sent a memo around to liquor store employees warning them, Mr. Speaker, of the rules against accepting free gifts from industry representatives. The memo said, and I quote:

Accepting or soliciting products from industry will result in severe disciplinary action against the individuals involved.

That's the same Paul Weber, Mr. Speaker, that solicited and accepted free Leaf tickets from Corby, Wiser's and accepted free trips to the Bahamas from Corby, Wiser's.

Mr. Speaker, why the double standard? Why did Paul Weber threaten severe disciplinary action against others accepting freebies and then turn around and do exactly the same thing himself?

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

**Hon. Ms. Hamilton:** — Mr. Speaker, I have to stress that this information comes out of Justice Wakeling's report to us. It's not the government's report; it's not Liquor and Gaming's report; it's a respected, retired Justice's report to us stating, yes, solicitation is not proper conduct. But what he also states, because of the circumstances surrounding this, that further discipline would be unreasonable and unjust.

I have the Justice Wakeling's report. I have his recommendation. On one hand this member says, respect Justice Kyle's recommendations and his findings. On the other now he's saying, but now you should not respect a retired Justice in our community who did a full . . . who has done a full report, Mr. Speaker.

So on one hand he's asking me to do this, and on the other hand that. What I said to this Assembly, Mr. Speaker, I have asked for this reporting to occur. The full investigation has occurred. I will respect the recommendations of the Justice Wakeling report.

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

**Mr. Heppner:** — Thank you, Mr. Speaker. For day two the minister is trying to hide behind the Justice. Justice Wakeling said that those Toronto Leaf tickets, those Leaf tickets, were wrong — that Weber should not have taken those tickets.

This government fired Mr. Dosenberger, punished Ms. Swan.

What are they going to do with Mr. Weber? Are they going to be hypocritical and have two sets of justice or are they going to be fair and treat everyone the same way? What are you going to do?

**The Speaker:** — I'll just remind the member about the way he words his question.

**Hon. Ms. Hamilton:** — Mr. Speaker, I said in this Assembly, human resources have many issues attached to them.

In the response to Justice Kyle, I respected the opinion of that Justice and the outcome of the court. In the respect of Ms. Swan, there were other circumstances there that have been thoroughly looked at and discussed. And with respect to Mr. Weber, we have a report now before us from Justice Wakeling.

Mr. Speaker, the only double standard in this Assembly is coming from that member who says if the report says this and it's slamming the government, go for it. If the report says this and says don't act in an unjust and unfair manner, we should go for it anyway.

Mr. Speaker, I'm not going there. I'm respecting the report that was presented to us in an unbiased and a judicial manner, Mr. Speaker.

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

**Mr. Heppner:** — Thank you, Mr. Speaker. The minister has still failed to answer the question. The question was why the double standard? You take two people and you discipline them severely because they got the government into the mud. Well, on comes Justice Wakeling and said that Mr. Weber should not have taken those tickets — especially when they're Leaf tickets, Mr. Speaker.

And what is this government going to do? When are you going to change your double standards . . .

**The Speaker:** — I would ask the member to rephrase his question through the Chair please.

**Mr. Heppner:** — When is the minister going to treat everyone the same way and deal with these three people in the same manner?

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

**Hon. Ms. Hamilton:** — Mr. Speaker, on the one hand the member says we should respect the decision of justice. We should respect the decisions that have been given to us, which we've done. Justice Kyle had his report and his recommendation. We accepted that, Mr. Speaker.

Now we have the report, Mr. Speaker, I would say that was commissioned to help to clear the air. Some of the comments from the members opposite were incorporated into the terms of reference so we could clear the air on this matter, and now we will follow Justice Wakeling's recommendations, Mr. Speaker. There's no double standard here.

The member opposite knows full well that on page 20 of Justice

Wakeling's report he states:

I do not recommend that charges be laid against Mr. Weber or discipline be initiated for the reasons provided in my report. Nor do I see that further investigation by police is required.

Mr. Speaker, he also stated . . .

**The Speaker:** — The member's time has elapsed.

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

**Mr. Heppner:** — Thank you, Mr. Speaker. The thing that this minister evades in all of her answers is the responsibility for her supervisory actions that she should be taking to ensure that these things weren't happening the way they are in her department. Completely inept, Mr. Speaker; completely inept.

Mr. Speaker, what upsets people most about this case is that rules are not fairly applied. Most people have to follow the law but some senior government officials are allowed to break the law. Mr. Speaker, there are all kinds of laws in this province that some people may not like. They still have to follow them.

Mr. Speaker, above all others, the people who enforce the law should be expected to uphold the law. What kind of message does this send to the province's liquor regulator is allowed to ignore its own laws? Why the double standard? Why are others expected to follow liquor laws when the senior officials are allowed to ignore the liquor laws?

**Hon. Ms. Hamilton:** — Mr. Speaker, the member opposite is making it sound like there is no guideline within the Authority. At some point it was thoroughly discussed and conflict of interest guidelines were put in place to try and reflect what they believed to be the wishes of the Act.

Mr. Speaker, Mr. Wakeling says the Authority has guidelines to reflect modern industry and community practices, which Justice Wakeling described as quite reasonable. He also states, Mr. Speaker, we should move immediately to make regulatory changes necessary to reflect those practices, Mr. Speaker.

We're pleased that Justice Wakeling provided this clear direction to us. The specific changes that are going to be determined would be presented in the form of an amendment which he will have a chance to discuss, Mr. Speaker.

I would ask of the member opposite, Mr. Speaker, what would you do with Justice Wakeling's . . .

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

**The Speaker:** — I would remind the minister as well to direct all of her responses through the Chair. Why is the member on his feet?

**Hon. Mr. Hagel:** — Mr. Speaker, I request leave to introduce guests.

Leave granted.

## INTRODUCTION OF GUESTS

**Hon. Mr. Hagel:** — Mr. Speaker, if the hon. members would cast their glance to your gallery, we would see an old friend of the Assembly seated in the gallery, Mr. Speaker.

Lori Rosom, who not many days ago had her place on the floor of the Assembly and after having served the members of the Assembly as a page from March through May, left to take employment. I understand she's returned to Regina to attend her graduation from Winston Knoll tomorrow, and she's getting a different perspective of the operations of the House today.

I'd ask all hon. members to welcome back a friend of the Assembly, Lori Rosom.

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

**Hon. Mr. Osika:** — With leave to introduce guests, Mr. Speaker.

Leave granted.

**Hon. Mr. Osika:** — Mr. Speaker, to you and to my colleagues in the Assembly here, I'd like to introduce a lady who's spent some time with the Canadian Broadcasting Corporation, that's here today to visit. In your gallery, Mr. Speaker, Ms. Susan Graham. I would ask all members to welcome her to the Assembly here this afternoon.

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

## ORDERS OF THE DAY

### WRITTEN QUESTIONS

**Mr. Yates:** — Thank you, Mr. Speaker. Convert, please. And by leave, Mr. Speaker, I would like to table a correction to written question no. 214.

**The Speaker:** — Item 236 has been converted and a correction has been received for item 214.

**Hon. Mr. Lautermilch:** — Leave to move to government business.

Leave granted.

(14:15)

## GOVERNMENT ORDERS

### COMMITTEE OF THE WHOLE

#### Bill No. 26 — The Hearing Aid Sales and Services Act

**The Deputy Chair:** — I recognize the minister and ask him to introduce his officials.

**Hon. Mr. Nilson:** — Thank you, Mr. Chair. I'm pleased to have with me this afternoon, Drew Johnston, who's the project manager with acute and emergency services branch, and Kathleen Peterson, who's the legislative policy analyst with the

policy and planning branch.

### Clause 1

**Mr. Gantefer:** — Thank you, Mr. Chair. Welcome, Minister, and welcome to your officials this afternoon.

Mr. Minister, I would like you, first of all when we talk about Bill 26, is to . . . if you would please outline some of the conditions that we were and are experiencing in the province that motivated you to bring forward this legislation.

**Hon. Mr. Nilson:** — Mr. Chair, the reason that this legislation has come forward relates to the number of complaints that came forward from people, both about hearing aids as consumer products, but also about some of the concerns about how the products were sold.

And so as a result of those complaints — many of them, which came through the Department of Justice consumer affairs branch but also came through the Health department — it was agreed that we should meet with the people in the industry and come forward with some legislation which would regulate this area.

**Mr. Gantefer:** — Thank you, Minister. Minister, I understand in our deliberations and in doing some research on this Bill, that indeed the Saskatchewan Association of Speech-Language Pathologists and Audiologists as well as the Saskatchewan Hearing Instruments Practitioners Society have both been involved with the drafting of this legislation.

Minister, do you believe that it completely resolves the issues that have been brought forward by complaints over the last while?

**Hon. Mr. Nilson:** — Thank you. Mr. Chair, I would also add into that list of people who were very close consultants in the process, the consumer affairs branch of Saskatchewan Justice.

We also consulted with the Veterans Affairs Canada, Health Canada, the Workers' Compensation Board, the Saskatoon and Regina health districts, as well as private hearing aid businesses who weren't part of either one of the organizations that you met with. And also the Wall Street ENT (ear, nose, and throat) clinic. All of these groups had . . . were part of the discussion.

We're not absolutely certain that we've covered every problem that's there. Some of them had a desire to go a little farther maybe in one area than another. But in the end, they all saw this as a reasonable way to enter into the regulations of this particular industry.

**Mr. Gantefer:** — Minister, there's a section 24 under regulations. Do those regulations or the wording of those regulations give you enough latitude that if it's necessary in the future that it's shown that there are some shortcomings, that adjustments can be made to address issues that may come up?

I guess what I'm asking, Minister, is there enough flexibility built into the Bill in order to address some of the unforeseen concerns that some of these organizations may have identified?

**Hon. Mr. Nilson:** — It's our understanding that the regulations and all of the different headings that are there, are broad enough to cover almost every foreseen problem. And if none of those cover, then (u) covers because it covers anything else that is deemed necessary and important to deal with.

**Mr. Gantefer:** — Thank you, Mr. Deputy Chair. We certainly have . . . In our discussions with many of the same agencies and organizations; they have expressed to us their support for this legislation.

And in our review of it, we also see that it is a step in the right direction and we certainly are supportive of it. So thank you very much, Mr. Minister.

**The Speaker:** — Why is the member on his feet?

**Hon. Mr. Nilson:** — I just want to thank the member for the comments, and also the fact that you consulted with these groups because it's important for us to know that.

And I'd like to thank Drew for his help on this particular legislation because it was a mix between consumer legislation and health legislation, and we didn't have very many precedents to follow.

Clause 1 agreed to.

Clauses 2 to 28 inclusive agreed to.

The committee agreed to report the Bill.

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

**Mr. Weekes:** — May I have leave to introduce guests, please?

Leave granted.

### INTRODUCTION OF GUESTS

**Mr. Weekes:** — Thank you, Mr. Deputy Speaker. It gives me a great deal of pleasure to introduce to you . . . through you and to you 19 grade 6 students from St. Gabriel School in Biggar, Saskatchewan.

Accompanying the grade 6 students are their teacher Elan Grondin. And also a special welcome to my wife Cindy Weekes, who is accompanying our daughter, Alex Weekes; and also parents Denise Holt, Brenda Pochipinski, Janet Taylor, Henrietta Parenteau, Dennis Desrosiers, Sharalee Laventure, Cindy Keith, Darlene Ries, and Charlla Redlick.

I had the opportunity of joining this group of students with their Legislative Building tour and also had lunch with them outside on the grounds.

And I understand they just came back from the Science Centre and are on their way to the IMAX. So please join me in welcoming the students and staff and parents from St. Gabriel's in Biggar.

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

## COMMITTEE OF THE WHOLE

**Bill No. 4 — The Registered Nurses Amendment Act, 2001**

**The Chair:** — I now invite the Minister of Health to introduce his officials.

**Hon. Mr. Nilson:** — Thank you, Mr. Deputy Chair. I have the same officials that were here before but I've added two more to deal with this legislation. Marlene Smadu, who is the principal nursing advisor for Saskatchewan Health is to my left, and then a little further to the left is Karen Layng, who is the executive director of the primary health services branch.

**Clause 1**

**Mr. Gantefer:** — Thank you very much, Mr. Deputy Speaker. Mr. Minister, as we're aware, advanced clinical nurses or nurse practitioners have been functioning in this province for some time prior to this legislation and, as we currently speak, they are operating in different areas of the province.

Would you explain to the House please, under what legislation or under what guidelines they currently practise?

**Hon. Mr. Nilson:** — Mr. Deputy Chair, the present practice that allows for the advanced practice nurses to operate in Saskatchewan operates under what's called a transfer of function arrangement and this an agreement between the Saskatchewan Registered Nurses' Association, the College of Physicians and Surgeons of Saskatchewan, and the Saskatchewan Pharmaceutical Association so that effectively physicians and pharmacists agree to delegate certain functions to those advanced practice nurses who are operating in the province at this time.

**Mr. Gantefer:** — Thank you, Minister. Minister, in order for nurses to practise under the transfer of function provision, are there special educational and training requirements that are required in order for these individuals to receive this transfer of function?

**Hon. Mr. Nilson:** — Yes. The simple answer is yes. These people receive special training and there's a program that allows them to be involved in this and it's one that's obviously operated through the SRNA (Saskatchewan Registered Nurses' Association) and related groups along with the medical regulator and the pharmaceutical regulator.

**Mr. Gantefer:** — Minister, I was unclear, is there a special course? Is it offered at SIAST (Saskatchewan Institute of Applied Science and Technology)? Is it offered at all in Saskatchewan? Can you outline with a little more detail exactly what the course requirements are to function under this transfer of function?

**Hon. Mr. Nilson:** — The course is offered at SIAST and effectively it does deal with many of the issues.

What we also know that those people trained under that course now are anticipating the bringing in this new legislation which then clearly sets out in The Registered Nurses Act the provisions that have traditionally been enabled through a

transfer of function.

But the course is at SIAST and just for information there are 18 primary care nurses that practice in this way in southern Saskatchewan and a few more in the North.

There's 78 nurses that have completed the program in the province and there are 34 nurses that are currently in the training program. The program takes about 14 months at SIAST and it has a theory component, as well as distance education. So often people are taking the course while they're still working as RNs (registered nurse) in their regular job.

**Mr. Gantefer:** — Thank you, Minister. Is there a prerequisite in terms of that you need a degree in nursing or is a diploma nursing program sufficient to add this to your credentials?

**Hon. Mr. Nilson:** — All that's required is the RN diploma at this time.

**Mr. Gantefer:** — Thank you, Minister. You also mentioned nurses operating in northern practice. I believe that there has been some transfer of function in a special relationship with some northern nursing stations in the past.

And indeed I believe there are add-on training programs that might deal with obstetrics, suturing and some of those areas. Are they covered in this advanced practice course or are they special add-ons that are over and above this advanced practice training?

**Hon. Mr. Nilson:** — Those particular things are covered in the course.

**Mr. Gantefer:** — Are any of the nurses or all of the nurses . . . I know some of them operate directly with the Department of Health, some with northern health districts, some with the Nightingales and organizations of that nature.

Is it a requirement for nurses to practise in remote northern nursing stations, I guess for a lack of better word, to have these requirements? Because I believe a great deal of what they do would be involved with some transfer of function either from a central location in Meadow Lake or La Ronge or something of that nature.

Under what circumstances do many of those northern nurses practise and is it a prerequisite that they have this advanced clinical program in order for them to practise in those locations?

(14:30)

**Hon. Mr. Nilson:** — There's no simple answer to your question because there are many ways that you can get the training that allows you to practice in some of the northern more remote locations. Sometimes it's the training that's through SIAST. Other times it's training from other parts of the country or maybe from the States or even maybe other parts of the world.

But a big part is obviously the experience because that's recognized wealth. When they work in these areas that are in the transfer of function, they operate with supervision in the . . .

even though it's not on-site supervision. But they would have contact with the medical personnel or the pharmaceutical . . . pharmacists that are involved.

So basically it's a situation where experience counts for a lot but there's training for most of them, but not necessarily all of them.

**Mr. Gantefer:** — Thank you, Minister. Minister, in the southern part of the province for how long have nurses been operating under the transfer of function? Has it been an ongoing program or is it a relatively recent phenomenon?

**Hon. Mr. Nilson:** — The particular transfer of function arrangement that I described before was entered into in 1998 and it allowed for this practice to go into the community. But within the hospital setting where you actually had the doctors and pharmacists right there, there were these abilities to transfer functions to nurses under supervision for many years.

**Mr. Gantefer:** — Thank you, Minister. In the legislation it outlines, I believe it's in section 15 that there are duties outlined that can be given by an advanced clinical nurse. And they range from prescribing drugs, and designating screening and diagnostic tests — along with interpretation of those tests — and designating minor surgical and invasive procedures that an RN may perform. It also can prescribe conditions or restrictions on the performance of these operations.

How are these terms of reference arrived at and who was the consulting process involved . . . or who was involved in the consultation process to arrive at these terms of reference?

**Hon. Mr. Nilson:** — The answer to your question is that this involved consultation with a number of groups, but the specific groups involved were the Saskatchewan Registered Nurses' Association, the Saskatchewan Association of Licensed Practical Nurses, Registered Psychiatric Nurses' Association of Saskatchewan, the College of Physicians and Surgeons of Saskatchewan, the Saskatchewan Medical Association, the Saskatchewan Pharmaceutical Association, and the Saskatchewan Association of Health Organizations.

**Mr. Gantefer:** — Thank you, Mr. Minister. And in the discussions with these agencies, particularly the medical profession and the pharmaceutical profession who were the people that were involved in the transfer of function in the current situation, are they comfortable with putting these kinds of terms of reference in for the advanced clinical nurses into their own legislation and having the SRNA, I believe, take care of the details of the regulations involved?

I'm assuming, and certainly in our discussions, that they seem to indicate a fair bit of support by this, but I think for the record it's important for you to say that these agencies are comfortable with having these operational guidelines for advanced clinical nurses.

**Hon. Mr. Nilson:** — The answer to the question is yes, they are supportive of this, and they will continue as organizations to provide the consultation and monitoring service as the various skills are developed and then certified under this particular procedure.

**Mr. Gantefer:** — Thank you, Minister. Minister, is it part of the plan in the long-term vision of . . . We've spoken in the past about our concern about the number of nursing positions that are being initiated in the training programs and the long-term availability of nurses on every level. Is there a long-range plan for the number of training seats that you plan to have at SIAST in order to allow nurses to move into this advanced practice?

**Hon. Mr. Nilson:** — Mr. Deputy Chair, the way that this particular program is delivered, there are no restrictions on the number who can enter the program because it has that combination of on-site, but also most of it is distance education where people can do it from their places of employment.

So practically as many people who wish to enter the program have been allowed to enter the program. We don't see that changing.

**Mr. Gantefer:** — Thank you, Mr. Minister. I think that that's good news and I hope that that message goes out to the nursing profession because I'm aware of in my area of the world there certainly is one example operating out of the east . . . or the North-East Health District in Zenon Park, Arborfield — in that corner of the world — of an advanced practice nurse who is being extremely well received by the community and the people there find it a very positive addition.

I'm also aware in the North Central Health District based out of Melfort that they're advertising for a nurse practitioner in St. Brieux and Naicam. And to date to my knowledge they have been unsuccessful in recruiting someone for this position.

So I think that there may well be an expanding need for people of this training and capability, and I think that they can fill a very useful role. I may add as well is that in my experience all the comments that I've heard from people that have experienced working with the advanced clinical nurses or nurse practitioners has been very positive.

And some of the concerns and fears that were articulated in terms of turf protection — if you like, for lack of a better word — have not materialized. And where people are experiencing this practice that they're finding it a very positive experience, and we certainly are very supportive of this initiative.

Mr. Minister, the other part of the legislation that I want to talk about in moving on a bit is I understand there is also provisions in the Bill that will allow the SRNA to issue temporary licences to foreign graduates who do not meet the requirements for a full licence, and that they may work under the supervision of an RN while they are working towards meeting those requirements.

Are you aware, Mr. Minister, of how many people would fall into this category that would need this special provision?

**Hon. Mr. Nilson:** — Mr. Deputy Chair, at this particular time it's not possible to tell you what the numbers would be. But I think a good example is . . . for example is when recruited some nurses from New Zealand, they could come here, they were practising nurses, but they didn't quite fit with the way the education was set up here so they made some special arrangements there.

This will set out some of the arrangements that will then allow us to have people on to this list, and then we will be able to answer the question of the number of people who are in a temporary position while they effectively qualify for the nursing profession here in Saskatchewan.

**Mr. Gantefer:** — Thank you, Mr. Minister. One area that I neglected to discuss with you in terms of the nurse practitioners is the whole area of collaborative practice and primary health care teams. Many of the advanced clinical nurses that are now practising while they're under a transfer of function arrangement, because this legislation isn't in place, they're functioning reasonably independently in practices. And I outlined a couple of examples in my experience where that is the case.

Minister, are there other examples that you can point to where nurse practitioners are working more in a primary team approach directly with and collaboration with physicians and other health care providers?

**Hon. Mr. Nilson:** — Mr. Deputy Chair, there are 18 primary care sites in Saskatchewan right now and all of those are situations where there is a physician working along with some of the advanced clinical nurse positions. So those are examples there.

And I wasn't sure if your question meant, well are there other places where people work? But clearly, in that situation, that's what's happening.

The examples that you gave from up in your part of Saskatchewan, that's another example. But basically that's the main place that they're working right now.

**Mr. Gantefer:** — Mr. Minister, I outlined a couple of examples of where they're operating with a fair bit of independence in rural Saskatchewan.

Can you outline an example of where they're operating in more collaborative practice in an urban setting?

**Hon. Mr. Nilson:** — The simple example is the Department of Academic Family Medicine here in Regina, is where they operate quite independently but in a collaborative practice.

**Mr. Gantefer:** — Thank you, Minister. I don't mean to badger you for more details, but I would like a little more of the example of how they function in terms of their role in that collaborative practice.

**Hon. Mr. Nilson:** — Mr. Deputy Chair, now that I understand the member's question, what I would say is that a good example is if you go to a clinic you may actually go and see the nurse first without seeing the doctor and you may not even see the doctor. But if there is a particular concern the nurse would then possibly refer you to a doctor that's there on that site or in some related site.

So practically in the collaborative practice settings the nurses act as professionals in quite an independent fashion. But the overall planning for the patient and for the clinic would be done with the other professionals in the operation.

**Mr. Gantefer:** — Thank you, Mr. Minister. Minister, in the health field many people talk about the concept of point of entry to the health field. And does your department see that advanced practice nurses will have a critical role to play as a potential entry point into the health system, if you like, for clients?

**Hon. Mr. Nilson:** — Mr. Deputy Chair, at this time when the advanced clinical nurses work in a collaborative practice, patients would come to see the team and then the appropriate person is assigned. Sometimes it might be the dietitian, sometimes the nurse, sometimes the doctor or other professionals that are there.

So in the longer term, as we look at what are the models that would be appropriate, it could be that in that team model any one of the professionals could be the initial contact.

**Mr. Gantefer:** — Thank you, Mr. Minister. Minister, we've talked about this legislation as an expansion, if you like, of the role of registered nurses and a greater scope of practice for individuals in that field.

This morning at the Health Committee the registered psychiatric nurses made a presentation to the committee and they sort of presented two things; one that I think is germane to this topic. They have expressed their overall concern about the graduates that they're receiving in registered psychiatric nursing.

But they also expressed the desire to look at an advanced registered psychiatric nursing program. Has your department looked at something similar to this structure for registered psychiatric nurses?

(14:45)

**Hon. Mr. Nilson:** — Mr. Deputy Chair, this particular issue has been a subject of discussion at the Nursing Council so that they are looking at some of the different possibilities. But as to actually preparing legislation or coming up with specific programs that we would require legislative changes, that's not happened at this point.

But clearly it is a topic of discussion.

**Mr. Gantefer:** — Thank you very much, Mr. Minister. Mr. Deputy Chair, in closing my questions on Bill No. 4, I would like to state our support for the details and the specifics of this legislation as well as our very strong support for the overall direction and thrust of allowing nurses with the proper qualifications to operate under their own guidelines of independent practice. We think it'll be a positive move for the delivery of health care in a number of settings, both rural and urban and a number of environments within that whole milieu.

So, Minister, our consultations have been very positive with the people involved and we want to go on record as saying we're very much in support of this legislation. So thank you and your officials today.

**The Chair:** — Thank you, committee. This Bill has a number of clauses. Is leave granted to deal with it by page?

Leave granted.

Clause 1 agreed to.

Clauses 2 to 16 inclusive agreed to.

**Hon. Mr. Nilson:** — Thank you, Mr. Deputy Chair. I'd like to thank the officials who have worked on this particular legislation and all of the various groups that have been part of the consultation. And with that, I would like to move that the committee report this Bill without amendment.

The committee agreed to report the Bill.

### Bill No. 5 — The Dietitians Act

#### Clause 1

**Mr. Gantefer:** — Thank you very much, Mr. Deputy Speaker. Mr. Minister, I believe that this legislation updates or replaces legislation that has been on the books since the late 1950s — 1958 or somewhere around there specifically.

Will the minister please outline the circumstances that have changed that motivates him to bring forward this legislation at this time.

**Hon. Mr. Nilson:** — This particular legislation doesn't have all of the newer provisions that we now have in all of our professional legislation around investigation and discipline of dietitians and so that was one of the key areas that we wanted to look at.

Also, a number of the accountability provisions that also relate to the same area such as disciplinary hearings and filing of annual reports. Those kinds of things weren't here. So working together with the people in the Dietetic Association, we were able to, to come forward with what is really a revised piece of legislation that conforms with our standard of professional legislation at this time.

**Mr. Gantefer:** — Thank you, Mr. Minister. Minister, I wonder if you would have the information available as to approximately or specifically how many dietitians who are functioning in the province would fall under the scope of this regulatory legislation.

**Hon. Mr. Nilson:** — As of the year 2000, 222 dietitians are registered under this legislation.

**Mr. Gantefer:** — Thank you, Mr. Minister. Minister, a question was asked of the registered psychiatric nurses this morning about if you can identify approximately how many are practising in urban or rural settings.

Would you have that information and I know it's more detail, but would you have any breakdown at all about where these dietitians are practising?

**Hon. Mr. Nilson:** — We don't have that specific information here but every health district has a number . . . at least one dietitian but sometimes a number of them, so in many communities the dietitians work, plus there are consulting

dietitians that go to the many of the care homes and other places like that.

I guess I could also speak from personal knowledge, as I've told you before, my mother is a dietitian and I know that she knows people who are right across the province and many of her friends actually work as dietitians and as farmers. So it's a profession that fits well with agriculture as well.

**Mr. Gantefer:** — Thank you very much, Mr. Minister. We certainly, in our discussions, realize that the Association of Dietitians very much support an update to their legislation and gets them into a, you know, more modern, if you like, a more complete set of regulations and a proper framework for self-regulation and self-administration of their profession, and we very much support it. So thank you very much.

Clause 1 agreed to.

Clause 2 agreed to.

**The Chair:** — There's more than 50 clauses; is leave granted to deal with the Bill by part? Is leave granted?

Leave granted.

Clauses 3 to 53 inclusive agreed to.

**Hon. Mr. Nilson:** — Thank you, Mr. Deputy Chair. Once again I would like to thank the officials that are with me, as well as all of those people within the Dietetic Association who have co-operated in being involved with this particular legislation. And with that I move that this committee report this Bill without amendment.

The committee agreed to report the Bill.

### THIRD READINGS

#### Bill No. 26 — The Hearing Aid Sales and Services Act

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

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

#### Bill No. 4 — The Registered Nurses Amendment Act, 2001

**Hon. Mr. Nilson:** — 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.

#### Bill No. 5 — The Dietitians Act

**Hon. Mr. Nilson:** — 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**

**Subvote (HE01)**

**The Chair:** — I invite the minister to introduce his officials.

**Hon. Mr. Nilson:** — Thank you, Mr. Deputy Chair. I am pleased to have with me this afternoon, to my left, Glenda Yeates, who's the deputy minister. And then to her left is Scott Livingstone, who's the director of acute and emergency services. Behind Glenda Yeates is Rod Wiley, who is the executive director of finance and management services. Directly behind me is the associate deputy minister, Steven Pillar. Right to my right is Lawrence Krahn, the assistant deputy minister. And behind him is Bert Linklater, who is the executive director of district management services.

**Mr. Gantfoer:** — Thank you very much, Mr. Deputy Speaker, and Minister. And welcome to your officials.

I guess the first question that I want to ask when I see them all here is who's minding the store, because we've got a number of people here. But I appreciate the topics on this day of estimates are probably a little more far ranging and therefore it's useful to have people here.

Mr. Minister, there certainly is a number of topics that I want to touch on today and in no particular order of importance, but perhaps just sort of moving down in the areas that we've talked about in the past. We've pretty much covered the areas of administration and accommodation and central services. We've talked about district health services and those general issues in the budget document.

I want to move to an area that is a new area for the Department of Health and that's the early childhood development program that has been funded and budgeted in the estimates or in the estimated budget of \$5.6 million. And I would like you to please give a background as to this program and how it's fitting into the Department of Health and what other disciplines it's interfacing with.

(15:00)

**Hon. Mr. Nilson:** — Thank you, Mr. Chair. This particular initiative is a joint initiative from Saskatchewan Health, Saskatchewan Social Services, and Saskatchewan Education. And it's also being delivered in co-operation with the health districts, the school boards, First Nations and Métis organizations, and community organizations. And there have been a number of initiatives that have been taking place in each of these departments or in the various community agencies.

But this particular Kids First program comes together because of federal funding that's directed this way. And so all of these groups have worked together to develop a program, which is to provide support to children in the first few years of their life. And so it's especially focused at vulnerable children and how we identify those children which require assistance.

Over the next five years there'll be \$73 million that comes through this program. And basically the plan is to involve all of those appropriate members within the community.

**Mr. Gantfoer:** — Thank you, Minister. Minister, as you indicated, sort of a multi-faceted program that involves a number of departments in the provincial government and also coordination with the federal government, at least by way of funding and perhaps from some other input as well.

Is there a department that has the lead on this program and is providing the overall direction and coordination?

**Hon. Mr. Nilson:** — The particular unit of people that are running the program are located in Saskatchewan Health, but there's a joint management committee that includes all three departments and they're the ones that provide the policy direction.

**Mr. Gantfoer:** — Is the relationship with the federal government solely one of providing finances or are they involved in this management team as well?

**Hon. Mr. Nilson:** — The federal government is not involved directly in the management, but there are reporting requirements and they are monitoring those reports. Plus they've obviously heard what we planned to do and are part of the discussion at that level.

**Mr. Gantfoer:** — Minister, are there minimum requirements or standards, guidelines that have to be met in order to qualify for the federal funding transfers that you outlined?

**Hon. Mr. Nilson:** — Mr. Chair, the federal guidelines around this particular program are relatively broad and each jurisdiction across the country has responded in a slightly different way. But practically, what we're doing does fit exactly with the kind of thing that they want us to do which is to look at how you can help children.

But for example, in our program we have elements of child care, we have elements of some of the education issues, and we have health issues. Some provinces have directed more of their money, for example, into child care than we have. But effectively the goal is to deal with the early childhood years because we know how important it is that children get a good start in life.

**Mr. Gantfoer:** — Thank you, Minister. In terms of looking at . . . I understand you have the management group that looks at the overall plan and it's coordinated through the Department of Health. How is it determined which share of the global budget, if you like, for a given year is allocated to the different departments — you know, \$5.6 million in this budget to Health, and how much would be to Social Services or Justice or the other components of the program?

**Hon. Mr. Nilson:** — Mr. Chair, the original plan was to develop a broad goal for what we wanted to do. And once that had been developed, then we had to figure out what the components were. And when those components were then defined, then it was looked at, well which department delivered which piece of that. And then from that, it was decided how

much or how many dollars would go to each particular department.

And so basically in the Treasury Board sort of budget-building processes where the final decision was made as to how the money was allocated between each department, but the recommendation that came forward as one joint recommendation had started out with well, what do we want to do here for our children.

**Mr. Gantfoer:** — Thank you, Minister. Minister, I see that in the sub-programs the bulk of the budget allocation for this year is in home visiting and professional support. And it talks about . . . in the general preamble to this subvote, it talks . . . it'll provide home visiting and professional support to families who face challenges, providing an environment for the children that is supportive of good childhood development.

Minister, specifically how does this program work? Are these like public health nurses working within district health boards who are part of a visitation program that is ongoing as early childhood development, as the visitation program for early birth weights, and all those sorts of things that are going on? Or is this running separate and independent from the district health programs?

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

**Mr. McMorris:** — To introduce guests.

Leave granted.

#### INTRODUCTION OF GUESTS

**Mr. McMorris:** — Thank you, Mr. Chair. Through you and to you to the rest of the Assembly, it gives me great privilege to introduce 16 grade 5 and 6 from the . . . students from the Wishart School that made their way into Regina today. The teacher is Virginia Latoski; parent, Mary Skolney; and the driver, Dena Nelson. I'd like to welcome you here.

And I'm sure you grade 5 and 6s have got maybe only two days left on the calendar to cross off before summer holidays. I know our calendar is getting crossed off and I think there's two more days or one more day left. So I hope you . . . (inaudible interjection) . . . one more day left I was just told. You are counting.

So I hope you enjoy the proceedings today. It's a little quieter. We're in a little more of an informal process right now in estimates. I hope you enjoy your stay here and good luck in grade 6 and 7 next year. Thank you.

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

#### COMMITTEE OF FINANCE

##### General Revenue Fund Health Vote 32

##### Subvote (HE01)

**Hon. Mr. Nilson:** — Mr. Chair, perhaps I'll give a . . . paint a little picture of how this particular program is going to work. Effectively what we have is a couple of different components, but primarily the initial components relate . . . well how do you identify those vulnerable children and how do you get some help to them.

So there are referrals from the public health nurses to the program, which would then be run probably by a community-based organization in a local community. And working for the community-based organization would be the home visitor or the layperson who comes and is part of the family where there is children that are in a vulnerable situation.

This process of identifying and working with the families is one that has to be done with the local community and so it will depend on which place we're at, which community-based organization is involved.

And what then happens is those lay professionals have the backup from professionals, especially in the mental health area and the addictions area. And then there is also support for child care so that, for example, if a particular parent needs some help, mental health worker help, they would not be prevented from going to their appointments because they couldn't get child care. That child care would be arranged for them.

But I think the key to the program are the lay professionals involved, which are identified as home visitors. They have a role of sort of family advocates in a way too, that they are out to see what things that particular family and those children need to make sure that these children get the best for their development.

**Mr. Gantfoer:** — Minister, is this another layer of bureaucracy, if you like, that we're creating here? We already have in all of the health districts, the public health nurses who I believe visit the homes of children early on after the baby is born and address issues of nursing and lactation, address issues of birth weights and growing rates, and things of that nature.

Now it strikes me that is what you're saying is you have these lay professionals — and I'm not sure what that means — who will they work for? Will they work specifically under the Department of Health? Or will there be another subagency that is working in local communities? Will it be a function of Social Services? How is this extra bureaucracy going to be constructed in order to deliver these services that in many instances, we might be able to support local health districts to provide an expansion of their services in a more effective way than creating another layer of bureaucracy that may lead to unnecessary duplication?

**Hon. Mr. Nilson:** — Mr. Chair, basically the province and the departments that I have outlined will provide central leadership around setting policy, program direction, and priorities, but the communities based organizations or partners which already exist — they won't be created but most of them will exist, but it could be the health district, it could be school division, it could be First Nations health services — they will put forward a community plan often in conjunction with others in their community where they've identified the local administrative group. But clearly the goal here is not to create another organization or another place. The goal is to use what's there

and have the resources go through some existing organization.

There'll be partnerships working with the First Nations and Métis service delivery wherever possible, and that's an ongoing discussion. But the whole point is that the province will have the . . . set the overall policy but the local communities will define and deliver the services in their area.

**Mr. Gantefoer:** — Okay, thank you, Mr. Minister. Mr. Minister, I'd like to move on if I could now under provincial health services and support section, and begin with the sub-programs. And again, in no particular order, but use the ones that are listed in the budget documents, and begin with the Saskatchewan Cancer Agency.

Mr. Minister, could you outline briefly for us, please, the general roles and responsibility for the Cancer Agency?

**Hon. Mr. Nilson:** — Mr. Chair, the Saskatchewan Cancer Agency has been set up to provide cancer treatment services in the province. And they have two cancer clinics, the Saskatoon Cancer Centre and the Allan Blair Cancer Centre in Regina.

Basically those centres provide chemotherapy and radiation therapy to cancer patients. And they also end up administering — the Cancer Agency as itself — all of the cancer treatment in the province. So there is a relationship then with the family doctors and with the surgeons, if that's required, or the radiation oncologists.

The radiation oncologists operate at the clinics. And the chemotherapy is provided mostly at the clinics, but we're seeing now more operation through satellites across the province in various health facilities.

The Cancer Agency has a mandate and a role of keeping up comprehensive follow-up data and making sure that the activity is . . . the follow-up activity continues. Because what that means then is that the patients, once they're registered in the system, will have a comprehensive treatment plan organized for them. And hopefully, if they end up being successful at the various treatments, they'll go on to follow up for years or sometimes decades. And practically there are a number of specific services that are provided within the Cancer Agency, but the overall goal in Saskatchewan is that when a person is suffering from a cancer then it's being treated in a coordinated fashion.

(15:15)

**Mr. Gantefoer:** — Thank you, Minister. From what you said then, I take it that when a patient is identified with needing or requiring cancer therapy, then he is referred to the Cancer Agency in essence, who then take care of his treatment process. Can the minister tell me what the timeliness is of that transfer and what is the waiting time for different therapies — chemotherapy, radiation, etc.?

**Hon. Mr. Nilson:** — The waiting times for cancer treatment in Saskatchewan have remained relatively stable over the last while. And there are three primary forms of cancer treatment.

The first one is chemotherapy. The average wait to see a medical oncologist for chemotherapy is approximately one

week in Regina and two weeks in Saskatoon.

For radiation therapy, the average wait to see a radiation oncologist in Regina is one week and about two weeks in Saskatoon.

Cancer surgery is the third method of treatment or is provided by the health districts. And all patients with a diagnosis of cancer or suspected cancer are considered urgent. The target for urgent surgery is within 21 days in both Regina and Saskatoon. Often it's better than that; now and again there may be times when it's a little bit longer. But specifically the concern is that these kinds of surgery move right to the front of the line.

**Mr. Gantefoer:** — Thank you, Mr. Minister. As I'm sure you're aware — as we all are — timeliness is a very important component in initiating cancer therapy of all three types. When you say a 21-day target, are we hitting that target? Is that the actual average then that we're hitting? Or are we exceeding that target or doing better than that?

**Hon. Mr. Nilson:** — Most of the time the surgeries take place much sooner than 21 days, but there are some times when the cancers are quite complex and when there has to be a fair amount of planning on how the surgery is to take place, that it would take longer than 21 days. But clearly these kinds of cases are urgent because they're urgent medically, but they're also urgent in the public's mind and so they move right up to the front.

**Mr. Gantefoer:** — Thank you, Minister. Minister, I believe as well the Cancer Agency is also responsible for the screening program in Saskatchewan, particularly breast cancer screening. Would you outline the fundamentals or the basic organization of that program?

**Hon. Mr. Nilson:** — Well, Mr. Deputy Chair, the breast screening program is indeed part of the overall Cancer Agency program and it operates with a, I think, a general rule of trying to screen all women age 50 and over. And so that that is the general target. And so once you hit that age, well then they on a regular basis will have you registered as part of their program.

It's been quite effective at early detection of cancers which then makes it the . . . I guess the success rate of one of the other treatments, usually a combination of surgery and chemotherapy, to prevent . . . or bring the cancer rates down.

There are two clinics in Saskatchewan and one mobile unit that travels around the province. From age 50 to 69 years is sort of the target years. They end up encouraging people to have this particular screening, mammography, every two years.

**Mr. Gantefoer:** — Thank you, Minister. I believe in addition to a straight demographic age category, there also are women who are identified as potential high risk by way of their genealogy or if they've had a mother or a mother and sister who have suffered breast cancer, and so they're identified as being at high risk as well and they are encouraged to participate in the screening position as well.

Minister, you mentioned that there's two clinics in addition to the mobile mammogram unit that's in place. Are you

suggesting that there are only two hospital locations where there are the permanent clinics? Or I believe there is also certain hospitals that are designated in other jurisdictions that are able to do the screening mammograms in their institutions as opposed to using the mobile unit.

**Hon. Mr. Nilson:** — I think that the way it works is that there are two dedicated clinics and the mobile screening unit but all the regional centres have the ability to screen as well. And so there's screening done at that level within the hospital structure.

**Mr. Gantefer:** — Minister, as I understand the program the screening is done in these regional centres in addition to the two main clinics. It's done in the regional centres and it's done in the mobile clinic. And there are a team of experienced radiologists, if you like, that read the results of these tests; and they are very experienced in this particular type of report I guess or the actual mammogram so that they are very competent and very proficient at screening these results.

Minister, in the regional hospitals, do they forward the results of the screening . . . the screening test, if you like, is that forwarded by clinic or by courier to where the radiologists are located as would be those tests from the mobile lab? Do they all go to a central location where experienced radiologists then read the tests?

**Hon. Mr. Nilson:** — Mr. Chair, all of the screening readings done by the radiologists are done in Regina and Saskatoon. The information is sent in to those two centres.

Just out of interest, from the 1999-2000 annual report from the Cancer Agency, there were in 1999 35,074 mammograms. They detected 2,743 abnormal readings. And out of that number there were 181 cancers identified. And this is an important part of this program, is to identify those cancers early on so that they can be treated.

**Mr. Gantefer:** — Thank you, Minister. I certainly agree that early detection improves the eventual outcome, very exponentially actually.

Minister, a concern in specifics. And don't get me wrong. I'm in no way taking anything away from the mobile unit. I think it's very important because it offers the availability of taking the screening processes near to people as possible so that everyone doesn't have to go into all of the regional centres or the two main clinics. And so I'm very much supportive of the mobile clinic.

But for example in my community of Melfort we have a very . . . you know, a de facto regional centre that has a diagnostic mammogram. It's of the highest calibre of scientific instrument and yet what we have happen in Melfort is for the women who participate in this program, they're forced on a January day to go out behind the Co-op mall where this van is plugged into a post to get its power and go there for their screening.

Where many women have told me they'd much prefer . . . Because the instrumentation is available in the Melfort Hospital, they'd prefer to be able to go into the Melfort Hospital and have their mammogram done on that diagnostic mammogram. And then I support the concept that that test

would be submitted with the other tests that would go to the central locations where radiologists who are particularly versed in reading these tests would happen.

Minister, is there any possibility, where those communities are capable of providing a level of equipment that is acceptable — and I know for a fact that Melfort's diagnostic mammogram is of that calibre — would there be the possibility and indeed the opportunity for, instead of women going to that mobile van in Melfort, that Melfort could be again designated as a regional centre where women could have the option of instead of going in a pretty crowded van — and I think that that's better than nothing, if you don't have that option — but would they have the opportunity to go into the hospital and have their test run there if the health district was supportive of that initiative?

**Hon. Mr. Nilson:** — The goal in the program is to try to get consistency of results in the sense of what kinds of pictures that they get so they can be read by the radiologist.

But practically, your suggestion is one that we would probably want to take a look at because I agree with you, that the sophistication of the radiological equipment with the technology change has improved the ability to do these kinds of services in places where, even 10 years ago, it would have been quite difficult to do.

So I will take that question more as a suggestion, that we look at the possibility especially, you know, in light of working with the local staff in this particular area to see whether or not you could add on to the numbers of centres.

And just out of interest, I think you probably know, but Regina and Saskatoon have the dedicated parts. But Swift Current, North Battleford, Yorkton, Moose Jaw, and Prince Albert are the centres where they now do the mammograms that are sent in to be read in Saskatoon and Regina.

And just out of interest, approximately 28 per cent of the mammograms in the province are done through the mobile system, which travels all over the province.

**Mr. Gantefer:** — Thank you, Minister. I'm very supportive of the mobile system and I think it's a very important feature of the program to reach out to those areas of the province where they don't have the ability in their health centre to do this.

But I think certainly a number of women who have talked to me about this issue talk about the issues of comfort, of convenience, of privacy, of all of those issues, and say it would be very much preferred by them if they could come to the Melfort hospital for example. And I also am very much familiar with the fact that the quality of equipment and the quality of the technicians that would be employed in that place would certainly be very capable.

And so I welcome your willingness to look at this issue and to see if that could be expanded because I think for the clients this would be much preferred. And if we're thinking ultimately of what's best for the clients, that this would be a good move.

And I appreciate the consistency in those issues, but they can courier these prints out of the Melfort hospital just as easy to

your central radiologist group as you can out of the van parked at the Co-op mall. So I really welcome your commitment to do that.

Minister, I'd like to move on then to the issue of the Canadian Blood Services. Minister, briefly I would like to ask you how you relate with the Canadian Blood Services. It's a national program and Saskatchewan has its part in that whole program.

So would you please outline what the relationship is between the Department of Health and the Canadian Blood Services on an operational sense and what input you have in determining how the 27-roughly-million dollars that's allocated in the budget are spent? I understand it's a per capita thing but if it's a per capita and straight per capita calculation, what input do you have in terms of being involved with policy direction of the Canadian Blood Services?

(15:30)

**Hon. Mr. Nilson:** — Mr. Chair, the Canadian Blood Services was set up in response to the Krever report. And one of the strong recommendations made by Mr. Krever was that the board that runs the particular blood service should be arm's-length and transparent. So there is an independent board of appointed individuals.

As minister, I'm a member of the corporation, and basically the board reports to the members. And each of the provinces and territories are members, except for the province of Quebec. What happens on an annual basis is a global budget is presented to the members — in other words to the ministers across the country — and this is given approval at that level.

And so, practically, this is a new agency, new organization with a new structure which has an independent board but reports to the members, which are the provinces and territories that use the particular service.

And that's where we have our say in the process. And it's obviously an ongoing dialogue.

**Mr. Gantefer:** — Thank you, Minister. Minister, I'd like to move on to the provincial laboratory system if I may now. Minister, would you outline how laboratory services are delivered in the province and the relationship between the provincial lab and laboratory programs in individual health districts.

**Hon. Mr. Nilson:** — Mr. Chair, the provincial laboratory which just out of interest used to be located up the stairs on the third floor, up into the dome — that's where the provincial lab used to be located when it was quite a small organization. It's now located just down Albert Street.

But basically the provincial lab provides infectious disease surveillance data and medical microbiology and chemistry testing results for health providers across the province. The day-to-day lab results are often done by the health districts within their various facilities that are in their particular districts. But the provincial lab covers some of these more technical ones. As well they do water testing.

And everyday at the lab between 2 and 3,000 specimens are received. And approximately 6,000 test results are generated.

**Mr. Gantefer:** — Thank you, Minister. Minister, in terms of provincial lab, is there any kind of program where there is combined purchasing power and things of that nature that would perhaps mitigate some of the costs of individual lab tests?

They probably are repeated across a number of health districts, Regina and Saskatoon having a certain size and volume, but some of the health — the smaller districts — may be doing the same tests and the actual costs for disposal, disposables, and things of that nature for these tests may be much more expensive for individual small districts who are only purchasing a limited number of them. Is there a central purchasing plan for lab testing disposables, for example?

**Hon. Mr. Nilson:** — Mr. Chair, there is some joint buying by the health districts but that's organized through SAHO (Saskatchewan Association of Health Organizations) and it relates to sort of public health testing. The provincial lab tests, the kind of things that they do are sometimes more technical or more specific and don't necessarily relate to the kinds of day-to-day testing that goes on within the health districts. So there isn't a coordinated buying in that sense.

But the question I think you asked about the districts coming together and working, will they do that through SAHO, and one of the things that we had talked about one of the previous sessions was about the Health Information Network and the ability to have testing results transferred throughout the system. That's one of the goals, which then would eliminate some of the tests that are done more than once in some situations.

**Mr. Gantefer:** — Thank you, Minister. One final question. Is there a process that involves sort of establishing what the role of the provincial lab is as it relates to the health districts; what tests are going to be done on a district level, what tests are done on more regional level, and what tests are going to be done by the provincial laboratory?

And again, I am thinking there must be kind of a hierarchy of support and sophistication of laboratory services in the various districts and in the regions and in the smaller hospitals. Is there a coordinated plan that outlines that and builds it right up through the provincial lab?

**Hon. Mr. Nilson:** — The specific question that's been asked around the coordination of the provincial lab's responsibility versus some of the district labs has been the subject of reviews over a number of times; I think the last one in the '90s.

And basically the way the division of work has gone is that most of the day-to-day lab results required in medical practices are done in the districts in their labs, but that the provincial lab does the public health surveillance kind of tests. That includes the HIV (human immunodeficiency virus), communicable diseases, hepatitis — those kinds of ones where there's a reporting requirement and therefore they can . . . virtually all of those kinds of tests are done at the provincial lab. This allows them to I guess keep the profile of how those diseases are in . . . well what is the status of those diseases in Saskatchewan.

So that's kind of the division of how it works. So sort of day-to-day lab kind of things that you might have at your local hospital or even at some of the medical labs related to doctors' offices, those kinds of things wouldn't be done at the provincial lab.

**Mr. Gantefoer:** — Thank you, Mr. Minister. I'd like to move on to health research now if I could.

Minister, I notice in this subsection that the expenditures overall go from about \$100 million to almost \$120 million — arguably something in the magnitude of about a 20 per cent increase in the area of provincial health services and support.

But I also notice that in the area of health research, we've moved from about a little over \$5 million to 5 million 200-odd-thousand, which is only a four and a half per cent increase. It is by far a small amount in terms of this general subcategory that has received approximately a 20 per cent increase.

Minister, why such a small increase for health research?

**Hon. Mr. Nilson:** — The health research money from Saskatchewan Health has increased as you've said to 5.233 million this particular year. And basically it hasn't increased with the same percentage as the Cancer Agency or as the Blood Services, but it has increased. We are continuing to look for more money in this particular area because what we know is that the funds that are required by many of our medical researchers require matching funds locally so they can get national funds. So we work there.

But in addition to the funding that comes out of Health, there also are other health research funding sources that come out of Saskatchewan Economic and Co-operative Development. There's a \$15 million Innovation and Science Fund out of that particular department. There's also some funds that we anticipate coming forward in the next couple of years as a result of the Government Growth Fund.

And we're continuing to work with other departments to see if we can enhance the ability to get more money for health research.

We know the goal that Mr. Fyke set out in his report was around 1 per cent, which puts us up around \$22 million and ideally we'd like to be at that level, but at this stage we're not there.

**Mr. Gantefoer:** — Minister, I appreciate your concern and your desire to get to a more appropriate level of medical research.

Would the minister also agree that this is part of the puzzle, if you like, about the College of Medicine and the University of Saskatchewan? Because, as we've gone over before, I mean one of the very important programs or very important components of someone who wants to work at a College of Medicine is a research program. And it not only is grants for the raw research, it's got to be facilities that are going to . . . laboratories that are near and in proximity to where they're teaching and working and have their office.

And so I would encourage the minister to look at this as part of the bigger picture if you like, because I think by the fact that you have not found it a priority, increase the research grant, at even at the same level of increase as other subvotes within this department I think is a concern.

And I certainly would like to go on record as expressing my concern for the University of Saskatchewan and the need for them to attract quality researchers who become quality instructors and quality clinicians in the College of Medicine. If we're going to really build a foundation and rebuild the College of Medicine and all the things that go around it, I think medical research is going to be a part of that piece.

And I would encourage the minister to redouble his efforts to look seriously at this shortfall in future budgets, if it's not able to be done at this time.

Minister, an area that has also received some increase is the issue of immunizations and I would ask a general question. Is this increased budget a combination of new immunization programs or new indicators, or is it that the actual products are getting more expensive? Or what leads to that increase in the immunization program?

And could you outline briefly how this program is working. I believe it works in conjunction with the districts and public health nurses who actually administer the immunization program.

**Hon. Mr. Nilson:** — Mr. Chair, the way this particular area works is the department buys the products for the province centrally and then distributes them for the distribution to all of the districts so that they can take care of that.

And effectively the increase in the amount budgeted this year primarily relates to an increase in the cost of the product. There has been an increased number of influenza vaccinations and also pneumococcal vaccinations. Those two areas have gone up somewhat but the majority of the increased cost does relate to the product.

**Mr. Gantefoer:** — Minister, does the Department of Health run programs to encourage more at-risk people for influenza infection to participate in an immunization program; and are those programs administered through district health boards and public health? And what is the pickup rate, if you like, because certainly we always find a cyclical problem with influenza infections, particularly among our elderly, and it does increase the strain in the acute care system somewhat. What is the result of programs to encourage voluntary immunizations in the province?

(15:45)

**Hon. Mr. Nilson:** — Most of the publication of information about immunizations is done through the districts but they obviously work together with the provincial department, population health. People do this.

For example, last fiscal year, 2000-2001, it's estimated that 155,000 Saskatchewan residents received influenza immunization free of charge, and that was part of this particular

program which encourages, as you say, the high-risk people to have the immunizations because it obviously is good for the individual but it also is good for the communities in which they live if we can keep the level of influenza down.

**Mr. Gantefer:** — Thank you, Mr. Minister. Mr. Minister, I'd like to move to the subsection medical services and medical education programs, if I may.

Minister, I note that in the two sub-programs, medical services fee-for-service and non-fee-for-service, actually the increase in the funding, the percentage increase in the funding for non-fee-for-service has grown at a greater rate than the fee-for-service.

And, Minister, I'm wondering if you could outline . . . I think the numbers are about a 20 per cent of the budget or somewhere in there on a non-fee-for-service basis. Is there an increase percentage-wise in the non-fee-for-service category? Are more practitioners in the province opting to go to this remuneration model over time? Is this a trend that you see developing?

**Hon. Mr. Nilson:** — I think there is no . . . or there are no simple answers in this whole health field as we both know.

But the specific answer around this kind of an increase in that non-fee-for-service category relates to the fact that in Saskatoon and Regina primarily there's been an increased number of specialists who are funded through the districts. And they're actually paid and they're a part of a program, medical services, as opposed to a doctor in private practice providing those services on a fee-for-service basis.

And that's good news for recruiting often, because you can assure an income to a specialist who comes; and it also helps in the overall budgeting process because you have a better sense of exactly what your cost is going to be.

**Mr. Gantefer:** — Thank you, Minister. In the fee-for-service there is a contractual arrangement between the Saskatchewan Medical Association and the districts, Department of Health . . . I'm not sure exactly who the contract is with.

Can you outline the status of that contract? Is it up for renewal in a year or two years, or where are we at in the contract?

**Hon. Mr. Nilson:** — The agreement with the SMA was agreed to in December of 2000, and it was signed earlier this spring and it goes until March, 2003.

**Mr. Gantefer:** — Thank you, Minister. Minister, are there concerns in the future, given some of the contractual settlements that have happened to the west of us particularly, that this area's going to be an area of increased pressure when that contract comes up for renewal?

**Hon. Mr. Nilson:** — I think that in the health field in these years that's always a concern, but practically we know that we have many other attributes in how the doctors are able to practice in Saskatchewan, whether it's in the larger cities or in some of the smaller cities, or in smaller communities. And what we find is that we need to be in the marketplace on the kinds of fees that are paid, if it's fee-for-service or on the salaries, if

that's how it's done, or whatever the combination is.

But practically we have what we feel is a good arrangement with the SMA at this time, and we'll have to keep monitoring the situation as it proceeds over the next couple of years.

**Mr. Gantefer:** — Thank you, Minister. Minister, my colleague, the member from Swift Current has a different topic that he would like to address at this time, and we'll renew or pick this up in a little while.

**Mr. Wall:** — Thank you, Mr. Chairman of Committees. Mr. Minister, a couple of questions regarding the Swift Current Health District. Specifically, Mr. Minister, I wonder if you can confirm that you are in receipt of a letter from last month, I think, from the nurses in Swift Current requesting departmental action over concerns they have with the district?

**Hon. Mr. Nilson:** — I assume that the member is referring to the letter from the SUN (Saskatchewan Union of Nurses) district council president, dated May 21, 2001. Yes, I have a copy of that.

**Mr. Wall:** — And what consideration is currently being given to their request, Mr. Minister? It's been, you know, it's been well over a month now I think since they will have . . . would have sent the letter.

And I know what they're talking about is a very serious matter, so I'm not suggesting to you or to members of the committee that a reply would necessarily have to be that quick. But what is the department considering in regards to their request?

**Hon. Mr. Nilson:** — Mr. Chair, on this particular issue the concerns are related to the nurses. And what has happened is that the particular issue has been sent from my office to the department, and individuals in the department are working with the Saskatchewan Registered Nurses' Association to address these nursing issues in the Swift Current area. And that's the process that's ongoing right now.

**Mr. Wall:** — Thank you, Mr. Minister. Then I take it from that answer then that the government is going to be denying the request, specific request that they've made, and want to find alternate means of trying to resolve any of the concerns that they have. Would that be fair?

**Hon. Mr. Nilson:** — The problem has been identified by these people in that particular community and they had one suggestion about how to solve it. That may be one of the array of possible solutions.

But what's . . . The advice that I have received is that should work through the professional nursing association to address those issues and hopefully that can resolve all the issues. But if that can't, well then we still have the option of looking at some of the other suggestions.

**Mr. Wall:** — Thank you, Mr. Minister. Mr. Chairman, through you to the minister, just before I ask another question, just an encouragement, I think, for someone in the department then or yourself, someone in your office, to contact at least the local SUN representatives. Maybe they have.

But as of a very late date I'm not sure that they knew that that's what was happening and I think that they would . . . you know, they might appreciate hearing that, Mr. Minister.

And also in addition to that, would any officials of Sask Health have informed the district of the request to you? I mean obviously you'll have to check with your officials on this, Mr. Minister. I don't mean to ask an unfair question, but that is the question. Could you please confirm or deny, I guess, that any officials of Sask Health may have informed the district of this request that has been made, prior to the people that actually made the request, that wrote the letter, ever hearing from the department, from yourself, from your office?

**Hon. Mr. Nilson:** — Mr. Chair, and to the member, I can't answer that specific question at this time.

What happened, when the issues were identified, was to take a look at some of the information that we had from the district to see whether or not there were administrative difficulties or financial difficulties in the regular reporting structure, and then this attempt to sort out some of the nursing issues the other way.

But at this point I don't know and the officials that are here with me don't know if it was shared with the local administrative staff.

**Mr. Wall:** — Thank you, Mr. Minister. Mr. Chairman, a different topic if I may. Just a few quick questions . . . surprisingly enough, I just wanted to ask a few more questions about the hospital in Swift Current.

I know that the board there has been doing some planning, I think, with Sask Health regarding upgrades to the hospital as it exists now, and we have this dilemma in the community I think. And I don't want to speak for the board, but I'm sure they feel this way a little bit too; I know I do.

On one hand you certainly want to see every possible capital improvement occur to the hospital in the hopefully unlikely event that that's the hospital that we have in our community for the foreseeable future. But if it does appear that the community is willing to come together in the kind of community effort that you highlighted the last time I asked about this — and I appreciated that response — but if that kind of community effort can be developed in Swift Current and indeed we can be on our way, at least, to the potential of a new facility, I think it's . . . we're sort of on the horns of a dilemma frankly.

Because on one hand there needs to be improvements to the hospital. Certainly code issues are essential; nobody would disagree with that. On the other hand if we have a chance for a new integrated facility some day in the not too distant future, you hate . . . you know you hate to spend too many tax dollars on the sow's ear when you're going for the silk purse, to put it perhaps too bluntly.

So I wonder if you could comment on that item in the budget, and if officials have indeed been working with the Swift Current district to try to accomplish both having a hospital that's safe currently and suitable currently, but also not eliminating the potential of a new one down the road?

**Hon. Mr. Nilson:** — Mr. Chair, I thank the member for the question again so that I can explain what I have learned since the last time we talked. Because I'm learning many things about the process of developing health facilities in Saskatchewan as I go and visit each and every community each week.

What I do know — more so than the last time we talked — is that it is a long process to identify the kind of facility and the scope of the services that are going to be presented to the community for two, three, or four decades, depending on how long that works.

And so what has to happen, for example, in a community like Swift Current, is that the existing facility . . . You obviously have to do the things that will try to keep it up to code, but you also have to recognize that all of these facilities have a useful life of a certain time.

And so, practically, the community works together with their local management people. The health district capital people work with the local planning to identify the needs and requirements and then we see how we can fit it into the whole process.

And so I don't have the specific detail about what kinds of projects are there in Swift Current. We know that Swift Current's a thriving community and a place where many people like to come to live because of the medical services and many of the other services. And I don't see that changing now or 10 years or 20 years from now. So the task we have is to get the right combination of ideas and resources to make sure that we have the very best care we can for that community.

(16:00)

**Mr. Wall:** — Thank you for that answer. And I don't think I'm reading into it too much to hear what you're saying and that is that this balance between making sure we have a suitable facility now and also, you know, wanting to sort of keep our powder dry for the hopeful day when we can have a new facility — that's a balance that you're concerned about.

So those are some concerns that I had. And I thank you and your officials for your time and I'm sure the Health critic, my colleague from Melfort, has some additional questions. Thank you.

**Mr. Gantefoer:** — Thank you, Mr. Deputy Speaker. Minister, I want to continue on in these medical services area that we talked about. In the medical education system there is a grant this year increasing by approximately . . . or I guess exactly \$1 million to medical education, to \$20 million. Is this the honorarium or the stipend to the College of Medicine?

**Hon. Mr. Nilson:** — Yes.

**Mr. Gantefoer:** — Thank you, Mr. Minister. That makes it real easy.

In addition I see that, if we move on to chiropractic services, there has been some concern about the level of chiropractic services such that the Chiropractics' Association has addressed the concern that in many instances clients are turning to perhaps

lower cost services because they are fully covered, where in their profession only a portion of the actual cost of the service is covered by the system.

I see as well in this area that the grant has gone up approximately a million dollars or about 15 per cent. Does this address the concerns that were raised by the Chiropractics' Association last year?

**Hon. Mr. Nilson:** — Mr. Chair, there have been no changes to the payment system and so what this increase reflects is an increase in utilization using the co-payment system that exists now.

**Mr. Gantefoer:** — Thank you, Mr. Minister. If this is a 15 per cent increase in utilization then in effect, is this a trend that you've seen developing and is it projected to continue into the future?

**Hon. Mr. Nilson:** — The utilization as set out here is within the range that's been expected. It sort of goes up and down a little bit but it's usually right in this particular range.

**Mr. Gantefoer:** — Thank you, Mr. Minister. Mr. Deputy Speaker, in this sub-program section as well, there's optometric services, and that has increased only modestly. Is that again a utilization increase or is it a change in the service fee delivery?

**Hon. Mr. Nilson:** — The change in this budget reflects a slight increase in the contract with the Optometric Association.

**Mr. Gantefoer:** — Thank you very much.

The next section is dental services and that too has increased modestly. Is there again a change in utilization or a change in fee schedule?

**Hon. Mr. Nilson:** — This particular budget amount reflects the change in utilization, not the fees.

**Mr. Gantefoer:** — Minister, out of province is budgeted for about a 9.3 per cent increase, approximately a little less than \$4 million. Has that budgeted amount been distorted at all by any potential transfers that had to occur by virtue of the work disruption that we've experienced in the province?

**Hon. Mr. Nilson:** — Mr. Chair, I think we need to all remember that the budgets are an estimate and they're based on past experience. And so to give you an example, payments for out of province in the '97-98, the actual payments were 42,946,585. In '98-99, it dropped about \$2 million, down to 40,967,439. Then in '99-2000, it went up again to 44,665,769. And then last year's went up a little bit higher to 47,331,841.

So that the figure that we have in the budget this year of 44,491,000 is an estimate in the range that's been there for the last four years.

**Mr. Gantefoer:** — Thank you, Minister. Minister, I have a news release from the Manitoba Government dated May 31, 2001. And the headline is "Podiatrist Act Proposed by (Minister) Chomiak" and it would allow provision for a podiatrist Act.

And my question is, is are we looking at expanded podiatry programs or an Act to regulate this profession or what is the status in this province?

**Hon. Mr. Nilson:** — Mr. Chair, this particular area is an area of fair . . . well intense study. And we have been working with the College of Physicians and Surgeons and the podiatrists who would like to be registered and have looked at a number of different legislative options. We're still studying it, but we anticipate coming up with a suggested solution probably by next year.

**Mr. Gantefoer:** — Thank you, Minister. As you're aware, you know there are many issues surrounding the diseases of diabetes, etc., that have a pretty severe impact on our Aboriginal community. And many times that we find that we end up with amputations and things of that nature that may be in large measure preventable if we had a proper complement of podiatrists operating in the province. And I certainly encourage the minister to work in that regard.

And I'm also pleased to hear that you're actively looking at this issue because I think it's another huge area and another issue where we may be able to take more preventative measures that would indeed not only be a benefit to clients but also to the system as a whole. So I'd like to encourage that.

Another area that I would like to look at in terms of shortfalls of personnel is the whole issue of speech pathologists. Currently I believe that . . . Can you tell me I guess, first of all, is there any speech pathology program available in the province of Saskatchewan?

My understanding is is that that isn't the case; that many of our speech pathologists receive their training in Minot, as a matter of fact. Can you outline the issue in terms of speech pathologists?

**Hon. Mr. Nilson:** — Yes, there is no training program in Saskatchewan for speech pathologists. I think you are right that a number of them go to Minot, but I think there are bursaries and other arrangements where the province is involved.

**Mr. Gantefoer:** — Minister, you know, the whole issue and you know there's been articles in the past and I have one here from *The StarPhoenix* that indicates that . . . This is *The StarPhoenix* of March 12, 2001. The story is "Children suffer from shortage of speech pathologists." And in many instances speech pathology, if they're not being adequately met in our health districts, forces parents who maybe have children that require these services to seek them on their own.

And I wonder, have you done an assessment of the requirement that we have in this province for speech pathologists, and how short are we indeed and where are these pathologists located? And is there a program in place to expand the services so that there aren't people falling through the cracks and lacking this service?

**Hon. Mr. Nilson:** — Mr. Chair, I thank the member for that specific question because it allows me to talk about an area where the Department of Health co-operates very closely with the Department of Post-Secondary Education and Skills Training.

And they have the job also looking at the labour market and what kinds of jobs are necessary. We give the information.

Just for the information of the public, as of March 29, 2001, which I guess is a couple of months ago; the number of speech therapists and audiologists in Saskatchewan was 226. And that was an increase of six over the previous year. So that's the number of people that are there.

But what we do know is that there are particular areas that don't have the full complement, but that particular need is then presented to the Post-Secondary Education people. And they are looking at, well are certain kinds of programs ones we should introduce in Saskatchewan or not? Or how do we make arrangements with our neighbours, both across Canada and to the south to get training for our Saskatchewan people.

**Mr. Gantefoer:** — Minister, is one of the options that you look at, perhaps if Minot has a program, does the department or Post-Secondary Education I guess — and maybe unfair to ask you this, I understand that — but is there the possibility of looking at almost purchasing training seats in audiology or speech pathology at the university in Minot so that we can be assured that we have a certain number of people that would be trained there, in alternative to introducing the program ourselves?

**Hon. Mr. Nilson:** — Within the Health department there are bursaries that are provided but we don't specifically buy the seats. But there are some situations where the Department of Post-Secondary Education and Skills Training does buy the seats; for example, I think at SAIT, Southern Alberta Institute of Technology, there are certain programs that . . . where they buy seats and we know, I think, that in some of the radiation technology area that they do purchase specific positions.

**Mr. Gantefoer:** — Thank you, Mr. Minister. Minister, I'd like to go to the next subsection, the drug plan and extended benefits subsection.

Minister, we see and we've seen I guess over the last number of years a fairly significant increase in the costs to the Saskatchewan Prescription Drug Plan component of the Health budget. And I wonder, first of all, if you could outline where . . . or where you're experiencing these cost centres and where you see this moving into the future.

(16:15)

**Hon. Mr. Nilson:** — Mr. Chair, the increased costs in the drug plan relate to an increased number of prescriptions. The projection is that it'll increase by about 6 per cent. As well the cost of an average prescription will increase about 5 per cent. And these estimates are based on recent trends around the use of newer, more expensive drugs and the funding that has been approved or may be approved through the Formulary Committee over the coming year.

So it's numbers of prescriptions are up by 6 per cent, and the average cost for each prescription is up 5 per cent.

**Mr. Gantefoer:** — Minister, I think it's pretty easy to understand why the average price for prescriptions are increasing. I think increasingly in the *Formulary* there is a

number of higher-priced alternatives as individual drugs, so it's pretty easy to understand that the average would go up.

I'm interested to hear you say that the actual number of prescriptions are going up. Is there a way of identifying why that might be if the prescription numbers are going up? Is it because of our changing demographics? Or to what does the department attribute the fact that there is actually a higher number of prescriptions being written?

**Hon. Mr. Nilson:** — Once again, the member has asked a very complicated question because it's . . . you can't clearly point to one specific thing that does relate to the increased numbers of prescriptions.

But just to give you the information that comes out of the annual report. The numbers of prescriptions processed in '97-98 was 6,216,167. The next year it went up to 6,622,455, and last year, '99-2000, which I guess is the previous year but the one that's in this report, was over 7 million, 7,014,580. So you have that trend.

One of the things that's happening is as new drugs come onto the *Formulary*, these drugs are used by physicians and patients. Also there are a number of drugs that have come into play where they're used in combination so you end up using more than one of the particular drugs.

So it's a whole number of factors that relate to the pharmaceutical industry.

**Mr. Gantefoer:** — Thank you, Mr. Minister. Minister, in terms of when you approve drugs to go onto the *Formulary*, do you look at — for lack of a better word — the big picture? For example, if a drug, although it may seem to be expensive and may indeed contribute to the rise in costs of the drugs on this line item in terms of the prescription drug plan, but if it can be shown that proper use of this drug would maybe allow for a person to be independent and not require hospitalization or home care or long-term care facilities that may indeed be much more costly, does the system look at those kind of cost benefit analysis, if you like, to see if it makes sense to put what would seem to be even a very expensive drug, but you analyze the benefits, might be even more advantageous? Is that cost-benefit analysis done?

**Hon. Mr. Nilson:** — Mr. Deputy Chair, that particular question is exactly the question that the Formulary Committee looks at. They have the role to look at obviously the effectiveness of the drug from a straight medical basis, but it also looks at the net benefit. And so a good example is the whole issue around Betaseron and how that particular drug was identified for use and it did relate to the ability of people to function much more fully in the community with the use of that drug.

So what does happen is that they do look at well, what is the effect on the overall, I guess, position of the patient, and also the . . . how it fits into the cost of the health system.

**Mr. Gantefoer:** — Thank you, Minister. One final area that I want to talk about today is the Saskatchewan Aids to Independent Living. Mr. Minister, would you outline the program for orthopedic services that happen out of the Wascana

Rehab Centre and what programs or what practitioners, private or otherwise, does the program allow to have and provide services for and be funded through SAIL (Saskatchewan Aids to Independent Living) programs as independent practitioners?

For example, I'm thinking specifically of Spalding Orthopaedic Design who is an independent practitioner who has all the qualifications to practise in this province, but I understand has some difficulty being recognized for the services he's able to provide.

**Hon. Mr. Nilson:** — Mr. Deputy Chair, the present arrangement around prosthetic and orthotic appliances, which I assume is the question, is that these services are provided on behalf of the Saskatchewan Aids to Independent Living or SAIL through provincial workshops located at the Wascana Rehab Centre in Regina and the Saskatchewan Abilities Council in Saskatoon.

So that's the way that these particular devices are provided to Saskatchewan. It's possible that an individual company, such as you've suggested, could work together with one of those organizations and become part of the supply there, or I think these kinds of contracts come up for renewal now and again and there could be a possibility of being part of that discussion when there's a renewal of the contract.

But right now these are the places where these services are provided.

**Mr. Gantefoer:** — Thank you very much, Mr. Minister. Minister, I would like to thank you for your attention this afternoon. We've covered a great number of areas. I would like to very much thank you and your officials for your attention.

And I would like to turn it over to my colleague, the member from Humboldt, who has some questions to ask at this time.

**Ms. Julé:** — Thank you, Mr. Chair. And good afternoon to the minister and good afternoon to your officials.

Mr. Minister, I've had concerns forwarded to me from the special care aides at St. Mary's Villa in Humboldt. And I know from their correspondence with myself that they have issued to your department, as well as the health district, as well as Mr. Romanow who is now heading the Health Care Commission, and a number of other involved agencies and people about their concerns surrounding their deep concern for the residents of St. Mary's Villa and what the understaffing is doing in that regard — jeopardizing patients' lives and well-being.

As well they bring to my attention and to yours, that in fact high numbers of staff are on sick time — their injury rate is high — and many other concerns surrounding understaffing that have been brought forward and have not been addressed up till this point.

I'd just like to read to you the letter that they have put forward and an excerpt from it that does explain quite clearly and describe quite clearly why they're concerned and what is happening at St. Mary's Villa. They say:

We come with deep concern for our residents who are not

receiving the full care they require, given the present staffing levels. There is resident neglect and systemic abuse happening daily at St. Mary's Villa due to the shortage of staff versus the high-care needs. There's also staff abuse present making our staff work in conditions that could and do affect their present quality of life and future quality.

If injury rates are high, then look at why they are high please. And our main answer to that is they are high because of short staffing. And these staff are put in situations where you cannot ask for assistance because there was no one available to give you assistance.

Now if you'll bear with me, Mr. Minister, they have also put forward some points that point out the present norm for the residents and the staff at St. Mary's Villa and they want to have this addressed. Because as you well know in just the latest strike, there was an issue of pensions and money and so on involved, but there was also the issue of understaffing. And these special care aides from St. Mary's Villa point out very clearly what this is doing.

And as I've said, if you'd just bear with me for a moment I'd like to read to you what they would like you to hear.

There have been many challenges in health care in the last several years. Long-term care is one sector in health care. This area in our experience is our main concern.

The proposed vision and desire of health care presently, as we understand it, is to provide quality care for those patients who are residents in the long-term care system. But the reality of the term quality as we live it in our workplace falls far short if quality is to include loving, humanitarian care for the very people who made this province what it is today. Due to understaffing versus high levels of care, systemic abuse has become the norm in health care and not the exception.

The present norm for the residents in St. Mary's Villa is that they have to wait for long periods of time for basic personal care needs to be met. The special care aides contend that residents should have a right to the basics. They should have a right to be toileted when they need to, versus when the staff has time. They should have the right to be fed a warm meal. But the staff says that when you are one staff taking care of 22 persons that need to be fed, and of course by one aide, you're going to wait.

The staff maintains that residents have a right to be laid down for a rest when they are tired and presently they're left for long periods of time in chairs, etc., because the staff doesn't have time to get to them. The residents have the right to be transferred in the safest way possible and that's not happening; to be repositioned if you cannot move yourself.

They have the right to being attended to when they have a need, not being found and then the need attended to long after the patients require help. Patients should not have to apologize for needing help or to say to the staff, I'm sorry I had to call you; I know you're so busy.

The staff contends that if a resident is dying alone and/or if another resident is severely sick with the flu, there are no

guarantees that either will be given the comfort of someone being with them.

The fact is, Mr. Minister, if you are dying alone and you have no family, it is very hard for the staff. They are very hard pressed to even stop in the room every 15 minutes. And the staff says yes, these facts are very appalling.

And I think we should bear in mind, Mr. Minister, that the special care aides that brought this to our attention have risked a great deal. They have brought all of this information forward to all the officials that they believed should hear about it with the risk of maybe losing their jobs or the risk of being admonished. But they felt that the necessity was so great that they were going to risk it because they're concerned about the patients.

Now the present norm for the worker, for the special care aides in St. Mary's Villa, is coming to work and leaving with a broken spirit. It's caused by increased workload and the high speed in which they're expected to do their work. Working exhausted, working in cramped conditions, working in unsafe environments, doing transfers alone that should be done with the assistance of two, they've had work injuries.

The norm for the worker is having to constantly prioritize, leaving the silent patients who cannot speak to attend to the care of those who can speak. Dignity provided first to those who have a voice. This is not right. Everyone should be available or have available to them immediate and the best care.

When this happens and they have to attend to people who are crying out rather than those who don't have a voice, it causes the staff immense guilt and frustration. They say that we're looking after people here — all who have the right to dignity; all for whom we carry an immense responsibility. Working under the duress of knowing we have not met the full needs and expectations of our residents and their families causes us grave concern.

We are constantly also expected to incorporate new ways and means of attending to our residents.

And they're referring here, I think, to the lift program where they have to transfer patients in a lift which must have two people doing it, two staff members. As it is right now, they're not able to, to provide two staff members at any one time in any one place because they're so understaffed.

(16:30)

New programs and policies for the potential desired result of increased well-being for staff and residents are there. But those people that put forward those policies and new programs know full well that without the proper amount of staff, that the new program or policy is impossible to deliver successfully without more direct repercussions to the residents than they already are dealing with.

The front-line workers, not the policy makers, are the ones to deliver the news to the residents that they must now wait longer for help due to a program or policy that must be adhered to.

And they finish, Mr. Minister, by saying if health care can be

looked at like a vast ocean, then you have placed upon the workers an army tank on which to cross the ocean. And you have also expected those very workers to keep that tank afloat without sending more help.

They say we understand the changes in health care are overwhelming at present and offer an immense challenge, but we are asking for the basics, the foundation of a good health care system. And that foundation is sufficient hands to do the work. They say if we have that, we have a solid foundation on which to build.

Therefore, Mr. Minister, we ask this to you, the hon. member . . . minister rather, of this legislature. In order to resolve the crisis in understaffing being experienced in long-term care facilities today, we, the front-line workers who care for the residents of Saskatchewan would like to ask our Health minister when there will be additional funding forthcoming and placed into health care to increase staffing levels and meet the growing needs of the Saskatchewan people for whom they are responsible to and for?

**Hon. Mr. Nilson:** — Mr. Deputy Chair, I thank the member for the question, after that particular letter from these workers in the Humboldt area.

Our goal obviously as a government is to provide good care to people. We know that that happens on the one-on-one basis as identified by these particular workers. But also what we recognize is that on a broader basis, the services are provided through the health districts and then through the various institutions that relate to the health districts.

It's my understanding that a number of these kinds of concerns from these particular employees in that area have been discussed with the local management, but not all of them have been sorted out. Some of them have.

And even in the information provided there is a reference to the lifts and the basic policy of SAHO and the government that we should get away from having our staff doing the lifting without some assistance. Now that's a change that also requires a change in how people do things, and some getting used to.

And sometimes some of the lifts that are provided don't do all of the things that are expected of them. But I know that at that particular facility that they did bring in the lifts; they are part of the overall provincial plan to try to reduce the number of back injuries because of the . . . in the health area.

So I guess what I would say is that the best way to resolve these kinds of issues is to work with the local management as to the specific issues.

Now the broader question that's asked is about the numbers of people who work within the health system in particular sectors. And I think the question or the point made here is that when you're dealing with the elderly in institutions, the level of care that's required has increased over the years as we have people that have more requirements in the institutions.

And that is an issue that we are addressing but it's addressed in a number of different ways. One is by trying to get the

appropriate amount of staff. Another is to increase the skill levels of all the people that operate. And another is to look at the kinds of facilities that we have now because some of them have outlived their usefulness and need to be replaced with facilities that are easier to work in for the workers.

**Ms. Julé:** — Thank you. Well, Mr. Minister, St. Mary's Villa has a good part of it that is — like the dining room, those areas that patients are transferred back and forth from — some of those areas are well equipped.

However the special care aides refer here to the crowding in the rooms actually that the patients stay in and, you know, the number of articles in that room. They refer to trying to get a patient out of the room to take them out, to take them to toilet, to take them to whatever, and having to remove four or five pieces of furniture — chairs, whatever — from the room first before they can get them out of there and then moving all of that back in. And they're talking about how much time this takes to do. With the understaffing they have it's impossible to do this in good, efficient, and effective timing.

Now the other thing I wanted to mention, Mr. Minister, who deals with an issue when . . . For instance the special care aides were telling me when they took their concerns to the acting CEO (chief executive officer) of the health district, the acting CEO said well it seems to me that according to the numbers of patients you have in the villa, you have a substantial number of people working, staff there. What he's doing is he's including the RNs which do not do hands-on work in that villa.

So it seems to me that somehow somebody should be able to look at this with some common sense and say well, you don't have the hands if people are not doing the practical work.

Why are the RNs being included in the staffing numbers when doing a comparison here as to staff/patient ratio?

**Hon. Mr. Nilson:** — Mr. Deputy Chair, I think the way to answer the question is in sort of a broad scope and then maybe more narrowly.

But on a broad basis, what happens in studies that I guess are done Canada-wide or maybe even worldwide, they look at the staffing requirements for different levels of care, and standards are identified. And those standards are then translated into the local situation which, in our case, would be all of Saskatchewan. So there are some ranges of staffing requirements that are used to attempt to see whether appropriate care is being provided.

But when it comes down to the specific staffing arrangements, it often comes down to how the work is defined and who does which part. And that's very much the local managers working together with the workers to define some of that.

And clearly there's frustration registered by a number of these people around some of those decisions and they are obviously attempting to address those. And I think the most appropriate place to address them is at the local level with the director, I think it's called health services, and the management staff in the particular facility.

But those people, and probably the overall administrator for the whole district, would have reference to provincial standards or international standards and try to see whether they are somewhat in relationship to some of these kinds of standards that have been set.

**Ms. Julé:** — Thank you, Mr. Minister. Mr. Minister, I'd just like to switch gears a bit here. I had alerted you earlier that I wanted to have some discussion with you on what role the province is playing as far as prescription drug abuse of primarily Aboriginal people in the province. And as we know there has been a standing committee recently on public accounts in Ottawa to investigate the drug abuse issue or prescription drug abuse issue among First Nations.

And when I was reading all of this material, Mr. Minister, and it was brought to my immediate attention that Darcy Ironchild had died of prescription drug abuse. In fact he was allowed to fill 307 prescriptions within a year comprised of potent antidepressants and sleeping medication. He died of an overdose of chlorohydrate.

What occurred to me is that, what is the matter with the system here? I mean what is the matter with . . . why are pharmacists and doctors prescribing this amount of prescription drugs? Why isn't there a monitoring situation that's going on?

I understand that there is a privacy issue that has been brought forward at the Standing Committee on Public Accounts, but I know that the Auditor General of Canada is charging the federal government — and really hoping that the provincial governments will get onside — with not setting up or being responsible for setting up some sort of a system that would track the use of prescription drugs because people are dying. And the way the system is, people are being sacrificed on the altar of the Privacy Act. We have to do something about it.

I'm asking you today just what it is that your government is doing in order to computerize incidents of abusive prescription drugs and how soon will we have something in place? And, Mr. Minister, is there something available right now for doctors and pharmacists to track the use of prescription drugs by First Nations people?

**Hon. Mr. Nilson:** — Mr. Deputy Chair, I think the answer to the question — and I recall our discussion around this — is that we presently in the province do have a plan which records all of these kinds of information for the use by the doctors and by the pharmacists. But it includes those particular drugs that are paid for by our system. And so that information is there.

What we are doing as a province is we are asking the federal government who pays for the prescriptions of Mr. Ironchild — so it was on a different system; it wasn't related to what we have as a province-wide system — we're asking the federal government to connect their information into our system.

And the technical people say that that's something that's possible to do. But it requires co-operation from the federal government, Indian and Northern Affairs, I guess INAC (Indian and Northern Affairs Canada) kind of responsibility, and it also requires co-operation from the First Nations in Saskatchewan because they obviously work in consultation with those people.

So what we have right now is the Saskatchewan Health information technology people working together with Saskatchewan Health Information Network — which is a close partner in all of these kinds of things — working with the federal government and with the other Western provinces so that we have a common approach of putting this information together.

But we in Saskatchewan have a good system working right now for the people who would obtain their drugs outside of the federal system. And we want the federal people to get their information connected into that.

And so given the comments that you've made about the federal auditor saying these things, well basically the encouragement from our side would be to have him encourage the federal people, and working together with the First Nations, to get this information into our system. Then we in Saskatchewan would have the kind of comprehensive system you're looking for.

**Ms. Julé:** — Mr. Minister, had SHIN (Saskatchewan Health Information Network) been up and running at the time that Mr. Ironchild was abusing all of these drugs, would that have prevented . . . possibly prevented his death?

**Hon. Mr. Nilson:** — The system was running. It's been running since 1989. And so what happens though is that the federal government drug purchase information doesn't go into our program. And so if in fact when our system had started, it included all of the prescriptions given in the province including the ones paid for through the federal system, then yes, of course, that information would have been in the system.

**Ms. Julé:** — Thank you, Mr. Minister. Why do you think there's a resistance on the part of the federal government to connect with the provincial system? What is the big problem?

(16:45)

**Hon. Mr. Nilson:** — Mr. Deputy Chair, we as a department are optimistic that the federal government will come in and that they seem . . . the resistance doesn't seem to be there any more.

I think it's, you know, work by the coroner's jury in this particular case that identifies the problem as to where it is. The kinds of concerns raised by the auditor, the concerns raised by people throughout the community have identified for the federal government that they need to participate in this.

So we're hopeful that this will happen sooner rather than later.

**Ms. Julé:** — Thank you, Mr. Minister. Mr. Minister, the issue of addictions that we're talking about brings to mind alcohol addictions that certainly have been identified by people such as Matthew Coon Come. He's concerned about the addictions to alcohol and he has made that statement publicly and is asking that there is responsibility taken to address the issue, personal responsibility, and I commend him for that.

But I also recognize — and I'm sure that you do too — that in order for people to overcome addictions, they need some help.

Now the Saskatchewan Party in the previous session had asked

for the government to work with cities to provide detox centres for all people who need it. The need is higher in the Aboriginal community and there has been an outcry, especially in Saskatoon, for some detox centres. We don't have sufficient spaces at all, and we need an emergency detox.

So I'm wondering whether or not there have been some really intense meetings between yourself and the city of Saskatoon on how this might come about, and possibly shared funding for it? Have you entered into those discussions; and do you intend to see that there are emergency detox centres up and running in Saskatoon soon?

**Hon. Mr. Nilson:** — The question is a very timely question because there is a meeting about this specific issue in Saskatoon this Thursday and our officials are going to be part of that meeting. And basically it's the Saskatoon city police, the Saskatoon Health District, as well as a number of community groups in Saskatoon who are looking at exactly that kind of a facility that you talk about. And it's one where everybody has to work together because it's clearly a problem we have to deal with.

**Ms. Julé:** — To your knowledge, Mr. Minister, at this time, is there a willingness by your government to contribute to the funding of these emergency detox centres?

**Hon. Mr. Nilson:** — At the present time, as the member maybe knows, there are six detoxification centres across the province which are funded through Saskatchewan Health. But the specific project or idea that's being looked at in Saskatoon is this emergency detox facility. And we're going there to be part of . . . some of the officials are going there to be part of the discussion and examination of what are the requirements and how can this be done; what are the options?

And at this point there haven't been any budgets set or any requests for money. But obviously we're there and we want to hear what's being proposed so that we can look at it in light of the overall system in the province.

**Ms. Julé:** — Thank you, Mr. Minister. Mr. Minister, again I want to switch gears one more time. This is, if you will bear with me a little bit more, a request that I make to you on behalf of the Gabriel Springs Health District.

The Gabriel Springs Health District met recently to discuss the Fyke report, and they are quite concerned about the fact that they might be consumed into a larger health district and not end up having a hospital in Wakaw and Rosthern.

Now Wakaw doesn't appear to be that big a community when you start to look at the needs, but these people make the very good point that the population of Wakaw is equal to that of Melfort for six months of the year because there are 750 cottages at Wakaw Lake plus the regional park and the campsites that need hospital services there.

So I want to make that plea to you on behalf of them to make sure that there's sound reasoning and recognition of this fact when any consideration is made as far as to where hospitals will be with doctors.

Now they also point out that Pioneer Lodge is there. There are many, of course, senior patients there. If that hospital closes, these people will be at a great disadvantage. In fact many of them could lose their lives because of the longer distances to hospital in case they have a heart attack or something that's that severe. They would need immediate attention. As you well know, a senior person, or anybody having a heart attack for that matter, needs to have a doctor accessible immediately.

These people and many others throughout the province are not convinced that if a community centre is set up that the doctors will stay in those regions. And so what that means is that patients would have to be transported longer distances and would not get the immediate attention that they need.

Even the proposed Fyke recommendation into ambulance services and emergency measures technicians being close at hand is not going to be the same thing as a doctor right there with them. It takes time for all of those technicians to be notified and to come to the site, and this whole idea of centralizing services is very adverse to rural people.

And these people as well as others in Central Plains Health District make the point that centralization might be all right for condensed populations, for really congested populations, but it is not a good concept when it comes to sparse populations, and Saskatchewan has a very sparse population. Centralization would be a big mistake.

So I thank you very much, Mr. Minister, and I'm very pleased that you could be here today to address these issues.

The committee reported progress.

## COMMITTEE OF THE WHOLE

### Bill No. 13 — The Class Actions Act/ Loi sur les recours collectifs

**The Chair:** — I invite the minister to introduce his official.

**Hon. Mr. Axworthy:** — Thank you, Mr. Speaker. To my right is Madeleine Robertson who's the Crown counsel in the Department of Justice. And I ask the members to welcome her to the Assembly.

#### Clause 1

**Mr. Heppner:** — Thank you, Mr. Chair, Deputy Speaker. Welcome to the minister and to his official.

The Class Actions Act is a new one, a new concept for Saskatchewan. And I'm wondering if the minister would like to explain how this will relate to no-fault insurance. Will people under that situation, if there happens to be a car model or a tire type that's the cause of a lot of accidents, will people in Saskatchewan be able to sue, keeping in mind that we are a no-fault province?

**Hon. Mr. Axworthy:** — This Bill I think which is an important piece of legislation for the province is designed to ensure that if a product, in the case the member raises, a car which is defective or a tire which is defective, injures a range of people,

that an action can be brought on behalf of that whole range of people without having to identify every single one; but to develop the process — and the court would oversee this process — the process to identify who would be affected and what damages they would experience and how to quantify those damages.

So it's precisely that kind of case, a product liability case, which this legislation would be used in fairly . . . and has been used in those areas in other provinces and in other jurisdictions. Similarly medical appliance cases are frequently dealt with under this kind of, under this type of legislation.

**Mr. Heppner:** — Thank you. You talked a bit about the courts making some decisions as to how this class action suit would progress. Under what circumstances might a court terminate proceedings of a class action suit, or put limits on it?

**Hon. Mr. Axworthy:** — The member asks under what circumstances would a judge decide that a class action was not the appropriate process to follow once it's begun, is my understanding. And I guess what a judge might do is look at the way in which the class action is proceeding and conclude that it was improperly designated class action in the first place. Or it could conclude that another process would be preferable to the class action, might be an action which makes it impossible to identify the plaintiffs.

But generally those matters will be addressed when an application is made for an action brought in one person's name to be used as a class action for a range of plaintiffs suffering the same kind of injury as the person in whose name the action is being brought.

**Mr. Heppner:** — Thank you. There are presently a number of lawsuits going on against manufacturers of breast implants. How will this affect that for the women in Saskatchewan?

(17:00)

**Hon. Mr. Axworthy:** — Those actions to which Saskatchewan women have attached their names would generally be, would be taking place in provinces where there's already the possibility of class actions — BC (British Columbia), Quebec, and Ontario. And those could continue there or they could bring . . . people here in the province could, once the legislation is proclaimed, bring an action here or apply to a court for an action to be a class action should they so wish.

But those actions which are presently in place now are class actions in the three provinces where class actions are presently permissible.

**Mr. Heppner:** — Thank you. My last question is probably one of great import but it's also interesting.

This piece of legislation comes into force on New Year's Day of 2002. Why was that particular date selected?

**Hon. Mr. Axworthy:** — Well I guess it's slightly ironic in the sense that the court will be closed that day but the opportunity was taken to discuss this matter with the Chief Justice and it was felt necessary to have a little bit of a lead time for the

judges to get familiar with the legislation because they will have to make important decisions about whether or not a class action is appropriate in the circumstances. And the few months leading up to January 1 was deemed to be an appropriate period of time.

**Mr. Heppner:** — That concludes our questions on Bill No. 13. I'd like to thank the minister for taking time to answer the questions, and for his official as well.

**The Chair:** — Thank you. The Bill in question has many clauses and the Chair requests leave to deal with it by part. Is leave granted?

Leave granted.

Clause 1 agreed to.

Clauses 2 to 46 inclusive agreed to.

The committee agreed to report the Bill.

**The Chair:** — It being past 5 p.m., this committee stands recessed until 7 p.m.

The Assembly recessed until 19:00.