

The Assembly met at 13:30.

Prayers

ROUTINE PROCEEDINGS

PRESENTING PETITIONS

Mr. Kwiatkowski: — Thank you, Mr. Speaker. I rise on behalf of citizens of Saskatchewan concerned about the government's decision to transfer the surplus funds from the Fish and Wildlife Development Fund to the General Revenue Fund. The prayer reads as follows:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the provincial government to refund the \$1.6 million intended for the Saskatchewan Fish and Wildlife Development Fund and discontinue its present policy of using this money for other sundry government purposes.

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

This petition is signed by citizens of Regina, Milestone, Pilot Butte, and Benson, Saskatchewan.

I so present, Mr. Speaker.

Ms. Julé: — Thank you, Mr. Speaker. Mr. Speaker, I'm pleased to stand once again today to present petitions on behalf of citizens from Humboldt and district who would like to see the Humboldt territory operations office for the Saskatchewan Housing Authority remain in the city of Humboldt. And the prayer reads as follows, Mr. Speaker:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to immediately reconsider the proposed closure of the Humboldt territory operations office for Saskatchewan Housing Authority and to renew their commitment to rural Saskatchewan and maintain a full, functioning territory operations office in Humboldt.

And the signatures on these petitions, Mr. Speaker, are from the city of Humboldt and the community of Carmel.

I so present.

Ms. Draude: — Thank you, Mr. Speaker. I too rise today to present a petition on behalf of people who are concerned about the closure of the operations office for the Housing Authority in Humboldt.

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to immediately reconsider the proposed closure of the Humboldt territory operations office for the Saskatchewan Housing Authority and to renew their commitment to rural Saskatchewan and maintain a full, functioning territory operations office in Humboldt.

The people that have signed this petition are from Humboldt and from Muenster.

Mr. Gantfoer: — Thank you, Mr. Speaker. I rise this afternoon on behalf of citizens concerned about the high cost of prescription drugs. The prayer reads as follows:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to immediately reinstate a reasonable annual deductible amount for prescription drugs in Saskatchewan.

Signatures on this petition this afternoon, Mr. Speaker, are from the communities of Tisdale and Crooked River, and I'm happy to present on their behalf.

Mr. Bjornerud: — Thank you, Mr. Speaker. I have a petition today, Mr. Speaker, from citizens concerned with overfishing at the Lake of the Prairies. The prayer reads:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to work with the federal government, First Nations representatives, and with other provincial governments to bring about a resolution in the Lake of the Prairies situation and to ensure that our natural resources as a whole are used in a responsible manner by all people in the future.

The signatures, Mr. Speaker, are from the communities of Churchbridge, Esterhazy, and Langenburg.

Ms. Bakken: — Thank you, Mr. Speaker. I rise today to present a petition on behalf of the constituents of Saskatchewan who are concerned about the tobacco legislation and the prayer reads:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to immediately amend tobacco legislation that would make it illegal for anyone under the age of 18 to be in possession of any tobacco products; and furthermore, anyone found guilty of such an offence would be subject to a fine of not more than \$100.

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

And the petition is signed by . . . I have 10 petitions, Mr. Speaker, to present today. They're signed by residents of Tribune, Osage, Fillmore, Ogema, Glenavon, Glasnevin, Pangman, Regina, Radville, Yellow Grass, White City, Estevan, Tribune, Lang, McTaggart, Midale. And there's several that are signed by residents of the city of Weyburn.

I so present.

Mr. D'Autremont: — Thank you, Mr. Speaker. I have new petitions today that were brought in this morning by retailers, and they're from communities in Saskatchewan I didn't even know exist — all over Saskatchewan, Mr. Speaker. The prayer reads:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to immediately rescind The Tobacco Control Act and make it illegal for minors to possess tobacco.

I so present, Mr. Speaker. Thousands of names here.

Some Hon. Members: Hear, hear!

Mr. Hart: — Thank you, Mr. Speaker. Mr. Speaker, I rise to present a petition on behalf of constituents. The prayer reads as follows:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to take the necessary action to ensure the best possible health care coverage for the communities of Govan, Duval, Strasbourg, and Bulyea by placing those communities in the regional health authority, Regina health authority, as opposed to the Saskatoon regional health authority.

As in duty bound, your petitioners will ever pray.

And signators to this petition, Mr. Speaker, come from the community of Govan.

I so present.

Mr. Allchurch: — Thank you, Mr. Speaker. Mr. Speaker, I rise in the Assembly today to bring forth a petition signed by citizens of Saskatchewan concerned with fishing on the Lake of the Prairies. And the prayer reads as follows:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to work with the federal government, First Nation representatives, and with other provincial governments to bring about a resolution in the Lake of the Prairies situation and to ensure that our natural resources as a whole are used in a responsible manner by all people in the future.

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

The signatures on this petition, Mr. Speaker, are all from Langenburg.

I so present.

Mr. Wall: — Thank you, Mr. Speaker. I rise on behalf of many more residents of Swift Current who are concerned with the hospital facility currently available in my hometown. The prayer of their petition reads as follows:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the provincial government to commit its 65 per cent share of the funding for a new regional hospital for Swift Current.

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

Mr. Speaker, all of the petitioners on this petition are from the city of Swift Current.

I so present.

READING AND RECEIVING PETITIONS

Deputy Clerk: — According to order the following petitions

have been reviewed and are hereby read and received as addendums to previously tabled petitions being sessional paper no. 7, 11, 18, 23, 165, 168, 169, and sessional paper no. 174.

INTRODUCTION OF GUESTS

The Speaker: — Well, members, I have two sets of guests to introduce to you. It's my pleasure today first of all to introduce to you my youngest sister, Sonja Kindrachuk who's seated in the Speaker's gallery. She is here with her husband, Bob Kindrachuk who happens to be my wife's brother and with their daughter, Sarah Kindrachuk-Kramer.

Bob, Sonja, and Sarah's family reside in Winnipeg. They are on their way to Prince Albert to meet with Bob's two sisters — my wife and another sister, my sister-in-law. They're planning a 90th birthday party for Bob's father — that's my wife's father too — my father-in-law, and my sister's father-in-law, Sarah's grandpa.

So I'd like you to welcome my family to the legislature.

Hon. Members: Hear, hear!

The Speaker: — Right behind them in the Speaker's gallery, members, seated with my secretary, Linda Spence, is Linda's brother, Stephen Scriver. Now Stephen, I believe, is the author of the books I've just been looking at, books about Saskatchewan hockey.

And with them is his son, Jason Scriver, and Jason's girls Marita and Kessa. And so would you please welcome the Scriver family to the legislature.

Hon. Members: Hear, hear!

STATEMENTS BY MEMBERS

Major Jill Purdy

Mr. Kwiatkowski: — Thank you, Mr. Speaker. Mr. Speaker, I would like to today mention someone who has recently volunteered a great deal of her own time to help out a very important group of people in Nipawin. There's been quite a lot of talk of firefighters lately and there are many people who work behind the scenes, Mr. Speaker, who deserve recognition as well.

Mr. Speaker, one of these people is Major Jill Purdy of the Salvation Army in Nipawin. Major Purdy has spent countless hours coordinating meals for the firefighters in Nipawin who battled the fire that resulted from the recent fire at Newfield seed plant.

Many parish ladies worked over approximately a three-week period cooking turkeys, making sandwiches, and many of the other duties involved with feeding these 40 to 50 firefighters lunch and supper each day.

In speaking with Brian Starkell, Mr. Speaker, one of the Nipawin firefighters, he expressed his gratitude to Major Purdy and all the people involved for all of their hard work and noted that they did this with no expectation of receiving anything in

return.

To show their gratitude for all the work provided by the Salvation Army, a group of firefighters spent the day recently at the Salvation Army helping with yard maintenance and cleanup. I would ask all members to join with me in recognizing the hard work of Major Purdy and the parish ladies from the Salvation Army who devoted so much of their time to assisting the firefighters.

Some Hon. Members: Hear, hear!

Yorkton Student Part of Junior Team Canada

Hon. Mr. Serby: — Thank you, Mr. Speaker. During the summer most grade 11 students occupy their days at the beach or working or hanging out with their friends. However, a young woman in my constituency will be spending her time in China and in the Philippines. Katie Kirkness will be learning about their cultures and explaining Canada to the hosts. Katie has already attended the Junior Team Canada training event held in one of 14 universities across the country learning about business and international trade from CEOs (chief executive officer) and experts in the field.

In order to be chosen to be part of an overseas mission, Katie had to demonstrate leadership skills and an interest in business and communication skills. Katie's particular interest is in the project of biotechnology and how it pertains to agriculture. And she feels that Yorkton is such a great home for agriculture and it's something she's really interested in.

Mr. Speaker, Junior Team Canada is organized by Global Vision, a non-profit organization founded in 1991 by business, government, and education leaders. The goal of the program is to present youth with the opportunity to learn about Canada's role in the global marketplace and to promote the companies . . . our companies and organizations and their international trading partners.

Mr. Speaker, I know that all members of this House wish a very wonderful trip to Katie and . . . a very accomplished young leader, and very best in her future goals as she works to build business and industry in our province, Mr. Speaker.

Some Hon. Members: Hear, hear!

Blaine Lake Sports Booster Honoured

Mr. Weekes: — Thank you, Mr. Speaker. Rodger Pederson of Blaine Lake received the 2002 Volunteer Recognition Award from the North Central Regional Recreation Association during a banquet held at Ed's Inn near Prince Albert. Pederson received the award in the sports category for hours of committed dedication to the sports events within Blaine Lake. He has spent an enormous amount of time and energy preparing the racetrack, rodeo ring, cooking, hauling, and tending bar, and cleaning up after the events. Pederson has also organized ATV (all-terrain vehicle) and snowmobile rallies.

Pederson has promoted the development of the Blaine Lake Community Association by becoming a member of the steering committee. He is a director of the Blaine Lake SnowDrifterz

Club, director for the Blaine Lake and District Chamber of Commerce, and on the committee for the Annual Farmers' Bonspiel held in March.

Rodger Pederson resides in Blaine Lake with his wife, Leona. Although their three girls have graduated and moved on, the Pedersons continue to make Blaine Lake their home. The hours of committed volunteer work is invaluable and priceless.

Blaine Lake is proud to have the . . . Pederson as a fine role model for the youth at Blaine Lake.

Please join me in congratulating Rodger Pederson of Blaine Lake.

Some Hon. Members: Hear, hear!

New Library in Pierceland

Hon. Mr. Sonntag: — Thank you, Mr. Speaker. The doors have opened on a new library building in Pierceland with the assistance . . .

Some Hon. Members: Hear, hear!

Hon. Mr. Sonntag: — . . . of a \$23,000 grant from the province's Centenary Fund. The \$45,500 project was cost shared by the village of Pierceland, the RM (rural municipality) of Beaver River, and the province.

Mr. Speaker, the Government of Saskatchewan is pleased to support the construction of the new Pierceland library. Libraries are extremely important to the quality of life for people, especially in rural Saskatchewan, Mr. Speaker.

The new facility will provide space for an expanded collection, a community playground . . . a playschool, I should say, additional library programs, and public access to a new computer station. Town councillor, Maureen Curry said, and I quote:

The Village of Pierceland and the RM of Beaver River are very pleased that the government of Saskatchewan has helped to make our new library a reality . . . Our new library has already been very busy and our circulation has greatly increased.

Mr. Speaker, the Centenary Fund was established to leave a legacy of Saskatchewan centennial for future generations. Leading up to the centennial celebrations in 2005, the government is funding projects that are of provincial or regional interest and develop municipal infrastructure.

Thank you, Mr. Speaker.

Some Hon. Members: Hear, hear!

National Science Fair Winner

Ms. Julé: — Thank you, Mr. Speaker. Mr. Speaker, in April of this year I spoke in the legislature of a young man, Sheldon Bowman, who attends school in Humboldt and who was selected to go to the National Science Fair with his bale

handling invention.

Sheldon represented the Carlton Trail region at the National Science Fair held in Saskatoon recently. He won an honourable mention, placing fourth in the Junior Engineering category. He also won one of the two Junior Agri-Food and Agriculture Canada awards of \$500 for his bale handler.

Sheldon's pushy bale handler is designed to transport bales to a feeding area. It is a spring-loaded system, which can be hooked onto the back of a tractor or a truck. It's a very simple and cheap way to handle round bales.

And I commend and congratulate Sheldon on his very fine achievement.

Thank you, Mr. Speaker.

Some Hon. Members: Hear, hear!

Great Western Brewery Truly Great at World Beer Cup Competition

Mr. Forbes: — Thank you, Mr. Speaker. Well we've had a few hot days and we're bound to have a few more. And there is good news out of my constituency in Saskatoon to help some of us get through the heat of the day, refreshed and satisfied.

I am speaking, of course, of the Great Western Brewery, owned and operated by its Saskatoon workers, and the producer of some of the best brews on the continent.

And this, Mr. Speaker, is not just empty boosterism. I'm happy to report that for the second time in a row, Great Western beers have done extremely well at the World Beer Cup competition in Aspen, Colorado, home of one of those big-time beers we hear about, but this time didn't make the cut. Great Western's light beer, Brewhouse Light, won the silver medal in the light beer competition — the toughest one at the Olympics — while its Premium Light brand finished third.

To be open, honest, and accountable I should admit that the first place went to that football beer, Miller Lite. But second and third in a competition where 1,173 beers were entered from 379 breweries in 38 countries is not bad at all. And a panel of 71 judges from 38 countries made the choices.

Mr. Speaker, the marketing slogan for the Great Western is Truly Great. And this is truly great news for a small independent quality product — another reason to celebrate what we can do here in Saskatchewan.

Thank you, Mr. Speaker.

Some Hon. Members: Hear, hear!

Naicam Residents Show Community Pride

Ms. Draude: — Thank you, Mr. Speaker. All members are proud of the towns in their constituency. And today I'd like to acknowledge the community of Naicam for two special events.

The town of Naicam researched the idea of a community-based,

volunteer-run thrift store that would recycle items into cash for community-based recreation events. Volunteers renovated an empty building and encouraged residents to donate such items such as clothing, dishes, toys, jewellery, furniture, and other items.

May 18 its door opened for business and on June 18 they had their grand opening. In the short term it has been running, the store has expanded its volunteer base and it will run with a profit.

Mr. Speaker, I'd also like to acknowledge and congratulate another business in the town of Naicam. Shop Easy Foods owned by Dave and Helen Anderson of Naicam has for the past 15 years given ice cream and pop to all school children on report card day in June.

Over the past years, Dave and Helen have given over 200 gallons of ice cream and 2,400 cans of pop to students excited to be out of school for the year.

Mr. Speaker, I'd like the Assembly to join with me in congratulating Naicam for pride in their community and in their children.

Some Hon. Members: Hear, hear!

Athabasca Health Centre

Hon. Mr. Belanger: — Thank you very much, Mr. Speaker. Some more great good news from northern Saskatchewan.

Wednesday, my friend from Cumberland told the Assembly about building the roads in the North. Mr. Speaker, we're also improving northern health care.

The Athabasca Health Centre on the Chicken Reserve close to Stony Rapids in my constituency is more than half completed. It is called in Dene, Yutthe Dene Nakohodi which means a place to heal northern people. And it will be a model for northern health centres across Canada.

The centre will be for northern people but also for the employees of Cameco and COGEMA, who together donated \$200,000 for equipment. But as the name suggests, the centre will combine modern medicine with traditional practices.

I also want to point out that Points Athabasca Construction has maintained a 60 per cent local labour force and is training eight apprentices. The completion of this good news story, Mr. Speaker, is this fall. The grand opening next spring.

It will have 13 acute care beds, community health services, mental and public health services, and a child and family services, all in the same building. Also, Mr. Speaker, a staff of 40 will include 10 nurses with four local young women in nurses' training.

Mr. Speaker, more great news for Saskatchewan's north and the province as a whole. Thank you.

Some Hon. Members: Hear, hear!

ORAL QUESTIONS

Keeping Young People in Saskatchewan

Mr. Hermanson: — Mr. Speaker, the headline in today's newspaper says, "Young adults fleeing Saskatchewan." It should have read and could have read, young adults fleeing the NDP (New Democratic Party).

Some Hon. Members: Hear, hear!

Mr. Hermanson: — Mr. Speaker, the NDP continues to drive people and taxpayers of working age out of the province. Statistics Canada reports that Saskatchewan now has the lowest percentage of working age people of any province in Canada. Just 64 per cent of Saskatchewan's population is between the ages of 15 and 64, well below the national average.

Mr. Speaker, the numbers are in; the NDP is driving people out of this province. And worst of all, Mr. Speaker, they are driving working people out of this province.

Mr. Speaker, will the Premier answer the question: why is the NDP driving so many working people out of the province of Saskatchewan?

Some Hon. Members: Hear, hear!

Hon. Mr. Lautermilch: — Mr. Speaker, I want to say to the Leader of the Opposition and to his colleagues that the biggest driver of encouraging people to leave this province is the Leader of the Saskatchewan Party and his caucus.

And, Mr. Speaker, I want to quote from an article in *The StarPhoenix* just a couple of days ago. And the headline is, "Job opportunities abound in Sask." And the writer, Dwight Percy, said that:

In the wake of the No. 1 activity of the past week — high school graduations — there's a question that inevitably arises for families whose kids have hit this milestone. "Will they stay?"

And he goes on, Mr. Speaker, to say that we have a responsibility to be encouraging our young people.

But what do you hear from the opposition every day? You know what? The Saskatchewan Party stands up and says there's no jobs in spite of the fact that, May over May, we've had an increase of 1,100 . . . (inaudible) . . . new jobs. He says there's no opportunities for graduates, in spite of the fact that 90 per cent of the SIAST (Saskatchewan Institute of Applied Science and Technology) grads stay right here in this province.

He says that their taxes are too high and that's why people are leaving in spite of the fact we've got the fourth lowest tax rate in the province . . . in the country.

Some Hon. Members: Hear, hear!

Mr. Hermanson: — Well thank you, Mr. Speaker. Everyone knows that the minister has trouble standing up to the facts. Mr. Speaker, Statistics Canada says that this loss in population

began in 1999, the year that the NDP-Liberal coalition government began. And the report says, and I quote:

Saskatchewan has been losing population since 1999. The emigration of younger persons has a substantial impact on the proportion of working age persons.

Mr. Speaker, the Saskatoon Chamber of Commerce is more direct. They say the NDP is far behind in creating incentives to keep young people here. And that's a big problem, Mr. Speaker, because we don't have working people in this province to carry the load for important services like health care and education.

So the question to the Premier is, the Saskatchewan Party has a plan to grow Saskatchewan. The NDP has a plan to shrink Saskatchewan. When is the NDP going to get with the program and put forward a plan to grow Saskatchewan and keep people here?

Some Hon. Members: Hear, hear!

Hon. Mr. Lautermilch: — Mr. Speaker, the Leader of the Saskatchewan Party has had the opportunity to enunciate that plan that he talks about. Mr. Speaker, we find it on one headline, on one sheet of paper which says they're going to grow this population by 100,000 people. No idea how they're going to do it. They have told us nothing about what they are going to do, nothing about what their plan is, and we've had 70-some days in this legislature of which they could have used . . .

The Speaker: — Order, please. Order. Order.

Hon. Mr. Lautermilch: — Mr. Speaker, they have had day after day after day to articulate that plan and what have you heard? What have you heard? They have told the people, the young people of this province to leave this province, to find work elsewhere in spite of the fact that we've had 11,100 job increase, May over May, in this province. And they won't talk about that.

They tell the people of Saskatchewan that there's no opportunity for graduates, in spite of the fact that 90 per cent of the SIAST grads stay here and find employment.

And they tell us that our taxes are highest. We have the fourth lowest tax rate in this country.

They say this economy is stagnant, Mr. Speaker, in spite of the fact that we've got the third highest GDP (gross domestic product) growth.

Some Hon. Members: Hear, hear!

Mr. Hermanson: — Thank you, Mr. Speaker. Well you know the minister didn't join the hundreds of Saskatchewan leaders who came to our Grow Saskatchewan meetings throughout the province and were very excited about our plan.

Mr. Speaker, perhaps the minister can't read; perhaps we have to draw a picture for him. The fact is the picture that Saskatchewan people see is very clear and they're leaving . . .

The Speaker: — Order, please. Order, members. Order. I would ask the members to tone it down so the questions can be heard. Order. Order.

Mr. Hermanson: — Thank you, Mr. Speaker. There is some good news in the report. Saskatchewan has the highest percentage of children in the country. And when these children become young adults, Mr. Speaker, we're going to have a new Saskatchewan Party government in Saskatchewan, Mr. Speaker, with a plan to grow this province.

Mr. Speaker, we will keep our young people in Saskatchewan. We will grow our workforce. Obviously the economic policies of the NDP are not working. The statistics are clear on this fact. Mr. Speaker, the NDP have continued to drive people, including working age and young people, from this province.

How can the NDP, and how can the minister, how can the Premier stand up in their place and claim that their policies are working when the facts beg to differ? People are leaving the province under their watch.

Some Hon. Members: Hear, hear!

Hon. Mr. Lautermilch: — Mr. Speaker, I want to begin by saying that the young people he speaks about will be voting age before that member and that government ever has a chance to form government in this province.

And I want to tell you why, Mr. Speaker. Mr. Speaker, I want to tell you why. These are supposed to be . . . these . . . if they would just listen . . .

The Speaker: — Order. Order.

Hon. Mr. Lautermilch: — These are supposed to be leaders of our communities. These are supposed to be leaders of communities in rural Saskatchewan for the most part, Mr. Speaker. And what do you hear from them? They tell young people of this province to leave because there's no future in this province. They tell them to go to Alberta and seek employment in Alberta, and they tell them to go to the States. They tell nurses to leave this province and go to the States and find employment.

Mr. Speaker, never, ever do they talk about the fact that we've got the lowest unemployment rate in this country, and that people in the manufacturing and processing industry are looking for welders and pipefitters, and that they're looking for people to work in those jobs.

Mr. Speaker, I think I want to quote further from Dwight Percy's column. And he goes on to say:

. . . I think we perform a disservice, mostly to our kids, if our sole focus is (on) what's wrong here at home.

(14:00)

Mr. Speaker, what's wrong here at home is we've got an opposition with no vision for the future, no plan, no policy, and no faith in this province.

Some Hon. Members: Hear, hear!

Mr. Hermanson: — Mr. Speaker, we are telling young people to stay in Saskatchewan because we're going to have a new government that's going to grow this province. We are asking young people not to follow the NDP example of Dwain Lingenfelter, not to follow the NDP example of Doug Anguish, not to follow the NDP of Ned Shillington and desert this province, because we believe in Saskatchewan.

Some Hon. Members: Hear, hear!

Mr. Hermanson: — I say to the NDP, why don't they step aside and let somebody govern this province who believes in it, and who will grow the province of Saskatchewan?

Some Hon. Members: Hear, hear!

Hon. Mr. Lautermilch: — Mr. Speaker, members of this coalition government will never stand aside to allow that party to govern, Mr. Speaker.

Some Hon. Members: Hear, hear!

Hon. Mr. Lautermilch: — And I will tell you why, Mr. Speaker. And I want to share with you why. Because they have been trying since they formed that party to disassociate themselves from the former Progressive Conservative government in every way they can, even in spite of the fact that some of them worked in that very government, Mr. Speaker.

But I want to tell you why people don't trust that Leader of the Opposition. This is the same guy who claimed he didn't even know Grant Devine when he was asked about his association with him.

Mr. Speaker, there is a lack of faith and a lack of belief that these people know how to tell the facts from the fiction. They are nothing more or nothing less than a throw off of the former Progressive Conservative government. People of this province know it and they ain't going to buy that snake oil again. They've had it once and they won't do it again.

Some Hon. Members: Hear, hear!

Farm Safety Net Program

Ms. Harpauer: — Mr. Speaker, for weeks the Saskatchewan Party has been asking the NDP what the government plans to do for the producers of this province. Now Saskatchewan has announced that it will not sign on to the federal government's inadequate agriculture package.

Farm families are well into another season and for many it's shaping up to be another financial disaster. To add to their worries, Mr. Speaker, farm families have not heard one word from the federal government or about . . . from the NDP government about the plans that are being made to replace the CFIP (Canadian Farm Income Program) program, a program that failed farm families.

Mr. Speaker, what is the NDP government going to do to address the growing farm crisis in Saskatchewan, given that the

province is not signing on to the new federal policy agriculture framework, and the old program CFIP is quickly coming to an end?

Some Hon. Members: Hear, hear!

Hon. Mr. Serby: — The members opposite know full well what the provincial government's role has been in building a new safety net for Saskatchewan and for Canada, Mr. Speaker. And we presented that plan, Mr. Speaker. In fact, I tabled it for this Assembly during one of the question periods not more than about two weeks ago, Mr. Speaker, tabled the documents that showed what this government is going to be doing.

But, Mr. Speaker, the better question that we should be asking and what Saskatchewan people are asking is what is, what is the Saskatchewan Party doing in terms of building an agriculture policy in this province. Well I'll tell you what they're doing. The member of the opposition stood up in his place on May 1 and said, do you know what? We tabled for Saskatchewan people on May 21, Mr. Speaker. And I have his *Hansard* right here where he says:

We engaged in policy for Saskatchewan people today.

On May 21, Mr. Speaker.

Saskatchewan people and agriculture producers in the province know where this government is at, Mr. Speaker; working for producers and working for agriculture. But they know where they're at, Mr. Speaker, which is abandoning Saskatchewan farmers on every occasion that they've had an opportunity, Mr. Speaker.

Some Hon. Members: Hear, hear!

Ms. Harpauer: — Mr. Speaker, thank you, Mr. Speaker. And I did look at the documents that he tabled and they're very lacking in detail, Mr. Speaker, considering they're the government.

It appears now that there's \$500 million per year in the next five years allocated by the federal government to a new farm program that has been used in the budgets prior to fund CFIP. The Saskatchewan Party has learned that after the inadequate CFIP program ends, potentially the funding will be used in the new . . . for a safety net program.

Will the minister share with the legislature and the farm families of Saskatchewan today what position the province is taking in negotiating a replacement for the failed CFIP program beginning in 2003? And will the minister share with the House whether the NDP has even begun negotiations for a replacement with CFIP?

Hon. Mr. Serby: — We went to Halifax and suggested to the national government that we should have, in Saskatchewan, a stronger crop insurance program, Mr. Speaker. We said to the national government that we should have enhancements today, Mr. Speaker, on the trade injury. Should not be \$1.2 billion, Mr. Speaker; we said that they should be \$1.3 billion annually. So our position for . . . on agriculture for Saskatchewan people has been clear.

And it's also clear, Mr. Speaker . . . well, what Saskatchewan people and farmers are saying about the Saskatchewan Party. And I have here, Mr. Speaker, a quote from a member, the Saskatchewan Party member from Fillmore, Saskatchewan, Mr. Speaker, and he says this:

I have been a . . .

And he says:

I have been a Saskatchewan Party supporter since I was old enough to vote, my family has supported it and its predecessors even longer. However, given the fact that Elwin Hermanson (Mr. Speaker, he says) and the Saskatchewan Party have been conspicuously silent (Mr. Speaker) during the farm crisis, our support is faltering quickly.

We know, Mr. Speaker, and Saskatchewan producers know who is working for them. It's this government and this Premier working for them. And the member from Rosetown and his party, absent on agriculture, Mr. Speaker — absent.

Some Hon. Members: Hear, hear!

Ms. Harpauer: — Mr. Speaker, the problem is that NDP government has never been at the table when they've been designing new assistance programs and they're not at the table now.

They refused to be at the table when the AIDA (Agricultural Income Disaster Assistance) program was being designed because the NDP Agriculture minister was too busy sunning himself on the beaches of Mexico. And the NDP was not at the table when the federal government replaced AIDA with CFIP. So it's no wonder that both CFIP and AIDA have failed the families of Saskatchewan.

Mr. Speaker, here we go again. Does the NDP have a plan for replacing the CFIP program, a plan with details, or is the NDP's intention to do what they've always done which is stand around with their hands in their pockets and leave the farm families of this province high and dry?

Some Hon. Members: Hear, hear!

Hon. Mr. Serby: — The member from Watrous stands up today and she should have read the *Hansard* from her own leader, Mr. Speaker, because the *Hansard* clearly says that their party has not engaged in agriculture policy until May 21 of this past year, Mr. Speaker, is what the member said. That's in the *Hansard*, Mr. Speaker; that's what he says.

Clearly, Mr. Speaker, on this side of the House we have provided for Saskatchewan producers, agriculture producers, farm organizations, a farm plan for Saskatchewan, Mr. Speaker, in totality.

Yes, we want to see an enhanced crop insurance program; we want to see a stronger, a NISA (Net Income Stabilization Account) program, Mr. Speaker; we want to see greater enhancements today for the long-term safety nets, Mr. Speaker; and we want to see injury protection for our farmers. That's

what we want; that's what we're working for, Mr. Speaker.

But where's the opposition, Mr. Speaker? Are they AWOL (absent without leave), or are they lost, or have they deserted Saskatchewan farmers in this province?

Some Hon. Members: Hear, hear!

Ms. Harpauer: — Thank you, Mr. Speaker. And we'll remind the minister that he's the one that slashed this province's Agriculture budget. So what is he doing for the producers? He's the government.

Some Hon. Members: Hear, hear!

Ms. Harpauer: — The federal government's recent announcement appears to have two separate components. One component is a six-year program which begins to unfold the new ag policy framework. The second component is a two-year fund that the NDP are calling a trade injury payment but yet the federal government is insisting in calling it bridge funding or transition funding.

Mr. Speaker, does the province need to sign on to the entire agreement in order to be eligible for our share of the two-year ad hoc program or . . . Also will the federal government pay our producers their portion of that program, even if we do not cost share?

Some Hon. Members: Hear, hear!

Hon. Mr. Serby: — That is precisely, Mr. Speaker, that is precisely the response that we're waiting for the federal government to provide to us. We said to them, we've said to the federal government, Mr. Speaker, both in Halifax and in correspondence that I've issued, Mr. Speaker, to the federal leader, saying to him that we need to have a concise response, Mr. Speaker, in terms of what happens with the \$600 million annually and how much of the money, Mr. Speaker, will be going into trade injury for Saskatchewan producers and when will it be delivered.

That's the plan that we've delivered, Mr. Speaker, for Saskatchewan farmers. That's the request that we're making today, and we anticipate that we're going to hear that within the next several days, Mr. Speaker, on behalf of the Saskatchewan producers.

Some Hon. Members: Hear, hear!

Water Quality in Last Mountain Lake

Mr. Brkich: — Mr. Speaker, my question is to the Environment minister. The people around Last Mountain Lake continue to be very concerned about the water quality in their lake and the story in today's paper isn't going to make them feel any better.

Last March this NDP government allowed the discharge of untreated effluent water into Wascana Creek that contained 18 times the normal acceptable amount of fecal coliform.

Mr. Speaker, from April to October the sewage must be treated

and the province regulates that, but up until April 15 basically there is no regulation and untreated sewage was being released into Wascana Creek.

Mr. Speaker, my question to the minister: what impact did the discharge of untreated sewage have on the water quality in Last Mountain Lake?

Some Hon. Members: Hear, hear!

Hon. Mr. Belanger: — Mr. Speaker, it is no question that this is always a very serious exercise when we talk about the quality of water throughout the province and we've always maintained, Mr. Speaker, that we have personnel on site. We have personnel that are working towards finding some resolution to many longstanding issues.

And I'll point out, Mr. Speaker, that it is very clear that we've always maintained if you operate, if you operate your systems to the optimal level that you should in both your water treatment and your waste water treatment then we should have minimal problems, Mr. Speaker.

We are now in discussions with the city to make sure that the disinfection process is one that is up to date and to make sure that we have the right technology in place, Mr. Speaker.

And I can report today, Mr. Speaker, that during the winter months when the bacteria counts are low and the cold water helps kill the bacteria, that is when we allow the discharge to happen.

And it is not raw sewage, Mr. Speaker. It is not. It is treated effluent, Mr. Speaker. And during the summer months when we have some process where people have to go swimming, they obviously have to treat that water then, Mr. Speaker.

Some Hon. Members: Hear, hear!

Mr. Brkich: — Mr. Speaker, the Alberta Environment department requires sewage to be treated year-round. And a biology professor with the U of R (University of Regina) says releasing untreated sewage in the spring may be harmful. He said that the warm spring temperature would mean more bacteria could survive.

Mr. Speaker, does it really make sense to allow the discharge of untreated sewage until April 15? My question is, to the minister: why don't you do what Alberta's doing?

Some Hon. Members: Hear, hear!

Hon. Mr. Belanger: — Mr. Speaker, once again there's some fearmongering going on from that member and from that party. The city of Regina takes very seriously their treatment of their waste water that they ultimately allow to flow . . .

The Speaker: — Order, members. Order. Order, members. Order, please.

Hon. Mr. Belanger: — So, Mr. Speaker, I would ask that member and that party to stop fearmongering. It is very important that we take a very pragmatic approach to the

treatment of our waste water in the province of Saskatchewan.

And the pragmatic approach we're taking here today, Mr. Speaker, is we are in discussions now with the city to look at year-round ultraviolet treatment to reduce that potential impact. And if there's some greater gains to be made, Mr. Speaker, we're going to examine that.

But again as we've mentioned before, as time goes on, there's better methods. There's probably ways that we can improve the system. We're going to examine that, Mr. Speaker, and we're going to take a very serious, pragmatic approach to that. We're not going to play politics with the issue, Mr. Speaker.

Some Hon. Members: Hear, hear!

Ethanol Industry

Mr. Hillson: — Thank you, Mr. Speaker. Mr. Speaker, this was to have been the ethanol session. It commenced with the minister of Energy saying that Saskatchewan was open for private enterprise ethanol development.

Then Frank Hart reversed the cabinet announcement and said that the province was close to signing a deal that would see the province pump 100 million into a US (United States) company that specializes in nursing homes and short-line railroads.

Then we went a few weeks with the government appearing to alternately confirm and deny the Broe deal. Recently we've had silence.

So what's the situation? Why has this fallen off the radar screen? Is the Broe contract going to be signed or not?

Hon. Mr. Lautermilch: — Thank you very much. Mr. Speaker, I want to today encourage the member from North Battleford, from Battleford, to continue to support ethanol development, as I know he does.

Mr. Speaker, I can say to that member that there will be agreement signed. I can say to that member that there will be ethanol production in this province. And I can say to that member that it will be open to Broe and Commercial Alcohols or any other private sector company who wants to come to this province and invest in this province.

(14:15)

Mr. Speaker, I would ask that member today — getting close to the end of the session, he's going to have some time on his hands — to focus on talking to his federal cousins with respect to agriculture, which is damaging this province in the position they're taking. I would ask him to talk to his federal cousins about mandating ethanol in this country for environmental and economic reasons.

I would ask him to support this government's ethanol . . . this government's initiatives to bring a brand new industry to value add and diversity agriculture in rural Saskatchewan, instead of playing silly political games that he continues to do.

Mr. Hillson: — Mr. Speaker, accusing, accusing me of playing

political games with this issue is nothing but bovine excreta. That minister's tirade certainly shows why the two of us will never sing a duet of "Together Again."

The NDP government in Manitoba announced an ethanol strategy similar to the one first announced by the then minister of Energy. The government had a plan for smaller plants on the Minnesota model with ancillary feedlots. We see this in Minnesota. Agrivision recommended it. Now Manitoba recommends it.

This plan was overruled by CIC (Crown Investments Corporation of Saskatchewan) and Points West.

I ask again, are we or are we not going to sign the contract for 100 million bucks with the US conglomerate that specializes in nursing homes and short-line railroads?

Some Hon. Members: Hear, hear!

Hon. Mr. Lautermilch: — Well, Mr. Speaker, to the member who has visions of flying around the world sponsored by Frank Hart, let me say this to that member.

We will be designing and are designing and have in place an ethanol policy that allows for private sector involvement, not only Broe but other companies, Mr. Speaker. We have a program that will allow for the development of the livestock industry in this province. And, Mr. Speaker, I'm saying to you that we are working with the cattle industry. We are working with communities around this province, and we are going to develop this industry, Mr. Speaker.

Mr. Speaker, I say that member should spend some time working with his federal counterparts, with Ralph Goodale and the federal government, to be developing and designing a federal mandate for ethanol for this country. That's what he should be working on.

He should not be too worried about what we're doing in terms of putting the program together in this province. We're well on our way. It's going to work. There's going to be lots of private sector investment. There's going to be jobs. There's going to be value added in agriculture.

Some Hon. Members: Hear, hear!

ORDERS OF THE DAY

WRITTEN QUESTIONS

The Speaker: — Order. Order, please. I would ask the . . . Order. I would ask, I would ask the seatmates over here, the seatmates from Prince Albert and from Moose Jaw to hold the . . . just to help hold order in the House. And we can use some help.

Mr. Yates: — Thank you, Mr. Speaker. I stand on behalf of the government to convert for debates returnable questions 414 to 435.

The Speaker: — Questions 414 to 435 inclusive have been converted to orders for return (debatable).

Why is the member on his feet?

Mr. Wall: — With leave to introduce guests, Mr. Speaker.

Leave granted.

INTRODUCTION OF GUESTS

Mr. Wall: — Thank you, Mr. Speaker. And thank you to my colleagues in the Assembly. Mr. Speaker, I'd like to introduce to you, and through you to members here in the Assembly, in the west gallery several members of the Coalition Against No-Fault insurance.

I see, I believe Lorie Terry's there, and Dr. Daryn Mintzler are also there. And I'm not familiar with all the names but members will know the coalition works hard not just in general terms on the issue of no-fault but on behalf of accident victims as well.

And I just ask all members of the Assembly to join me in welcoming them here today.

Hon. Members: Hear, hear!

GOVERNMENT ORDERS

COMMITTEE OF THE WHOLE

Bill No. 61 — The Regional Health Services Act

Clause 1

The Deputy Chair: — I'll ask the minister to introduce his officials.

Hon. Mr. Nilson: — Thank you. I'm pleased to have with me this afternoon, to my left, Glenda Yeates, who is the deputy minister; and to my right, Jim Simmons, who's the manager of special projects and transition team. Directly behind me is David Smith, who's a consultant in the district management services branch; and to his left is Mick Grainger, assistant deputy minister. And behind them is Rick Hischebett, who is legal counsel for Saskatchewan Health, and Jim McLellan from Saskatchewan Labour.

Mr. Gantefer: — Thank you, Mr. Deputy Speaker, and welcome, Minister and officials this afternoon.

Mr. Minister, we're talking about Bill No. 61, and I guess a lot of the same things that we comment on 61 will apply to Bill No. 62 which are the consequential amendments, so I won't spend a lot of time with 62. And please consider the general comments applying from this Bill as applying in some respect to 62 as well.

Mr. Minister, I'm certainly not going to go into a repeat of the debate on the second reading and talk about the philosophical things, but I think it's fair to say in general introduction that this is a rather significant reorganization of the way health services are provided across the province of Saskatchewan. Moving from the former district situation to these regional authorities is a pretty significant change in the way services are delivered.

It's also I think fair to say, Minister, that there is a reorganization of responsibilities and authority, and I think as well that it'd also be fair to say that there is a clear definition of the responsibilities and role of the department and of the minister. And there are those that would argue that it actually is consolidating many of those decision-making functions within the department.

Minister, first of all I'd like to ask you what consultative process you used in determining that this, the details of this centralization of responsibility and authority was the best way to go? What consultation was there with the former and I guess legally existing district health boards in coming to the decision of the legislation that we have in front of us?

Hon. Mr. Nilson: — Mr. Chair, I think the key point here is that in a process that has taken a couple of years the . . . We ended up retaining Mr. Ken Fyke to look at the issues around the organization of health care in Saskatchewan in a broad way, and that was a start of consultation which clearly included all of the health boards, the various professions, the public, and others in the community, business people. And he provided a report about a year and, I guess, three months ago.

And that report was then used to have further discussions which took place and included the Standing Committee on Health which was meeting in this room about a year ago from now, where people presented various positions and ideas. All of that information was taken by department officials, members of the staff, and worked at in various ways to look at a total plan which became the action plan which was released in early December of last year.

Then this legislation was developed out of the direction and the plans that were set out there, and effectively this implements the . . . many of the policy things that were described in our action plan. In the process, a number of the health board . . . existing health board people were involved in various ways and some of the discussion and . . . but it's part of an overall major discussion. And that's kind of how the process worked.

Mr. Gantefer: — Minister, in receiving comments about this legislation from various stakeholders in the province, there have been a number of common themes that have been articulated from a pretty wide variety of individuals. One was from people who have been involved and, I guess again, currently are technically still involved with district health boards, that there really was no process of consultation and meaningful input from them in regards to this legislation.

I've been told that they received or saw copies of this but . . . and were asked to comment but nothing changed — that the decisions had been made by the time they actually had an opportunity to comment on this legislation. And they're feeling as if their input was ignored by the department. Is that the case?

Hon. Mr. Nilson: — In any process of consultation you work with many different people. The specific health boards were not always consulted in full but there were representatives from various health boards that worked on the process. I think that what we tried to do was look at all of the various issues and the concerns that were there, and some of them related to the organization of the district health boards as they were and the

recommendations from Mr. Fyke and then from the standing committee as to how we should move forward.

(14:30)

I think that what we tried to do then was figure out how those things could be implemented in the legislation, and at a point where we actually had legislation that would . . . could be discussed as far as the concepts and the terms. There were meetings with various representatives of health boards, maybe not every single person on every health board.

But my sense is also that as part of this process, we also set up planning committees for the new regional health authorities. The members of those planning committees or approximately half of them are existing health board members and those people were involved in dealing with some of the processes, some of the issues, and some of the things that were happening.

I think what you see in this legislation is that it's enabling legislation. It allows us to move forward. And we will continue to work with all of the people involved in the process. But it's very clear that we want a province-wide system that's focused on the patients and makes sure that we're all working together as a complementary system that provides care for people.

Mr. Gantfoer: — Thank you, Mr. Minister. Mr. Minister, you referred to the action plan and even before that to Mr. Fyke's report. In both of those, first of all the recommendations from Mr. Fyke, and then I detected a very strong commitment to the concept of primary health care in the action plan and the idea of collaborative primary health care teams that are going to be involved in a much more proactive way at a community level. And I would define community as not necessarily meaning a small rural town or village, but a community of people and that could be in a large urban centre as well.

And it seems to me in the literature that I've read that this concept is certainly pretty well universally accepted as a proactive and an appropriate way to go in the delivery of primary health care in the collaborative team approach.

And certainly I sat on the committee referred to that met last summer, the Standing Committee on Health, and representation was made from a variety of people that talked about the importance of collaborative health practice.

Mr. Minister, as well, it is indicated in the literature that in order for these primary health care teams to really function at their most optimum opportunity, that there has to be a real strong buy in by the community they're serving and a great deal of support by that community for these primary health care service delivery models.

And, Minister, I'm wondering in light of the fact that that seems to be a universally agreed to basic set of principles that I've tried to articulate, in light of that, why has there not been provision for meaningful elected representation on the health authorities in order to connect that community involvement with this authority who is going to be involved with the decision-making processes?

Hon. Mr. Nilson: — I think the question that you've asked here

goes right to the heart of the issue of how one develops community agencies and develops public health policy around that balance between making sure things work in a coordinated fashion and making sure you do have the buy in from the local community. And at this particular stage we're obviously recommending that we go to appointed boards from a broader area so that we can end up with that kind of representation and not elected boards.

There's a number of reasons around that. Some of it relates to the issues where we have elected boards. They usually have some taxation ability where the other part of it is that in the elections, there were not . . . we didn't get a huge participation in the elections the way they had been organized over the last number of years.

I think the key part though, in what we're doing here, is that as we move to some of the bigger areas, we are going to be developing a very clear system of community advisory boards which will be organized not so much around geography but around various kinds of issues, whether it's seniors' issues, whether it's the issues around the Kids First program, whether it's some of the kinds of things that relate to particular problems of a particular part of the province. And we're quite, I guess, enthusiastic about the kinds of opportunities that are there to allow for the kind of community participation that you're asking about.

What we also have, I think, is a good sense that the boards that we will be having in place when this legislation is in place, that they are receiving support from their communities that are part of their regional health authority, and that we will still be able to capture the enthusiasm and the hopes and the dreams of the people in a particular area as we develop the health plan.

But practically, there are some other ways of doing it. And I know that suggestions have been made by, you know, the member from Melfort-Tisdale around some other ways to do it. When we looked at all of the various ways of organizing this, this is the one that we think makes the most sense for Saskatchewan and for the health system in Saskatchewan.

Mr. Gantfoer: — Minister, you talked about community advisory bodies and things of that nature. But, Minister, through this legislation the wording seems to be fairly consistent. For example it says time after time that the minister is responsible and may do things. So there is a great deal of discretion and responsibility placed in the office of the ministry.

In many instances the wording that happens at the regional authority is such that the regional authority shall comply. That it is very much a weighted system that the authority is there to deliver services on a regional level under the pretty clear direction of the minister, and that the Department of Health is going to set health policy and direction, and the regional authority shall comply with those directives.

Now, Minister, my question is this: you talk about community-based advisory groups, and that's all well and good if you've got a real sense of empowerment of the local community people so that there is a real meaningful two-way flow of authority and listening. It can't be just all one sided.

And when all the authority and responsibility is being consolidated in the central registry and I hear the minister arguing that that is a decision that was made in order to ensure that there's some standards and that there's an effective planning process and all the rest of it, then I don't know how you're going to on a realistic basis expect community volunteers to get involved in a very one-directional kind of a process.

I think that it sounds great on theory and it looks pretty good on paper but in a practical sense, unless there is some real meaningful, valued input, people are going to quickly say, well what's the point of this; the decisions are being made in Regina. And while there is the appearance of meaningful dialogue and input, in a real de facto way the decisions already have been made. So I think the way you've set it up, Minister, is fraught with danger in terms of not realizing your stated objectives of real meaningful input.

Minister, the other part of this . . . or there's many parts to this Bill, and the one is of course the provision of funding. And one of the stated purposes when you spoke about this Bill on a number of occasions and certainly when you introduced it in second reading, I recall that you talked about the fact that this is going to create a platform or a vehicle for more stable, long-term, predictable funding relationships that should be of great benefit.

And I think that we have been saying that and suggesting over the years and before you as the current minister accepted the portfolio we were even more articulate about saying that health districts simply cannot go through 75 or 90 per cent of their budget year and still not have their budget approved. It's an impossible situation to be sort of so far behind the eight ball in terms of meeting the needs and exercising their responsibilities appropriately.

So minister, how does a change in this legislation . . . other than saying you may provide this funding, the funding is being centralized, where's the commitment for long-term predictable funding in this legislation, other than in your stated commitments? But is it in the legislation and specifically stated?

Hon. Mr. Nilson: — That particular issue is not dealt with right in this Act because it basically relates to the Department of Finance and how we organize the expenditures out of the General Revenue Fund.

But our commitment is very clearly there. And what this Act does do is it allows for some of the processes of basically joint co-operative planning for the province with 12 districts plus the one in the North, that then gives us the ability to move forward all of the financial planning. So that our goal is that we would have multi-year plans and we would also have approvals of the budgets before the start of the budget year.

Mr. Gantefer: — Thank you, minister, and I appreciate your clarification that it isn't in the legislation. And I certainly very much do take you at your word when you're saying that's your intention, but as you know ministers come and go in many portfolios and Health is no exception over the years.

So do we have to get the commitment for the long-term predictable funding that you are saying in principle you certainly support. And you indicated that it is the Department of Finance ultimately and Treasury Board that determines what funding is available for the Department of Health. But do we have to get this kind of commitment from the Finance department or for the Premier in his estimates, so that we can actually end up with somewhere on the public record, in a long-term basis, from your government that predictable long-term funding is going to become the norm rather than a promise that has not happened to date at all. Because I think the minister would even agree that there hasn't been any of this in recent memory.

Hon. Mr. Nilson: — The commitment that you speak about is very clearly set out in the action plan that we provided in December. And our goal obviously is to work towards that particular plan of having the multi-year funding and having it approved prior to the budget year so we don't run into the kinds of problems that you talk about.

So that's . . . so the commitment is there. It's part of what we're setting out to do. And what we're doing now with this legislation — and then having the new health authorities come into effect by the fall — is allowing us to improve the process as we move into the next budget year.

Mr. Gantefer: — Thank you very much, Mr. Minister. Mr. Minister, when I'm on funding — and we'll talk about how the regions were brought together or how they were brought together — but in essence there have been essentially three districts brought together to form a region. And I think there may be exception to that in numbers, but that's the general rule.

Minister, so in each of those districts in many cases they have established trust funds. They may have certain trusts or funds that were assumed by the district from individual acute care, long-term care facilities that were very much conditional gifts and bequests that were now under the custody of the district health board. And you'd recall, I'm sure, and recognize that there were a lot of concerns about . . . some of these trust funds were attached to a specific facility in the past. It then moved over to a conditional kind of trust fund on the district level.

And, Minister, how does this now move into the regional authority? Because now you have amalgamation of districts and a much broader uniting of communities if you like. How are the issues of these trust funds going to be treated?

Hon. Mr. Nilson: — At the time that the district health boards were established, there were local trust agreements put into place to ensure that funds that were raised for local purposes could be retained for those purposes. So any trust funds that are still held under those agreements will continue to be held for the local purposes. And under this legislation the new regional health authorities are obligated to respect the terms and conditions of those local trust agreements negotiated by the previous boards and communities.

So all of those kinds of agreements will just continue forward in . . . and keep in place the kinds of terms that were set up when the funds were set up.

(14:45)

Mr. Gantefoer: — Thank you, Mr. Minister. Minister, staying on funding for a moment, I'd like to talk about capital funding if you like and community contributions to capital funding projects. Currently the general rule if you like, especially in the non-tertiary care centres, is 35/65 funding ratio — 65 per cent contributed by the Department of Health and 35 per cent supported by the local community.

For example, Mr. Minister, I'll look at my corner of the world as an example, where you had the North Central Health District that just under . . . has part of an undertaking, a very major long-term care facility in Parkland hospital. The existing health district was responsible for their share of local contributions and because of the regional nature that that was adjusted. But irrespective, there was a significant local contribution to that project.

Now with the amalgamated and the regionalized services, if there would be a similar significant project that would be generated in one of the other communities that now are part of the regional authority, what mechanism is there in place now to provide for the local community input? Argument could be made that a community that has just put a massive amount of money in a significant project would be probably not all that crazy about putting in their now share of the bigger issue in the larger health authority.

So how has this legislation provided for making adjustments and consideration in the local community contributions to capital projects?

Hon. Mr. Nilson: — In this area, these . . . the kinds of contributions that are raised in the local area are voluntary contributions in the sense that they are locally raised. And so the idea is clearly to allow the regional health authorities the kind of flexibility they need to deal with the projects that may arise in their particular area.

And at this point there wouldn't be any kind of a sense that well the whole regional health authority has to contribute for one particular area or that it's only the local area. It would be what could be worked out in that particular area.

But the goal is not to discourage or stifle the local kinds of fundraising things that happen, but also to make sure that all of the planning and the kinds of things that happen happen in a way that makes sense for the regional health authority but also makes sense for the total health system in the province.

Mr. Gantefoer: — Minister, in a practical way, of course, that sort of creates some difficulties and uncertainties in the lack of a clear policy, if you like, in that regard. Because there's going to be, you know . . . One of the challenges, that I think the minister would also agree, is to get these divergent communities now really truly thinking and co-operating and participating on a regional vision when indeed there's going to be certain very community-specific needs that aren't necessarily equally felt across the whole region.

And as regions get larger, I think that'll be increasingly, you know, a fact of life. And so I think it's important that someone

comes up with a policy about what the real expectations are other . . . something a little more specific than work it out. Because there's going to be potential for a fair bit of internal pressure and tension I would think, as you start thinking as a regional authority and prioritize community projects, if you like, and then deal with the whole issue then of the expectation of local funding and where it's going to come from, because the local funding comes from fundraising and that's easy because if someone wants to voluntarily contribute to a project, that's very easy. It creates absolutely no expectations or tensions.

But by and large, Minister, you know of course that a lot of the local contribution comes by way of municipal levy and that is established by rural municipalities and urban municipalities that contribute on behalf of the taxpayers in their communities for this health project.

And now we're going to have much more of a greying and a blurring of where those municipal authorities, especially in rural areas, have a responsibility to. Is it community A's project or community B's project, or somewhere in between and in what order? If community A's project is going forward this year and community B's is planned for two years down the road, what's the situation and the arrangement?

And I think that there is a great deal of potential tension that's going to be created in leaving this policy that vague as you've described, Minister. And I think that there has to be a real effort made to try to figure out how this is going to work, particularly when the ratio of contribution is as high as it is. Thirty-five per cent is a very significant contribution in a local community and potentially in this economy is putting a lot of pressure on municipal authorities to come up with that capital cash.

So I wonder if you may comment on the concerns I've expressed and is there some thought about looking at this issue and establish a mechanism to deal with it?

Hon. Mr. Nilson: — Well I very much appreciate that example because in many ways it's an answer to a previous question you had about the centralized control from the middle and basically saying, well in this area we want to see how things develop. Now one of the advantages of our new plan is having both a minister's forum, where I meet with all the chairs of the regional health authority boards, and also a leaders' forum, where the deputy minister meets with the CEOs from the various parts across the province.

And it's exactly this type of an issue that you've raised here that goes to that kind of a discussion. And what we hear then is the examples of how some existing health districts have dealt with that problem in a smaller microcosm and how it might translate into some of the solutions on a broader basis.

But I think at this point, if we came in with some kind of rigid rule around that, we may create a solution in one area but a problem in another area. And this is something that I suspect, just like you suspect, that within a year or two or three, we'll have a clearer policy overall.

But at this stage, we want to, I think, allow for the kind of flexibility and the ideas that could come from the various parts of the province.

Mr. Gantefer: — Thank you, Minister. Minister, how are projects that are in the various stages of the planning process, again speaking about capital projects, going to be rolled into this new regional authority?

I know . . . And we'll speak more about this in estimates, about more specific projects but, at this stage, I'd like to just . . . more in concept. Where there are projects that communities under the current structure have set aside their contribution, that there's proposals have been forwarded to the department in terms of an addition to a facility, a change of structure or whatever, that are underway — and I know that you know in general what I'm talking about in terms of projects in various stages of development — how are those going to be rolled into, particularly the ones that are maybe in a little earlier stages — once construction is underway, I know that the commitments are made and all those contracts and all the rest of it are being respected and honoured — but in the planning process, how is that going to be now assimilated into the regional authority?

Are those plans going to be reviewed by the regional authority and resubmitted or verified or is there a delay in the process? How are they going to be sort of rolled over to . . . from the district responsibility to the regional authority?

Hon. Mr. Nilson: — I think the simplest way to answer that question is to say that those projects will continue. The assets, the liabilities, and obligations all move from the health districts to the regional health authorities.

But it's also a time, when you do this change to be a time, when you examine all of the various projects that are there. And so that will happen as it does on an ongoing basis, as we try to fit all of the demands within the resources that we have.

Mr. Gantefer: — Minister, another area of this Bill talks about surgical waiting lists and a surgical registry. As part of the action plan, I think there was a commitment. And I guess, in fairness, I would more categorize it as a recommitment because there's been discussions about the need to standardize and codify a surgical registry and waiting list for some time.

And it sort of seems to get talked about, a committee gets in place to do it, and then all of a sudden it gets lost and there's another study and we sort of recommit ourselves to the task.

This is the first time I believe that there actually has been a legislative commitment and some standards set in legislation as to how this is going to happen.

Minister, I know that you, as a result of the action plan, appointed a task force I believe — or I'm not sure what the right word is — to work on this project, and I wonder if you would describe how that work is coming in relationship to the clauses in this legislation.

Hon. Mr. Nilson: — Yes, I'm very pleased to explain what's happened. And having this surgical registry right in this Act, as section 12, is actually part of the consultation that we've had with our surgical registry group.

They've met a couple of times; they have developed some subcommittees. For example, some of the doctors are working

around standardized assessment tools for putting names on the waiting lists, and others are working on some of the administrative things that relate to how you keep track of the surgeries across the province. There's quite a number of things that are happening.

The legislation clearly gives the authority to set up what they are recommending that we do, and I know that they will be reporting on their work as they proceed because it is important to all of the people of Saskatchewan.

Mr. Gantefer: — Thank you, Mr. Minister. Mr. Minister, I would also, in the establishment of the regional authorities, they are going to, I am assuming at least in the legislation, assume the relationships that existed between the districts and the districts and affiliates, that that relationship is going to be honoured and rolled over.

Is there any expectation, while honouring current agreements, that there's going to be a change in the relationship of affiliates to the regional health authorities?

Hon. Mr. Nilson: — I think this is an area where we're quite pleased to have both the ability to have the affiliates be much more a part of the planning, and that includes budget planning but also service planning and also the accountability, basically reporting on what's being done with public dollars through the use of the various affiliates.

And so what you'll see in this legislation is a clarification of that role with the various affiliates, and it kind of depends on what kind of affiliate they are. But the net effect is that we think that they will be much more part of the overall province plan.

You know, they will be able to get their budget requests into the regional health authorities and into the provincial budget request through a more timely process. And we'll also have a better understanding of some of the concerns and the needs and also the kinds of positive things that they will be able to provide for the overall health system in the province.

Mr. Gantefer: — Thank you, Minister. Minister, in your establishment of the authorities, you've decided — and we talked about it briefly — about going to appointed authorities rather than elected, but you also decided to make the appointments as to who shall act as Chair and Vice-Chair. Will the minister explain his rationale for making those appointments as well, rather than allowing the board to make those decisions from among themselves?

Hon. Mr. Nilson: — Well I think that you will see across government, when there are government appointed boards, the usual policy is to appoint the Chair and the Vice-Chair. And one of the reasons that that's done, after many years of experience, is the fact that people may be willing to sit on a board but they may be not necessarily willing to be the Chair or the Vice-Chair. And if they go on to a board and then through a process in that board become the Chair and the Vice-Chair, they don't necessarily always end up having the same kind of a sense of, this is what I really wanted to do.

So this comes out I think of many years of experience in how the government has appointed people to work on all kinds of

boards. It isn't necessarily related to the health area; it's just based on long experience.

(15:00)

Mr. Gantefer: — Thank you, Mr. Minister. There's equally long experience in school boards and things of that nature where they're all elected as equals and from among themselves they collectively establish and agree to who is going to chair and vice-chair their entity. And so you can quote one long experience and there certainly are others that would talk about the other issue. And again I think it speaks to the whole issue of you sort of making sure that you control the process.

Because it's not as if these Chairs are non-consequential to the process. I believe you set it up that there's a minister's advisory group that are made up of the Chairs. And so the local authorities don't even have the right to be able to decide who they want to represent that regional authority on . . . as a local, regional board. But they also then, by definition, do not have any right to choose who is going to represent them on your advisory group that's ongoing. So I think that that is a philosophical difference that we're just going to have. And I recognize that.

Mr. Minister, as well as that, there is I believe clauses within this to provide for out-of-pocket expenses and remuneration for the regional board people. Is there a provision for out-of-pocket expenses from the community advisory groups? Or is there any possibility of covering some of their incidental costs within this legislation?

Hon. Mr. Nilson: — For the community advisory boards there is a provision for the expenses, but there is not a remuneration or per diem for that board.

Mr. Gantefer: — Minister, there have been the . . . I think it's a provisional appointment, or I'm not sure exactly the technical wording for the regional authorities as they exist, because there's kind of a parallel, overlapping kind of responsibility right now. Because until this legislation is proclaimed, the system has to function under the existing district health legislation. And so people that have been appointed to the regional authorities have been operated . . . operating on a provisional basis of some sort. I'm not sure of the technical wording of it.

Minister, how have their expenses and decision making . . . or decisions that they've made — and there's been two key areas where they've been mandated to make decisions; one is in the selection of the administrative centre of the regional health authority and the second has been the selection of its chief executive officer — under what authority process have they been making these decisions?

Hon. Mr. Nilson: — Okay. That's a good question. I'm happy to explain it. Basically what we've done with the regional health authority planning committees is that these committees are appointed as minister's committees. So therefore through that process we can provide the per diems and the expenses. As far as the decisions that they may have made, they are basically in a planning committee mode and any of the kinds of things that they are working on will have to be confirmed at the point

that they become official, which will be the date of proclamation. And so we're in the process of having all of that happen. And then the kinds of things that they've been working on.

As far as the CEOs, I have effectively, as through the minister and the department, have ended up retaining them to take these positions prior to the coming into the existence of the new regional health authorities.

Mr. Gantefer: — Minister, if I'm not mistaken, I think the process has been a twofold and in this order. That the first was for these provisional boards to . . . or authorities, to establish administrative centre of the new regional authority. And then secondly, to make a decision about the selection of a CEO. And I believe that that is generally the way the process has gone in most if not all of the regional authorities.

The question I have is, given the importance of this decision about, firstly the administrative centre — because there's all kinds of community and logistical decisions that surround that — the boards or these provisional boards have had to make that decision in the absence of having a CEO on board to advise them. Is this correct?

Hon. Mr. Nilson: — First I'd like to say that it's not true in every case that the process was as you said. Some places they worked with getting a CEO and then worked out the centre that would be the administrative centre or some places they have multiple administrative centres.

But basically what we did right at the very start was to make sure that each of these planning commissions had the resources available to hire somebody to work with them. And often it was a retired CEO or somebody who has some experience but who had no interest in becoming the new CEO for the new regional health authority.

And I think we've had some very good service and advice from capable people right across the province who have provided that kind of a role working together with the people from Saskatchewan Health.

Mr. Gantefer: — Thank you, Mr. Minister. And, Minister, in general, I would have to state on the record, as I have in the past, that this concept of logical regional provision of health care services is a step in the right direction. We've had discussions and you know by my comments that I have some conceptual difficulties with some of the way things were done. I certainly have given you two amendments that we will propose to make at the appropriate time.

In the meantime, Minister, I have some colleagues that have specific questions that impact on how this legislation is going to impact on health care delivery in their particular jurisdictions. So, Mr. Chair, I would like to yield to my colleague from Last Mountain-Touchwood.

Mr. Hart: — Thank you, Mr. Chair. Mr. Minister, as you are no doubt aware I have been presenting petitions on behalf of communities that are currently in the Health Region No. 6 that would like to move to Health Region No. 4. And when I look at the Act, there is a section in the Act, section 21, that deals with

that process.

But it is quite vague, Mr. Minister, and I was wondering if you could outline the process that communities and rural municipalities would need to follow to move from one health region to the other.

Hon. Mr. Nilson: — I think that what I would emphasize is that we wanted to make sure we got the regional health authorities established first. We knew that there were some areas like the area that you've talked about, and there's some other parts of the province that have some of the same kinds of challenges where the trading areas don't fit with the boundaries of the health districts. And every area has its own history and reason for that and that people kind of know, and now they would like to get that fixed. So that's exactly why we put section 21 in here.

But our goal is to get the new regional health authorities in place, and then effectively the regional health authorities will apply to us to make those boundary changes. And that can be done, I think, in a fairly straightforward manner in the sense that I know, for example, in the area that you're talking about, the regional health authorities involved know that this is an issue and they are quite willing to try to fix it.

But we just want to make sure we get everything established and then we'll do this, hopefully, within the next year.

Mr. Hart: — Mr. Minister, I should perhaps indicate for the record that the area I'm talking about is that area from Govan down to Strasbourg/Earl Grey and those communities and the RMs affected.

So if I understood what you were saying is that first of all you want to establish the boundaries of the new regional health authorities and then there will be a process, but it sounds as if you haven't quite defined that process yet. And I guess what I would ask, Mr. Minister, is that once that process is defined, that those communities and RMs that have written to yourself and have sent me copies of their letters and also to the CEOs of the two health districts involved, that they be informed of what the process is and be provided with all necessary information, whether it be forms or what have you, so that they can then act as soon as possible to start the process, Mr. Minister.

Hon. Mr. Nilson: — I would agree that that's exactly what we should do. And my anticipation is that would probably happen by September or October.

Ms. Eagles: — Thank you, Mr. Chair. Mr. Minister, I thank you for agreeing to answer some questions this afternoon and also would like to welcome your officials here today.

Mr. Minister, on June 10, I sent a letter to you asking you if you could give me some information as to the process of the transition from a board to an authority. And as well, I was asked to inquire whether or not it would be a conflict of interest for the same person to sit on, to be the chairperson for the health board, the planning committee, and the health authority. As of today's date, I haven't received a reply from you, so I ask you that now.

Hon. Mr. Nilson: — I'd have to say the answer is no, that it isn't a conflict of interest. In fact, it's actually what we wanted to do, which was to have the continuity. And about half of the members of the new regional health authority boards are members of existing health boards and then half of them are new people.

And so this has provided a fair bit of continuity for the operations of what has happened and has meant that people understand some of the old issues, but also you have some new people who are able to add some new advice into the whole process.

Ms. Eagles: — Thank you, Mr. Minister. I also have a memo here from a person that was on the health board of the South East Health District. And this is what he has written to me about:

The Region 1 Planning Committee has refused to meet with our board, meaning the South East Health (district) Board, to discuss the selection of the location of the Head Office. The justification they appear to be giving for their decision now is that they are building Administration Offices (with room for expansion) into the new (long-term care) facility that will be constructed in Weyburn.

It goes on to say:

It appears to me that they don't want to be questioned about or held publicly accountable for the decision. I hope this is not a sign of things to come, but the fact that they will not allow press coverage of their meetings until they become a legislated body makes me wonder.

So, I mean, in the South East Health District they obviously aren't having any input. And I've talked to people that were on the health district board, and the Chair of the transition team — or the planning committee I guess it's called — is also the new authority Chair and he was the Chair of the South East Health District Board. And he called a meeting to discuss the process for the transition from a board to an authority. However according to the people at this meeting everything was cut and dried before the meeting even started. The decisions were made regarding where the regional office would be located.

Now these people obviously are not very happy with this decision and the way the process took place. And I'm wondering again if you could outline the process and what these . . . Do these people have any appealing process or anything they can go through to make it a fairer process? I mean, they want a voice.

Hon. Mr. Nilson: — Well I think that, as we discussed earlier, there are always challenges when there are changes and some people will end up having a different perspective on how things should be done. But clearly the goal is to have the regional health authorities and the planning committees that are doing these kinds of things try to address the particular issues that arise when you have three health districts coming together. And will you get 100 per cent agreement on all of that? I don't think so. But you can get substantial agreement.

And I think that practically the kinds of decisions that are being

made, they're trying to make them with the best possible inclusion of the people right across the whole situation. And I understand from your perspective in Estevan . . . The member from Weyburn maybe is a little more pleased with, kind of, how some of the decisions have gone. And it becomes, you know, a challenge. And I know that that happens in other parts of the province.

(15:15)

But what we're hoping is that the balance of the experience of the old board members with some of the new people adding some new ideas, that they will get the right kinds of decisions for the regions and that people will have an ability to participate and be part of that particular process.

But whether we'll get 100 per cent agreement, I don't think that's true.

Ms. Eagles: — Well, thank you, Mr. Minister. But some of the . . . some of the people that have told me this were also on the . . . on the new authority board, the . . . for the new authority, I should say. And these people feel that they did not have a voice. It was just steamrolled through, the Chairman was on a mission. And I guess that takes me to the next thing.

It seems like what some of my constituents have been saying to me about these health boards being appointed rather than elected or even if they were set up like the old health boards were where the majority of the people were elected, we all know that when we're elected, we're accountable to the people that put us in the position because when the election process takes place next time, if you haven't been a . . . if you haven't done your job, you're not going to have one. If you're appointed, you're still accountable to the people that put you in that position.

But in this case, it's the government. And these people feel that they didn't . . . the public feels that they did not have a voice. A couple of the members of the new authority feel that they did not have a voice because, I mean, they figure that it was a totally politically, the board was . . . is just a political appointment, basically.

And they feel that they have no input. They say we're paying tax dollars. We don't have a voice. And frankly, Mr. Minister, they are fed up. And they are taxpayers and they want some, you know, voice in the decision-making process.

And this . . . like I say, some of the members on the new authority are just not happy with what has taken place and they want to know what can they do, what is their . . . what actions can they take so that they do have a voice because it seems like it's just a political motivation and it's just steamrolling ahead and the people that are on the government side are just steamrolling and making all the decisions and everyone is left out in the . . . else is left out in the cold.

And again, I mean, I do not like appoint . . . appointments. Again, you're accountable. You're a smokescreen for the government, I feel.

And I can remember, Mr. Minister, when the health boards

were first formed and the process for the returning officers handling the nominations for people seeking election and people seeking appointments were totally different. And I know that for a fact because I was a returning officer for some of those elections. And I was not happy with the way it went then, and I'm certainly not happy with the way it's going now.

So I'm just wondering if you could give me some information on that.

Hon. Mr. Nilson: — Well I'm not quite sure where to start, but I think I'll just say simply this. When the previous government was here, the Devine government, those were all appointed health boards, except that the municipalities often put an alderperson or a councillor onto the health board. But the boards were appointed by . . . for the Regina General, Plains, all those. Those were appointed boards from the government.

The first time we had elected boards was when we had half of the people involved in the last five, six, seven years. Of those people, usually over half of them were ended up being acclaimed because there were no contests in these various elections.

Where you usually will have elected boards or elected positions is like where we are elected now, where we actually have taxation dollars that we're responsible for. And what we're basically saying in this kind of a situation is that we are trying to find that balance, as I talked to the member from Melfort-Tisdale before, that community involvement, but also the accountability.

And we have to be part of showing how 40 per cent of our provincial budget is being used, and so we have in this process attempted to have a system that deals with a lot of the accountability issues as well as trying to have the community buy it.

Ms. Eagles: — Thank you, Mr. Minister. And my interpretation of that is that the boards are accountable to you and not to the public out there that are paying the tax dollars. And also I mean I'm not here to talk about the way things were in the '80s. I know your government dwells on that and I mean we can also go back into the '70s.

But my question is, and I would like an answer, what line of recourse do my constituents have? They want an answer from me. I am elected, and I'm accountable to them. So I would like an answer from you as to what recourse they can take so they have some input into this.

Hon. Mr. Nilson: — Well I think that the simple answer to your question is that the people who are concerned would need to work with the local board members of the planning committee, which will become then the board members of the regional health authority because those are the representatives from those particular areas. And they have a role of being representative from an area, but also to be in charge of a whole regional health authority and deal with all of the issues there.

And as we all know, there are challenges when you're a member from Regina Lakeview versus what is best for the whole province of Saskatchewan. And we end up having to

figure out how to deal with those kinds of conflicts and end up trying to create policy which is best for the whole province of Saskatchewan.

I think that the regional health authorities have been dealing with a lot of . . . the planning committees have been dealing with quite a number of challenges, and for the most part, they've been doing a fairly good job of dealing with those things. They have to talk with people. They have to try to figure out how to make all these things work. And they have to operate within some of the rules and structures that we're setting for them.

Ms. Eagles: — Thank you, Mr. Minister. Well, I guess it depends on whose opinion it is that when you feel they're doing a good job.

But I would just like to say that your government and your department is responsible for 40 per cent of the provincial budget. And I think in creating a policy that is fair to all people, the taxpayers of this province should have some input because, like it or not, there's only one source of income for the government and that's through the people in this province.

And we all know with the out-migration of people that we have a very small tax base, and I think that these decisions just poison people against coming here. And I think that we should all look for ways to attract people, to let people have a voice.

If we have elected health boards and not everyone seeks to run — if they get it by acclamation, so be it. But the choice has been there. And I think that people should have a choice not just have something dictated to them that this is who it's going to be and, you know, a political appointment or whatever and answerable to the government. I think people have to be answerable to the taxpayers of this province.

So with that, Mr. Minister, I'll let my colleague from Kelvington-Wadena have a few questions for you.

Ms. Draude: — Thank you, Mr. Deputy Chair, Mr. Minister, and to your officials, I have just a couple of questions today.

My constituency actually is within three of these regional areas no. 5, 6, and 8. And the concern from a number of people that have talked to me is the fact that when in the middle of these areas, which is basically my constituency, if there is hospital closures or cut-backs to facilities, it's going to mean that we're going to have a long way for a number of my constituents to go to reach a facility that will be within the golden hour or within driving range, that it's actually going to make sense for them if they are in an accident or they need care.

With the different districts, if there is closures, I'm wondering is there some way that these districts are going to work together to say if Porcupine Plain or Wadena Hospital is closed and Kelvington is closed and Foam Lake is closed, which is right in the centre of it all, we're going to be going 150 miles before you get to a facility.

I know the boundaries have to be somewhere but my colleague from Kelvington-Wadena . . . from Melfort-Tisdale talked about the fact that they really aren't based on anything that is a

regional trading area or anything that's really based on trading patterns. And this is something that is a concern to many people.

How are we going to make sure that these areas are functioning together so that even with these districts we don't have a spot in the middle of the province that's going to be without services? And there will be no place to go because we've got an appointed board in three areas that are going to be responsible to the government. They're going to have no place to go to say hey, if all these three happen there's three different boards who really don't care. That's not fair to say they don't care but they're not going to be accountable to one group of people.

When I live in the centre of this area they're going to be able to say, do I have to go to all three boards and convince all three of them that this is a concern here if we do some cut-backs in this area? What kind of set-up is in place to make sure that areas who are on the fringes are going to be able to have the kind of services available to them that the ones that are right in the regional . . . in the dead centre of the area or the one with the big facility will actually have the same amount of services available to them?

Hon. Mr. Nilson: — Well I think you've hit right to the heart of our action plan and this legislation and why we're doing this. And that's because we need to make sure that those three new regional health authorities that are in your area will work together in a way that does not diminish the services that are available to the people in that particular area.

So that can be done in quite a number of different ways. I mean we've actually seen some very good co-operation with the health districts and our new regional health authorities really based on the kinds of co-operative arrangements that those health districts had set up previously.

What our new system will allow for is all 12 plus the Athabasca Health Authority to do . . . is to work together and so if there ever is a question about a change in the kind of service available in a particular area, that has to be assessed as it relates to the particular health authority involved. But also, how does that affect the tertiary centres, the bigger centres, where some of the work may go? How does it also affect some of the smaller places around that and it has to be done in a way that goes across the boundaries of the regional health authorities.

So that will be done clearly at the minister's level with the board Chairs, the deputy ministers with the CEOs, but very certainly also with the consultants who work with all of the regional health authorities.

So the question you've asked and the problem that you are foreseeing is the kind of thing that we're actually trying to address and make sure that when decisions are made, they may have an impact in a particular area but how does it impact the whole province. In fact some of them, how does it impact the whole Prairie region because that's the nature of health services these days is that a decision in one area can affect right across.

Ms. Draude: — Thank you, Mr. Minister. So then if a local . . . a regional board has decided that there's going to be a closure of one facility, before they can actually do that they're going to

have to get an approval from your department which would mean then it's all . . . all the decision making is really still in the hands of your department?

Hon. Mr. Nilson: — I think the process is that each of the health authorities will set out their operational plans which includes — well what are the services that they're going to provide.

If included in that operational plan there is a reduction or change of services that has an effect on the total services in the province or on some of the neighbouring health authorities, then that will be the kind of thing that Sask Health would be involved with in saying okay, this makes sense. Your operational plan makes sense so that there's approval there. Or not approval, but it would still be the local people who work and grapple with how does some of these things work in our particular area.

But it has to be very much a co-operative relationship because of the interconnectedness of a health system. The person who, you know, lives in Kelvington wants to know that they can have access all the way through the system without any problem, even if there are regional health authority borders.

Ms. Draude: — Mr. Minister, I'm hoping that if a decision like that comes forward to your government in a forward-looking plan — a five-year plan — that it is something that can be looked at and accepted or approved in a short time because . . . Not like the planning that we've looked at in . . . or the financial plans that these health districts have looked at over these couple of years — it takes 10 months or a year to actually be passed.

My last question, Mr. Minister, is on places like reserves. I have one in my constituency that's looking at a diabetes centre, and dealing with health issues in my certain area. Are they going to have to get approval from the regional health centre or from your department?

(15:30)

Hon. Mr. Nilson: — If your question relates to a program on reserve funded by the federal government, we would have no say in how that's organized. But what we have, and what we hope will continue to be there, is a co-operative relationship with the federal government and with the First Nations health issues to make sure that the kinds of things that are set in place can be coordinated on a province-wide basis again.

And I mean one of the good examples of that in Saskatchewan is the Athabasca Health Authority, which includes First Nations and federal government people, provincial government people, and some of the local communities who are all working together so that there is a common purpose and a common goal in the planning.

Ms. Julé: — Thank you, Mr. Chair. Good afternoon, Mr. Minister, and good afternoon to your officials. Mr. Minister, I just wanted to mention to you — I think I brought it up to you once before — about the number of appointees for the new regional health authorities. And in the Saskatoon regional health authority there are 12 appointees, as I understand, on that board.

I didn't really have a satisfactory answer the last time I talked to you, but we were assured at a meeting in Humboldt by the CEO of the Central Plains Health District that most likely there would be six of those members from the Saskatoon . . . existing Saskatoon Health District, and two members from each of the other three districts that are now coming into the one big Saskatoon regional health authority.

As it turned out, there are nine appointees from the Saskatoon Health District and only one from the other three health districts — Central Plains, Living Sky, and Gabriel Springs. And I'm wondering what the rationale for that was for that decision.

Hon. Mr. Nilson: — Well I'll repeat the answer that I gave to you before. And I don't have all of the figures that I've given you before around population, but the net effect is that the Saskatoon district I think has over 80 per cent of the . . . and closer maybe to 85 per cent of the population in that whole new regional health authority, and they will have 75 per cent of the seats that come out of the existing Saskatoon District Health. The others will have one each, because there's four coming together in that area which is the most in the province and it's big in that sense. And so it is then primarily based on the numbers of people involved. And so that's the simple answer there and that's I think the same answer I gave a few weeks ago.

Ms. Julé: — Thank you, Mr. Minister. Mr. Minister, and that was the . . . that was what I had mentioned was most likely going to happen when I attended that meeting in Humboldt. And still the CEO of the health district certainly tried to persuade the people that were there that that would not be the case.

I guess the concern from that comes — and I think if we realistically look at an operating regional health authority that has three-quarters of the members, 75 per cent, on a board from a certain area — then it follows that that area would probably get a lot more funding, a lot more focus on the needs in that area going to that area; and it would leave the other three health districts, Central Plains for instance, Gabriel Springs, and Living Sky, out in the cold because they don't have the voice, they don't have the money, they don't have the representation.

So this concerns a great number of people in the outlying areas. And we were told that that would not be the case. And I just want to have it written on the record that in fact the decision is made according to yourself, that this . . . these members are selected according to population. And, Mr. Minister, does it follow then that the . . . that population . . . I mean there would most likely be funding that would be allocated in the same way. In other words the Saskatoon area would probably get a great deal more funding for population and therefore the services would be concentrated in Saskatoon, more so than in the outlying areas.

Hon. Mr. Nilson: — I don't think we can think about the health system that way. Because effectively being part of Saskatoon regional health authority for the other three districts to become part, they will end up having more direct access to services that are actually available to people from Regina, people from Weyburn, Estevan, all over the province.

And so I think the key here is to look at how we're organizing

these things is in a way that provides a province-wide system so that any individual person will have access to the best resources across the whole system. And then the goal is to make sure that those are accessible to people in communities like Humboldt or like Rosthern or wherever, other places you might have, in a way that is most appropriate for those people. And how we do this is something we have to do all together. And that's what we're trying to do.

The Chair: — Why is the member for Saskatoon Nutana on her feet?

Ms. Atkinson: — With leave to introduce guests.

Leave granted.

INTRODUCTION OF GUESTS

Ms. Atkinson: — Thank you very much, Mr. Chair. Mr. Chair, I note in the Speaker's gallery are two guests from Saskatoon, Barb and Dan Danaher, who obviously are visiting the Legislative Assembly this afternoon.

For those who don't know, Barbara's father was a member of the legislature from . . . in 1944 during Douglas's government, for the city of Saskatoon. And the provincial government building in Saskatoon is named after her father, Arthur Stone, so Sturdy Stone.

Barb also is a well-known provincial champion golf — women's golf player. I'm sure she could give a lot of people here who are interested in golfing a few tips. Barb and — particularly the member from Swift Current — Barb and her husband Dan have recently retired. They had the Irish Shop in Saskatoon.

I know that they'll find the proceedings interesting and I'd ask all members to join me in welcoming Barb and Dan Danaher to the Legislative Assembly this afternoon.

Hon. Members: Hear, hear!

COMMITTEE OF THE WHOLE

Bill No. 61 — The Regional Health Services Act (continued)

The Chair: — Hon. members, the Bill before us is quite lengthy. Is leave granted to deal with it in part . . . by parts?

Leave granted.

Clause 1 agreed to.

Clauses 2 to 12 inclusive agreed to.

Clause 13

Mr. Gantfoer: — Thank you, Mr. Deputy Speaker. Mr. Deputy Speaker, I would like to move an amendment that establishes a new way for establishing guidelines for creating the regional authorities. And I would like to acknowledge in moving this the difficulty of inserting amendments into a

pre-described Bill sometimes creates some challenges. However, I would like to move:

Clause 13 of the printed Bill

The following section be added after Clause . . . before Clause 13 of the Printed Bill:

“Guidelines for establishing Health Regions and Regional Health Authorities

12.1(1) Notwithstanding sections 13 and 14, the following guidelines must be taken into account when establishing Health Regions and Regional Health Authorities:

(a) existing jurisdictional boundaries that include, but are not limited, to the boundaries of:

- (i) economic development authorities;
- (ii) school divisions and the conseil scolaire;
- (iii) urban, rural and northern municipalities, including the City of Lloydminster;
- (iv) ambulance districts;

(b) historic and current trading patterns in the region under consideration; and

(c) the number, type and location of hospitals, facilities and affiliates in the region under consideration.

(2) Where the guidelines in subsection (1) result in a boundary that is different from that set out in sections 13 and 14, the provisions of this section shall prevail.

(3) In the event that there is no agreement with respect to the application of the guidelines, the provisions of sections 13 and 14 apply with any necessary modification”.

I so move, Mr. Deputy Speaker.

Amendment negated on division.

The Deputy Chair: — Order. Part III, clause 13 through 18.

Mr. Gantfoer: — Thank you, Mr. Deputy Speaker. And again, I acknowledge the difficulty of inserting amendments into an existing piece of legislation. But I'd like to move:

Clause 16 of the printed Bill

Clause 16 of the Printed Bill is amended by striking out subsections (3) to (8) and substituting the following:

“(3) A regional health authority consists of not more than 12 elected members.

“(4) Each member of a regional health authority holds office for a term of not more than three years.

“(5) The Lieutenant Governor in Council shall designate one of the members of a regional health authority as chairperson and another member as vice-chairperson.

“(6) A majority of the members of a regional health authority constitutes a quorum.

Mr. Deputy Speaker, in my motion is also a section 16.1 and I believe perhaps should be voted separately.

Elections

16.1 *The Local Government Election Act* and Regulations apply with any necessary modifications for elections pursuant to section 16.”

Which lays out the methodology for conducting an election if those following sections are indeed approved.

I so move, Mr. Deputy Speaker.

The Chair: — Hon. members, we’ve opened part III for amendment so I think it would be appropriate to deal with clause 13, 14, 15 before we deal with the motion that was moved by the member for Melfort-Tisdale.

Clauses 13 to 15 inclusive agreed to.

The Chair: — And now we’ll go to the motion moved by the member for Melfort-Tisdale.

Amendment negated on division.

The Chair: — And on the second part of his proposed amendment, which is dealing with elections.

Amendment negated on division.

Clauses 16 to 113 inclusive agreed to.

(15:45)

Hon. Mr. Nilson: — Yes, I have an amendment to section 24 where I would add another section there and change section 124 to section 125. So I suggest that we deal with 114 to 123 and then I’ll propose my amendment.

Clauses 114 to 123 inclusive agreed to.

Clause 124

Hon. Mr. Nilson: — Yes, Mr. Chair. I propose an amendment to this clause 124 by striking out clause 124. And effectively what this amendment is — which I’ll propose at the end of my brief remarks — is required and related consequential amendments to *The Health Labour Relations Reorganization Act* which is the Dorsey process that was followed previously.

And what this House amendment does is sets out a process whereby the employee representation issues can be dealt with by the new regional health authorities in a way that allows for an appropriate process. And so that’s what’s set out here.

I would move this amendment and I would ask leave to have

the amendment taken as has been distributed to the opposition and to the Chair so that . . . or if leave is not granted then I will read the long amendment.

Leave granted.

The Chair: — Again for procedural purists, it does appear that there are two questions to be put. So one is amending clause 124 . . . pardon me, adding clause 124. And the second is renumbering clause 125. So on the first question which is adding clause 124, is the committee ready for the question?

Amendment agreed to.

The Chair: — On the second amendment which is coming into force, renumbering clause 125, is the committee ready for this question?

Amendment agreed to.

Clause 124 as amended agreed to.

The committee agreed to report the Bill as amended.

Bill No. 62 — The Health Statutes Consequential Amendments Act, 2002/Loi de 2002 apportant des modifications corrélatives à certaines lois sur la santé

The Chair: — And I see that the minister does not have additional officials.

Clauses 1 to 5 inclusive agreed to.

Hon. Mr. Nilson: — Thank you, Mr. Chair. And just before I make that motion, I’d like to thank the members opposite for all of the questions and also their participation last year in the process with the Standing Committee on Health which this Regional Health Services Act and then this particular Act were the result.

I’d also like to make a special point of thanking all of the officials within Saskatchewan Health, within all of the districts across the province, all of the various professional groups that were concerned, and many members of the community who contributed to the work here.

The committee agreed to report the Bill.

Bill No. 41 — The Health Quality Council Act

Clause 1

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

Hon. Mr. Nilson: — Yes, I’m pleased to have with me this afternoon Pauline Rousseau, who’s directly behind the deputy minister, who’s the director of central support in the policy unit. And right behind me, Patrick Fafard, who’s the executive director of the policy and planning branch. And they will be assisting on this particular piece of legislation.

Mr. Gantfoer: — Thank you, Mr. Deputy Speaker. And

Minister, welcome to the new officials who join us this afternoon.

Mr. Minister, I won't take a great deal of time on this piece of legislation. I've spoken in favour of the concept and certainly think that the idea of focusing more of our health care service delivery on quality rather than quantity is a philosophically important initiative and an important way to go.

I have a couple of questions and certainly one amendment that I would like to have considered by the House. And they deal from . . . I'll deal with the amendment first and the reason why I'd like to introduce it.

I think that in many times the whole issue of the quality of health care service delivery in many instances becomes too easily in the small "p" politicized in the health care current service delivery, and that it's important that there be a ability for people to vent their frustrations and perhaps seek address of their issues by something other than the political process — either through the opposition offices or the minister's office.

And to that end, we think that this Quality Council could be served well by including a health care commissioner in its structure and mandate. And certainly that's the concept that we will be pursuing in the introduction of our amendment. We think that we could readjust the components of the Quality Council by actually having this Quality Council be even more impartial than an agency of the ministry or of the political process by having it chaired by an independent health care commissioner who would be mandated, similar to what an ombudsman would be in terms of adjudicating and really being seen by the public as that independent officer of the legislature rather than of the health system.

But, Minister, a few questions in the existing legislation as it's structured. The legislation provides for up to 12 members in . . . to sit on this Quality Council, and there are really no particular limitations other than time as to who these people can be. Does the minister envisage that they would be experts in the field of medical service delivery in Saskatchewan or are you looking actually to have people appointed from outside of the province as well?

Hon. Mr. Nilson: — I appreciate that question because I think it goes to the heart of the value of what we get from this particular initiative. And so our board will be obviously composed of respected individuals with experience and expertise in a wide range of areas. It will include clearly clinical research, health services, some outcomes research and evaluation, health system organization and delivery, quality improvement. So it will have the health care expertise, but we also expect, you know, to have some people who have some other particular interests.

Our goal is to have the majority at least, who are from Saskatchewan, but we are also looking for people from other parts of Canada and indeed the world who may be able to contribute and provide another perspective on the kinds of issues that this particular council is going to deal with for all the people of Saskatchewan.

Mr. Gantefoer: — Thank you, Minister. Minister, I believe it's

set out in here that the council shall meet at least two times a year.

Has there been some thought, if we're seeking this expertise on a national and international basis, is there provided for in this legislation whereby experts or individuals could be considered to be in attendance at the meeting by a means other than physically present at a meeting? I'm thinking of electronic hookups or things of that nature, because it might be quite expensive to cover the costs of flying someone in from a remote location.

Irrespective of the fact that the expertise is important, does it provide for the possibility at least of people being considered in attendance for quorum in meeting purposes from a remote location hooked up electronically?

Hon. Mr. Nilson: — There would be nothing preventing that type of meeting and, in fact, in some cases that may make some sense. But practically, that would not be a limitation on this. And it would depend on the particular issue. But I can see your point. There may be some grouping of people that they would need in a meeting that they could do electronically as opposed to having everybody gather together.

Mr. Gantefoer: — Minister, under section 5 there are the objects of the council. I wondered if that was objectives or something. I'm not sure of the legal language. But one of the sections, (e), is:

to develop and implement training and . . . (educational) programs and activities to promote improvement in the quality of health care;

I'm assuming that those are special programs over and above the current educational training programs that are provided through the professional institutions like the College of Medicine, College of Nursing, the various professional medical colleges. I am assuming that this is over and above that. And if it is, is there any conflict with what course criteria, etc., there would be in professional colleges? And is it envisaged that the Quality Council in these educational initiatives would work very closely with the professional, medical colleges?

Hon. Mr. Nilson: — Clearly the goal here is to work with the existing professional colleges with the universities and the people who would be there and other particular institutions within the province, and to be something that's complementary and co-operative with as opposed to replacing it. But there may be some kinds of issues that come out of this particular committee whereby they would be able to add another aspect to some of the training. But clearly it would be done in co-operation and together with existing operations.

Mr. Gantefoer: — Thank you, Minister. Section (a) talks about . . . I'm sorry, section (b):

to research and evaluate prescription drug prescribing practices, (etc.) . . . utilization (etc.) . . .

Is it envisaged that this Quality Council would take over the responsibilities and functions that are currently being used under the *Formulary* and drug advisory committees?

(16:00)

Hon. Mr. Nilson: — There's a simple answer that is, yes. But it's got some explanation. And the reason I say that is that over time we think that a lot of the kinds of things that we've done just in Saskatchewan will be done on a Prairie-wide, or a Western Canadian-wide, or a national, or even a North American-wide basis. As the sophistication required in assessing some of the drugs increases, we may be doing it in a co-operative fashion with other jurisdictions.

So that kind of thing will be part of this in the sense that this would be a co-operative effort there. But we're working on this now. The ministers' meeting in St. John's, Newfoundland last year actually addressed some of these issues on a Canada-wide basis.

And our goal is to be co-operating but to make sure that we build a better system than what we have now. So we're not going to give up what we have but we're going to make sure that it fits in with the broader perspective.

Mr. Gantefer: — Thank you, Minister. Minister, as well I believe that this Quality Council will take over the role and function of the current HSURC (Health Services Utilization and Research Commission) organization. Is that correct?

Hon. Mr. Nilson: — Yes, they'll take over a large part of it except for the research part which will be going into the research foundation which is the next Bill that we will be looking at.

But practically a lot of that work will be transferred over to the new Health Quality Council.

Mr. Gantefer: — Minister, and I know we should try not to sort of blur the two Bills together, but in terms of acting as a catalyst or at least an initiator of research projects, would they be initiated or potentially be initiated in both the research foundation individually or on their own? But would there be the possibility of requests for research initiatives to be coming from the Quality Council and then they may actually go over to the research component, or how is that going to work and avoid duplication?

Hon. Mr. Nilson: — I think the simple answer is that the research foundation will be a funder and the Quality Council will be a doer. So in other words one has the money and the other one actually does it.

Mr. Gantefer: — Was there any thought given to giving the Quality Council then the funding possibilities as well and avoid the duplication of two entities?

Hon. Mr. Nilson: — This discussion took place and the ultimate decision was to do it this way. And I think a big part of it was that the Quality Council idea was to get at the system and the kinds of effective outcomes that we would have and effective use of our dollars. Some of the kinds of health research funding decisions might include that, but it also might include some of the pure science kinds of things or others that are working in the medical kind of faculty.

And so we thought it would make more sense to have people who would deal with some of the decisions around the funding of issues, deal with that and not have to be involved with the Quality Council. So that's the rationale, it's kind of . . . they're related purposes most of the time, but there are some points where it just makes more sense to have two separate groups do it.

Mr. Gantefer: — Minister, as you're undoubtedly aware, one of the challenges of the health system is that there are many individual professional groups that very often have a rather narrow focus in terms of making sure that they meet their own objectives and the needs of their professional group or association. And secondarily look at the bigger picture in terms of the overall quality delivery of health services.

Minister, what is the relationship between the Quality Council and the professional health organizational . . . organizations, both the professional colleges? You said there would be collaboration on the, you know, the university training programs and those colleges, but I'm thinking of the colleges of medicine, the Registered Nurses Association, the professional associations, and indeed their union groups if you like and all those other sorts of things. What is the relationship between all these health organizations and the Quality Council?

Hon. Mr. Nilson: — That's another good question in a string of a whole great number of good questions. But basically the issue here is that in a profession, whether it's the medical profession or the nursing profession or the physios or the dentists, their role is to regulate and make sure that the appropriate individual in that profession does their job.

There isn't a body that we know of that has the role that this Quality Council has. And that's why we say it is a first in Canada, and I think the way it's structured, probably first in the world, that actually says the role is to look at the quality of all of the players and the resources and how they're used as it relates to the ultimate result for people — you know, the patients, the health care that we're talking about.

And so the role will not be that we consider . . . be worried about the individual problem that a particular nurse might have, or a particular doctor, but how is it that the structure is set up and how is it that these different professions and the administration work together to either provide good quality or provide not so good quality and how can we fix that.

So it's to try to get at the total system as opposed to an individual.

Mr. Gantefer: — Thank you, Minister. One final question. While we recognize those differences that you've described and I've alluded to in my question between the people that actually implement health policy on the field and the philosophical direction established by the Quality Council and judged to be important, it's also important that a meaningful relationship occur in a meaningful way. And one of the ways that it would strike me is that the council consists of 12 members appointed by the Lieutenant Governor in Council.

Have you provided or thought about the possibility that the various health participants, the stakeholders, could bring

forward names, in nomination at least, for the minister to consider in appointing these 12 people? Because, again, I think it's important that we bridge the we and they kind of relationship and that this might be an important policy decision, if it's not in legislation, that engages the stakeholders in health care by at least asking them to provide . . . place names in nomination to sit on this Quality Council?

Have you considered that? And if you have, would that be a thing that you may undertake in terms of at least a policy direction?

Hon. Mr. Nilson: — Basically, what has happened is that there are many people who have self-identified, who said I have some particular expertise and I'm interested. We've received some nominations from district health boards. We've received some from some of the professions.

One of the challenges in health is that I think we're at 27 professions right now and maybe a few more that are interested in becoming professional groups. And so, to actually have a representative of each group is a little bit hard.

But we are very open to people suggesting names or volunteering themselves and we have been looking around and gathering names over the last year, ever since Mr. Fyke recommended something like this as an appropriate organization. So if there are people that have suggestions, we're happy to take them. And we're working at trying to get a group of experts in an area where we haven't had a group of experts working in a very sort of dedicated way like this, and so we're being very careful to hopefully get the right mix of people so that we can accomplish positive things for Saskatchewan people.

Clause 1 agreed to.

Clauses 2 to 9 inclusive agreed to.

Clause 10

Mr. Gantfoer: — Thank you, Mr. Speaker. In being consistent with what I've discussed and mentioned earlier and while I'm on my feet, I'd like to thank the minister and officials for their attendance on this piece of legislation. I certainly am supportive of the structure and direction, and I think it is a unique initiative and have spoke favourably about it.

But I think it can be improved by the following motion. I would like to move:

That Clause 10 of the printed Bill is struck out and the following substituted:

“Health Care Commissioner and other officers

10(1) The Lieutenant Governor in Council shall designate one of the members of the board to be the Health Care Commissioner and chairperson of the board and another to be vice-chairperson.

(2) Where the Health Care Commissioner is absent or unable to act or the office of the Health Care Commissioner is vacant, the vice-chairperson shall

exercise all the powers of the Health Care Commissioner and shall perform all the duties of the Health Care Commissioner.

(3) The board may appoint other officers of the board from its members.”

I so move, Mr. Deputy Chair.

Amendment negated on division.

Clause 10 agreed to.

Clauses 11 to 24 inclusive agreed to.

The committee agreed to report the Bill.

Bill No. 43 — The Saskatchewan Health Research Foundation Act

Clause 1

The Deputy Chair: — I'll invite the minister to introduce any new officials that may have joined him. Seeing none . . .

Mr. Gantfoer: — Thank you, Mr. Deputy Speaker. Mr. Minister, we've had some discussion on this Bill so I won't belabour it in terms of the Quality Council, and I recognize from the wording of the legislation and your comments that the research . . . Health Research Foundation is really created to establish a mechanism for funding of pure health research in the province of Saskatchewan. And I think that that is an important initiative.

Minister, one very general question is that in the Fyke report there was certainly a recommendation of increased funding coming from the provincial government on health research. And I believe that the general recommendation was 2 per cent of the Health budget as the target for funding. Perhaps it was 1 per cent, but I know there was a target of 1 or 2 per cent of the Health budget should be designated for research funding.

I also recognize that there has been some improvement in the funding from the department this year. And I'm wondering first of all, is your department making the commitment to move to an appropriate and increased level of research funding? It's the first part of the question.

The second part, one of the real advantages of research and medical opportunities is the synchrotron in Saskatoon, and is part of that funding going to be available to potentially make available one of the light beams to be designated for medical research at the synchrotron institute?

Hon. Mr. Nilson: — Thank you for that question. I think what I would point out is under section 5 the research is about health, but I think we need to emphasize that it's research into matters associated with the health sciences, the health-related social sciences, and other health-related fields of study. So it has that broad nature. It's not just sort of the pure sciences in the sense that it relates to a whole broad field.

Clearly the goal with the research foundation is to identify and

emphasize the importance of research for the total health system. There is a goal that we would like to reach to, which I think is 1 per cent. We're on our way there. We were able to increase quite substantially the amount of money coming out of the Department of Health for health research in this year's budget. And we're working towards seeing what we can do for next year.

I think the question around the synchrotron and the related health issues that would be part of that process will clearly be part of the discussion as our foundation board identifies the kinds of research that are Saskatchewan based and make some sense.

So I think that the answer to that is yes, and the more money we can get, well then the more kinds of opportunities that we will have.

Mr. Gantefer: — Thank you, Mr. Minister. I would like to note for the record that we are very much supportive of increased medical research and research of this nature, so we're in support of this legislation. And I would like to take this opportunity to again thank your officials for supporting you and answering the questions we've proposed this afternoon.

Hon. Mr. Nilson: — I'd just like to also emphasize the fact that in our action plan we have a health research strategy which answers some of the broader questions that the public may have about health research. This particular Act is part of that, but it also will include obviously our Department of Learning and all of the things that happen there and some of the other parts of government. Because this is a broad based strategy that will include all of the various partners — including the regional health authorities when they come into existence.

And I would also like to thank you for some very good questions here too.

Clause 1 agreed to.

Clauses 2 to 23 inclusive agreed to.

The Chair: — I'll ask the minister to move that the Bill be reported without amendment.

Hon. Mr. Nilson: — Thank you. Just before I make that motion, I'd like to thank the officials who are here plus others within Saskatchewan Health and within the health system in Saskatchewan who have worked with us on both of the Quality Council Bill and on the health foundation . . . Health Research Foundation Bill as this has been an effort that includes many, many people

And with that, I would move that we report this Bill without amendment.

The committee agreed to report the Bill.

Bill No. 57 — The Automobile Accident Insurance Amendment Act, 2002

The Deputy Chair: — I'll invite the minister to introduce his officials.

Hon. Mr. Sonntag: — Thank you very much, Mr. Chair. Seated immediately to my left is the president of SGI, (Saskatchewan Government Insurance) Larry Fogg. To his left is the vice-president of claims, Earl Cameron. Immediately to my right is the assistant vice-president of injury, claims, and rehabilitation, Sherry Wolf. Seated in the back row is the assistant vice-president of driver and vehicle safety services, Bernadette McIntyre. The legislative advisor, Elizabeth Flynn, directly behind me. And Penny McCune is the manager, auto fund underwriting services, right beside, directly behind the president.

Clause 1

Mr. Wall: — Thank you, Mr. Chairman. And just before I begin with some very specific questions on Bill 57, for the minister and his officials, I'd like to welcome those officials here to the Assembly today. And we certainly welcome their presence here because we have a number of very detailed questions with respect to this particular Bill and how it's going to impact auto insurance in the province of Saskatchewan.

I'd just like to start off with some general questions, specifically the awareness that SGI has about any similar sort of dual system offered anywhere in North America. I think I've heard the minister say from time to time that there . . . this would be the first dual PIPP/tort (personal injury protection plan/tort) system in North America, or maybe he was referring to Canada, I'm not sure. But I just wanted to ask if you would clarify whether or not there were other systems that SGI looked at similar to this across the continent?

Hon. Mr. Sonntag: — There, I guess there will be . . . there's degrees of differences but generally it would be our view that this is the only jurisdiction in North America where you have a choice between sort of what I would describe as pure tort and no-fault. Other jurisdictions in the US that we looked at are really tort and a modified tort. That's the choices; it's not really a choice between tort and what we would describe as straight no-fault.

Mr. Wall: — Thank you, Mr. Minister. And I guess we could get into a long discussion of this, but I think it bears a few more questions because I think those who would . . . those who promoted and proposed the premier option would characterize it . . . some of them would characterize that as a modified tort system with a strengthened no-fault component, and then access to the court.

So is that what you're referring to? These other jurisdictions that you mentioned in your first answer, they would be, they would have a product similar to the premier option, or would their no-fault component be even greater than the . . . than what the premier option proposes?

Hon. Mr. Sonntag: — The difference is, as best as I can describe it, would be that under the premier option that is being recommended really is a, what I would describe as a tort option.

The modified tort that we were making a comparison to would be what has been described to me by my officials as a threshold system where only under circumstances where you would be severely injured could you then sue for pain and suffering. Not

under every circumstance, as is recommended under the premier option, could you actually sue for pain and suffering. So there would be a threshold, and it's described apparently as a threshold system.

Mr. Wall: — Thank you, Mr. Minister. Did the officials at SGI look at those kinds of modified tort systems that are in place when they were . . . before they came to the conclusion that we could have this dual system in the province?

Hon. Mr. Sonntag: — The answer to your question is yes, and let me expand on that a little bit. What we were trying to provide to the public of Saskatchewan was a clear choice between two very different products, one that is essentially the system that we had, which is a full tort, and the no-fault which is what a lot of the public also prefers.

So it's to really provide a very clear choice for . . . to groups of individuals who want two very different products.

Mr. Wall: — Thank you, Mr. Minister. In the course of the due diligence that SGI did before recommending or proceeding with this dual system, did they come across insurers or jurisdictions in North America that had looked at a dual system but then backed away? In other words what I'm asking, I guess, Mr. Minister, is SGI aware of other jurisdictions that have looked at the dual system that's being proposed here in the province and rejected it for whatever reason?

Hon. Mr. Sonntag: — As far as we are aware, there's no other jurisdiction that has a product like this. And even for those who had the tort and modified tort, as I would describe them, as far as we know they're all still being offered as a choice.

Mr. Wall: — What consultation occurred prior to proceeding with this system with other insurance companies that operate in the province and might get involved in various, you know, in different automobile products, automobile insurance products? Was there any consultation that occurred with other insurers that currently offer, offer their services in the province?

Hon. Mr. Sonntag: — We did not consult prior to the announcement of choice. But subsequent to the announcement of the choice, we did consult with the major insurers in the province.

Mr. Wall: — Thank you, Mr. Minister. And what was their feedback?

(16:30)

Hon. Mr. Sonntag: — There were certainly some concerns expressed. I think that needs to be acknowledged. The major insurance writers though, we're confident they'll be staying here in the province and offering the product. Clearly it is a more — I mean and I fully acknowledge this — it is a more complex system to offer to the public. I don't think we've ever denied that. But again, we want to offer the choice to the public. And while I don't need to repeat the answer that the insurers expressed some concerns, but we're confident that they are prepared to offer the product.

Mr. Wall: — The minister indicated he was confident that was

the case. Did the insurers indicate that clearly, notwithstanding their concerns that they intended to continue in full operation as they are now in the province?

Hon. Mr. Sonntag: — Yes, they did with the exception of one insurer who indicated that they would reserve their decision until they had apparently more time to look at it, but they may not want to offer that product and stay in the province.

Mr. Wall: — Thank you, Mr. Chairman. Well that's reasonably significant, I think. And I think it goes to the heart of the concerns that people have about this particular initiative, whether they're insurers or whether they're the general public now trying to decide what might be best for them.

And I'm alarmed that the government has not consulted, didn't consult with these companies in advance of introducing this, but rather that they would go ahead with this Bill and introduce it here in the legislature and announce it without prior consultation. And I wonder if the minister could explain for members of the committee why the government wouldn't have had them on the A list to consult with prior to going ahead, to going in this direction.

Hon. Mr. Sonntag: — I think it's safe to say that it was a policy decision that government made. And our focus was clearly the public of Saskatchewan. We had considerable public dialogue on this when no-fault was originally introduced. And it was clear to us as SGI did their focus group testing and did polling, that there were still people who wanted the tort system.

And as a result of that, government simply made the policy decision and made the decision that governments have to make . . . they have to make. They have to make decisions around policy. And that was that we would offer a choice for the people of Saskatchewan and it was, as I described, it was after that then that we made the decision . . . not made the decision, but it flowed from there that we would talk to the insurance brokers and consult with them to see how . . . what mechanisms we would put in place for implementing the choice.

Mr. Wall: — Thank you, Mr. Minister. But if the public is the . . . was the main concern, the desire to offer them choice, then the fact that this Bill may result in insurance companies leaving the province is actually going to diminish people's choice — not with respect to the two systems, but certainly with respect to carriers. And I give the minister the opportunity to clarify again — in light of the fact that this particular initiative could, in the end, take away choice people have between different carriers for various products — why in that context then wouldn't the government see fit at least to consult with those insurance companies who offer that choice to people in terms of the carrier they wish to use?

Hon. Mr. Sonntag: — First of all let me describe . . . Maybe it would put it in a bit of context if I described for you what the concern of the carriers were, and that was the ease with which the public could move from one system to the other. And so it was the ease of mobility — that was their concern. And I think, having said that, once we got past that in the consultations there are . . . there isn't much else in the choice option that they would be strongly opposed to. Because there will be a number of mechanisms that . . . where individuals will want to top up

their insurance and provide obviously additional revenues to the agents who are selling the product to their customers.

Mr. Wall: — Thank you, Mr. Minister. How did you placate those concerns by carriers about the ease with which people might switch? When they raised those concerns with you, what was the response of SGI because certainly SGI would face . . . if the concerns are valid, then SGI would also share them as a major carrier?

Hon. Mr. Sonntag: — What we agreed to do was to offer the extension policies at exactly the same price from one . . . from the no-fault system to the tort system so that people could easily move and there wouldn't be changes, as an example, in the extension policies. And that, as I'm advised, improved the concern . . . or I should say, at least addressed the concerns of the insurance brokers to a large degree.

Mr. Wall: — And is there a financial case, a pro forma case or a business case, that SGI has or could . . . relied on to make that decision with respect to extension products that the price wouldn't change?

In other words, what sort of due diligence did the corporation do to placate whatever concerns it might have had about the ease with which people could move back and forth?

Hon. Mr. Sonntag: — As it pertains to the extension benefits or the extension policy that would be offered through SGI CANADA, the intent is to package the . . . package the benefits identically under both the tort option and under the no-fault to make it easier for the brokers to sell that product.

Mr. Wall: — I understand that, Mr. Minister. But the question is, when SGI was looking at this system, does that fact have in SGI's, in the estimation, cost implications for the Crown, for the Crown corporation with either different system? Is there cost implications to making that decision to have that pricing being the same for those extension products?

Hon. Mr. Sonntag: — SGI CANADA's analysis of it is that to package it this way, the analysis that they've done suggests that they are able to price it identically with . . . I guess without any difficulty.

Mr. Wall: — On that same vein, when SGI was considering this dual system, did it rely on the significant due diligence done on the premier option as outlined in the Kroll Lindquist Avey study and . . . or did it do some independent analysis of the cost of the premier option?

The minister will remember that those who did a lot of work on the premier option had difficulty filling in all of the blanks in terms of, you know, projecting the costs of this new system, simply because they couldn't get some data from SGI.

So when SGI then looked at this, at the premier option, did it . . . was it able to fill in those gaps? Did it do that in fact or did it rely on Kroll Lindquist? Or what sort of due diligence did SGI do on the premier option?

Hon. Mr. Sonntag: — Please follow this up with another question, which I'm sure you will, if I'm not clear enough.

What we're really talking about is the Auto Fund. And what SGI essentially did is they relied, I won't say exclusively, but primarily on the information as provided by the individuals who recommended the premier option, period. That we essentially relied on the information that they provided.

And there isn't . . . what I meant to say was in addition to that, supplementary to that, is that there isn't any system, again going back to what I said earlier, that we are aware of that is anything like this. So we will have to establish some history to determine whether or not there should be price differences into the future, and it would be inappropriate to price them differently until we have that information.

Mr. Wall: — Thank you, Mr. Minister. Were officials then comfortable that the due diligence done by the coalition on the premier option was solid? That the . . . I would guess if you relied almost exclusively on the work they've done, it's frankly a bit of an endorsement for the costing of the premier option and their indication of course in that Kroll Lindquist was that the premier option could arguably save drivers on rates if we went that direction.

I heard the minister say they relied almost exclusively on that study and on their business planning if you will, on their due diligence. And if that's the case, the minister then . . . is the minister saying the information they believed was reliable based on their own information that they have access to with the Auto Fund?

Hon. Mr. Sonntag: — The information that was provided to us by the people that recommended the premier option, I mean we believed them to be reputable and quite knowledgeable in that area. We had again no history on a system like that and therefore had no reason to doubt the information that we had.

So my response would be essentially the same, is that we relied on the information that they provided for us primarily.

(16:45)

Mr. Wall: — Well, we'll move on a bit but I'm just . . . it's interesting because I don't think I've ever heard SGI, to be fair, I don't think I've ever heard SGI officials say that they couldn't provide all of the information to those doing the Kroll Lindquist study for example, the information they needed to be confident of their projections. But that's the clear impression you get when you read the report. That's certainly the impression I have from others who looked at it who were even . . . were independent of that. Because we certainly looked at that and had some outside input on that work as well before we announced our position a year ago yesterday.

So I guess I'm a little confused because if there were some gaps that SGI could fill, then certainly in presenting this proposal they could have filled those gaps and even been more comfortable that in fact the projections were right and that the premier option as presented would be . . . would both work and be affordable.

And I'll let the . . . if the minister wants to comment on that.

Hon. Mr. Sonntag: — Again I'm advised that the information

that you're I believe specifically referring to was information, competitive information, that SGI CANADA had and it was difficult for us to release it. But in terms of other information that they requested, I mean I signed off a number of letters that included a substantial amount of information, and I know that SGI directly provided other information. The only information that I'm aware of that we did not provide was that information that was competitive.

Mr. Wall: — I understand that as well, Mr. Minister. What I'm saying is, and maybe I'm not being . . . making my questions clear enough; that could well be the case. The premier option, the support for the premier option, can be found in the due diligence that those who offered it as an option completed and prepared. But you quite rightly pointed out there were some gaps in the information. SGI, as you say, couldn't provide it for competitive reasons. But now SGI is the one that's proposing the premier option as one of the alternatives in our new choice system if this Bill passes.

So when they are doing . . . when SGI then is doing their due diligence, certainly they have no competitive . . . they have no competitive qualms about releasing information to themselves. This was their information; they didn't want to release it to those doing the report, but now they are going to do . . . they are going ahead with the premier option — they being SGI. And so SGI then could fill in those blanks or could at least check with the data they couldn't release previously for reasons of . . . for competitive reasons.

They now can check that data internally without releasing it, to be even more comfortable that the premier option is affordable, can perhaps come in at a discount or at a bit of a discount for drivers, depending on the projections you look at in their due diligence.

And that's my question. Since SGI had access to the information they wouldn't release to someone else doing an analysis of the premier option, did they themselves plug in this data before they came to the minister, before they came to the House and said, we believe we can have two systems operating side by side for the same price?

Hon. Mr. Sonntag: — The information that you're talking about with respect to SGI CANADA, or that I've referred to, I should say, with respect to SGI CANADA in developing this product, this choice for the public of Saskatchewan, we in fact didn't believe it to be relevant to this product. So while it was competitive information and we couldn't release it, even in determining what product we would offer, didn't believe it to be relevant at all.

Therefore that is why we relied pretty much on the information that was provided to us by the individuals who were recommending that we provide the premier option to the public here in Saskatchewan.

Mr. Wall: — Well those who drafted the . . . Mr. Minister, thanks. Those who drafted the premier option and especially the due diligence, and in fact a third party that we contacted to evaluate it, so we could have some surety before we proceeded with our decision as a caucus, seemed to indicate that that information was important.

I'd like to move on to the administration if I can. It's my understanding . . . how will the administration for the two systems work? They are, just to confirm, we're going to have two different administrative systems when this Bill is . . . comes into effect?

Hon. Mr. Sonntag: — We actually have both systems operating right now here in the province.

Mr. Wall: — And are there two system . . . are there then two different branches, two distinct administrations arms if you will, or teams that deal with those pre-'95 and post-'95 cases, if that's what you're referring to?

Hon. Mr. Sonntag: — I think generally the answer to your question is yes, there are two teams. But I should supplement that answer a little bit by saying that the tort team, if I can describe them that way, are essentially focused on out-of-province claims. The pre-'95 would be essentially dealt with . . . the same group of individuals that deal currently with the . . . No, that's essentially dealt with by the lawyers, I should say, from pre-'95.

Mr. Wall: — With the advent of this dual system then, what are the projections at the Crown for the costs associated with these two different administrative functions? When you obviously have more than just out-of-province cases on the tort side, you'll have the Saskatchewan drivers who choose that — who choose the tort — also creating some administrative functions, certainly for the Crown.

What projections did you do . . . did the Crown do for those two different systems?

Hon. Mr. Sonntag: — They wouldn't expect a huge increase in administration, largely because, as I've described, the two systems currently exist and unless there were some reason for a huge number of . . . huge increase in claims, the claims numbers by any projection would be essentially the same. It would just be a matter of where they were, would it be in the no-fault system or would it be in the tort system. So for that reason there isn't a presumption that there would be a huge increase in administration and we were projecting very little increase in administration.

Mr. Wall: — Is there then a projected increase of any scale or scope in administration with the new dual system?

Hon. Mr. Sonntag: — In terms of internal administration we're not projecting really increase . . . any increase at all. Now let me qualify that a little bit by saying in the coming year under administration there will show an increase. It will be though related to education of the public and education for the brokers because clearly this is a new system that we need to provide information to those two groups of individuals.

Mr. Wall: — Thank you, Mr. Minister. And how much has been budgeted for those costs?

Hon. Mr. Sonntag: — Right now we have budgeted \$750,000 for education of the public and brokers. I should again supplement that a little bit by saying it will . . . I think in a little bit the waters will get a bit muddied because there is currently

negotiations taking place between SGI and the brokers on how they should be compensated, and not just how they should be compensated, but how much they should be compensated.

Mr. Wall: — Thank you, Mr. Minister. An accounting question that becomes quite important: there's a lot of concern — and it's shared by myself — that the government that's proposing this dual system has a clear bias in favour of the no-fault system. I think the president, to be . . . I mean to be fair, on a personal level, the president has indicated that and I think you have as well, Mr. Minister.

So there's this abiding concern that the premier option part of the dual system is going to be set up to fail, that the accounting for the implementation of the new system is going to be set up such that costs like this three-quarters of \$1 million training is going to be somehow attributed in the final analysis to the fact that we now have a tort system running alongside the modified no-fault . . . the no-fault system as modified in the Bill.

Where will the 750,000 . . . How will that \$750,000 and all the attendant costs of this new dual system, how will they be accounted for in any review? And I do want to get into what reviews that will be in place in terms of which system seems to be working the best, but in any review of this, internal or otherwise, how will these costs be accounted for?

(17:00)

Hon. Mr. Sonntag: — Let me say first of all — and I've said this publicly a number of times but I have to say that I've never seen it in print anywhere — that as long as the two products are offered by SGI, it is really largely irrelevant to us which product the public decides they want. They're based on cost recovery and some profit, obviously. And so if one of the products in the end of the day is determined that it's more expensive and the public is prepared to pay for that, that's fine because both products are offered by SGI.

So as an individual I've clearly stated which option I prefer, but if the majority of the people of Saskatchewan determine that the premier option is the best option for them then who am I to say that they're wrong? I would say in answer to the specific question about how these costs are . . . how they will be allocated, they need to be, first they need to go through a fairly clear process.

Our auditors, KPMG, will do an evaluation of it. The Provincial Auditor does an evaluation of that. And then we believe in the end of the day the rate review panel might well have comment on it as well. So it will be a very transparent process.

Mr. Wall: — Thank you, Mr. Minister. I think you touched on a concern, actually. Because if, for whatever reason, costs like the \$750,000, for example, are allocated to the tort side of the dual system, and other attendant costs, something similar happens with other attendant costs, and as you say SGI will be operating on a cost recovery basis and somewhere down the road therefore has to increase the price of this particular product.

So you've got to, let's say — and granted it's a hypothetical question but this is exactly where we need to go, I think — so

you've got a higher price for the tort, for the premier option, and a lower price for whatever reason for the no-fault, for the PIPP. And SGI says look, we're going to simply have to charge more.

I think the concern is that costs like this are going to be attributed to the tort side and therefore one day drive up the rates and the government would be able to say well look, these are our costs. One is more expensive for us as a company than the other. And others would question whether or not those underlying costs should be . . . have been fairly allocated between the two systems.

And that's what I'm getting to. I understand what you're saying, Minister, but the concern is that the final cost to me as a consumer, there might be a differential there but will it be representative of claims, of actual claim costs or will there be . . . what potential is there for those costs to be higher because of how these things have been allocated by the Crown?

Hon. Mr. Sonntag: — I'm advised we have a fairly elaborate cost allocation process that needs to be followed now. So before we would do any cost allocating, based on the question that you asked, our auditors need to approve that.

It is again, I think, thoroughly reasonable to assume that if 90 per cent of the population chose one of the options, that's where 90 per cent of the cost would remain in. The remainder would go wherever the other, wherever the other individuals chose to buy their insurance.

So I think that's fairly clear. If it's 90 per cent with . . . if 90 per cent stayed with the no-fault system, that's where 90 per cent of the cost would be, and 10 per cent would go to the tort option.

Mr. Wall: — I want to ask the minister and, through him, the officials then: just as an example, this \$750,000, how would you see that, how would you see the auditors encouraging that cost to be allocated?

Hon. Mr. Sonntag: — Just as an example for this year — unless our auditors tell us to do something different — since there is no one currently in the premier plan, the full amount will be allocated to the no-fault plan this year.

Mr. Wall: — Thank you, Mr. Minister. And you mentioned that this \$750,000, for example, is a one-time . . . will be a one-time cost. Or do you envision an ongoing need for this sort of education, these education and corporate affairs or publicity costs?

Hon. Mr. Sonntag: — Right now it's essentially viewed to be a one-time cost. But like with all of the products, we continue to provide education to the public, so I think it's also fair to say that there probably will be some additional costs into the ongoing years. But it might well be blended with other products that we're promoting and advertising.

Mr. Wall: — When SGI was considering the case that was made to it by the Coalition Against No-Fault and others — and obviously it gave some consideration to that because we now have this Bill before the legislature — it would have also heard concerns from people about some sort of access for those who

are particularly aggrieved under the no-fault system and who desperately want to have still to this day, even though their accidents may have been six years ago, still today would like some access, some remedy in the courts.

What consideration did you give, Mr. Minister, to those cases and how are those addressed in this Bill?

Hon. Mr. Sonntag: — I think it needs to be pointed out that individuals do have access to the courts right now, to the Court of Queen's Bench. But in addition to that, under the changes that we're proposing, the mechanism that we would suggest would make it much easier and friendlier under the panel that we're proposing for individuals to appeal and find resolution to the problems that they might have, and thereby I guess find some compromise between what SGI's position would be and what the claimant's position might be.

Mr. Wall: — Thank you, Mr. Minister. That opens up a broad area of discussion I think we need to have about that panel process. If you would just take a few minutes to outline that, comment on the whole issue of retroactivity for those victims who still feel aggrieved, and what they could find in this new panel process.

Hon. Mr. Sonntag: — Well the member may not like the answer. There essentially is no retroactivity clauses in the amendments that we're proposing here today, with the exception of the one that I think you're aware of which will increase the coverage from 500,000 to 5 million I think it is.

And I think it needs to be said though, as well, there will be cases where individuals pre-1995 would say to us that if they had been offered the benefits under no-fault they would be much better off. So to determine that we would put in place retroactivity for individuals who would argue with us that they had better cover under the old tort system, and not also afford benefits to individuals pre-1995 and give them the option of opting into the no-fault system, we think would be inappropriate. And that's why there's no retroactivity other than the one clause that we're currently recommending.

Mr. Wall: — Thank you, Mr. Minister. Did SGI do any costing of what liabilities it might have from a cost perspective if it did allow for a greater scope in terms of retroactivity in this panel?

Hon. Mr. Sonntag: — It'd be very difficult to answer that question because it would essentially say it would assume that we would know what the outcome of each case would be and what courts may or may not award. So did we do an analysis? The short answer is essentially that no, we did not, for the very reasons I've just described.

Mr. Wall: — Well I think in the improvements that are here to PIPP — and many, many improvements were needed — the retroactivity for that one element that you mentioned was one of them. And again I'm not sure, on behalf of the opposition, why there wouldn't have been a much more detailed look at extending that to the group of people out there whose cases are extremely compelling.

I don't care what side of the argument you come from on this whole no-fault thing, there's so many cases that are very

compelling and I believe, and we believe, it would warrant turning over every stone to try to determine if some sort of retroactivity could have been provided.

In addition to some of the other changes to PIPP, the PIPP side of this Bill, I wonder if you could comment about how the panel may or may not be able to perform some function in regards to impasses that victims have, car accident victims have, with adjusters? I think we've all heard from victims of no-fault one of the big problems that they have, and one of the problems that the medical profession has highlighted — in fact we heard it earlier today, you and I did on the steps — is the authority that's given to adjusters who certainly have a very important function.

And we're not demeaning in any way the work that adjusters do and have to do on behalf of any insurance company, including SGI. But the way this system is set up, the way this system is set up and even under the new system, they really have exclusive authority over people's benefits.

And even when treatments that have been recommended by SGI are not . . . they're not in agreement with doctor's recommendations, people are facing the prospect of having their benefits cut off. So that is in our view a great shortfall in the PIPP program. And I wonder, Minister, if you could highlight how this Bill addresses that?

(17:15)

Hon. Mr. Sonntag: — Certainly you raise, I think, a legitimate concern. It was one that was identified by the PIPP review committee. It is one that I think it's fair to say that we will continue to monitor, but one of the recommended changes is that individuals be allowed to work much more closely with their family physician or their chiropractor or whatever the case may be to rehabilitate themselves. And again it's something that we will continue to monitor, but that's one of the changes. We want to be much more sensitive to the claimants' concerns about how they would be personally rehabilitated.

Mr. Wall: — Thank you, Mr. Minister. Would that change apply to victims of accidents prior to when this Bill comes into force?

Hon. Mr. Sonntag: — The answer to your question is yes.

Mr. Wall: — And what efforts will SGI make to notify victims then . . . or customers, victims of accidents, that this is now . . . this change is going to happen, and what they can expect as a result of the change?

Hon. Mr. Sonntag: — Let me try this: first of all, the changes have really been in place for almost . . . the changes have been in place for almost a year already. And I don't think it's a change that the public are going to see as sort of, this is the way we did it one day, and this is the way we're now doing it now. I would describe the changes as more subtle than that.

We've certainly talked to all of our adjusters. They know that they need to work with individuals . . . in much greater concert with that individual or that claimant's physician. We've never, I guess, claimed to be medical experts. The adjusters have never

claimed to be medical experts, but at the end of the day they have to make some decisions and still will, even under the new structure that exists. But they have clearly been instructed to work much more closely with the claimant's personal practitioner or personal chiro or whatever the case might be.

Mr. Wall: — Thank you, Mr. Minister. That's what I understand. But you're clarifying now, the way you're . . . this change you're talking about is a policy change that's been in place for some time at the Crown. There's nothing in this Bill in particular that would address the ongoing concern — by the way it still exists — that people have, victims especially have, with the power and authority given to their adjusters.

Again we just heard on the steps of the legislature today that there's current cases . . . And these are doctors coming forward, and I think the doctor today was pretty fair. The doctor began his talk at the coalition's rally by saying that he believed that SGI had every good intention when they brought PIPP in, in 1995. Then he went on to detail the horrors though of situations where adjusters — and it's still happening today, even in light of this change you talk about — where adjusters are basically wading in on the medical side of what's best for the customer and overriding the wishes of family physicians.

So to be more to the point, there is nothing in this Bill that further addresses that concern with respect to the PIPP program. Is that correct?

Hon. Mr. Sonntag: — What the adjusters try to do is look at what I described as, I guess, the preponderance of medical evidence. Because quite often you'll have a claimant who will have a number of medical analyses that have been done that disagree. So all the adjuster can do is to take the information and make the best decision that that adjuster can make given the amount of . . . given the medical information that that adjuster has. And at the end of the day, if the individual disagrees with that, they certainly have the appeal process that they can go through.

But again I say that the adjusters have never claimed to be medical experts. But we have clearly instructed them to be much more sensitive to the individuals . . . I should say, instructed them to be much more sensitive to the concerns that the individuals have, but also to work much more closely with those individuals' personal physicians and chiropractors, and whoever they might be working with.

Mr. Wall: — Mr. Minister, thank you. I can tell you that, notwithstanding those instructions, our casework at our office indicates that the problem still exists in a significant way. We heard this morning from a doctor who believes the problem still exists in a significant way.

And were there no other reason to oppose this Bill, the fact that some steps aren't taking . . . were not taken to ensure that the advice of a family physician was always priority over the assessment of an adjuster — you know, Crown corporation or otherwise — were that the only omission in the Bill, we wouldn't be able to support it because it's just . . . it's an issue of fundamental fairness.

And I understand what you're saying. I hear what you're

saying, and instructions, I have no doubt, have gone out to adjusters. But trust me when I tell you that the occurrences are still occurring where family physicians, the advice of family physicians is being overrode, overridden if you will, by adjusters who are making their decisions on behalf of the corporation as well as the customer. Whereas, the doctor of course is making their recommendations on behalf of the customer only, of the individual. So I just find that to be a glaring error.

I have another question. SGI went out of its way in terms of supporting, financially, studies to support the contention that no-fault is actually a help in terms of people recovering. And we went through this in detail at Crown Corporations Committee and certainly officials will remember that. Now that you're offering a dual system, are you going to continue with these kinds of studies? And what is the status of the study, by the way, that as of January when we met at Crown Corporations was not complete yet, the second study? What is the status of that study? And secondly, will SGI be continuing to support or fund these sorts of studies now that it's offering two products?

Hon. Mr. Sonntag: — There isn't a contemplation of any further studies right now, but the study I think that you specifically refer to — that is, what is the best processes for treatment for individuals? — we believe will be available sometime next year, and it's still not yet completed. We have not been able to move that along I think as quickly as we would like to have.

Mr. Wall: — Mr. Minister, why is that study delayed?

Hon. Mr. Sonntag: — First of all, I am advised that there was more data to analyze than apparently was originally anticipated, and we are not in control of when the doctor will compile the report and make it available to us. Again I mean as far as we know, it will be available sometime in '03.

Mr. Wall: — The introduction of PIPP had a built-in review timeline; I think it was five years. And I wonder if you could comment on the existence of any built-in review for the new dual system in this piece of legislation?

Hon. Mr. Sonntag: — There isn't any contemplation of any built-in review under the model that we're proposing before you today.

Mr. Wall: — Can the minister comment why that is the case in light of the fact that this is — as the minister and officials have characterized it — a first ever, as far as we're aware in North America certainly?

Hon. Mr. Sonntag: — First of all we had a system that existed for 50 years so we know roughly how that worked. The PIPP system we have 5-years experience on that and we've reviewed that, or more actually. So we don't think that it's necessary to build in a costly mechanism to do a review. Obviously there will be ongoing review of the choice option for the people of Saskatchewan but we don't think it's necessary that we build in a costly sort of forced review right into the legislation.

Mr. Wall: — Well, Mr. Chairman, with respect, I think, that's probably where we would disagree again for a number of

reasons. I understand what you're saying about a history for tort and at least a brief history for PIPP. Of course they've never been offered side by side anywhere as you have indicated.

And now we are going to be doing that here in the province of Saskatchewan and what better system to review than one that has never been tried; what better one to set up an institutionalized review and one where you're ensuring that a third party is doing it to alleviate those people who are concerned that one may be, rightly or wrongly, the concern is one may be set up to fail.

So I think that we would agree to disagree there that this is perhaps the perfect one to indicate to the people of Saskatchewan that we're going down this road but because it's so new we essentially believe that it has to be reviewed and the review would be right in the legislation.

I have some very specific questions and I've heard Mr. Fogg clarify, your officials clarify, some specific cases and I've found that helpful. And I have others that I'm not sure if it has been clarified. I haven't heard it so I think they're worth getting on the record.

If a person who has no car and has chosen, well I guess perhaps they're a joint driver and they've chosen tort, and while they're sitting in let's say for example a sidewalk café, they get hit by a no-fault drunk driver who doesn't get hurt. Would it be the drunk driver's premiums that would be allocated to no-fault and the claims would be allocated to tort?

(17:30)

Hon. Mr. Sonntag: — I'll try this. The premiums that . . . for those individuals who choose tort . . . would go into the tort pool. And for those individuals who have chosen tort, the claim, the claimants, who are tort claimants, that would come out of that pool. And the same would hold true, exactly the opposite though, for those individuals who chose the no-fault system.

Mr. Wall: — Thank you, Mr. Minister. So if this was the only collision in that year, then the no-fault drunk driver could potentially be charged very low premiums next year as no-fault has no claims in it. No-fault wouldn't have any claims, of course, and the tort would have it all, in terms of the claims side of it. But no premiums or car would be attached to that.

That's very . . . I mean I'm looking . . . We've looked, poured over these questions, and they are confusing to say the least, and there again is the underlying concern, I think. But the point can be made I think — unless we're wrong — is that there's only the collision of the year, and the no-fault drunk driver could be charged very low premiums because the claims . . . the no-fault . . . the claims didn't come out of the no-fault pool; they came out of the tort pool.

Hon. Mr. Sonntag: — Let me first of all say that, conversely I guess, if a tort individual ran down a no-fault person, as an example, in a crosswalk, the entire claim would come out of the no-fault pool. But in the example that you provided, if there were an ability to do so, SGI would go after the drunk in that particular case, and if they were successful, would refund any proceeds that they were able to secure and put it back into the

tort pool.

Mr. Wall: — Thank you, Mr. Minister. They would, under this Act, be able to go after the impaired driver. But of course under the previous . . . if that change hadn't been made to this PIPP, you'd have a situation where even SGI couldn't go after the impaired driver because he can't be sued under the old . . . prior to these changes to the PIPP.

What would happen in a one-car . . . what happens in a one-car family where there's two adults and the husband chooses no-fault and the wife is tort but the car is in the husband's name. Does the product follow the vehicle? Does it follow the . . . I guess it has to follow the vehicle based on automobile insurance. Is that correct? What does happen in the case of joint ownership?

Hon. Mr. Sonntag: — To try and keep it simple, I think the answer is that it follows the individual and not the vehicle.

Mr. Wall: — So if it follows the individual and the . . . It follows the individual to whom the car, the vehicle, is registered?

Hon. Mr. Sonntag: — In this particular case it doesn't matter what the circumstances. The husband would always get no-fault benefits and the wife would get tort benefits.

Mr. Wall: — I've heard the officials talk about what happens with out-of-province drivers. Alberta's a tort province. Someone just driving through the province, if they're involved in an accident, my understanding is they automatically fall under the no-fault regime. Is that correct?

Hon. Mr. Sonntag: — Yes, you're correct.

Mr. Wall: — So then if a tort Saskatchewan car with no injuries hits a car from Alberta who just is, let's say, just passing through the province and is forced to take no-fault by default, would the claims be charged then to no-fault and would the premiums . . . would they go to tort but no claims?

Tort. You've got a tort Saskatchewan car. It hits an Alberta driver who's travelling through the province. There's no injuries involved. But the Alberta driver's taking no-fault by default. Would the claims be charged to no-fault and the premiums would go to tort but no claims?

Hon. Mr. Sonntag: — In the case that you described, the Alberta driver's claims — because he's in a no-fault province — would be taken out of the no-fault pool. And the tort driver would have had the premiums gone into the tort pool.

Mr. Wall: — These questions just . . . they do give rise I know, they do give rise to this . . . to the concern about the confusion; not just for the drivers, but for the Crown corporation. Although the answers are coming, they also make a layperson who doesn't understand the workings, the inner workings of SGI, wonder about how the administration costs are going to be impacted.

But it does seem — and maybe you could outline clearly how this will be prevented, Mr. Minister — if we have half-and-half,

half people choosing no-fault and half of the people choosing the tort, and they're involved in these accidents, we're going to have these, you know, this whole issue of where the premium's attributed to and where the claim's attributed to. And you know, what assurances can you give people that these things can be tracked in a reasonable manner, in an effective manner, for the drivers and for customers of SGI out there?

Hon. Mr. Sonntag: — I think the answer to the question is how we allocate the costs may be complex, but those are largely internal. And the important thing to . . . the important point I think to make is that for those individuals who choose the tort system, they will be covered under the tort system, and for those individuals who choose no-fault, they will be covered under the no-fault system. So from that perspective, it makes it a little less complex.

And again I'll say something here that I've said on the record a number of times. We will rely obviously to a large degree on our agents and brokers who are selling the services, much as I do right now personally for my house insurance.

And I have a number of options and choices, albeit it may not be quite as complex as this in terms of the allocation of costs, but I rely on my broker right now to ensure that I have good coverage, although ultimately I know it's my responsibility. So the same, I would argue, is going to hold true under this circumstance as well.

Mr. Wall: — Thank you, Mr. Minister. I hear what you're saying. But the fact though that where the Bill . . . we're also having to provide protection in terms of liability for brokers is a clear indication that this is very significant. It's very serious and I think a little bit of a stretch to compare it to other insurance purchases somebody might make. We all do rely on brokers but this is so significant that we're having to protect them.

And I guess there's a concern out there that since under the no-fault system people who are at fault, involved in an accident, but they receive the same compensation. Some would say in fact it would seem that the worse driver you are, the more you should choose no-fault because . . . especially since the tort part of the claim of perhaps better drivers that you might hit is going to go into the tort pot for determining rates for the tort package.

So in effect some are concerned that you're . . . there's not an incentive because no one's going to go out and look for vehicle trouble, but there is this inherent perhaps unfairness for poorer drivers and the cost they might generate on the tort side. So you may wish to comment on that. I know my colleague, the member for Humboldt, has some specific questions as well and I'll give her that chance to do so now. And if you want to comment on the other, that's fine.

Hon. Mr. Sonntag: — I think, to the member, there isn't much I can add. I think you are essentially right in the point you made. Nobody wants to be injured whether it's under the tort system or under the no-fault system, and I think the concern of the public is that they have adequate coverage under whatever mechanism they choose. And again there will be obviously varying and differing opinions about which provides them the best coverage. And that's largely why we're here today.

(17:45)

Ms. Julé: — Thank you, Mr. Chair. Good afternoon, Mr. Minister, and good afternoon to your officials. They've had a lengthy sitting time here, and I'm sure that they need to be commended for their patience.

Mr. Minister, I want to just refer to the part of the new legislation that speaks of the \$5,000 deductible if you should choose the tort system. Could you explain to me how that's going to work?

Hon. Mr. Sonntag: — The deductible is applicable only to pain and suffering. So as an example if you were injured in a motor vehicle accident and the courts awarded you \$20,000, the deductible 5,000 would come off and you'd be essentially 15,000 in pocket.

Ms. Julé: — Thank you, Mr. Chair, to the minister. Mr. Minister, what if in the event that a person loses that court ruling, if for instance it was myself and I lost the ruling, then that would mean I'd have to try to come up with \$5,000 from somewhere. Is that correct?

Hon. Mr. Sonntag: — No, you wouldn't have to come up with the 5,000. If they awarded you nothing, you would get nothing, and there would be no deductible.

Ms. Julé: — Thank you, Mr. Minister. Then, Mr. Minister, who would be responsible for paying the court costs? Where would that come out of? I mean you're still going through courts, and there are court costs, so who would be responsible for paying that?

Hon. Mr. Sonntag: — That decision is made by the courts, and generally it goes to the individual who's successful in the case.

Ms. Julé: — Yes and I recognize that, Mr. Minister. I just wanted that on the record for people who may be asking that.

And what it brings to my mind is when people are going to be making a choice as to which one of these packages to choose, they may be resistant to choose the tort package just simply because of that. If they should lose, you know, if they are then awarded the court costs, whatever they may be — not knowing quite what they may be — it might deter people from choosing the tort system.

Mr. Minister, I wanted to just go back for a moment to the PIPP system. As you've heard I'm sure over the past few years, some of the complaints that have come across from people that were dealing with this system was that the adjusters, the medical personnel that are adjusters, were basically making some determinations that people were not happy with and that there wasn't the word of their personal doctors being listened to very well, I guess.

And I know that my colleague from Swift Current has brought this aspect of the whole thing up. But I'm wondering why when you determined that you were going to have new legislation so there would be a choice for customers out there, why you didn't fix that part of it? Like why you didn't have some wording in the legislation that would have assured all of the clients,

customers out there, that there would be the doctor's word and determination about the progress and process of their patient's healing, that that determination by their personal family physician would override anything else? Why would you not have placed that in the Bill?

Because I think if that had been placed in the Bill and there was some wording to that effect . . . There are many people that felt that the personal injury protection program could have been a good program. It's because of the frustration and confusion surrounding that, that issue, that many of them brought forward complaints.

So could you explain why you didn't fix that by placing some wording in the legislation?

Hon. Mr. Sonntag: — Let me try this. First of all, I think it needs to be said that in the vast majority of cases, certainly, the people who are in the process of being rehabilitated are satisfied. But there will be a number of cases where, after a period of time, there is no progression being made in terms of rehabilitation of that individual. Quite often then they're sent to an expert or a series of experts for further medical analysis. And it's in those circumstances that you often find a difference of opinion from the so-called medical experts.

The adjuster in that particular case then needs to make a decision, and it's then . . . then the mechanism kicks in. If the individual is not satisfied with that decision, they can then again go through the appeal process. But again, I mean I'd say in the vast majority of cases individuals are satisfied.

Ms. Julé: — Thank you, Mr. Minister. I really think this is a very important issue that needs to be addressed, because I have heard from some victims of no-fault that tell me that they have had a determination made by a medical adjuster, that determination being that they were ready to go back to work, and in fact their own family doctor said that they weren't.

And it was . . . when you're getting an opinion like that from a medical adjuster through SGI and that's the end of your, you know, that's the end of your compensation, that's the end of your treatment and so on, and you're told basically to go back, it's very, very frustrating for people. And we have had those kind of cases come to our attention.

So it seems to me that if there was, I guess, more honour and respect given to a general practitioner or any specialist or whatever, their word on the condition of the victim, there would be a lot more satisfaction, I guess, on the part of the clients. And I think we have to take this a step further to maybe trust the medical practitioners, the general practitioners that are family doctors and specialists that deal with that victim.

So I just wanted to, you know, to certainly bring that forward and I still don't know quite why you did not put some wording in this legislation to effect an assurance for victims of no-fault that would allow for their family physicians' word to basically determine how far along they are in the process of healing and what kind of condition they're in and for then a determination to be made by SGI on the kind of continuum of services or therapies or whatever.

Hon. Mr. Sonntag: — I think I want to . . . before I just . . . I'm actually just going to read you these statistics, but just to indicate to you that in fact there are not large numbers of people that fall into the category that you describe.

In terms of legislating, the concern that you raise, the only analogy that comes to mind for me is I . . . I think it's impossible to legislate morality, as an example, and I think this sort of falls into that same category. It's impossible to legislate something that is subject to a fair bit of discretion. So you can't . . . even if we were to put it in legislation, it's not going to absolutely resolve the problem.

Part of the reason, I guess, that it's not in legislation as well is that the recommendations by the PIPP review committee were made last year, and we implemented all of those in advance of the legislation. So we would . . . I think SGI would argue that in fact those change . . . many of those changes already in place without the legislation needed. I know you will make other arguments, and that's fair enough.

I want to give you the statistics. There are about 6,500 claims per year, which I've indicated many times in this Assembly, of which 5,200 are described as soft tissue. Of those 5,200, the vast majority recover at the direction of their own family physician or chiropractor, and only 1,300 people per year are referred to a secondary centre for assessment or treatment. And of those, only 700 people are recommended to have a tertiary assessment and only 400 people are treated at the two tertiary centres.

Mr. Wall: — Thank you, Mr. Chairman. I just have some wrap-up comments to make. I think we've waded through a number of issues with respect to questions.

There are many questions unanswered I think that we will hopefully be able to use other forms to ask, especially as regards the various studies and some of the issues that have been raised in the media surrounding informed consent. This Bill though deals with this government's attempt to change the auto insurance system in the province.

And there are a number of things in this Bill that we have great difficulty with here in the . . . on the opposition side. My colleague from Humboldt has highlighted, and I have as well, one of the major significant difficulties that we have with this Bill as it relates to the primacy still given to adjusters over victims' own doctors.

And you used a phrase, Minister, and I don't want to hang too much on it but I think it's an indication — maybe a subtle one — but an indication of why we have a concern. I think you used the phrase, so-called medical experts. Minister, when you use that phrase I think what a victim hears, from the victims that I've talked to and we've tried to help in our various offices, a victim understands that when that phrase is used it's referring to their doctor, a doctor that they trust. A doctor that says to them, based on my examination of you I recommend that you don't do this, that you don't go to a . . . (inaudible) . . . centre, that you don't return to work, whatever it might be. That's the so-called medical expert. It's a family physician that these people trust.

And so they go back to their insurer and they go back to their

adjuster with all their documentations in a case that's made to them by these so-called medical experts that are their family doctors and some cases specialists. And they find out that it doesn't really matter. It doesn't really matter because in any particular case what the adjuster decrees is what happens.

And there is no perfect world, Minister, you're quite right in pointing that out. But we just believe this Bill could have gone a lot further on that. You did address the issue of people . . . of impaired drivers. You did address third-party suits. There are a number of major, major problems with PIPP that were addressed in this Bill and we think . . . we're not convinced that something couldn't have been done to address this.

(18:00)

The other big problem we have is that there's no review here. There's no institutional legislative review for the system. And I appreciate the answer you gave that while we already have a track record in tort and we already have a short one in PIPP. But you know, Minister, first of all, there is no track record in this modified PIPP and this is a significantly different personal injury protection program than what was visited on the province in '95. We don't have any history with that.

And more to the point, we have — and neither does any other jurisdiction — have any history at all with a system of such a dual nature. And we would say that system more than any other needs at least the government of the day that is trying to introduce it to say, look, because of the pitfalls that might exist, because of the concerns that are out there, rightly or wrongly, that we're going to set up the tort side to be much more expensive and rates to go up. Whatever the reason might be, we are committing to a third party arm's-length review of this new dual system.

So, Mr. Chairman, I do want to thank the officials for spending a long time here this afternoon. This is, you know, arguably not only the most important auto insurance Bill in the province's history, but it could be said that it's the most important one in Canada's because of the ground that we're breaking.

And even though we've exhausted over an hour and a half, I still think there may be questions and we'll be wanting to use this Legislative Assembly and other forums to ask those. We can't, because of the reasons I've mentioned, we can't support this particular piece of legislation, and we'll find a clause or two to express that on.

And the encouragement to you, Minister and to the officials, notwithstanding the fact that any processes lacking in this Bill to review this system — that that happened, that that occurred — and preferably by a third party so that a lot of the concerns that people have could be allayed.

It's just a sense that we have, Minister, and that others have, is that this was a political solution to an auto insurance problem. I personally believe, and I might be wrong — and if I am, I'll certainly stand to be corrected — but I personally believe that right or wrong the senior officials at SGI and perhaps yourself are fundamentally committed to no-fault either as it previously existed or even more so now with the improvements that are outlined in this Bill. But that they chose the premier option

route because they needed to solve a political problem inside the caucus of a government, inside a caucus of a government that, frankly, we understand is significantly split on the issue, and to solve a problem with respect to the various MLAs hearing from the people who had been hurt by the system. And we don't think that's a way to fix problems or to set up an auto insurance program.

So I do want to conclude though by thanking the officials for their time here today and thank you, Minister, for your answers to questions.

Hon. Mr. Sonntag: — Let me just respond very briefly. I would do this at the end as well, but I want to thank you as well for the good questions, yourself and the member from Humboldt. And I think I want to . . . I wouldn't ordinarily do this, I guess. I'm not going to break any of the rules here. But I do want to also take the opportunity to thank the individuals from the Law Society and particularly those individuals from the Coalition Against No-Fault who I think — while we will disagree — made I think very reasoned and good arguments.

And I would argue it was from that perspective that the government made the decision that we should offer a choice because clearly there were two camps. Maybe that's not a good term, but there were two groups of individuals in our province who felt that they should have the option of tort, and there was groups of individuals thought they should have no-fault. This seems I think, for our government, the most reasonable proposal. But I thank all of the folks that I've just described.

Clause 1 agreed to on division.

Clauses 2 to 8 inclusive agreed to.

Clause 9

Hon. Mr. Sonntag: — Thank you, Mr. Chair. This could take me a minute. We would move the following amendment, that clause 9 would be amended to read:

(a) by striking out subsection 26(2) of *The Automobile Accident Insurance Act*, as being enacted by Clause 9 of the printed Bill, and substituting the following:

“(2) Notwithstanding sections 22, 22.1 and 23, in the circumstances mentioned in subsection (1), the insurer is only liable pursuant to section 22, 22.1 or 23 to pay a reduced weekly benefit to an insured in the amount RWB as calculated in accordance with the following formula:

$$\text{RWB} = \frac{\text{AVWE} \times \text{PWB}}{\text{OB}}$$

where:

AVWE is the insured's average aggregate weekly earnings in the 12 months preceding the accident;

PWB is the prescribed weekly benefit that would otherwise be payable to the insured pursuant to section 22, 22.1 or 23 but for this section; and

OB is the total benefits payable to the insured with respect to the accident"; and

(b) by striking out subsection 30.2(1) of *The Automobile Accident Insurance Act*, as being enacted by Clause 9 of the printed Bill, and substituting the following:

“(1) Subject to section 30.3, if an amount is to be adjusted pursuant to this Division, the adjusted amount is the amount AM calculated in accordance with the following formula:

$$AM = A \times \frac{CPICY}{CPIPY}$$

where:

A is the amount to be adjusted;

CPICY is the consumer price index for the year in which the adjustment is being made; and

CPIPY is the consumer price index for the previous year”.

I so move.

Mr. Wall: — Thank you, Mr. Chairman. There’s this amendment and we’ve received . . . the Clerk has provided us just now three other House amendments moving . . . it looks like the minister is going to be moving those.

And I mean we’re completely unaware of these particular amendments and, Mr. Chairman, while we’re prepared to take it as read, we’re not prepared to deal with this right now until we could get an explanation please from the minister as to the nature of this amendment and what it’s going to do.

Hon. Mr. Sonntag: — Certainly I’d be happy to provide that for the member. This is simply a clerical error.

I’m going to try and describe where the clerical error occurred. It was simply an underline that was omitted in the original printing. When I referred to MY . . . This doesn’t . . . I’ve got the wrong one.

It’s the underline that was not provided in RWB equals AVWE times PWB over OB and it was simply the clerical error, simply the line was not included in the original printing.

Mr. Wall: — So a division is what was missing, potentially a division, a line representing a division. That’s what was missing. That’s the only change?

Well, Mr. Chairman, there’s going to be . . . we’re going to be requesting similar explanations to these amendments that are upcoming.

Amendment agreed to.

Clause 9 as amended agreed to.

Clauses 10 to 26 inclusive agreed to.

Clause 27

Hon. Mr. Sonntag: — Before I make this motion for this amendment, let me just say to the member, we apologize for not providing those amendments to them in advance. That was an oversight on our part.

Clause 27 is . . . I would move the following amendment. That we would:

Strike out clause (g) of Clause 27 of the printed Bill and substitute the following:

“(g) by adding the following subsections after subsection (1):

“(2) For the purposes of clause (1)(ii), the Lieutenant Governor in Council may:

(a) adopt, or authorize the insurer to adopt, by reference any specifications, standards or codes as amended from time to time or otherwise;

(b) amend, or authorize the insurer to amend, for the purposes of this Act any specifications, standards or codes adopted pursuant to clause (a); and

(c) require compliance with any specifications, standards or codes adopted pursuant to clause (a).

“(3) Notwithstanding any other Act or law, any regulations made pursuant to this section may be made retroactive to a day not earlier than July 1, 2002”.

And if the member would just wait, I’ll give you a brief explanation of that.

The Deputy Chair: — If it would help the members, I would note that the amendment is on page 42 of the Bill.

Hon. Mr. Sonntag: — And in explanation of that, this is to make them . . . to make the safe driving regulations retroactive to July 1 as were previously announced, and it’s because we’re here on July 4, today.

Amendment agreed to.

Clause 27 as amended agreed to.

(18:15)

Clauses 28 and 29 agreed to.

Clause 30

Hon. Mr. Sonntag: — This is again simply a clerical error and it’s exactly the same thing as occurred in clause 9, to the members opposite.

I will need to read the entire amendment, I’m advised by the Clerk. But it’s simply the division line was not included for

MYIE, referring to that calculation. And also, further down, the division was not . . . the division line was not included for AM equals A times CPICY. So it's simply clerical again.

So I would move the following amendment in clause 30 of the printed Bill:

Amend subsection (1) of Clause 30 of the printed Bill:

(a) by striking out subsection 136(2) of *The Automobile Accident Insurance Act*, as being enacted by subsection (1) of Clause 30 of the printed Bill, and substituting the following:

“(2) The amount of the maximum yearly insurable earnings for 2002 and each year after 2002 is the amount MYIE calculated in accordance with the following formula:

$$MYIE = \$50,000 \times \frac{IAWY}{IAW95}$$

where:

IAWY is the average of the average industrial average wage for the 12 months before July 1 of the year before the year for which the maximum yearly insurable earnings are being calculated; and

IAW95 is the average of the industrial average wage for the 12 months before July 1, 1994”; and

(b) by striking out subsection 186(1) of *The Automobile Accident Insurance Act*, as being enacted by subsection (1) of Clause 30 of the printed Bill, and substituting the following:

“(1) Subject to section 187, if an amount is to be adjusted pursuant to this Division, the adjusted amount is the amount AM calculated in accordance with the following formula:

$$AM = A \times \frac{CPICY}{CPIPY}$$

where:

A is the amount to be adjusted;

CPICY is the consumer price index for the year in which the adjustment is being made; and

CPIPY is the consumer price index for the previous year”.

I so move.

Amendment agreed to.

Clause 30 as amended agreed to.

Clauses 31 to 36 inclusive agreed to.

Clause 37

Hon. Mr. Sonntag: — Thank you. I will move the following amendment, and again this is to make the legislation actually . . . or the Bill retroactive. The previous one regarding the rewards program was to make the regulations retroactive. This is to make the legislation retroactive to July 1.

So I move the following:

Clause 37 of the printed Bill

Strike out Clause 37 of the printed Bill and substitute the following:

“Coming into force

37(1) Subject to subsection (2), this Act comes into force on proclamation.

(2) Subsection 3(1), sections 4 to 6, and clauses 27(a) to (e) and (g) come into force on assent but are retroactive and deemed to have been in force on and from July 1, 2002”.

I so move.

Amendment agreed to.

Clause 37 as amended agreed to.

The committee agreed to report the Bill as amended.

Bill No. 40 — The Highway Traffic Amendment Act, 2002

The Deputy Chair: — I will invite the minister to introduce any new officials he may have.

Clause 1

Ms. Julé: — Thank you, Mr. Chair. Mr. Chair, I'm pleased to stand today to put forward some questions and comments regarding The Highway Traffic Amendment Act.

Mr. Minister, the part of this Bill that interests me the most is certainly the amendment that I understand the government is finally making that is going to ensure that children who are being subjected to sexual abuse within the meaning of section 3 of The Emergency Protection for Victims of Child Sexual Abuse and Exploitation Act are going to be protected the way they should be with these amendments to The Highway Traffic Act.

We need to have some continuity, Mr. Chair, throughout these Bills when they affect how the police are going to deal with the new legislation and to make sure the police can, in effect, carry out the legislation so it does protect children, and they have every opportunity to do so.

We were talking, Mr. Chair, about the need to put forth an amendment to The Highway Traffic Amendment Act, or The Highway Traffic Act rather, in order to clarify very clearly that police would have the right to stop a vehicle if it's frequenting

an area where children are being subject to sexual abuse. When the government brought down this Bill, Mr. Chair, The Highway Traffic Act was supposed to be amended to the point that it would allow for Bill No. 2 to be enacted and to be carried out quite effectively, and that wasn't so.

And luckily for the government, one more time, the member for Cannington on May 9 brought forward the necessity to go back to the drawing board to make sure that there was a reconsideration of the text of The Highway Traffic Act . . . amendment Act, rather, and to make sure that we had in proper wording that would clearly direct the courts and the police and so on to be able to look at how this Act pertains to Bill No. 2.

We wanted to make sure, Mr. Chair, that the powers of the police were in place and that they understand clearly what their new powers were because prior to this time the police had certain limited powers as far as stopping vehicles, questioning the occupants of those vehicles, and there was a law in place that clearly indicated, Mr. Speaker, that . . . actually it was under the Charter's impact on the criminal justice system. And that clearly indicated that there were limited powers as far as the police being able to question anyone and to obtain information to get an answer from that person in a vehicle.

So it's one thing for police to understand that, under Bill No. 2 and The Highway Traffic Act, that they can stop a vehicle and that . . . they can stop a vehicle if it's in a location that's frequented by prostitutes. But as the member from Cannington pointed out and I pointed out again on June 17, there was no reference to the amendment in The Highway Traffic Act that no person repeatedly driving a motor vehicle through an area frequented by children who have been subjected to sexual abuse — within the meaning of section 3 of The Emergency Protection for Victims of Child Sexual Abuse and Exploitation Act — that children would be protected there. And so we brought that forward to the government twice. And I must say that I'm very relieved that finally they are bringing this amendment forward.

What I do question yet, Mr. Chair, is whether we have sufficient and really excellent wording in Bill No. 2 that would allow for police to be able to, as the minister mentioned before, that we would . . . they would have the allowance then to detain, to question people and extract evidence from people in a vehicle simply because they are in a particular area of the city. And I don't know whether or not we have made that clear enough yet. But I certainly know that this amendment, as put forward with our recommendation from the opposition, to ensure that anyone driving a motor vehicle through an area where children are sexually exploited, would be subject to a vehicle stop and a search and so on — so I'm pleased with that.

I would admonish the government for not looking at this necessary piece . . . or this necessary clause in this legislation beforehand. But it is here today and we will be very happy to give assent to that amendment because in fact it came at our advice and we knew it was necessary . . . (inaudible interjection) . . . Mr. Chair, you know, that kind of a comment coming from the House Leader of the NDP government is really very, very poor. That is — I guess it's evidence to the people of Saskatchewan just what we have here: a House Leader calling a member of the opposition stupid. Especially

when we're trying to put forward legislation that will be effective in protecting children, and this is what we get from that member across.

And, Mr. Chair, that is the very, very reason that many of the people of this province are going to make sure that he is not in office after the next election.

Some Hon. Members: Hear, hear!

Ms. Julé: — Mr. Chair, Mr. Chair, I feel really very ashamed for the other members opposite that they have a colleague like this that they have to be sitting with, that they have to try to uphold. I think that member has got to be questioning some of his actions and his words, and asking himself why he would say something like this at a really important time in a piece of legislation that is vitally important to the children of this province.

So, Mr. Chair, I'm going to, I'm going to just express a point of personal privilege at this time, if I may do so, and ask for an apology from that member.

(18:30)

The Deputy Chair: — To the committee, I will ask the Government House Leader to withdraw and apologize for his remark.

Hon. Mr. Lautermilch: — Mr. Chairman, I withdraw and apologize to the member.

Ms. Julé: — Thank you, Mr. Chairman. Mr. Chairman, I will continue by just putting forward a couple of other questions to the minister that pertain to Bill No. 40. And I would ask . . . These questions do not pertain to the part of it that deals with the exploitation of children on the streets. But if the minister could please provide an explanation of how this Bill is going to free up police resources, because in reading the legislation in the second reading speech, it stated that a proposed amendment will free up police resources by basically stating that the vast majority of accidents must now be reported to the police.

Can the minister explain how this work will be . . . how this will work rather, and maybe the process behind these . . . how these changes came about?

Hon. Mr. Sonntag: — We've been working with the different police forces for some time actually to address this concern. It used to be that any accidents over \$1,000 had to be reported to the police and often the same report was then . . . identical report was then provided to the adjuster.

So the circumstance now is that the only occasion where police need to be involved, a report needs to be made to the police, is where there is a bodily injury, or obviously a fatality, a hit and run, an impaired operator is involved, and sufficient damage to require a vehicle to be towed from the scene of an accident. Other than that, the reporting of the accident needs only to be made to the adjuster.

Ms. Julé: — Thank you, Mr. Minister. Mr. Minister, how will the message get out for people to know that this change is being

made? Because I imagine that there is going to be some sort of advertising campaign to let people know about what happens if they are now in an accident.

Hon. Mr. Sonntag: — We're contemplating . . . we're not contemplating, we're planning I should say, a public . . . a number of public service announcements which would include utilizing law enforcement agencies and whatever other mechanisms would be available to us.

Mr. Wall: — Thank you, Mr. Chairman. The changes in section 40 regarding hazard lights and amber beacons or flashing lights, could you . . . could the minister please tell the House what is exactly being changed there in section 40, and why.

Hon. Mr. Sonntag: — Again I think the easiest way to answer your question is just to refer to specifically this. The current legislation restricts the use of amber warning strobe and beacon lights on tow trucks and highway maintenance equipment to when the vehicle is presenting a hazard to other road users.

A similar restriction is required for other road users. Without specific restrictions on the use of these lamps, abuse may occur thus reducing the effectiveness of the lamps in hazardous situations.

Mr. Wall: — Thank you, Mr. Chairman, and Mr. Minister. The changes also in the Bill regarding the seat belt law and the removal of the exemption for seat belt use at low speeds — I think we all have an idea of what kinds of vehicles might be referred to here but we'd appreciate you clarifying that.

And also while you're on the subject of seat belt exemptions, individual MLAs (Member of the Legislative Assembly) in the Assembly on either side, I am sure, have dealt with cases where exemptions have been granted for various medical reasons. And I just want to make sure that this particular . . . there's nothing contemplated here with respect to those exemptions, that nothing has changed materially with respect to those.

Hon. Mr. Sonntag: — There . . . the member's right. There's no changes to medical exemptions. What we're proposing to do here is to move this to regulation to allow for special exemptions for things like milk delivery and garbage pickup and that sort of thing.

Mr. Wall: — Once again, on behalf of myself and the member for Humboldt, we want to thank officials for their help with respect to this, with respect to Bill 40, and the committee deliberations. And we certainly look forward to supporting the amendment as was touched on by the member from Humboldt.

Clause 1 agreed to.

Clauses 2 to 16 inclusive agreed to.

Clause 17

Hon. Mr. Sonntag: — Thank you very much, Mr. Chair. I don't think there's any need for me to go through the explanation of this amendment because that's been worked with the . . . we've worked with the opposition in coming up with

this.

So I would move, Mr. Chair, the following that:

Clause 17 of the printed Bill

Amend section 94.1 of the Act, as being enacted by Clause 17 of the printed Bill by repealing subsections (1) and (2) and substituting the following:

“(1) No person shall, without lawful excuse, repeatedly drive a motor vehicle through an area that is frequented by:

(a) prostitutes; or

(b) children who have been subjected to sexual abuse within the meaning of section 3 of *The Emergency Protection for Victims of Child Sexual Abuse and Exploitation Act*.

“(2) No person shall, without lawful excuse, repeatedly park a motor vehicle in an area that is frequented by:

(a) prostitutes; or

(b) children who have been subjected to sexual abuse within the meaning of section 3 of *The Emergency Protection for Victims of Child Sexual Abuse and Exploitation Act*”.

I so move.

Amendment agreed to.

Clause 17 as amended agreed to.

Clauses 18 and 19 agreed to.

The committee agreed to report the Bill as amended.

Bill No. 4 — The SaskEnergy Amendment Act, 2002

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

Hon. Mr. Sonntag: — One small correction — official. I have beside me Mr. Mark Guillet. He is the general counsel and corporate secretary for SaskEnergy.

Mr. Stewart: — Thank you, Mr. Chair. It's my pleasure to question the minister on Bill No. 4, the Saskatchewan energy amendment Act, 2002. And I'd like to take this opportunity to welcome the minister's official and I'm sure that he'll be a great help for all of us to get through this material this evening.

Mr. Minister, I understand that the Bill contemplates private contractors installing and maintaining gas piping within oil and gas fields. Is that correct?

Hon. Mr. Sonntag: — Just one correction to the member. It's actually for producers, not for contractors. And it's only to

transport to their own . . . back to their own lines.

Mr. Stewart: — Thank you. Will there be licensing requirements for these producers in order for them to do this job safely? Or will they need to be supervised by SaskEnergy personnel while this piping is being installed?

Hon. Mr. Sonntag: — They'll be subject to the gas inspections branch and after-hour meter if you will. SaskEnergy is no longer responsible.

Mr. Stewart: — Regarding tie-ins to SaskEnergy lines from these producer lines, will SaskEnergy employees be responsible for those tie-ins or will that be able to be done under supervision by the producers or their contractors?

(18:45)

Hon. Mr. Sonntag: — The amendments to this Act don't contemplate any . . . the issue of tie-ins at all. It only deals with the movement of gas within their own, within their own distribution system, I think it'd be probably the best way of describing it.

Mr. Stewart: — So I take it then, Mr. Minister, that the tie-ins from the producer's distribution system to the SaskEnergy line will still be the responsibility of SaskEnergy employees?

Hon. Mr. Sonntag: — Nothing will change in that scenario.

Mr. Stewart: — The fee structure for these tie-ins, Mr. Minister, do you contemplate that remaining exactly as is, or will there be changes because of maybe some possible inconsistencies in producer lines and so on? Do you anticipate added cost to the industry for these tie-ins?

Hon. Mr. Sonntag: — Again, there's no change at all as a result of the amendments to this legislation.

Mr. Stewart: — Well thank you. I think that's all I have and I'll defer to the member from Swift Current.

Mr. Wall: — Thank you, Mr. Chairman. We have some questions for the minister and the official — and welcome to that official — regarding section 5 and the change there . . . the material change with respect to when SaskEnergy needs to seek the approval of cabinet for expenditures.

The minister will know that current legislation requires that if there's a . . .

Where the purchase price or sale price of real property included in one transaction entered into (by the company) by the corporation or any of its subsidiaries exceeds \$200,000 . . .

They need to go to cabinet for approval of that. And this Bill changes that. I wonder if the minister could quickly outline the rationale for that change?

Hon. Mr. Sonntag: — This amendment is simply to make it consistent with The Crown Corporations Act. Let me just briefly describe: the governing legislation over at SaskEnergy is

The Crown Corporations Act and since SaskEnergy's Act was in place prior to The Crown Corporations Act being enacted — SaskEnergy's Act was in place in 1992, The Crown Corporations Act came into effect actually January 1, 1994 — this is simply to bring it into line with The Crown Corporations Act.

Mr. Wall: — Why does the corporation, notwithstanding the fact that everyone else is doing it, why does SaskEnergy feel the need to have this provision in the Act to amend?

Hon. Mr. Sonntag: — Let me try this: first of all, the Act is about . . . well not about, it's exactly 10 years old. And the piece that is of particular interest to SaskEnergy here is for any acquisition or sale of property, the limit was . . . used to be \$200,000. This would essentially allow through order in council that limit to be raised. And as has been described to me by my official, the \$200,000 sale of a piece of pipeline, as an example, would . . . is almost . . . is insignificant.

So not to minimize the value of \$200,000 but in this world it's not very much. So it's simply to raise the limit and bring it in line with The Crown Corporations Act.

Clause 1 agreed to.

Clauses 2 to 10 inclusive agreed to.

Hon. Mr. Sonntag: — Thank you, Mr. Chair. Before I do that, thank the members opposite for the questions they've asked around this Act. And I certainly thank our official for his assistance in helping me answer the questions that we did.

The committee agreed to report the Bill.

Bill No. 79 — The Saskatchewan Farm Security Amendment Act, 2002

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

Hon. Mr. Axworthy: — Thank you, Mr. Chair. I'd ask members to welcome Darcy McGovern to my right with whom everyone is familiar. Heather Sinclair, Lorne Tangierd, and Hal Cushon behind me from Ag and Food.

Clause 1

Ms. Harpauer: — Thank you, Mr. Chair. And I want to welcome the minister and his officials here this evening.

And I want to make the comment that, for the most part, we're very pleased on this side of the House to see this Bill come forward. It's something that we've had as a private member's motion, and the original intent and objective of the legislation was supposed to be to reduce the exodus of farmers, reduce the decline of rural communities, keep land prices low, and provide incentive for the young people to farm.

But the evidence is that the very opposite has occurred, and in fact the exodus of the farmers in Saskatchewan has exceeded the exodus of farmers in Alberta and Manitoba. So obviously the Bill didn't work as it is.

The questions — I have just a few questions actually — have to do with the recommendations that came forward from the Standing Committee on Agriculture. The recommendation no. 2 was that we change the Act so that:

Canadian corporations (would) be permitted to own Saskatchewan farm land for agriculture and agrivalue purposes. (Using) “Canadian corporation” is to be defined as a corporation which is not a “foreign controlled corporation . . .”

And then there is an explanation as to what that means.

Now according to the Act, we’re only going to change it to allow agriculture . . . or sorry, Canadian-owned entities, corporations and other similar entities that are 100 per cent Canadian owned but are not publicly traded. So I’d like to ask the minister because a number of the presenters made the point that they would like to see the legislation change so that we’re in line with our neighbouring provinces.

When you look at Manitoba and Alberta and there’s no restriction on Canadian corporations, they said it’s important to attract investment dollars, and I feel that we fell a little short of the mark here. We’re still looking more restrictive than our neighbouring provinces and yet a change was made.

So I would like the minister to explain to me why they didn’t go that one little step farther, why they stopped short.

Hon. Mr. Axworthy: — Mr. Chairman, in response to the member’s question, first of all let me thank her for her general support of what is taking place here. As her comments indicate, it’s a matter of some kind of delicacy and some kind of balance and to respond to the need to open up the opportunity to bring investors into the province but nonetheless to be careful about not opening things up so far as to be . . . as to not be in harmony with the views of, in particular, rural residents but the people across the province as a whole.

The specific provision she raises, in response to that, I can say that essentially we’re in step with Manitoba’s response here. She’s right that this is not as open or expansive a change as Alberta.

But I would point out that when you get to corporations listed on the stock exchange and the ownership of those shares, of course they’re bought and sold in the marketplace and it’s not always . . . in fact it’s quite difficult to track who owns shares of those corporations on a very concrete basis. You would then end up with corporations starting off by being Canadian owned, owned by Canadians, but who knows where those shares might . . . to whom those shares might be sold.

And it would be very difficult to ensure that the owners then of farm land here in the province would actually be Canadian corporations or corporations owned by Canadians in any real sense.

(19:00)

So that difficulty in tracking shareholdings and of maintaining the definition of . . . or maintaining the Canadian control of that

corporation led us to go as far as the Manitoba situation but not as far as the Alberta.

Ms. Harpauer: — I thank the minister for his answer but I hope he’s not serious. Because if he would find that so difficult to track, the changing of the corporations, he could perhaps ask British Columbia, Alberta, Manitoba, Ontario, Nova Scotia, New Brunswick, or Newfoundland how they do it because they’re all wide open to Canadian corporations and therefore somehow they have a mechanism for being able to track that.

However the other question that I wanted to ask was in the area . . . the recommendation that the committee gave is there was a clause or an add put on that:

Canadian corporations be permitted to own Saskatchewan farm land for agricultural or agrivalue purposes.

And that was done for a particular reason, and the reason was a lot of the presenters have concerns about conservation groups owning large tracts of land. We all realize that having some land for conservation is extremely important in our province, but in particular we got a number of complaints and there’s a number of concerns over Ducks Unlimited.

And Ducks Unlimited is the number one foreign-owned landowner in the province, and in my particular constituency, they own approximately 26,000 acres of land. In the Saltcoats constituency, I believe they own around 16,000 acres of land. And what we’re finding in the community near there is that they’re not . . . these large tracts of land being taken out of production is not helping the young farmers to start farming. It’s not revitalizing the area. It’s not contributing to the community in any way. It’s not repopulating the province at all and it’s not helping the economy in the area. So there’s definitely concerns about Ducks Unlimited which presently own large tracts of land.

The other concern that came forward to us about Ducks Unlimited is their most recent document that they prepared and published in October 17, 2001 states quite clearly that they wish to buy approximately 2.8 million acres in Saskatchewan. And furthermore, in the document, it goes on a number of times and it says that they want to take this land out of production for perpetuity, not to be used for any agriculture purposes whatsoever.

Now the Farm Land Security Board has already been noted . . . or lobbied with concerns on this issue. We put a moratorium on Ducks Unlimited even being able to apply to purchase any more farm land. And as near as I know, that moratorium is still in place.

So that was the purpose of the committee recommending that it be used for agriculture or agri-value purposes. Will the minister please let us know what his position is. Is there a concern and will he still keep this in mind that perhaps this is an issue that we should look at?

Hon. Mr. Axworthy: — The member raises a question that is important I think to all in the province. The definition that we have in the legislation would not include Ducks Unlimited in the sense of them being able to come and own land. It won’t be

primarily engaged in the business of farming, as the member points out. And it may not be that the majority of issued shares are owned by producers. That would be most likely the case too.

So Ducks Unlimited would not be in the category of being able to buy unlimited amounts of land. It would be then in the category of a corporation that . . . or of an entity that . . . well would be able to buy 10 acres, I suppose, as a result of being foreign owned. But essentially would be . . . would have to apply to the Farm Land Security Board for an exemption in order to buy more land and in that process . . . more land than it has at the present time. And in that process the board of course would pay attention to those in the vicinity who would have views about the setting aside of land for the purposes of Ducks Unlimited does, taking it out of that farm or agricultural purpose.

And essentially what happens in Manitoba, where Ducks Unlimited has been continuing to apply to the board and obtaining exemptions from time to time. I agree with the member, I think we all agree, that this is a matter which requires some care and to ensure that local interests are . . . that we pay considerable interest to local interests when these kinds of applications come forward.

I presume it will not always be contrary to the best interests of the neighbourhood or the province to have Ducks Unlimited buy more land. But in other instances it plainly will.

So the matter will then be resolved by the Farm Land Security Board, and the member could look at Manitoba to see how that has worked. We would anticipate that working effectively here too, but it's plainly something that would require some careful attention over time. And if it didn't, if the ownership of land by Ducks Unlimited appeared to be more than we would want, then we would have to take some other steps.

So this will be left to the Farm Land Security Board to resolve.

Ms. Harpauer: — I thank the minister and just to repeat what I understand is they would still be limited to 10 acres of land unless they applied to the Farm Land Security Board.

The other issue though, the Farm Land Security Board themselves asked or made note to the Standing Committee on Agriculture that they would like some direction on how to deal with these applications. I'm not too sure who instated the moratorium that's on at the moment, but they said they needed some guidelines; they needed better direction as to, you know, what they should be doing and how they should deal with applications from Ducks Unlimited, for example. But there was other incidences where they would have liked to have better direction, better guidelines, better regulations.

Will the minister look into that?

Hon. Mr. Axworthy: — The member asks how it's anticipated to respond to the concern of the Farm Land Security Board for at least some direction or some clearer understanding of what it is envisaged they do and what it is envisaged they pay attention to.

The Act setting out the definitions of who can have access to land makes it pretty clear that the priority here is to have farm owners who are engaged in agricultural activities, and to that extent there is some direction in the Bill.

In terms of how you would respond or how anyone would ask or expect the Farm Land Security Board to respond to a specific application from, say, Ducks Unlimited, I think it's clear that as an arm's-length, quasi-judicial board you wouldn't anticipate the government telling or setting out criteria to the Farm Land Security Board. You'd also want to ensure that on a case by case basis there is some flexibility here and you'd also want to make sure that those in the vicinity who would be most affected — and that vicinity might be quite large, might even be as broad as the province, I suppose — but those in the vicinity have an opportunity to have their views considered.

In addition to that, should the Farm Land Security Board want any questions answered in terms of the general response of the government, Agriculture, Saskatchewan Environment, possibly other departments, would be . . . will be . . . would be and will be available to respond in that regard. So if Farm Land Security Board wants it, wants to pursue a particular point, there will be government departments and officials in those departments prepared to respond.

I think the member can see that it's . . . that if we have a board then we have to let that board do its work. But we also need to ensure that that board has an understanding of the priorities of the province — not just the government, but the priorities of the province as a whole.

So it's our expectation that that kind of process as well as the clear statement here that unlimited ownership of land is designed to be by those who will engage in agricultural activities, and then for other activities for there to be a review by the board . . . But that is the way in which we'll try to draw that balance and that different uses of land are plainly desirable in the province.

But this is . . . but what we've said here primarily is that we're interested in those who come from outside being engaged in . . . or engaging in agricultural, farming activities rather than anything else.

Ms. Harpauer: — I thank the minister for that. I just want, I guess, to . . . or really stress the importance that this has become, especially in my constituency. The presentation given by Ducks Unlimited themselves, the presenters stated that a significant portion of Ducks Unlimited Canada's budget comes from American citizens who value our habitat — not only to visit it but because they value the wildlife that use this habitat as part of its life cycle.

And I believe that is important — but we must keep it in perspective — that a significant portion of the funding is coming from the US and is taking our productive land out of production. And there is only a certain portion of Saskatchewan that is in productivity. We actually have an enormous northern part of our province that has all sorts of habitat, and so therefore we're not going to lose it all just because we want to have some farm land.

So I want to thank the minister for his summary notes. They were great, and we appreciated it very much. And with that, I have no more questions.

(19:15)

Clause 1 agreed to.

Clauses 2 to 22 inclusive agreed to.

The committee agreed to report the Bill.

**Bill No. 32 — The Land Surveys
Amendment Act, 2002**

Clause 1

The Deputy Chair: — I'll ask the minister to introduce any new officials he may have joining him.

Hon. Mr. Axworthy: — Mr. Chair, I'd ask the Assembly to welcome the Information Services Corporation officials, Ron Hewitt, Q.C. (Queen's Counsel) as the senior vice-president. Behind him is Ed Desnoyers. Is that correct? Ed Desnoyers, who's the controller of surveys. I should have checked these names before. Mary Ellen Wellsch, who's the senior counsel for Information Services Corporation and behind me is Shawna Kelly, who is the director of corporate communications.

Mr. Heppner: — Thank you, Mr. Chairman, and welcome to the minister and his officials. It's always an interesting time when we get to discuss what's happening with land surveys and land titles and all those sorts of things. I'm sure we'll have an interesting time this evening as well.

One of the things that the Saskatchewan landowners for the most part are always very concerned about and have a considerable interest in is sort of the original land title, that particular piece of paper. Like that always has some very significant attachment to them, partly probably from the early settlement days but it's sort of there's an original document that declares that they have some interest in a piece of property.

Under the new system, where exactly are the originals going to be kept? Are they going to be kept? And what is their purpose and interaction?

Hon. Mr. Axworthy: — The member quite rightly raises the issue of a piece of paper and the importance of a piece of paper to many citizens as a representation of the land they own. And in the process of computerizing land titles systems of this sort, across . . . well in every province and across the world, there is an importance attached to the piece of paper to people and the member is quite right about that.

Those pieces of paper, the original Crown grant and so on are kept and decisions will be made along with the Provincial Archivist about how to make sure that they're maintained appropriately. The electronic copy available on the Internet of that . . . of those pieces of paper is available to anyone in the province, anyone in the world to make copies and so on of. So that the title will be an electronic title, computerized and so on, and available then on the Internet.

And for those who wish to have a piece of paper to represent the ownership of their land, they can simply print it off the Internet.

But the representation of title to the land is now a computer record rather than a piece of paper record, but as I say those who are interested can get a paper copy of that computer record.

Mr. Heppner: — In your second reading speech, the minister I believe said that we're now operating I believe 6 out of 10 districts that exist. What's the timeline that has been set out to have this operation on all 7 land registration districts?

Hon. Mr. Axworthy: — The member points out quite rightly that we don't have all the districts on board at the present time but we do have 8 out of the 10. On July 29 Yorkton will be in operation, in electronic mode. And the last one, Swift Current, will be in operation on August 26. So within a couple of months the whole province will be working on the electronic mode rather than on paper.

Clause 1 agreed to.

Clauses 2 to 10 inclusive agreed to.

The committee agreed to report the Bill.

Bill No. 33 — The Land Titles Amendment Act, 2002

Clause 1

Mr. Heppner: — Thank you. To the minister. In the explanatory notes that came along with Bill 33, part IV, subsection 4, there's a statement there that land titles registry is going to be liable for the accuracy of the information received. And I'd like for the minister to explain exactly what is meant by reliability, to what extent, and how this is going to be set up and organized?

Hon. Mr. Axworthy: — The land titles system we have in the province, the Torrens system, is one in which the province guarantees the title to the person who has title to it, and doesn't require that person to go back and check to see that various transactions have been done appropriately over time. So the province stands behind every land title under that Torrens system.

What we've done is translate that paper system into a computer system. The province continues to stand behind the title and should any adverse consequences arise as a result of errors by ISC (Information Services Corporation of Saskatchewan), those would be rectified for the owner of the title. So basically the province says to whoever has title to a piece of property: you don't have to worry, this is yours, we guarantee it's yours. And if there is some challenge to that, we'll make sure that you are protected and compensated.

Mr. Heppner: — Thank you. There is a new section, section 33, dealing with registered owners. And there is an old section that was repealed and this one was put in, and I'm wondering why the . . . what was necessary to get rid of the old one and put this particular section in because I think some of the concerns that are out there deal with unincorporated businesses and

partnerships that do require the ability to register and protect their interests.

Hon. Mr. Axworthy: — In response to the member's question, the legislation now, when this is passed, will ensure that in order to own land you have to be one of the categories of people listed here: an individual, the Crown, a body corporate or some other entity which is designated in the regulations.

What the change entails is ensuring that those who hold an interest other than ownership, like a builder's lien or something, would not have to qualify as one of these categories. So it enables . . . well, it would enable a law firm for example to have an interest or somebody other than an individual, the Crown, a body corporate, or some specific entity.

So it provides for that flexibility.

The Chair: — Members, this Bill is relatively lengthy. Is it permissible to go by parts? Is that agreed? Thank you.

Clause 1 agreed to.

Clauses 2 to 27 inclusive agreed to.

The committee agreed to report the Bill.

Bill No. 9 — The Real Estate Amendment Act, 2002

Clause 1

The Chair: — And I would recognize the minister to introduce his officials.

Hon. Mr. Axworthy: — Thank you, Mr. Chair. We have behind me Darcy McGovern, who was here a minute ago; Jim Hall, sitting next to him, who is the superintendent of real estate amongst other things; and to the right Karen Pflanzner, who is a Crown counsel in legislative services. And I'd ask members to welcome them.

(19:30)

Ms. Julé: — Thank you, Mr. Chair, and good evening to the minister and his officials.

Now, Mr. Minister, Bill No. 9 has certainly been thoroughly, I guess, spoken to by members of the opposition, as well as yourself who has introduced this Bill. And we did have an opportunity during second reading debate to bring forward some of our views on the Bill and our thoughts in accordance with some of the views and thoughts that were brought forward to us by brokers in the world of real estate.

I have a few questions, Mr. Minister, that I'm going to pose, and I would suspect that there will be a — not suspect, I will be putting forward — a House amendment at one point during the Bill, so . . .

One of the questions I have is, Mr. Minister, what precipitated this Bill coming forward? Why did the Bill come forward in the first place, because I understand that as far as the component of the Bill that talks about compulsory errors and omissions

insurance that there have been a number of boards in the province that already have made bylaws that would ensure that the realtors do have insurance. And so I'm wondering why the Bill came forward in view of the fact that those bylaws are taking place throughout the province.

Hon. Mr. Axworthy: — The member raises one specific question and then a general question about how this legislation came into being; and it's the result of widespread discussions with the real estate association, the Saskatchewan Real Estate Association and the superintendent, which . . . and a process of identifying issues that it was felt needed to be addressed and done, as I say, in consultation with the real estate association.

There are a number of provisions, as the member will know, which essentially deals with better working of the legislation dealing with information sharing across provinces with superintendents in other provinces and having available to them information about things going on here and us finding out what's going on in other places as people move across the country — sharing of information in general — and just more housekeeping measures to ensure that the legislation works smoothly.

In regards to the matter the member raised, the enabling provision regarding mandatory errors and omissions insurance, the member will know that the Saskatchewan Real Estate Association and the Saskatchewan Real Estate Commission recommends that such a program be implemented. The provision is an enabling one which permits the legislature to institute a regulation which would enable this to take place. We would only respond in that way if the real estate board — basically real estate agents across the province — wanted it. It's something which is desired by the larger associations, but it is not something that we will do unless it receives the support of the real estate agents in particular.

So we have here an opportunity, should it be regarded as desirable, to provide for mandatory errors and omissions insurance. Nothing will happen, as I say, as a result of this provision until the next step is taken which would be a regulation which would only be done after significant consultation with the real estate community. And I think the member knows that in those consultative processes we are careful to ensure that we are doing something which facilitates the activities — in this case the real estate agents — not hinders them. And we are not interested in doing things which are not what they regard as good industry practice.

Ms. Julé: — Thank you, Mr. Minister. Mr. Minister, I don't think there's any dispute anywhere about the support for all registrants in the province carrying compulsory errors and omissions insurance. But as I mentioned in my second reading debate to you, and as it has been asked of me to put forward to you, there is a differentiation between mandatory and compulsory.

Now it's my understanding from the Saskatoon Real Estate Board as well as boards . . . some I believe in North Battleford as well as Prince Albert, that they are in sync with the Saskatchewan Real Estate Commission and the Saskatchewan Real Estate Association as strong supporters of all registrants in the province carrying compulsory errors and omissions

insurance. And their position has been verified by the actions within their board of directors.

And their board . . . for instance in Saskatoon they recently approved a bylaw change which states the following, that would back up their firm belief that compulsory errors and omissions insurance needs to be in place. And their bylaw change that they made reads:

As a prerequisite to admission and continued membership in the board, the applicant shall have in place professional liabilities, errors and omissions insurance, in an amount not less than \$200,000. And the applicant shall provide satisfactory proof thereof to the board upon request of the board.

Now it seems to me that there is a conscientiousness of the necessity for this. And I can understand why. I mean I had an experience myself not very long ago in Saskatoon where there was some fraudulent activity that took place in a condominium. And in fact there was no coverage anywhere to protect the people that had bought into that condominium and it would have been very helpful.

So I agree with this personally but I also can see very clearly that the realtors of this province want to do what's right and want to ensure that they have adequate insurance in place to cover instances such as the one that I have experienced.

But, Mr. Minister, the strong opposition from the Saskatoon Real Estate Board comes with the sort of mandatory errors and omissions insurance because it dictates to the registrant with which insurer the registrant must be insured. Now the Saskatoon Real Estate Board believes the quality and value of insurance is best served by an open marketplace. Registrants should have the choice of insurance providers.

When and through this legislation, if it goes through as is, it's going to mandate that a specified insurer will be in place, and that tells the realtors of the province that a single insurer model is going to be in place that they're going to have to swallow and take.

And they say that they have seen this before. The last time they saw a single insurer model and had to abide by it, that model provided 80 per cent less coverage at a 30 per cent higher cost to the registrant. Now that is not, according to them and according to the opposition, in the best interests of the consumer or the real estate industry.

And so the Saskatoon Real Estate Board strongly is recommending that the suggested amendment to The Real Estate Act, section 83(1)(q.1)(ii) be repealed.

And in accordance with their wishes, even though there has been a great deal of debate and letter writing back and forth between your office, Mr. Minister, my office, and the realtors of the province, I guess on your part there was an attempt to explain that this was just enabling legislation.

However the response that you got back from Mr. Harry Janzen, the executive officer of the Saskatoon Real Estate Board . . . And I would dare to read his response to you. He

says thank you for your letter of April 10 in response to the letter that they wrote to you on March 26 expressing their concerns with respect to that specific clause that I've just mentioned. Anyway, Mr. Janzen states that he wishes to confirm that there is no misunderstanding with regards to this amendment, and they are requesting the wording of 83(1)(q)(ii) be replaced with the following, and you have that letter from him.

And so I would ask you, Mr. Minister, in respect to the correspondence that you've had and the wishes of the executive director of the Saskatoon Real Estate Board, as well as the wishes of many people that signed letters of petition that I tabled in this legislature and passed on to you, why you have not complied with their wishes to make sure that we have an open market system and withdraw that one clause and replace it with wording that is more friendly and allows choice for the realtors of the province?

Hon. Mr. Axworthy: — The real estate industry across the province and its provincial . . . province-wide organizations support the provision as it stands, as the member will know. I'll just read, if I may, just an excerpt from a letter from the executive vice-president of the Saskatchewan Real Estate Association where he says:

We recognize the enabling nature of this legislation (and I know the member understands that too) and feel it will allow a full discussion of all options should any recommendations come forward in the future, and we do understand that full consultations with the industry will be held prior to the implementation of any recommendations.

And the support from across . . . from all other organizations is significant. Here what we are, I think, doing is responding to the majority of real estate agents in the province. And we are following other provinces — British Columbia, Alberta, Ontario, and Manitoba.

And there are some specific reasons why this approach is most desirable and why it would be supported by the Saskatchewan Real Estate Association and so on. And that is there have been three major insurance companies who have decided to cease writing errors and omissions insurance for real estate . . . the real estate industry so we need to ensure there is a guaranteed availability of insurance to protect consumers. We also need to ensure that lapses in coverage are addressed, and they would be under a mandatory program so you would not end up with having some real estate agents covered and others not.

It's most efficient and likely . . . and cheaper if there is a uniform or universal program. And it also makes it portable. If people move from one insurance . . . from one real estate company to another, there'll be consistency in handling claims for consumers across the province. And it's our view and the view of the Real Estate Association that in fact this will be a more efficient, cheaper process than if it were left to real estate agents to go seek an insurance company to cover them on their own.

But I do want to remind the member that no decisions about this have been made. The industry has said to us — and we have listened — that we leave options open and that there would be

considerable consultation with the real estate association, with the real estate industry, before any steps were taken to provide this errors and omission mandatory coverage.

So I think in summary while there have been concerns raised by the Saskatoon Real Estate Board, the Saskatchewan . . . the province-wide organization is fully supportive of this provision and that is the reason for us going ahead with the provision as is.

Ms. Julé: — Thank you, Mr. Chair. Mr. Minister, I'm sorry but I can't accept that the majority of realtors in the province accept this one specific clause, clause 83, because we have been in correspondence with them for some time and have at no time heard them say that they feel that this should be left as is. It is specifically clause 83(1)(q.1)(ii) that they would like to see removed.

And they believe that the wording . . . if there was different wording that in fact they have asked for and that's what I'm placing in the House amendment it's their belief that that wording would still accomplish the intended results of section 83 and will enhance the protection level to the consumer and certainly would alleviate the major concerns that their board of directors, brokers, and membership have with the current wording.

(19:45)

Putting it very simply, Mr. Minister, the concern is that they are going to have an insurance carrier mandated. They must buy insurance from a specific carrier and that does not provide them with choice.

It is my belief and I understand certainly the belief of all brokers in the province, that they have the intelligence and the ability and certainly the free-market field out there to be able to choose from and they would like to do so.

I heard what you said today, Mr. Minister, and I know as I've mentioned that you've had quite a bit of correspondence yourself with boards throughout the province and I just am going to let you know that I intend to put forward this House amendment on behalf of the many brokers that have spoken to me about their opposition to that specific clause.

And once again, I mention on their behalf that they have no opposition to the body of the Bill overall. It's just that one clause that they feel is very restrictive for them and that basically tells them what to do as far as having to buy their insurance from a specified carrier and frankly, they have opposition to that.

Hon. Mr. Axworthy: — Well I would just say to the member that the Saskatchewan Real Estate Association and the Saskatchewan Real Estate Commission, their joint task force recommended mandatory errors and omissions insurance be implemented for all real estate agents in the province. And the member will have also received a letter from the Saskatchewan Real Estate Association, as did all the MLAs, in which the association indicates that the board, and I quote here:

The board of directors are convinced the majority of the

membership are in favour of the amendments as proposed and that the amendments are in the best interests of the industry and the public.

So the member may say that there are, I mean as I am sure there are, a number of real estate agents who don't support this process but the industry association has indicated to us and to her also, that the majority of the membership are in favour and that it is in the best interest of the industry and consumers and that is why we will continue to support the provision as is.

Ms. Julé: — Thank you, Mr. Chair. Mr. Minister, your reference to the letter from the executive vice-president of the Saskatchewan Real Estate Association is a letter that I have with me and on my desk here. And I see clearly that they want to see that this kind of legislation comes forward.

There is no opposition to errors and omissions insurance, but there is opposition to mandatory insurance, meaning that it's going to be mandated which will be in fact a way of dictating to the registrant with which insurer the registrant must be insured. And that is the point of opposition. So I hope we're not debating here for nothing. I mean this is not something that is terribly confusing. The body of the legislation that asks for the implementation of errors and omissions insurance and that it be compulsory is . . . everyone is in favour of that.

But there is disapproval and disfavour of the provision in this legislation that would require and dictate that the registrant buy from a specified insurer. And that's something that I don't . . . I'm not too sure that has been discussed thoroughly with the executive vice-president.

Now I hear you saying that your government is not going to be pressing anything without discussion about regulations, and I think that's fair. But I think it would be more assuring to the realtors of the province if this one clause was removed and we substituted that clause with wording that I have in the amendment, that:

the documentation that a registrant must provide with respect to evidence of Errors and Omissions Insurance from an insurance provider registered in Saskatchewan

. . . would certainly take care of the same thing. So I ask the . . . minister, rather, to consider that when the time comes for this clause to be moved forward.

Hon. Mr. Axworthy: — Just in response, I would merely say that other provinces faced some of the similar criticism the member presents, I think largely from two perspectives I would imagine. One, some concern about the cost of the insurance, and all of the evidence suggests that the cost of the mandatory insurance would be cheaper than if it were left to the devices of individual agents to find insurance. And I did mention to the member that it is becoming increasingly difficult to find insurance companies to provide the errors and omissions insurance.

And, in addition, there might be some philosophical objection to a mandatory program. That same opposition existed in other provinces but, as the member might know, essentially withered away once it was clear that the single, the mandatory program

was much more efficient and cheaper for the agents, and for a whole range of reasons was also more expansive and more reliable for both the agents and consumers.

Ms. Julé: — Thank you, Mr. Chair, and Mr. Minister. I just make one comment to you in respect to your remarks, and that's that I believe that any time there is an ability for any purchasers of anything to be able to work in the open market, in a competitive market, that there is a much better chance that the cost will be and can be lower. And I believe that the realtors of the province recognize that also.

Now in respect to the fact that there may not be a lot of carriers that are providing this insurance, I guess I would have to take your word for that. I'm not really absolutely sure. But I think again it would be really healthy and respectful if the government of the day would allow the real estate boards of this province to make that determination and to find that out for themselves. And in doing that and giving them that kind of respect and that opportunity to research that kind of thing, I think it would be open to them to choose those carriers if they should find them. But if we leave in clause 83, they won't even have the opportunity to do that. So again I make my case for the need for the amendment.

Hon. Mr. Axworthy: — Well just in final response, I think the member might want to move her amendment, but this just is a provision to enable the province to move forward with mandatory errors and omissions insurance.

And I can assure the member that every effort will be made to have a full consultation process with all affected parties including the Saskatoon Real Estate Board.

Clause 1 agreed to.

Clauses 2 to 4 inclusive agreed to.

Clause 5

Ms. Julé: — Thank you, Mr. Chair. Mr. Chair, at this time I would like to put forward a House amendment to:

Clause 5 of the printed Bill

Amend Clause 83(1)(q.1) of *The Real Estate Act* as being enacted by Clause 5 of the printed Bill by repealing subclause (ii) and substituting the following:

“(ii) the documentation that a registrant must provide with respect to evidence of Errors and Omissions Insurance from an insurance provider registered in Saskatchewan.”

I so move.

Amendment negated on division.

Clause 5 agreed to.

Clauses 6 and 7 agreed to.

The committee agreed to report the Bill.

Bill No. 59 — The Saskatchewan Financial Services Commission Act

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

Hon. Mr. Axworthy: — Mr. Chair, I'm pleased to say that I've assembled a group of fine officials. In addition to Darcy McGovern, to my right Tim Epp, who is Crown counsel for legislative services; and behind him Dave Wild who is Chair of the Securities Commission and a range of other things as well.

Clause 1

Mr. Heppner: — Thank you, Mr. Chairman, and again welcome to the minister and his mostly new officials that have been well assembled.

Bill No. 59 is basically a consolidation of different departments and sections and I'd like for the minister to list the departments that are going to be consolidated, or organizations, and also what the timeline is to complete the whole process.

Hon. Mr. Axworthy: — The member asked what organizations will be brought together under the new Saskatchewan Financial Services Commission. They will be as follows: the Saskatchewan Securities Commission, the financial institutions section of the consumer protection branch of the Department of Justice, and the pension benefits branch will be brought together in one organization.

More specifically the legislation that will be brought together will be part XIX of The Co-operatives Act, The Credit Union Act of '85 and '98, The Mortgage Brokers Act, The Pension Benefits Act, The Saskatchewan Insurance Act, The Securities Act, The Trust and Loan Corporations Act, and there may be some others.

And in terms of regulators the . . . will be brought together under this one organization: the Co-operative Securities Board, the Registrar of Credit Unions, the Superintendent of Insurance, the Superintendent of Pensions, the Saskatchewan Securities Commission, the Saskatchewan Superintendent of Financial Institutions.

Really what's involved here, as I think the member appreciates, is with the lack . . . or less differentiation of financial instruments, the ability of . . . or the marketplace becoming one in which more . . . in which institutions sell financial products which previously they had not sold, that it's important to provide one mechanism where these can be regulated effectively and also to assist consumers in their decision making when they invest their hard-earned savings.

So it is an effort to streamline the process and to make it more effective and to bring it in harmony with the marketplace.

(20:00)

Mr. Heppner: — Thank you to the minister. This gathering together of groups that you're consolidating, is there also going to be sort of a physical change? Are they going to be in the same facilities physically because of the interaction that you say

they will be needing and taking place?

Hon. Mr. Axworthy: — That certainly is the intention, Mr. Chair, to bring all of the operations under one roof. And in hopefully short order that will be achieved.

The Chair: — Hon. members, this Bill is a rather lengthy Bill. Is leave granted to deal with it by part?

Leave granted.

Clause 1 agreed to.

Clauses 2 to 34 inclusive agreed to.

The committee agreed to report the Bill.

**Bill No. 60 — The Saskatchewan Financial Services
Commission Consequential Amendment Act, 2002/
Loi de 2002 apportant des modifications corrélatives
à la loi intitulée The Saskatchewan Financial Services
Commission Act**

Clause 1

Mr. Heppner: — Thank you. Bill No. 60, as was just stated, is a consequential amendment Act. And I'm wondering for what specific reason this wasn't included as part of Bill No. 59 that we just dealt with.

Hon. Mr. Axworthy: — The reason for that, Mr. Chair, is that The Co-operatives Act is a bilingual Act and therefore a consequential amendment is made to that by this Bill.

Clause 1 agreed to.

Clauses 2 and 3 agreed to.

The committee agreed to report the Bill.

**Bill No. 63 — The Members' Conflict of Interest
Amendment Act, 2002 (No. 2)**

Clause 1

Hon. Mr. Axworthy: — Darcy McGovern remains here, Mr. Chair, and it's kind of hard to gather up one person but we've managed to do it.

Mr. Heppner: — Thank you, Mr. Chairman. This is an interesting Bill in that I think we have the opportunity here to probably spend an hour or three discussing the underlying philosophy on that side of the government that has brought about Bill No. 63.

As we're well aware, Bill No. 63 was brought about as my colleague just used the term quite well, the impropriety of the former cabinet minister from the NDP side who then decided to get involved and put a couple of feet in the trough and get some money out of government that he shouldn't have had at that point.

And it's unfortunate that it's, you know, come to this, that the

NDP government over the last 10 years has become so old and tired that they haven't taken care of these sorts of things and made sure that they've basically been upstanding in the image that they presented to this province and to the rest of Canada.

And as I said this was brought about specifically by the Upshall incident. And I think this government realizes very much that it's an old and tired government and that they needed to put this in place, or else a lot of the other cabinet ministers that have left and are now smiling because they're contemplating the joy of leaving the NDP fold will be out there looking for opportunities to make money on their inside knowledge.

And I think we had a good example of what's happened with Broe industries and how suddenly they became so cozy and got linked up with this NDP government. And if we check what the link in there is, it happens to be another NDP past member. And so this has been happening on a very regular basis and happening on an accelerating basis.

And I think it's for that particular reason that the NDP government realized that if they don't go ahead and close some of these opportunities, whatever part of their image isn't tarnished would be totally destroyed in another month or two.

And so that, as I said, Mr. Chairman, is the background behind Bill No. 63. We discussed that in detail, I believe, over the span of an hour or three the last time this came up, and so I'm going to save the government the privilege of hearing the same, the same statements two or three times. But I think that's the key thing.

I would like to thank the minister though for involving me at an early stage of this particular Bill going through. The length of time that would be needed in order to say well, enough time is passed that we think that inside information would not be of any particular value at this particular point.

I do have one question though that we didn't discuss when we, when we met to look at the background and the details of Bill 63, and that is there's an opportunity given for cabinet ministers to apply for the Conflict of Interest Commissioner for an exemption from the provisions of this particular Act. And that's the one thing I think that we haven't discussed in this particular Bill.

And I would like for the minister to see if he has any examples where it would be possible where the Conflict of Interest Commissioner might say in these situations, we should grant an exception?

Hon. Mr. Axworthy: — The member raises a question about a new, a new provision in the Bill, which I think serves both the public interest and the interests of former cabinet ministers well, in the sense that it enables a former cabinet minister to ask the commissioner to clarify that he or she will not be . . . will not run afoul of the conflict of interest guidelines and to get an opinion from the commissioner to that effect.

It's an approach used in Alberta and Newfoundland and Labrador, and I think it does strike an appropriate balance ensuring that the member's conduct is fair and transparent and ensuring that those who enter public life have

... are not unduly hindered once they return to private life.

And you know the, as the member will know, the core issue here is whether or not a former cabinet minister is a guiding mind of an organization which is seeking to do business with the government or who for somebody who is actually seeking to benefit themselves from a potential contract with the ... with the government. And there is a need sometimes to clarify these positions.

For example, the member asks what about an example. What about a teacher working for a school board? Plainly the school board will receive funds from the province and the member could ... the former cabinet minister who became a teacher could be ... could envisage being caught by that provision. So what this will do is enable, say, a former cabinet minister who becomes a teacher to ask the commissioner to indicate that he or she is not in a conflict of interest situation simply because they're a teacher working for a school board which receives funds from the government.

And that opinion by the commissioner will be made available to the legislature so it will be ... the results will be fully transparent. So I think what it does is enable situations in which we may not in a theoretical sense be ... say this definitely is or is not, is in or is not out of ... No, let me put it another way.

In those instances where you can't easily assess whether conflict of interest guidelines are being infringed, it provides the opportunity for a former cabinet minister to ask the commissioner, the commissioner will make a decision, and the commissioner will provide that decision to the legislature.

Clause 1 agreed to.

Clauses 2 to 12 inclusive agreed to.

The committee agreed to report the Bill.

(20:15)

THIRD READINGS

Bill No. 61 — The Regional Health Services Act

Hon. Mr. Nilson: — I move that the amendments be now read the first and second time.

Motion agreed to.

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

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

Bill No. 62 — The Health Statutes Consequential Amendments Act, 2002/Loi de 2002 apportant des modifications corrélatives à certaines lois sur la santé

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. 41 — The Health Quality Council 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.

Bill No. 43 — The Saskatchewan Health Research Foundation 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.

Bill No. 57 — The Automobile Accident Insurance Amendment Act, 2002

Hon. Mr. Sonntag: — Mr. Speaker, I move the amendments be now read a first and second time.

Motion agreed to.

Hon. Mr. Sonntag: — Next sitting of ... I should say, Mr. Speaker, by leave of the Assembly, I move that Bill No. 57 be now read the third time and passed under its title.

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

Bill No. 40 — The Highway Traffic Amendment Act, 2002

Hon. Mr. Sonntag: — I move the amendments be now read a first and second time.

Motion agreed to.

Hon. Mr. Sonntag: — Mr. Speaker, by leave of the Assembly, I move that Bill No. 40 be now read the third time and passed under its title.

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

Bill No. 4 — The SaskEnergy Amendment Act, 2002

Hon. Mr. Sonntag: — Thank you, 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. 79 — The Saskatchewan Farm Security Amendment Act, 2002

Hon. Mr. Axworthy: — 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. 32 — The Land Surveys
Amendment Act, 2002**

Hon. Mr. Axworthy: — 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. 33 — The Land Titles Amendment Act, 2002

Hon. Mr. Axworthy: — 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. 9 — The Real Estate Amendment Act, 2002

Hon. Mr. Axworthy: — 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. 59 — The Saskatchewan Financial Services
Commission Act**

Hon. Mr. Axworthy: — Mr. Speaker, I move that this Bill be now read a third time and passed under its title.

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

**Bill No. 60 — The Saskatchewan Financial Services
Commission Consequential Amendment Act, 2002/
Loi de 2002 apportant des modifications corrélatives
à la loi intitulée The Saskatchewan Financial Services
Commission Act**

Hon. Mr. Axworthy: — Mr. Speaker, I move that this Bill be now read a third time and passed under its title.

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

**Bill No. 63 — The Members' Conflict of Interest
Amendment Act, 2002 (No. 2)**

Hon. Mr. Axworthy: — Mr. Speaker, I move that this Bill be now read a third time and passed under its title.

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

The Speaker: — Before I go into Committee of Finance, why is the member from Saskatoon Northwest on his feet?

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

Leave granted.

INTRODUCTION OF GUESTS

Hon. Mr. Melenchuk: — Thank you, Mr. Speaker. It certainly is a pleasure for me to introduce some teachers who are visiting here from other places in Canada. They are attending Knowledge of the Environment for Youth. And I would like members to welcome Marvin Waldner from Manitoba, Kathy Booth from Manitoba, Rollie Lynds from Nova Scotia, Ida Oldford from Nova Scotia, Kathy Muise from Nova Scotia, Anne-Laure Zeitouni from Quebec, and Denise Lombard from Nova Scotia.

And it certainly is a pleasure as the Minister of Learning to have teachers here in the off-season but still working, and I'd ask all members of the Assembly to welcome them here this evening.

Hon. Members: Hear, hear!

Ms. Draude: — Leave to introduce guests.

Leave granted.

Ms. Draude: — Thank you, Mr. Speaker. On behalf of the official opposition I really welcome the teachers here from across Canada. I'm sure you're going to enjoy the legislature and it's nice to see that you're working even when you're not working, just like we are.

So welcome to the legislature.

Hon. Members: Hear, hear!

COMMITTEE OF FINANCE

**General Revenue Fund
Health
Vote 32**

Subvote (HE01)

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

Hon. Mr. Nilson: — Thank you very much. I'm pleased to have with me this evening, to my left, Glenda Yeates, deputy minister. And to her left, Duncan Fisher, assistant deputy minister. And behind Glenda is Lauren Donnelly who is the executive director of acute and emergency services. And behind me is Bert Linklater, executive director of district management services. And to my right is Mick Grainger, assistant deputy minister. And in the back we have extra help — John Paul Cullen who's the assistant to the deputy minister; Brenda Russell who's a financial analyst, finance and management services branch; Bob Finesz who's associate executive director of medical services; and Barb Shea who's the executive director of the drug plan and extended benefits.

Mr. Gantfoer: — Thank you, Mr. Deputy Speaker. And welcome, Minister, and to all your officials this evening for what quite likely will be the last opportunity for us to discuss

health estimates in this session.

Mr. Minister, because this is a windup, there are a number of topics that I want to touch on and there are certainly a few more members that have some issues that they would like to raise this evening as well. So we will keep the preamble pretty short.

Minister, I don't know if you had the opportunity but on June 24 on a CBC National presentation there was a program called, I believe, *Doctors in Waiting*.

And this program went on to trace the reality in Ontario at least, and it was done on the basis of Ontario, so I can't automatically extrapolate that information. But really what the program dealt with was unlicensed doctors who were unable to get certified to practise medicine in Ontario and, by extension, in Canada. And the program alleged that there were some 4,000 doctors in that status in Ontario.

(20:30)

Now I know Ontario is much larger than Saskatchewan is and I'm wondering if the department has any statistics on doctors who would be caught in this dilemma. It highlighted the case of one doctor individual who had actually been trained, I believe, in Pakistan, had 10 years of experience in the medical profession, had been fully accredited as a doctor in Pakistan, and when he came to Canada was unable to meet the requirements at that time and was managing an apartment block, actually — totally out of his field, totally unuseful to the medical system in Ontario.

And I'm wondering if there is a similar situation, although I would recognize immediately that the numbers would be quite different because of our relative sizes. But do we have that situation in Saskatchewan as well where we have medical professionals who are caught in the licensing limbo, if you like, awaiting licence accreditation in this province?

Hon. Mr. Nilson: — Mr. Deputy Chair, we don't know the exact numbers of people in Saskatchewan but we know there are some people. One of the new initiatives that we brought forward this year is called the international medical graduate assessment pilot project and so Saskatchewan is piloting a new project to evaluate foreign trained family physicians not currently eligible to be licensed in Saskatchewan.

This project was developed by the College of Physicians and Surgeons of Saskatchewan in co-operation with the College of Medicine at the U of S (University of Saskatchewan), the Saskatchewan Medical Association, and the Government of Saskatchewan. Saskatchewan Health is providing about \$85,000 for this project.

The candidates who go into this program and are assessed and then get their licence have to agree to a return of service commitment in an area of need in Saskatchewan. So basically, it's something that we've identified that there are some people that are in the kind of limbo that you talk about and that we then have developed this program, which is basically now just getting implemented. I think there are two positions for this year.

Mr. Gantefoer: — Minister, I recognize that this is a new program and a new initiative so it'll take a little time to sort of get fully operational. But is it anticipated that individuals who apply to this program are going to be in a sort of an all or nothing immediate situation, or might there be a situation where on the assessment of their credentials and qualifications that it is determined that they may need a further module of training or something of that nature at the College of Medicine or something of that nature?

And if that's the case, is there a way that they can be used in the health care system at maybe a different designation than full accreditation as a doctor or a nurse so that they're not lost to the system and end up, as this program depicted, where they are managing an apartment block rather than being of use to the medical system and are sort of put together with someone from entering or whatever, so that they can actually be used in the medical system while they're awaiting full opportunity to complete their accreditation?

Hon. Mr. Nilson: — I think the programs, like this one I just mentioned for the international medical graduates, are designed in a way that people actually work so that their skills can be assessed as they're working. So on that basis, they are providing some help in the overall system and at the same time are being assessed by people who are obviously experts in the field that needs to be assessed. So that is kind of how it goes.

There aren't, I don't think, as formal programs with some of the other professions, but there are some ways that some of these things can be done.

Mr. Gantefoer: — Thank you, Minister. Minister, in my travels to different districts over the last couple of years I've run into a couple of occasions where health districts had recruited nurses from other jurisdictions. The Philippines come to mind in one instance. And there seemed to be a fair bit of red tape and delays and frustration by certainly the new immigrant nurses if you like, and the health district in terms of what was required for them to challenge literacy exams, and all the rest of those sorts of things so that they could be accredited to function within the Saskatchewan system.

Can the minister outline in the nursing situation what the process is, and have improvements been made to streamline that process?

Hon. Mr. Nilson: — Well I think there are two parts to an answer to this question. It's an ongoing process. The first part is that for example for nursing, the Saskatchewan Registered Nurses' Association has their processes for evaluating degrees, and they work obviously with organizations in other jurisdictions around that evaluation.

But one of the things that the Government of Saskatchewan has initiated this year is a position within intergovernmental affairs that works around facilitating immigration issues for various professionals or . . . and other people with skills that we need in Saskatchewan. And that's a new position and that's one that people within Saskatchewan Health . . . they work with that person, and also obviously with the health districts and other places where people are required.

Mr. Gantefer: — Thank you, Mr. Minister. I think you probably see where I'm leading in terms of trying to ascertain, are we making maximum use of all the potential people that we have in this province to be available to work in an appropriate way in the health care system? Because we obviously in many categories are very short of health care professionals.

And so I appreciate the fact that some of this work is ongoing, and I would certainly encourage the department to work in whatever way of streamlining it in a responsible way. I mean, nobody wants us to take shortcuts that would somehow jeopardize the quality and standards of practice in this province. But I think that if we can minimize and speed up the bureaucratic maze that people find themselves sometimes caught in, that that is going to be of benefit not only for the health care system but for the individuals who are caught up in that maze. And so I'd encourage the department to continue in its efforts in that regard.

Minister, one of the ongoing concerns that, you know, that I've expressed is my concern about the availability of health care professionals in the province today and going forward. Because in my estimation it's one of the very critical issues that are key to us finding solutions in a long-term way to many of the other problems that we face. If it is waiting times and things of that nature, if we don't have health care professionals to work appropriately in sufficient numbers, it's going to be very difficult to deal with those other issues that I think we all recognize as challenges.

Minister, there's been a report released not very long ago that compared the statistical information about the nursing profession in our province and across Canada, and there were, you know, some concerning statistics in that report. You know that we have, I believe, the potential in the next 10 years of having virtually half of our nurses be eligible for retirement.

We have approximately 9,000 nurses currently practising in the province, and doing the simple math, that means that potentially over 4,000 of them could be eligible for retirement in the next decade. Minister, you obviously . . . and I know you have looked at those statistics and I suspect are concerned about some of those statistical information.

On the other side of this puzzle, we currently have about 260 training seats for registered nurses in the province, and I believe our current success ratio in terms of retention is about two-thirds of those graduates stay and practise their profession in the province and about one-third of them leave for other jurisdictions in Canada or internationally.

So when you do the math, I mean, even if we kept 100 per cent of the people graduating over the next 10 years, that potentially is a supply of two and a half thousand at the same time we potentially are going to have four and a half thousand retire. Minister, those are just broad numbers but I think they illustrate and highlight a real concern about the long-term planning for the replacement of our nurse professionals.

I believe a year ago when we had estimates we talked about the fact that you'd done a study to ascertain the demand and the supply requirements and indicated that, I believe it was Mr. Elliott's study said that we're fine at 260. But in light of the

statistics that I quoted from that are quite recent, I wonder if you've had an opportunity to revisit your comments about our current level of graduating 260 nurses is appropriate in light of the statistics that I have just quoted to you.

Hon. Mr. Nilson: — As the member knows, this area is a challenge always and the best thing I can say is that there is a continual monitoring of the numbers of people that are required, the numbers of people that have trained. We presently are training 260 nurses a year and we're adding another 40 with the northern nursing program, so it will be up to 300 I think later this year.

You use those and then you look at some of the demographics in the nursing profession and try to manage some of these things. I know that some of the most dire predictions have many people retiring at age 55 or about that category. And so we know that there are people who are willing and enjoy their work and will continue on past that time.

(20:45)

What we're doing in Saskatchewan is clearly working with the professional organizations, with the employee organizations, the unions, also with the College of Nursing, and with SIAST. And this is also an area of great concern for all of our neighbours, especially in Western Canada, and so it's actually a topic of discussion on a regular basis with ministers of Health as we get together because one of the challenges is always when one area ends up recruiting from another part of the country.

And so this is something we're going to continue to work at. We're going to try to deal with the predictions. We're trying to deal with the demands that we have now. Another challenge is, in trying to increase the training spaces too dramatically and too fast, is that we don't have enough clinical spots and enough clinical training people to do all of that as well.

And so it's one where we're working carefully with all of the different people to make sure that we be as prepared as we can for some of the demographic changes that we see. And I guess what I would note is that this is true not just in nursing professions or other medical or health-related professions, it's true among lawyers and other groups as well.

Mr. Gantefer: — Mr. Minister, I know that you've got an affection for a shortage of lawyers but I suspect that the public would have less affinity or concern about not having enough lawyers in this province as compared to enough nurses.

Mr. Minister, you know, in a way that you can sort of look and talk now like you're going to be monitoring things. And that sounds very benign and sort of all well and good. But the problem is, is that your government was in power when a decision was made in the early '90s to reduce dramatically the number of training seats for registered nurses in this country.

It's quite possible that the current Premier was the Health minister at the time. And there used to be something like 10,000 nurses trained a year, and I understand nationally that number has dropped to something in the magnitude of 4,000 a year. And I'm wondering, and I know it wasn't during your watch as a Health minister, but how you as a government can sit there and

eight or so years later after participating in a decision to dramatically decrease the number of training seats for professional nurses, now say that you're going to monitor this situation as we go forward.

The minister is quite happy to have a situation where he says well, people in this province or people in the nursing profession are going to stay beyond the retirement age. Minister, if you've been in the field at all and in the areas where nurse practitioner or professionals are working in the wards and the units across the province, the workload is very severe.

And many of the nurses, particularly as they are approaching retirement, are barely hanging on long enough to make retirement. I run into darn few of them that are talking about staying beyond that time. In fact, one of the challenges in the statistics of the number of nurses we're losing is people that are actually dropping out of the profession prior to retirement age, not considering staying on beyond it.

So I think you're living with some real rose-coloured glasses when you talk about looking at that you're going to now monitor the situation and somehow say that we're all going to work this out okay and everything is going to be fine. It's serious and it's been getting worse every day and every year that goes by under this government's mandate.

Mr. Minister, how can you justify being part of a decision, your government's being a part of a decision to dramatically decrease the number of nurses trained not only in this province but across this country and now expect the monitoring of this dramatically changed situation is going to meet the needs of the next decade?

Hon. Mr. Nilson: — The member refers to a time when there were some changes around nursing education and I think the numbers that he uses refers to the two-year nursing programs. And as the member knows, there aren't that many two-year RN (registered nurse) nursing programs left and that actually the standard is now a four-year nursing degree. And that's a factor that has to be taken into account in looking at the last decade and some of the changes, because we have highly skilled people with more training who are doing a broader array of kinds of work. And they are also then working with people who are very good nurses, who have many years of experience but started out with a different kind of training.

Another factor that has to be taken into account is that there are many people in the nursing profession who work part-time and we also have a program for people who want to re-enter the whole nursing profession after some time doing some other things.

All of these things mean that there is a continual challenge around having enough nurses but also a challenge around making sure that they're used with the appropriate support because, as nursing professionals gain more and more skills, then they require other people to work with them to make sure that they're being used in the most appropriate way in the whole health system.

And that's very much the concept that we're working at with the primary health care teams which will end up having entry

into health care with nursing practitioners and other professionals as well as with the doctors. And this will make a huge change as this is implemented over the next numbers of years in the complement of the kinds of people that we need within the nursing profession.

The only way we can do that, though, is working with our training facilities, and also with our professional associations and the unions so that we can do all of this together.

Mr. Gantfoer: — Well Minister, going from a two-year program to a four-year program doesn't cut the number of graduates in half indefinitely. It creates a two-year lag where you in essence would graduate no one, and then after that if you have the same number of training seats, you're going to have the same number of graduates.

It has to do with training seats and if you're there two years longer, you create a two-year dead space if you like, while you graduate no one. So your logic is very flawed and you've been masters of creating the problem yourselves. And that warning has been flagged by the professional nursing associations for a number of years, and it's only recently where there has been some response.

I'm wondering again, Minister, in light of the demographic situation that we have in our province, are you still confident that the current level of 400 nursing seats coming on stream in the next year or so is going to meet that demographic reality given the heavy workload, and the likelihood that nurses who are eligible for retirement are indeed going to take it — if hopefully that they stay for the full period of their employment so that they can get to retirement age?

Hon. Mr. Nilson: — Mr. Deputy Chair, I have a request from the Chair. I would request leave to introduce some guests who have arrived.

Leave granted.

INTRODUCTION OF GUESTS

Hon. Mr. Nilson: — Thank you. I would like to introduce to you and to all members of the legislature, three people who are in the Speaker's gallery.

And starting on the left is Dr. Carl Cherland, who is from Luther College. And many of you will recognize him because he brings his choir here every year to provide a concert in the rotunda, and so we can all hear that echoing throughout the building. And we thank you very much for that.

Beside him is his wife, Dr. Meredith Cherland, who is a professor at the University of Regina in the Faculty of Education, and she's done much work that's of benefit to children and teachers across Saskatchewan.

And accompanying them tonight, I assume on a neighbourhood walk, is Dr. Helen Harper, from the University of Western Ontario in London, and we welcome her as well.

I ask all members to welcome our guests.

Hon. Members: Hear, hear!

COMMITTEE OF FINANCE

General Revenue Fund Health Vote 32

Subvote (HE01)

Hon. Mr. Nilson: — So with that, I will now continue with the answer to the question. Just on the logic question, if we have 10 nursing training spots a year, for 2 years we would be able to train 20 people. I mean, yes, after 2 years you'd have 10 nurses trained . . .

An Hon. Member: — You're graduating 10,000.

Hon. Mr. Nilson: — No, no, but if you're just talking about 10 — I'm just using straight logic — you would end up, if you have 10 nursing positions, after 2 years on a 2-year program, you would end up with 10 nurses. Under a 4-year training program, you would end up having to do those same 10 training spots for 4 years to end up with 10 nurses. So effectively, under a 2-year program, you graduate twice as many as under a 4-year program. That's the only point I was making — that continues on right through the whole system. It takes the same resources every year for that training.

Now the important thing that to recognize around the whole nursing area is that there are issues around the education of nurses. There's also an issue around the retention of nurses for the long term. And I think that's where some of the questions that arise here come, which is the workplace and . . . quality workplace and basically allowing for people to thrive in the place that they work for the long term.

And so one of the things that we have been working with very closely, with both the unions and with the registered nursing associations, is to look at quality workplaces. And one of the projects we've had going in Moose Jaw has been quite successful in identifying those factors which make it a good place to work versus those factors which make it a less appealing place to work.

And as we continue to work on those kinds of things we can also help address the long-term needs in the nursing profession, because often then those people who have the longer experience become our teachers of the next generation of nurses. And it's that challenge of having enough mentors and teachers for the next generation of nurses that makes it difficult to dramatically increase the nursing training positions.

So I think what has to happen is that we'll continue to work with all of the various parts of the system, and we'll attempt to train people, we'll attempt to retain them, and we'll also attempt to recruit them.

I know that the minister or the Deputy Premier and I were in Yorkton this morning at the long-term care home. And I was told that it's surprising the number of people who are applying to come and work in the Yorkton area from other provinces — British Columbia and Alberta and Ontario — and that this is a

bit of a different change. Because one of the factors I think is that much as we have some change in our system in Saskatchewan, our health system in Saskatchewan has some longer-term stability when they're compared to some other places in the country.

Mr. Gantefoer: — Thank you, Mr. Minister. And we'll talk later about the debate about graduating 10,000 nurses versus graduating 4,000 nurses and how the math works.

Mr. Minister, you open another area that is a concern and it partly is in regard to the training but also the retention in that there's sort of a couple components. There are a number of nurses or health care professionals who aspire to advance their training and complete and add more training so that they qualify for registered nurse positions. And, Minister, I wonder, there's like two-year diploma trained or prepared nurses who want to advance to become fully degreed nurses and things of that nature.

There are nurses who have been out of practice for a number of years and so they require an upgrading module or a number of modules in order to be accredited to practise again. Minister, would you outline what financial support there is for those individuals who are looking to improve or renew their credentials.

Hon. Mr. Nilson: — With the implementation of the action plan that's taken place over this spring, this year's budget we've added 160 nursing bursaries on top of the existing 60. So this year there will be 220 nursing bursaries that are available. Right now people are in the process of applying for the 160 new bursaries.

We've had a re-entry bursary program in place since April 2000, and as of earlier this spring 124 bursaries have been awarded — 73 RNs, 39 LPNs (licensed practical nurse), and 12 registered psych nurses under that particular program. So what we've been doing and part of the initiative around the action plan was to increase the numbers of bursaries and work at facilitating the re-entry for people who want to come back and work in the profession.

Mr. Gantefoer: — Minister, are the re-entry bursaries part of the 220 total nursing bursaries available?

Hon. Mr. Nilson: — No, the re-entry bursaries are separate ones. And I should clarify — of the 220 total, 160 are dedicated to nursing and the other 60 are for other professions in the health area. So it's 160 plus 60.

Mr. Gantefoer: — So the . . . there's 160 plus the re-entry bursaries that are available for the nursing profession, and in addition to that another 60 bursaries that are available across the other medical professional components.

Minister, that leads me to . . . another concern I guess is that there certainly has been articulated a need for revisiting the number of medical laboratory technologists and laboratory . . . or radiologists, medical radiologists, that are being trained, because there has been the indication that there is another area where we are in pretty short supply. Will the minister indicate what plans there are to address this concern?

Hon. Mr. Nilson: — On May 23, just over a month and a half ago, I was pleased to announce there's an increase in bursary funding and for the first time students who are studying medical radiation and medical laboratory technology are eligible under the expanding health bursary program. So this is a response to some of the concerns around the needs that are there, for especially the medical radiation technology and X-ray technician kinds of programs.

So that is a response and basically how the bursary system is designed is to try to respond to some of the areas that have been identified by health districts and others who require people and aren't able to obtain them. So then we end up working to identify spots to meet the demands one or two or three years down the road. We also end up then working with SIAST or with the universities to identify training spots, because sometimes there need to be adjustments in the training spots as well.

Mr. Gantfoer: — Thank you, Minister. Minister, I certainly support and appreciate the increased bursary program because that does very dramatically help those people who are successful in being accepted into a medical program.

But part of the challenge of course of having enough people is not having them better funded — or only just better funded; that's very good — but also to have more training spots available for them.

For example, I have some statistics that I believe to be accurate that says that in 2001 that in the nursing profession we admitted 261 nurses to the degree nursing program but that that only represented 37 per cent of the number who applied.

So there's certainly not a shortage of people applying and desiring to get into the profession, that a bursary program would . . . you know, if there weren't enough people applying because it was financially too burdensome or things of that nature, then the bursary program by itself would have some real significant improvement in that. But obviously two-thirds of the people that apply are not being accepted because there's not enough training seats. And I suspect the same thing is true or relatively true in the laboratory technologists and the radiology technologists as well.

So, Minister, you talked about the bursaries — and don't get me wrong, I think they're very good — but unless we actually increase the number of training spots so that we graduate more professionals in those fields, we still are not going to meet the demands that the system is indicating are obviously there in the forefront.

Minister, are you as well as the bursaries looking at increasing the training spots for the medical laboratory and medical radiology people?

Hon. Mr. Nilson: — I think the simple answer is yes, we are considering that. But we end up having to work with obviously the training places which in this area is SIAST and perhaps the Saskatchewan Indian Institute of Technology, working together with those people to make sure there are programs that are there.

I think all of us know, I mean just to give you another example, the Indian Federated College has brought in a public health inspector course which will be a Saskatchewan-based course. That's another area where we've had some challenges recruiting people. So that's a positive thing.

So what we need to do is keep making sure we get the information from the places where they're hiring to SIAST or to the universities, to make sure that the courses and the places are available. And this is just an ongoing process of making sure that we're doing that. And that in fact is what's happening.

Mr. Gantfoer: — Thank you, Mr. Minister. Continuing on the theme of shortages of health professionals. Mr. Minister, I believe that there are also a shortage of speech-language pathologists in the province as well. And I don't believe that there is a training program in Saskatchewan. And I wonder how the government and the department is looking at meeting this shortage of this category of medical professionals?

Hon. Mr. Nilson: — The questions you've raised around speech language pathology and audiology is an important one to illustrate how we do respond to these particular specific kinds of needs that we have.

There are programs that . . . where we have examined whether it makes sense to have the program in Saskatchewan on a cost benefit basis. And this is one area where we have basically said that people should go either to Minot State or the University of Manitoba for this training.

One of the advantages that we have when we use bursaries for these kinds of positions is that the bursaries have a return service provision so that the people come back and actually provide service in the province after we've assisted them financially in the costs of the training. But right now, based on analysis of the cost of having a program in Saskatchewan versus sharing with some of our neighbours, we've fallen down on the side of sharing with the neighbours because that seems to make the most sense. And we are getting most of these people to come back to work in Saskatchewan with the way we're doing it.

Mr. Gantfoer: — Thank you, Mr. Minister. Mr. Minister, another area that's been identified again as an area of concern is the issue of public health inspectors. Mr. Minister, coming out of Justice Laing's report in regard to the North Battleford issue, there were certainly concerns about the fact that there needs to be adequate public health inspectors available and that there was some concern that people were being taken out of the public health inspector service in order to meet some of the environmental water testing requirements.

What is the department doing to make sure that we have an adequate supply of public health inspectors?

Hon. Mr. Nilson: — This is an area where I think there are challenges across the country as well. For last year, Saskatchewan Health had three public health inspection course bursaries available. This year we've doubled that to six, so there are six bursaries available for the public health inspector course.

The good news, as I alluded to earlier, is that in March of 2002

the Saskatchewan Indian Federated College was accredited nationally for their environmental science health program, which is public health inspector program. The number of seats for this year are five. It's expected that there will be 40 seats by the time that program is fully implemented at the Saskatchewan Indian Federated College. And so this will be of great assistance to our province as you know there are many people who are — Saskatchewan people — who go and study at that particular institution.

And so we think over a number of years, we'll be able to get a whole new contingent of people who will be trained in that area.

Mr. Gantefer: — Thank you, Mr. Minister. And when we're talking about the issue of bursaries, one of the issues that has been raised by letter, I believe, to yourself and to me from the students at the College of Medicine is the concern about the significant increases in tuition rates for medical students at the College of Medicine at the University of Saskatchewan.

And Marla Gray has been — I think sent me correspondence and I believe you, as well, Minister — and has been quoted in the media about expressing the concern about the concerns that there are going to be for medical doctor students facing increased tuitions. And I don't know, Minister, if the bursary program is going to be sufficient.

And I believe there are other programs dealing with this issue, but I would like you to comment on the concern raised by Ms. Gray in regard to the increased tuition fees for College of Medicine students.

Hon. Mr. Nilson: — I recall the letter that was received, and in fact I didn't have a chance to talk to Ms. Gray but I did talk to her mother at another event that I was at recently. And it is a challenge not just for the student but also for families, and it is an area where the Department of Learning has been working with the university around how to deal with some of these tuition fee increases.

We obviously will, you know, add our concern. But we also recognize the need to make sure that the training institutions have sufficient funds to do the work that they're doing, which is important for the health care system.

(21:15)

So I guess what I would say is we'll continue to grapple with this issue, which is a national issue as some of the higher paying professions are having . . . seeing their tuition rates increase you know quite dramatically compared to some other ones. And that then becomes a challenge in the health care field because there are . . . I identified some of those positions that are people that are important for our health care system.

Mr. Gantefer: — Thank you very much, Mr. Minister. Minister, I appreciate us spending a fair bit of time on this whole issue of medical personnel because really when we talk about anything in the medical system, surgical waiting lists or whatever, I think the brutal reality is, is that the system is only as strong as the weakest link in the system. And quite often we see these situations where the whole system is virtually brought

to a standstill because we haven't anticipated an appropriate blend of the health care professionals that we need to make the system work. And so I appreciate spending some time at it.

Mr. Minister, I have two other issues that I would like to raise in general before I turn it over to some of my colleagues who have some issues to raise with you. And, Mr. Minister, I appreciate that the issue I'm going to raise with you now may not be within your department's jurisdiction but that I would like you to . . . I'm quite sure that you're aware of the situation and if you're not, I would like to make you aware of it.

There's been a recent decision by the Canadian Blood Services to discontinue Saskatoon as a major blood collections depot and to consolidate into Regina, and that Saskatoon would be a sub-centre in this whole process.

Minister, I recognize that this is a decision by the Canadian Blood Services and as a participating province in that service, I think that . . . obviously I would think that the Department of Health in this province would be concerned or at least aware of the issue.

And, Minister, I wonder if you could comment. It would strike me that the concerns raised by the employees and others where Saskatoon is a more of a geographic centre and certainly services not only the central part of the province but also a good part of the northern part of the province . . . and I'm wondering if you would comment on the decision by the Canadian Blood Services to discontinue Saskatoon as a major centre.

Hon. Mr. Nilson: — Well I am the minister in charge of this particular area. And the way the Canadian Blood Services works, the shareholders of the Canadian Blood Services are actually the ministers of Health of the country. So it is the appropriate place to ask this question now that the . . . But the situation is such that Canadian Blood Services is, as you know, a successor organization to the blood collection part of the Canadian Red Cross.

And the Canadian Red Cross was set up to do many things besides the blood service, and so one of the challenges for the Canadian Blood Services as they continued the work around the blood collection and distribution has been to make sense of the organization that related to things like swimming lessons and safety and other things as well as the blood services, and then make sure that there was the appropriate transfer or division of those things over to the Red Cross.

What's happened this year, and basically we heard about it and asked a lot of questions, was that Canadian Blood Services decided to consolidate the laboratory testing of donor blood into three locations. Prior to this spring or this summer — they're implementing it over this summer — this was done in 11 locations, and now it's only going to be done in three locations. For western Canada, that location is Calgary . . . is what they have chosen.

In Saskatchewan, we were one of the last provinces that had more than one blood centre in the sense that we had Saskatoon and Regina, and so what's happened is that they evaluated both places and looked at kind of the assets that they had, the staff, all of these kinds of things, and ended up setting up Saskatoon

as a permanent collection site and centre for mobile blood collection services in the northern half of the province.

Regina's office became the permanent collection site for the southern half of the province and also base for the mobile collection of blood. But the lab services required in Saskatchewan were going to be done out of the Regina office.

And so this is a challenge. It's based on a number of different factors. The information that we've received is that the intention for the whole country was to achieve operational efficiencies, make the best use of state-of-the-art testing technologies, and improve the safety of the blood system. One of the huge challenges coming out of the Kreyer report was the safety of the blood system and the effective use of technology in 3 sites instead of 11 sites is what they've been doing.

So we've been asking a lot of questions, and we know of the impact, but we also understand some of the pressures that the Canadian Blood Services is under to try to sort out how it's organized in Canada.

Mr. Gantefoer: — Thank you, Mr. Minister. And I know that you're aware of the concerns that were expressed by the people working in the Saskatoon collection centre and I certainly do think that the geographic issue of Saskatoon being more central to provide this service is something that hopefully was considered appropriately.

Mr. Minister, I want to move on now to the area of SHIN (Saskatchewan Health Information Network) and I believe in late last year SHIN was inviting proposals for a clinical information system, CIS. And I believe at that time through the RFI (request for information) process that they had selected MediSolutions as the provider for this system. Can you tell me if that contract has been awarded?

Hon. Mr. Nilson: — The latest information as of this afternoon is that they are still under negotiations with MediSolutions. They haven't entered into any contract. They've said that they would like to but they need to get the parameters correct before they will enter into it and they're not at that stage yet.

Mr. Gantefoer: — Thank you, Mr. Minister. Mr. Minister, I imagine that if you're not aware, that SHIN should be aware that there have been some pretty significant financial challenges, I think would be the kindest way to place it, that MediSolutions has undergone in the last short while.

Their share stock has dropped fairly dramatically and Trilon I believe who are their backers or partners in the thing have had to come in and commit extra resources and all those sorts of things.

In light of the pretty shaky situations in the stock market and all these situations, do you know if this is a major component in terms of this contract? Because it would strike me as that it's very, very important to make sure that there is financial stability occurring in order for us to enter into these kinds of contracts.

Hon. Mr. Nilson: — Yes, I have been aware of some of the things that have happened. It's been part of the information in the financial pages of our newspapers. But one of the situations

that does happen in this information technology area is that there are takeovers and changes and Trilon's involvement with MediSolutions in a lot of ways would maybe provide some stability. But clearly one of the factors that takes place any time you enter into a longer term service supply contract is to make sure that the party that's going to provide the service is going to be there for the long term, and so it may in fact be a factor which has slowed down the final resolution of what kind of a contract there is. And ultimately, if that isn't all sorted out, well then there may not be a contract and then go back for new proposals from other people.

Mr. Gantefoer: — Thank you, Mr. Minister. That completes the questions I have at this time. I would like to invite my colleague from Canora-Pelly to ask some questions.

Mr. Krawetz: — Thank you very much, Mr. Deputy Chair. Mr. Minister, a couple of areas that I wanted to get some information on if I might.

Mr. Minister, I am in receipt of a letter cc'd (carbon copy) to me from yourself back . . . dated March 21 of 2002. And it's a letter that you wrote to the mayor of Preeceville, Saskatchewan, Mr. Grant See. In it you stated that basically the planned facility for Preeceville is being put into abeyance while the action plan and further discussions go on with the Assiniboine Valley Health District and the northwest planning committee.

Mr. Minister, I noticed that today's *Leader-Post*, an article was there regarding the Moosomin facility and moving forward.

I'm wondering, Mr. Minister, if there has been any additional communication with the town of Preeceville or anyone connected with this project? Are you going to be, as . . . the Department of Health, are they going to be releasing projects to proceed or are we still in the study stage and wait until the districts are fully operational?

Hon. Mr. Nilson: — There are some projects that are continuing and all of them are moving along at a pace that, if we had broader capital resources, that we might be able to move a little bit faster. But we're being very careful because we don't have the broad kinds of resources that we want.

And so what is happening with specific projects is that some of them are getting the go-ahead to look at the scope and sort of the . . . what kinds of things are to be done; others are being evaluated but there is no blanket sort of hold on projects now. But they are all being evaluated in light of what the regional health authority planning committees will look at and then the boards over the longer term.

But clearly the kinds of discussions and plans that have been there from the health districts will be included in that overall process. But it's one where we're continuing to examine and try to make the most appropriate use of the funds that we have available. And unfortunately we don't have the . . . as large a capital fund as might be there to meet all of the demands that are there.

Mr. Gantefoer: — Thank you, Mr. Minister. Mr. Minister, I'm fully aware that of course capital projects will depend on funding and I guess that's the concern of the people of not only

Preeceville, because it's going to serve a large area further north into communities like Stenen and Sturgis and all through that area. They've been at this project for a number of years. I'm sure that you're fully aware of that. And fundraising has been going on. They're doing their part to ensure that, I guess, their capital monies are going to be available.

And I note in your letter to Mayor See you've indicated that you were impressed with the level of support this project had received locally. And I know that they've reported to you that they have hundreds of thousands of dollars already set aside ready to go.

Is there any indication that you can give to these people: should they be continuing to raise funds? Because a lot of them are very concerned that as we've moved from the Assiniboine Valley Health District, we're now part of whatever that new district's name is going to be, that includes Yorkton and Melville as well. And we've just seen the completion of a new facility in Melville and its opening.

(21:30)

People in smaller communities like Preeceville are saying, are we doing this in vain? Is this really something that we're doing for three years but somewhere down the road, a year and a half from now, the Department of Health is going to say, sorry we don't have the money and we're going to close you because your facility has deteriorated and there are conditions of . . . physical conditions of the building need to be addressed. So there's always that pessimism out there that says Department of Health is not going to let this go forward and we're doing this in vain.

Can you assure the people of Preeceville and that surrounding area that capital projects are going to continue as we move forward in developing a financial capital plan and indeed a facility like that, that is needed in that large area, is indeed still going to be a reality?

Hon. Mr. Nilson: — First off I want to deal with the issue around the locally raised money. And this was an issue that was asked earlier this afternoon when we were looking at the regional health authorities Act, because it's one of the parts of that particular legislation. And the assurance is very clear that locally raised money in trust funds will continue to be locally controlled money that will be used for local projects. So there shouldn't be any concern there as the regional health authority is larger than the present health district, that there'd be any problem there.

We will continue to renew and build facilities that are required across the province in both larger centres and smaller centres because, as you rightly identify, services are provided and they go for broader areas than just Preeceville. It includes a number of communities all around there. And our goal is to continue to renew the facilities and also, frankly, when you go and see places you know that there are newer ways and better ways that we provide some of the services that are there in some of these communities. And the only way you can do that is to renew the facilities.

So my sense would be that we're not moving quite as fast as we

might like, as with all of the capital projects, but those projects which will serve a need for the short term and the long term will be projects that are eventually done. And hopefully we can get a time where we can . . . when we can get them all lined up in a way that is clear.

One of the things that we're obviously working on with the health plan and the new regional health authorities is to have even greater coordination of how these things happen on a broader basis and . . . but also recognizing that community identified needs are ones that meet . . . that are there to be met because that's where the services are provided.

I know that I've met with the mayor and some of the other people from Preeceville. And once we're free, I'm hoping to go up to that area and see their project and the place where they want it to go and even have a better understanding of what they're wanting to do. Because I think that's how we rejuvenate our health system across the province.

Mr. Krawetz: — Thank you very much, Mr. Minister, and I appreciate your comments. And I know the people of the area will be very glad to hear your comments about coming up there and ensuring that you understand the project and are able to do what you can. And I thank you for that.

My second area, very quickly, Mr. Minister, is regarding . . . as you've talked about providing services on a broader basis and that deals with the Yorkton Hospital and the orthopedic surgeon that is there. Many physicians in Preeceville and Kamsack and Canora and Norquay refer patients to Dr. Van Sittert in Yorkton for orthopedic work.

I have a number of letters from a number of physicians, but especially Dr. McKitterick in Norquay. Dr. McKitterick has responses back from Van Sittert's office that indicate that the waiting lists for things like hip replacements especially — not so much knee but hip — is now into the two- to three-year waiting period.

And his concern is that these people that are waiting for more operating time in Yorkton to serve this broad area, and a regional facility . . . It's recognized that the regional facility in Yorkton with a competent doctor like Dr. Van Sittert is going to be the place where these are going to be done. But a three-year waiting period is just not acceptable because there are examples of other conditions that develop for these patients as they're waiting.

What is the Department of Health doing to address that orthopedic deficiency that exists on the east central side of Saskatchewan, being that Dr. Van Sittert is a very good doctor, is used by so many general physicians, and the referrals have mounted up to the point where now we're on a two- or a three-year waiting list.

Hon. Mr. Nilson: — Well there are a number of factors. Just some information that is interesting and tries to put some of this into context — on an age and sex adjusted basis across Canada, we are above the national average for the number of hip and knee replacements as far as the number that are actually performed in the province. And so that becomes then a challenge because of some of these other things.

Now the other thing that is happening is that we have basically set up a surgical waiting list strategy that is laid out in the action plan, and parts of that include a surgical registry which will be province-wide, and it's actually section 12 of The Regional Health Services Act that provides the legislative authority for setting this up.

One of the factors then becomes that we will have a province-wide surgical waiting list which will then have common criteria across the province so that we can actually know how these things are because right now we don't have all of that information in a way that is comparable across the province. And so it's the surgeons and others who are working together with them that are working on some of the kinds of issues in that particular area. Clearly the goal is provide the care that people need and in this particular case provide the hips and knee replacements.

Once again, this morning in Yorkton, I met one of Dr. Van Sittert's patients who was doing very well and was looking forward to returning to the old-timers hockey league with his new knee, so that there are very many sort of testimonials about almost sort of the miraculous change that can take place with some of these things. And clearly what's happened in the last 15 years is that that type of a process has been perfected to the point where people are willing to undergo the process in a way they wouldn't have 20 years ago. And so that adds a new demand on the whole thing.

What we're working at is making sure that people who may be on a waiting list know exactly how it matches with others on a waiting list so that people feel, you know, have some sense of the fairness of where they are in that process. We're also working with the health districts and the staff, make sure that there's enough capacity to do these various things. And we are continuing to deal with the challenge in some specific areas of where the surgery isn't always, or rarely, listed as emergency or urgent surgery — it's that sort of surgery where you can wait a bit of time.

But I think the simple answer is that we're trying to figure out a way so that people can understand how all this works. We're trying to make sure the capacity's there to get the procedures done. We're trying to make sure that, you know, the doctors who do a good job can do it in a way that provides them with appropriate income and reward and a good place to work and all of the staff that are with them.

So it's a whole big process and we're working at it.

Mr. Stewart: — Thank you, Mr. Chair. Mr. Minister, I understand the new guidelines are being developed for renal dialysis satellite services sites. Could you tell me, Mr. Minister, how far along those guidelines are in the development process? Or are they, or have they been completed?

Hon. Mr. Nilson: — There is a province-wide committee of people involved, which is called the Saskatchewan Integrated Renal Committee. And I think they work with the Saskatchewan integrated renal program, and they have established guidelines around staffing requirements, lab requirements, the numbers of physicians, the numbers of patients, that then try to establish where satellite renal, you

know, places should be.

And so then one of the questions becomes, well, which places are next on the list as far as expansion. Right now, the place . . . the two . . . the next two places that are being discussed are the Battlefords area and Estevan area. But what then has to happen is to make sure that there are sufficient people who are trained that would be able to have the expansion there, that they have the lab capacity and that . . . the big issue is the physicians are primarily . . . well, they are in Regina and Saskatoon and they end up having to make sure that there are the right supervisory roles created to allow for this.

For example, earlier this year there was an expansion of a few beds or a few chairs, I guess would be a better way to describe it, in Yorkton. And that came after the doctors who supervise that particular satellite out of Regina were assured that there was sufficient staff and the proper supervision to allow for the expansion.

And I guess the good news is that we are continuing to examine this and look at this guidelines that have been set up so that we can expand it. But the bad news is that there are more and more people that require this service which is a fairly difficult one for the patient and also a challenge for the cost in the whole health system.

Mr. Stewart: — Thank you, Mr. Minister. What is the capital cost involved in setting up a satellite dialysis unit?

Hon. Mr. Nilson: — The capital costs have ranged between a quarter million and a half a million dollars depending on the kind of renovations that are required. But that's the one time cost. And then it's the operating costs of making sure you have sufficient staff that becomes the major challenge.

Mr. Stewart: — How many staff members are required, Mr. Minister, to operate a satellite unit?

(21:45)

Hon. Mr. Nilson: — I can't provide you with the exact staff ratio, but I can give you a pretty good idea of the operating costs, and sort of at a minimum of six chairs per unit would be about \$44,000 a year for each unit. And I think that works out to around one staff person for two patients during the time that they're receiving the renal dialysis.

Mr. Stewart: — Mr. Minister, I wonder if, Mr. Minister, if you're aware that the Royal Canadian Legion in Moose Jaw, branch no. 59, is spearheading a fundraising campaign to cover the capital costs and/or water treatment for a satellite dialysis unit in Moose Jaw and that several nurses travel from Moose Jaw to Regina daily to work in the satellite . . . or work in the dialysis unit here in Regina?

I wonder, if the funds are in place for the capital and the water treatment and the staff is clearly there to operate these units, would it not make sense to set up a satellite unit in Moose Jaw which would obviously require some operating money, but could deal with the patients from the Moose Jaw and area as well as take some of the strain off the overused facilities in Regina?

Hon. Mr. Nilson: — Yes, I'm aware that Moose Jaw is part of the discussion across the province, and in fact the committee that I mentioned earlier, one of the things that they continually do is sort of map where the patients are across the province and try to identify how we can set up new satellites that will be of benefit both for the patient — in other words, reducing travel time for people — and also for making sure, you know, that appropriate care is there.

And I think from the Moose Jaw perspective, right now Estevan is a little farther away, and so that the people who would have to come into the Estevan area have about — what? — three times, almost three times as far to travel to come to Regina, and that's why Estevan is probably just a bit ahead of Moose Jaw.

But it's actively being considered. One of the obvious advantages of Moose Jaw, as you've identified, is that they have the staff. One of the challenges though is that you need to have the assurance from the supervising nephrologist in Regina that they're at ease with the kind of supervision that's there. So there are a whole number of factors that are there.

We're trying to do this, once again, on a province wide basis, working cooperatively with the health districts, and it will be the regional health authorities. And we very much appreciate the willingness of the legion and other groups to come and help and get involved because it is often that initial cost of getting some of those things done that allows then for the longer term program to continue and provide good service for people.

Ms. Draude: — Thank you, Mr. Chair. Mr. Minister, and to your staff, thank you for the opportunity to raise an issue with you tonight. And again, it's on dialysis. But my question is for patients that are going outside of Saskatchewan for dialysis, maybe it's because of their work or visiting someone.

I'm wondering how much money the department spends on dialysis outside of Canada, and I'm wondering if there's a set amount of money that's set aside for this treatment when they're outside of this province.

Hon. Mr. Nilson: — This is an issue for people that travel both into the province and out of the province. And basically how it works is that there is reciprocal billing so that if somebody comes to Saskatchewan from Alberta then we would bill Alberta and vice versa.

I think going into the States there are some bigger challenges depending on how they do their costing because we wouldn't pay anything more than what we would normally pay here.

The big issue for this transient dialysis is to make sure that the capacity is available where somebody travels to; and that can be a challenge because, frankly, in Saskatchewan our dialysis units are very heavily scheduled and there may not be place for somebody to come here who has a reason like a wedding or something else where they need to come to the province. But the staff do work to try to fit those people in and then that's billed back the other way.

We can't tell you exactly how much is spent on people going outside the province because it's sort of lumped together with other costs of billings that come back from other places, but it is

a possibility. And I know even in my time as the Health minister that you know there have been some examples of people going out to BC (British Columbia) where there's some questions have arisen — or people that are coming here — and it often is around actually scheduling the procedure as opposed to the cost because the cost works out through the reciprocal billing.

Ms. Draude: — Thank you, Mr. Minister. I have a constituent who goes to the States a number of times, and over the last year or so they paid a bill in the States and then received a letter from your department saying that there was an error made in assessing the claim for dialysis treatment and so they actually did pay the bill.

Then the last time they went out to the States, again it seems to be refused. There seems to be some dispute in whether the amount of money that was . . . that is billed to the province or that the province will pay for if the work is done in a clinic or if it's done in a hospital. And we have . . . we're wondering if there's a set amount of money that they know can be paid for a dialysis treatment in different treatment centres.

Hon. Mr. Nilson: — I think how it works is that a person who does go to the States basically has to provide information to Saskatchewan Health that sets out what the physician cost is and what the hospital or what the clinic cost is. And then when that's broken down, then we would pay the physician cost which would be the amount that a physician in Saskatchewan would get for the same procedure. And for the hospital or clinic cost we pay \$50 a day and that would be the contribution.

But if those two are lumped together, then it's very difficult for us to work with that until we get the information from the patient and from the doctor and clinic or hospital in the States. But that's how it works.

Ms. Draude: — Thank you, Mr. Minister. Then just to summarize it then, is my constituent would have to apply to your department before to let them know that they're going down there or to acknowledge that this treatment has to take place. And then they would be paid \$50 a day if they're within the hospital, and it would be a different amount if they were in a clinic.

Hon. Mr. Nilson: — No, basically it's \$50 a day maximum for either the clinic or a hospital where it's done, but then there's also an amount that would be paid if there's a doctor's fee included.

Ms. Julé: — Thank you, Mr. Chair. And good evening to the minister and his officials. Mr. Minister, I've just had some concern brought to my attention by EMS (emergency medical services) providers about seats at SIAST for upgrading.

And they have some information that has given them an indication that out-of-province EMS providers are getting the seats at SIAST, and this is the only institution obviously that provides for this kind of upgrade training.

They're wondering why out-of-province EMS providers are getting those seats when in fact we have in-province providers that need that training, and it's part of the policy of your

government right now to ensure that that happens. So we're wondering why out-of-province EMS providers are granted those seats when our own are refused.

Hon. Mr. Nilson: — I'll have to admit this is an area that I don't have an answer for you in the sense that it's about the admissions policy at SIAST which is a Department of Learning issue.

But this is the first time that I've heard about this being a challenge. And so it's something that I'll ask some questions about and when I get some information I'll forward it on to you. Because, you know, obviously we have as part of our action plan a goal of upgrading people and training people through the EMS system and we obviously want to use the facilities in our province for the people who are working in Saskatchewan or who want to work in Saskatchewan. And if there's something else happening, well then I think I'd like to know about that.

Ms. Julé: — Thank you, Mr. Chair. Thank you, Mr. Minister. I appreciate your looking into this because of course it is very important to the EMS providers in the province. They're certainly trying to do their part and are cognizant of the fact that this is part of the government's policy. So it probably is very frustrating for them if they come to find out things like this.

Another area surrounding the concerns of ambulance service providers is that they claim, and have indicated to me, that government-run ambulances are granted funding, funding for second level training, while private companies are not granted the same. And the question is: why?

Hon. Mr. Nilson: — I'll try and answer that. I think this may answer part of the question. And effectively this year in our 2002-2003 budget which is . . . there's a half a million dollars, that's the first year of the training initiative for the EMS providers. And we want to, over the next three years, train 240 new or existing EMS providers to the EMT (emergency medical technician) basic level. So there's a half million dollars this first year. And the goal this year is to . . . for training 80 EMT students, and it's anticipated that these students will start in the fall of 2002.

(22:00)

And we've initially designated priorities for this EMT training initiative in certain health districts in two areas. The first is where there is a significant proportion of ambulance calls have emergency medical responders as the highest trained provider based on the analysis of the 2000-2001 ambulance calls. And so the districts that are designated based on the fact that they don't have EMT trained people on the ambulances at the highest number are Moose Mountain, Keewatin Yatthé, Midwest, and Living Sky health districts. Those areas are designated.

And then the second area where we're putting priority on the EMT training is those places where a significant percentage of staff on ambulance service rosters are emergency medical responders based on the current ambulance service rosters — in other words, the people who are actually working right now. And the districts then that have the priority are Southwest, South East, Rolling Hills, Greenhead, and South Central health districts.

And so I don't think there's any designation between whether it's a health district run system or one that's run by a private operator. But it is based on where the greatest need is at the present time. But obviously we were hoping for 80 next year and 80 the following year. And then we're hoping to deal with it on a province-wide basis.

But in allocating our dollars we wanted to focus it in the places where we identified the greatest need.

Ms. Julé: — Thank you, Mr. Minister. Mr. Minister, the distinction was clearly made to me that there was knowledge that government run ambulances were granted that funding, whereas private companies were not. But in view of your remarks and your answer to this question, I will forward a transcript of *Hansard* today to the person that asked this and hopefully that will answer the question for them.

Mr. Minister, does . . . This is just along a different vein and it has to do with drug addictions for youth. And I'm wondering if the Health department collects any data on how many kids seek medical attention as a result of taking illegal drugs.

Hon. Mr. Nilson: — Thank you for the question. And I'll give you a couple of answers which I think will give you the kind of information that you want, and then I'll be happy to try to answer further questions.

Between . . . first I'll talk about the numbers of youth who've asked for help through the Kids Help Phone. And basically between January 1, 2001 and December 31, 2001 — in other words, during the year 2001 — there were 30,340 calls that went to the Kids Help Phone. And 1,517 of these calls related to substance use and abuse, which is about 5 per cent of the calls.

And so then and also by comparison, there were about 2,385 youth admissions in the Saskatchewan alcohol and drug services during the 2000-2001 year. So it's not quite comparable because it's the . . . our fiscal year versus that calendar year.

In that year 2000-2001, there were — yes, that's the number — 2,385 people who their main reason for getting help was substance and drug abuse. There were about another maybe 200, 250 where that may have been a related issue, but it wasn't the principal reason that they sought help.

Ms. Julé: — Thank you, Mr. Minister. That's very informative and I appreciate those statistics. But I'm wondering also whether or not there is any policy in place for statistics to be gathered regarding youth that may go . . . for instance, if a youth takes speed, that drug, and from that there's anxiety attacks. So sometimes these youth may require medical or seek medical attention. And oftentimes they will go to the emergency department of a hospital.

So I'm wondering whether within our system, within the hospitals, there's any provision made for the gathering of statistics to determine how many youth are actually coming for medical attention to deal with something like anxiety attacks as a result of taking drugs? Is there any provision for gathering of statistics right now in the health districts within our cities?

Hon. Mr. Nilson: — I'm not sure that statistics are kept exactly in the way that you've asked the question, but I think that it's clear when people do come in and then access the counselling services with the alcohol and drug services part or the mental health part, if there are dual diagnosis or greater numbers of problems identified at once, they try to keep track of that. And so that's why that figure I gave you, which was the . . . where the primary reason that a person came was for the drug or substance abuse. Then there were another approximately 250 people who had that as a lesser problem.

Within the emergency system, that's often where the referrals take place if it's identified that it is a drug or alcohol abuse kind of problem, so that it does then go into the other service. So I think you maybe could go and try to track all of those things, but it's in the actual place where people are getting their help that we do keep more of the records.

Ms. Julé: — Thank you, Mr. Minister. Mr. Minister, I just wanted to make the comment that often times when youth take some illegal drugs for the first time, they don't know what's happening to them. They may feel a sense of anxiety. They may go to a hospital, get treated, but if the attendants at the hospital are not instructed to record that in fact a youth had been taking some sort of illegal drug, there's no way that the system can possibly know just how many youth are involved in this activity. And I would just think that it might be a good measure to try to possibly track some of this through the hospital system.

Mr. Minister, I have one more issue that I want to question you about. I have a letter here from a constituent that wrote to me in regard to her concern about the joint job evaluation program involving CUPE (Canadian Union of Public Employees), SEIU (Service Employees' International Union), and SGEU (Saskatchewan Government and General Employees' Union).

This constituent states to me that the government has failed to commit to a four-year timeline as per your policy framework and the negotiated agreement you made with the Saskatchewan Union of Nurses. And she says here as a health care worker in the province, she finds it appalling that the provider groups in health care are being treated so unfairly.

And so the question is, is this government committed to internal equity and pay equity for health care workers in the provider groups?

Hon. Mr. Nilson: — The government's committed to the pay equity throughout the government. Employees and the group that is involved, or groups that are involved, with the letter that you've quoted are actually in the process now. And when that process is completed, then how the resources are allocated to meet the result of the process will be discussed with SAHO (Saskatchewan Association of Health Organizations), who is the employer . . . representative employer organization to then implement the pay equity in an appropriate fashion. But they're in the process right now.

Ms. Julé: — Thank you, Mr. Minister. One last question. I was just wondering, in view of this concern put forward by my constituent this question came to mind, and I was wondering if the government intends to have one contract for all of those providers in those three unions. Do you intend to do that —

have one contract for all service providers in the new regions, the new health authorities that are being set up? Will CUPE, SEIU, and SGEU workers be under the same contract then?

Hon. Mr. Nilson: — There will continue to be contracts with each of the different unions, but in the process that is going to take place over the next number of months there will be groups coming together so that there will be some changes. I can't say at this point whether there ever will be one contract because we will negotiate with the various unions involved.

But I think it's clear, even from the last numbers of bargaining sessions, that there are many, many similarities in the kinds of things that have been bargained so that the differences aren't as great as they once were.

Mr. Toth: — Thank you, Mr. Chairman. Mr. Minister, and to your officials, I just have a couple of questions here. In part some have been actually talked about by the members.

But earlier on when the member from Canora-Pelly was talking about hip and knee replacements and the waiting list that has grown in the community of Yorkton, I know a few years back I started suggesting to patients they look towards Yorkton because of the quality of the care that was being received there. However now it's not the place to look any more because of the waiting lists.

And, Mr. Minister, one thing that concerns me is when you always . . . or the department and yourself use the term, national average. We're above the national average on the number of hip replacements and what have you. We forget about the fact that we might be leading the nation in the national average of patients over . . . or people over 65 in the province of Saskatchewan as well. So I don't think it's fair to just use national average. We need to look at what the requirements and the need in the province.

But I don't want to dwell on that. I would like to raise a question in regards to the . . . I think you've talked about coordinating services in that when you talk about hip replacements maybe we need to start looking at if there's a real long list in Yorkton, looking at maybe there's an avenue in Regina or Saskatoon.

And I'd like to expand that beyond and ask what the department is doing. When you talk about coordinating services, are you looking at some of the small rural centres and the capabilities they have and bringing them on-line and referring patients to some of the surgeons in some of these smaller centres to address the waiting lists in the large urban centres?

Hon. Mr. Nilson: — I appreciate those questions. I think first I will make a comment about the total hip replacements, and this is information from the Canadian Institute for Health Information for the year '99-2000 and the age standardized rates. So it actually takes into account the fact that we do have an older population in Saskatchewan than some of the other provinces, and it basically makes adjustments to that.

(22:15)

The national average of total hip replacements is 59.7 for

Canada, so 59.7 for every 100,000 people. In Saskatchewan that number is 70.3. So it's, you know, it's higher and that number quote from '94-95 is fairly consistent that we're above the national average by about 15 per cent. But anyway, so I just wanted you to clarify that that is age adjusted.

Now your other question about what are we doing, well basically as part of the action plan we've established the Saskatchewan Surgical Care Network. And there's a group of people headed by Dr. Peter Glynn, who is from Kingston, Ontario, and he is working with people here and also to look at the provincial wait list.

And some of the things that they're doing are exactly like you said. We're going to have a province-wide surgical registry. We're going to facilitate the relationship between the various surgical centres in the province — which is your point — making sure that they're being used appropriately. We'll be getting advice from this group of . . . which includes surgeons and hospital administrators and others, around how to provide these services. And then we're also going to develop a way of making sure that the public has a better understanding of how some of these kinds of choices are made.

The issue then becomes, well, where would be the appropriate places to do some of these procedures or whether you can do them in some of the other places. One of the challenges is getting the right balance between a sufficient number of cases so that you're assured around some of the quality and the ability to do the work, and then basically the access and the distance that people have to travel and some of those things. But those are all part of what are being developed and worked with, with the Surgical Care Network. And this is what I referred to earlier as part of what's being established and in connection with section 12 in The Regional Health Services Act.

Mr. Toth: — Mr. Chairman, thank you. Mr. Minister, I think that's important and I think it's important we . . . that we certainly keep in mind the . . . some of the rural communities like Moosomin and what they've been able to do and even request for specialists for O.R. (operating room) time because of the facility being there. And taking advantage of what is out there rather than just trying to coordinate it in two or three or four centres.

And having brought the subject of Moosomin up, Mr. Minister, I know recently Sask Health committed another 575,000 to planning in Moosomin for the new integrated health facility. And I just . . . a couple questions here, one related to Moosomin and one related to Grenfell. Moosomin specifically, their integrated facility, is the . . . Does the department have, based on the information now, the money going into the planning stage and architectural fees? Any idea when the final announcement will be made regarding that project?

And secondly, has the department given any consideration to the request from Grenfell for a long-term care facility?

Hon. Mr. Nilson: — My understanding that in Grenfell, they've completed phase 1 of their transition, and that they've done an early submission around phase 2 which would be the next part of what they're doing there. And that that's, I guess, the best way to describe it — in early stages of review in the

department. And that's where it's at.

Mr. Toth: — And, Mr. Minister, I guess, maybe just bring me up to speed on where Moosomin would be at in the final stages with the current announcement and what that means. Does it mean the department is within a few months or next spring of announcing that construction will begin on a facility in Moosomin?

Hon. Mr. Nilson: — The money that's gone forward now is to get the functional plan, the design, completed. And so that's what they'll be working on now to figure out exactly what needs to be done but get the detailed parts done. And then we'll look at that and we'll move to the next step.

Mr. Toth: — One final question, Mr. Minister, a letter recently came to Sask Health community branch from a Dr. Jamieson . . . Sinclair Jamieson Memorial Foundation in Moosomin here. It's kind of provides addictional services. And they've come forward with their request to be recognized as a community-based organization and have asked as well to be issued a service provider number.

And I'm just wondering, Mr. Minister, where the department is, if they've looked at that request, what response? If they've looked . . . decided that that would be an appropriate decision to make in regards to the foundation and the service they provide?

Hon. Mr. Nilson: — I don't have a specific response on that particular one. But I can look and see what I can find out and let you know. Hopefully tomorrow.

Ms. Bakken: — Thank you, Mr. Chairman. Mr. Minister, I have a few questions to ask this evening. First of all, with regards to the health care facility in Radville, I've been approached by Dr. Oberholzer from Radville on several occasions and other residents of the town of Radville who believe that they have a role to play in providing health care in our province and especially to the town of Radville and the area.

Dr. Oberholzer is now seeing some 2,000 patients and is providing an excellent service there. And their request is that they be allowed to do some minor surgery, to provide beds for recovery, for palliative care, for children that need hospitalization for a short period of time, for minor reasons, and also especially for the elderly in rural Saskatchewan who do not need to go to Regina or Saskatoon or even Weyburn but do require in-patient care for a day or longer.

And what the . . . I'd like a response from the minister about how he sees the role of facilities such as Radville helping to alleviate the burden that is placed on Regina and Saskatoon and also to shorten waiting lists in Saskatchewan.

Hon. Mr. Nilson: — Well there are a number of questions that you have asked together and I'll try to respond and sort them out in a way that makes sense to you and to me.

So basically one of the issues is around, I think, some minor surgical procedures and things that could be done basically in a clinic kind of setting, or a day kind of setting, or whatever. Those kinds of things are done in conjunction with the health

district organizing how they provide the services in their particular area, and also together with the College of Physicians and Surgeons who basically have ways of credentialing people, together with the health district. Because there are basically steps that the physicians have to go through to make sure that all of these things are done in a way that are properly supervised by the professional body.

Then you've asked some questions around respite care, at least in palliative care. Once again those are things that are . . . get done in conjunction with some of the long-term care, and the health centre kinds of things. And that these are often then arranged together with the health district or the regional health authority as they look at the area where their services are being provided, and then make sure that the appropriate balance is there.

And so that's something that I think that the community works out with the other areas to provide that kind of care.

I know for example, and you raised the question of Regina and then how that fits in with post-operative recovery or some of these other things . . . That is actually an area where both Regina and Saskatoon, and Prince Albert especially have been working with their neighbouring health districts, and we know that that will happen with the new regional health authorities, on how to make sure those kinds of things happen in a seamless way and where then the most appropriate care is done.

So I think I've answered most of your questions but if you have some more I'm happy to keep trying.

Ms. Bakken: — Thank you, Mr. Minister. And I do believe you've answered my questions. I guess I'd just like to portray to you that I think the message needs to be sent by yourself and by this government to the health districts, and now the regional health districts that . . . or health boards, that they should be looking at ways to utilize their smaller centres, especially where there is a doctor present that wants to remain in that community; and to find ways to make it worthwhile for him to stay there — him or her to stay there — and also to service the people of the province more efficiently and effectively.

So it's a message that I hear often from the people in my constituency, and certainly from the town of Radville in particular.

Moving on to another issue, Mr. Minister, I'd like to ask you what the status is of the South Central Health District's proposal to build the new long-term care facility in Weyburn — where that's at today.

Hon. Mr. Nilson: — Well my understanding that there've been a number of hurdles that they foresaw, and some they didn't foresee, that they've been working with and so, for example, some of the environmental issues have now been sorted out, so that's resolved. That's necessitated some adjustments around the functional plan and how it's all going to work. And that's right where it's at now, but I know that basically the funds are available just to move the project along and in a regular step. And so hopefully we'll see even more what is actually physically going to happen there very soon.

Ms. Bakken: — Thank you, Mr. Minister. I'm wondering what consideration has been given to the people that live in the area that are very concerned about the facility being erected where it is and the ramifications that it's going to have on their area of Weyburn, and especially to do with the tearing down of trees and diverting of water and the whole disruption to their part of town.

I know that when I met with SPMC (Saskatchewan Property Management Corporation), they assured me that local people would be consulted and would be . . . they would want consensus before anything was continued in this area. To my understanding, the people of Elgin Street have not given consensus, but are still very concerned about what is happening here. And I wonder if you'd comment on that.

(22:30)

Hon. Mr. Nilson: — These are issues that are being dealt with by the health district as they proceed with the project. And they inform Saskatchewan Health officials about what's happening. And I know there have been a number of meetings where they tried to deal with some of the issues or as many of the issues as possible. I'm not sure that they've been able to deal with all of the issues, but I know the health district has been continuing to work with the community and with the people in close proximity. And my understanding is that they're trying to deal with as many of them as possible.

Ms. Bakken: — Well thank you, Mr. Minister. I guess I'm a little confused. My understanding was that these issues had to be met . . . conditions had to be met prior to the project going ahead. And so I would hope that you would take this into consideration and look at the total proposal and ensure yourself that these issues are dealt with. My understanding is they have not been dealt with properly.

I'd like to ask you, Mr. Minister, if you support the concept of the Eden model for heavy level 4 and if you have other facilities in Saskatchewan that are using the Eden model for heavy level 4, like we have in Souris Valley in Weyburn, and what is the results of that.

Hon. Mr. Nilson: — This issue of the Eden model and level 4 care is not something that's, you know, endorsed by Saskatchewan Health, but there are some facilities that have looked at this or used this in their . . . I don't know the exact numbers, but it's basically something where the people who are managing the facility and working will look at whether that is an option. But the actual numbers, we don't have that.

Ms. Bakken: — Thank you, Mr. Minister. Well, Mr. Minister, I'm a little shocked to hear that this . . . the model, the Eden model, is not endorsed by Saskatchewan Health because Saskatchewan Health is authorizing the expenditure of upwards of \$20 million in Weyburn to build this facility. It's going to mean a reduction in beds. There's going to be some 135 beds now because the local health board was instructed by the department that they had to reduce the number of beds. This has been spun as something positive for the city which, to me, is absolutely the opposite. We have an aging population, and yet we're reducing beds. We are going to reduce the level of staffing in the facility and we are going to reduce the

professional level of staffing in the facility. And yet the Department of Health and the minister is endorsing this and allowing this to go ahead, spend \$20 million.

The staff in Weyburn have approached me about this. They do not believe that is going to be adequate care provided by the Eden model and yet you're willing to allow this to go ahead when there isn't even anything showing that this is a positive move, one that is not endorsed by the Department of Health.

Hon. Mr. Nilson: — The concern from Saskatchewan Health's perspective is that there is quality service provided, and that relates to the staffing component and making sure that the appropriate care is there. And when I said that there isn't an endorsement or a non-endorsement of the Eden model, we look at it from the perspective of the kind of care that's provided and the staffing that's provided, and there are the models that are Eden models that do meet those kinds of concerns and they have some of the kinds of results that we expect from that service.

Now practically, the challenge in your community is to have appropriate physical space and have that for the longer term. And it's unfortunate there is a division of opinion in the community that you come from around how good a project this is versus some who are not as keen about it. But the practical matter is that the physical space right now for a number of the residents of your community is not adequate and we need to do something about that, and this is the project that has come forward as the one that makes the most sense for the Weyburn area.

Ms. Bakken: — Thank you, Mr. Minister. Well there certainly is division around this whole concept and, as you know, we've discussed this prior to today and I certainly have been on record as opposing this.

We have private care homes in Weyburn that provide the Eden model and are very appropriate for people that are at that level of care. I fail to see where it's appropriate for people that are at a heavy level 4. We have most of the people in Souris Valley are bedridden or on tube feeding, and to put them into an Eden model, if you're concerned about the quality of care provided, certainly is not the way to go. When they're going to be put in a private room, basically see no one all day, and be bedridden, I fail to see how quality of care is going to be provided.

And I would encourage you to look at this prior to the dirt being turned in Weyburn and these facilities being built and then find we have a level of care that is certainly not going to provide quality care for the people that they're building it for. The staff have indicated to me that they fail to see where the benefit to the patients is going to be. And it certainly is not going to be an enhancement of staffing and job creation in the city of Weyburn.

So I would ask that you look at this and maybe make some changes prior to it advancing.

Another question, Mr. Minister, is I've had a constituent contact me — and actually I contacted your office about this in March and did not receive a response — about how people from outside of the country access treatment in a very short space of

time where we have at the same time people in our own province waiting months and sometimes years to access the same kind of treatment.

Hon. Mr. Nilson: — Can you provide more details so we can try to respond to that question?

Ms. Bakken: — I don't have the actual file with me. It was for either knee or hip replacement and the person came into the province, received appointment to have surgery, and had it performed within, I believe, two to three weeks. And the person that phoned me about this was very upset because they had a family member that had been waiting months for the same type of surgery and asked me how this happened.

Hon. Mr. Nilson: — It's quite difficult to try to respond to that without looking at a very specific case, and so I don't have that information with me. But if you wish I can try to answer that question when I have the more specific detail around that one, for you privately.

Ms. Bakken: — Thank you, Mr. Minister, and I will contact your office again and see if we can get the correct answer to that.

On another issue, Mr. Minister, near the end of May, I was asking you some questions in estimates when the House was adjourned and did not finish questioning on the issue that we were discussing, and that was around the issue of doctors accessing priority time at the General Hospital under nuclear medicine for testing for cancer patients.

And I'd just like to quote from your response when I asked you about this. My question was: do people in Saskatchewan who have cancer, do they pay for this treatment or is it covered under medicare? And your response was, first of all, that their costs would be covered, and then you responded that the fees are paid through the agency, referring to the Cancer Agency.

I was just wondering if you could clarify this for me?

Hon. Mr. Nilson: — I have a copy of my letter to you, and I'll try to explain how this works. Basically the Cancer Agency doctor . . . so if a patient is seeing a doctor at the Cancer Agency, those doctors are all on salary and paid through the Cancer Agency. But they will refer people for diagnostic tests or other kinds of things that are required, and those services then are provided by, in this example, the Regina Health District.

Basically what happens is the Cancer Agency says we anticipate over the next year we're going to require so many procedures per month, and they basically assure the Regina Health District that they will be requiring this many procedures for cancer patients, and those costs for that are billed from the health district through the Cancer Agency.

It all comes out of the . . . I mean the Department of Health's budget, but one is channelled through the Cancer Agency and then goes to the health district.

The key point though is that all cancer patients are treated as urgent patients in that kind of a process and so that they . . . and

that's one of the reasons why the Cancer Agency just says well, we anticipate on a regular basis we'll have this many patients per month over the coming years and that's how these spots are organized.

Ms. Bakken: — Mr. Minister, and I understand that explanation. I guess my question was on the previous time we spoke about this, and it still is today, if that is the case, then how do doctors that are not employed by the Cancer Agency access treatment for their patients because their patient's condition is urgent as well when they have been diagnosed as having cancer?

Hon. Mr. Nilson: — Perhaps this will explain how you get access to the diagnostic tests. Basically there's sort of priority codes. And so in Regina, for access to the tests, there are five sort of levels.

And the first level is immediate threat to life or permanent loss of function, so you have that level. Then the next level is risk of irreversible deterioration in the condition within 7 to 10 days. Then the third level is ongoing disability for undiagnosed state causing significant physical or mental suffering. The fourth level is chronic but stable pathology management and outcomes. So it's something that you need to do but it's managing a chronic or longer-term condition. And then the lowest priority is a routine follow-up. In other words, where somebody is functioning fine but they want to make sure that everything has gone the way it's planned.

And so the cancer patients, whether they're coming from the Cancer Agency or whether they're coming from an individual doctor, would all fit into these same codes and would be in the first two categories, would be my sense of it. But it's done within the health district and in the process of setting up the priorities within the health district.

Ms. Bakken: — Thank you, Mr. Minister. Well, as I explained to you when I questioned about this previously, was that when I phoned nuclear medicine at the Regina hospital to inquire what the waiting time would be for testing, I was informed that the doctor that was — and this doctor is a specialist — that was looking after this patient did not have priority at the General Hospital and so his wait would be longer. So if the same criteria applies to all cancer patients across the board, why was I told that his doctor did not have priority and so the wait would be longer for him?

(22:45)

Hon. Mr. Nilson: — This is a very difficult question for me to answer on behalf of Saskatchewan Health because it does relate to a specific issue within the health district. But if you wanted to further document this and have us go and ask the questions again in the health district, ultimately the health district would have to respond around how the priority codes are set up and how it's been dealt with by their staff, by the doctor, and all of those kinds of things.

But what I've tried to explain to you is how the overall process works and how the priorities are set. But it's very difficult for me to answer the specific question.

Ms. Bakken: — Thank you, Mr. Minister. I guess the issue is that this is . . . must be a policy. Because it had nothing to do with the patient's condition. It had to do with priority of the doctors. And that was clearly the message that I was told on the phone, was that these 10 doctors had priority and they paid a fee for this service and their patients would have priority — that this doctor's patients would not, and they would have a longer wait.

And I brought this to your attention before and I think that it . . . in fairness to the people of this province who have cancer, as well as to the doctors — because the doctor that was looking after this person had no idea that this was going on and that his patients would not have priority or that they . . . some other doctor's patients would have priority over his — that this issue would have been looked into prior to now. It's been a month since I raised this issue and . . . that something would be done to clarify this and correct this situation.

It is my understanding that in this province that we all have equal access to care if our condition warrants it. And this certainly is not happening in this case if the information that I was given is correct. And so I would hope that you would look into this and clarify it for the people of Saskatchewan.

Hon. Mr. Nilson: — I'm not able to comment, but it appears there may have been some misunderstanding because I think in this particular case the diagnostic test that was required was done within the time frame which is appropriate and that the result was as it should have been. But the question appears to revolve around the conversation and some of the discussion there at the hospital.

But practically the system and what the principles are and how this works is as I have described, but if you wish, we can request that the health district end up with a further clarification around that particular conversation. I think practically for the patient involved, he actually had the test in that prioritized time whether which was the same kind of time he would have had whether he was a patient of one of the cancer clinic doctors or whether he was a cancer patient of a doctor who wasn't one of the salaried employees of the cancer agency.

Ms. Bakken: — Thank you, Minister, and I would appreciate a reply to this and some clarification. And certainly the gentleman in question did have his testing, but this is not a concern just about this issue. It's about a concern of how doctors in this province and people access the testing they need and are all treated in a like manner. And so I would appreciate some clarification on this.

I just have a couple more issues, Mr. Minister, and one is also another, an issue that I had brought up previously last year, and it's to do with the Jackson family. And at the end of our discussion last year in estimates, I had asked that you would look into this issue further, and I'm wondering if you have, Mr. Minister, and what the progress has been.

Hon. Mr. Nilson: — I have to admit that the Jackson issue has not been one that has arisen in a way that I've had to deal with it for, well probably for about a year. And so I'm not able to say whether it's finally resolved or not or what the situation is.

But I clearly recall our conversation last year and I have talked with Mrs. Jackson myself last spring about some of the issues. But I can't say whether it's been ultimately resolved or not. And I'm not sure if you've had any contact with the Jackson family recently or not.

Ms. Bakken: — Well, Mr. Minister, this has been ongoing for quite some time and to my understanding that has not been satisfactorily resolved. The family has been asking for compensation for the costs that they incurred prior to their brother's death. They believe that they were very ill-served by the health care system, that there was extreme negligence by Pioneer Village, and Mr. Jackson sadly died in ICU (intensive care unit) at the General Hospital in September of '99 after being transferred there from Pioneer Village.

His family has been asking for answers about how this could have happened and asking for compensation for the costs that they incurred to provide adequate care for him when he was in Pioneer Village because it was not provided to him by the health district and by the staff there.

And I'm wondering what steps the minister is prepared to finally take to resolve this issue?

Hon. Mr. Nilson: — Well this issue is one where the health district has been working with this — and I don't know the latest situation around this one — but I know that after your questions last year and after my conversations with Mrs. Jackson directly that I had I think written or contacted the health district, and that they had had further discussions and meetings around this.

At this stage I don't know what the final result of that is. If you want me to do some inquiring about that I can do that and let you know what I find out.

Ms. Bakken: — Thank you, Mr. Minister, and I'd appreciate that because it seems to date that the health district has not addressed the issue. And that's why I brought it to your attention again to see if you could please look into it and come to some resolve in this.

Just have one last issue to discuss with you and it's around the 40-bed limit that is being eliminated from personal care homes. And at the time that the directive was sent out to the personal care homes there was a indicate . . . or there was a form sent with it asking their opinion on regulations that were being looked at to be implemented. And I'm wondering, have these regulations been drawn up, and if they have, have they been implemented?

Hon. Mr. Nilson: — The regulations are in the final drafting stage with the Department of Justice lawyers. The consultations have been completed. All of the information from various people have been gathered together, and so they're working on the final regulations and, hopefully, they'll be ready in the next month or so.

Ms. Bakken: — Thank you, Mr. Minister. I was contacted by persons who run private care homes quite concerned about some of the regulations that were being proposed, and I'd just like to ask you about two or three of them and if you are going

forth with them, or if you have listened to the voice of the private care homes regarding their concern.

And one is the training course, which was being proposed, of four months of full-time training that would have to be . . . would realize that staff would have to leave their facility and go to training and it would put a great burden on the personal care home provider. Is that still being proposed?

Hon. Mr. Nilson: — It's a little bit, little bit hard to answer some of these questions directly because we haven't actually gone to the final format, but I think around the training issues, there's a . . . our recollection is that there is about a minimum requirement of around 16 hours kind of training which is not onerous kind of situation but there are . . . there are some things.

But I don't have all of that information here, and if there are some specific concerns around the regulations which have not been finalized, well, I'd appreciate if you'd give them to me and we'll take a look at them as we're going into the finalization process.

Ms. Bakken: — Thank you, Mr. Minister. So there will be a process where prior to this being implemented, there will be an opportunity for ourselves as elected officials and persons from private care homes to look at the draft before it is actually — once it's drawn up — before it's actually implemented?

Hon. Mr. Nilson: — That is the process where you have the information that you do now, which is these are the proposed regulations. And we're getting the information and ideas around that. And so if there are specific concerns, well then please raise them and we'll look at those concerns.

Mr. Weekes: — Thank you, Mr. Chair. To the minister, just a couple of quick questions concerning the situation in Redberry Lake constituency. Redberry Lake only had one hospital up until fairly recently, and that was the hospital at Hafford, Saskatchewan. And the doctor left some time ago and the health board has not been able to supply the hospital with a full time doctor. Since then, they have pulled out the acute care beds and taken away its designation as a . . . for its emergency services.

And at a public meeting this spring, the health board, then the Parkland Health Board, said that they would be pulling out the acute care beds and basically leaving the community up to themselves to find a doctor.

And I was just wondering if . . . I assume you are aware of this situation. I was wondering if you could shed any light on what is happening in Hafford concerning getting a permanent doctor. They do have a doctor that comes, I believe, two days a week. Are you able to do anything about getting a doctor to stay in Hafford on a permanent basis and getting back its acute care beds and emergency services?

(23:00)

Hon. Mr. Nilson: — I think the Hafford situation is an example of the challenges that are faced in the health system across the province. The service provided, I think, at two days a week does meet, I think, many of the needs there as it relates to the patient care. And so it becomes this balance of trying to find

somebody who wants to work there where maybe there isn't as much business, if I can use that word, as there might be in some of the other communities around.

And so one of the challenges that we have as a province because we don't go and specifically work and hire the doctors there — the health districts or now the regional health authorities will be working at doing that — but one of the things that we try to do is in some of the broader provincial programs make it conducive for people to provide coverage across the province and so some of the things that we've been doing have related to getting people to work in communities.

Sometimes a place like Hafford may have to share with another community to have sufficient income for a doctor, but it's also a place where some of the primary care team models might work very well. And I know that some of those initiatives are being developed where we know in other parts of the province a doctor working in one community may have nurse practitioners working in other communities in close proximity or relatively close proximity and they work in a group practice so that people have somebody there to provide the care but its not sort of a doctor in every spot.

So it's a challenge and it's one of the reasons why we've been working with all of the various professions and especially the medical doctors to figure out the appropriate models that work both financially but also for the security of the community. And I think your question around the Hafford community goes right to the heart of that big issue.

Mr. Weekes: — Thank you. Just one more point, Mr. Minister, to the minister. In Hafford where it's interesting you brought up the point about business and at the public meeting that was the point that the members of the community brought up. The services, the reliability of the doctor has been decreasing and now there's only two days a week so naturally patients from that community have been and are going to other hospitals, other doctors. So it's a kind of a self-fulfilling situation where it's going to ratchet down to the point where there isn't enough patients because they have gone elsewhere. But the community really have always worked very hard and raised thousands of dollars to upgrade the hospital and make it work.

And now it's gotten to the point because of the circumstances that they can't attract a doctor, because when they look at the statistics the patient load isn't there, even though it was there at one time. And it could be if all the patients and the citizens came to that one particular hospital in Hafford where there was a full-time doctor.

Mr. Gantefer: — Thank you, Mr. Chair. Minister, I would like to take this opportunity on behalf of the official opposition to thank you in your efforts this evening, and through the process of estimates of answering the questions of the official opposition and many of the members in their areas. And I would like especially to thank the members of the department for supporting you in providing those answers this evening.

Thank you very much.

Hon. Mr. Nilson: — Thank you. I appreciate the opportunity to answer these questions. And it's, as I was telling some of the

people from the department, it's very nice to have question period with assistance of a whole team because we actually get good questions and I think very good answers.

So I'd like to do a special . . . especially thank all of the department officials, the ones that are here tonight, but also all of the people who work within the department and other parts of the health system in Saskatchewan, who have provided the information that allows me to answer the questions and to provide clarification of a number of issues for people in Saskatchewan. Thank you.

Some Hon. Members: Hear, hear!

The committee reported progress.

The Assembly adjourned at 23:07.