



FOURTH SESSION - TWENTY-SEVENTH LEGISLATURE

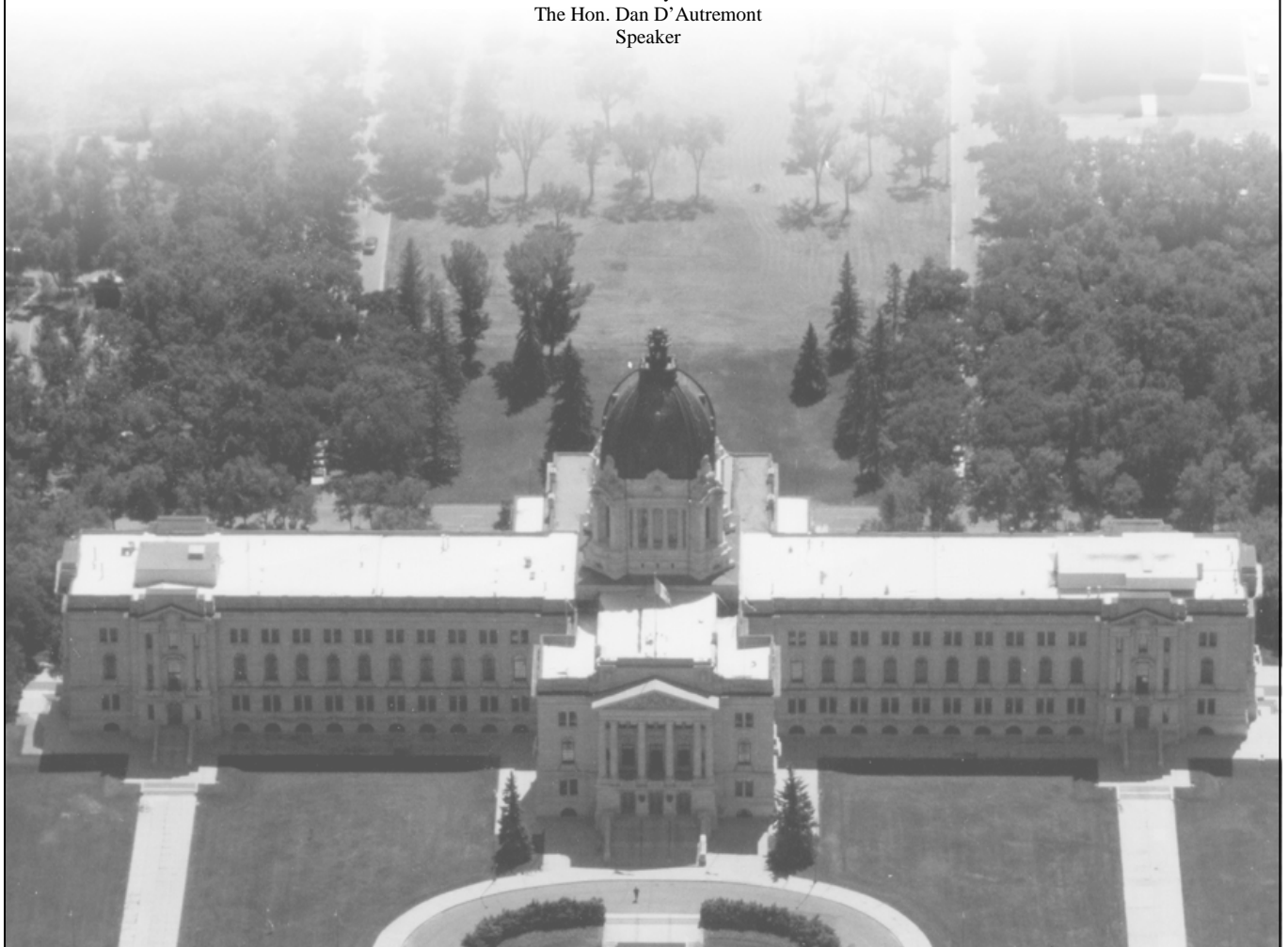
of the

Legislative Assembly of Saskatchewan

**DEBATES
and
PROCEEDINGS**

(HANSARD)

Published under the
authority of
The Hon. Dan D'Autremont
Speaker



MEMBERS OF THE LEGISLATIVE ASSEMBLY OF SASKATCHEWAN

Speaker — Hon. Dan D’Autremont
 Premier — Hon. Brad Wall
 Leader of the Opposition — Cam Broten

Name of Member	Political Affiliation	Constituency
Belanger, Buckley	NDP	Athabasca
Bjornerud, Bob	SP	Melville-Saltcoats
Boyd, Hon. Bill	SP	Kindersley
Bradshaw, Fred	SP	Carrot River Valley
Brkich, Greg	SP	Arm River-Watrous
Broten, Cam	NDP	Saskatoon Massey Place
Campeau, Hon. Jennifer	SP	Saskatoon Fairview
Chartier, Danielle	NDP	Saskatoon Riversdale
Cheveldayoff, Hon. Ken	SP	Saskatoon Silver Springs
Cox, Herb	SP	The Battlefords
D’Autremont, Hon. Dan	SP	Cannington
Docherty, Hon. Mark	SP	Regina Coronation Park
Doherty, Hon. Kevin	SP	Regina Northeast
Doke, Larry	SP	Cut Knife-Turtleford
Draude, June	SP	Kelvington-Wadena
Duncan, Hon. Dustin	SP	Weyburn-Big Muddy
Eagles, Doreen	SP	Estevan
Elhard, Wayne	SP	Cypress Hills
Forbes, David	NDP	Saskatoon Centre
Harpauer, Hon. Donna	SP	Humboldt
Harrison, Hon. Jeremy	SP	Meadow Lake
Hart, Glen	SP	Last Mountain-Touchwood
Heppner, Hon. Nancy	SP	Martensville
Hutchinson, Bill	SP	Regina South
Huyghebaert, D.F. (Yogi)	SP	Wood River
Jurgens, Victoria	SP	Prince Albert Northcote
Kirsch, Delbert	SP	Batoche
Krawetz, Hon. Ken	SP	Canora-Pelly
Lawrence, Greg	SP	Moose Jaw Wakamow
Makowsky, Gene	SP	Regina Dewdney
Marchuk, Russ	SP	Regina Douglas Park
McCall, Warren	NDP	Regina Elphinstone-Centre
McMorris, Hon. Don	SP	Indian Head-Milestone
Merriman, Paul	SP	Saskatoon Sutherland
Michelson, Warren	SP	Moose Jaw North
Moe, Hon. Scott	SP	Rosthern-Shellbrook
Morgan, Hon. Don	SP	Saskatoon Southeast
Nilson, John	NDP	Regina Lakeview
Norris, Rob	SP	Saskatoon Greystone
Ottenbreit, Hon. Greg	SP	Yorkton
Parent, Roger	SP	Saskatoon Meewasin
Phillips, Kevin	SP	Melfort
Reiter, Hon. Jim	SP	Rosetown-Elrose
Ross, Laura	SP	Regina Qu’Appelle Valley
Sproule, Cathy	NDP	Saskatoon Nutana
Steinley, Warren	SP	Regina Walsh Acres
Stewart, Hon. Lyle	SP	Thunder Creek
Tell, Hon. Christine	SP	Regina Wascana Plains
Tochor, Corey	SP	Saskatoon Eastview
Toth, Don	SP	Moosomin
Vermette, Doyle	NDP	Cumberland
Wall, Hon. Brad	SP	Swift Current
Weekes, Randy	SP	Biggar
Wilson, Hon. Nadine	SP	Saskatchewan Rivers
Wotherspoon, Trent	NDP	Regina Rosemont
Wyant, Hon. Gordon	SP	Saskatoon Northwest
Young, Colleen	SP	Lloydminster
Vacant		Prince Albert Carlton

[The Assembly met at 13:30.]

Clerk: — Members of the Assembly, Mr. Speaker is not present to open today's sitting.

[Prayers]

TABLING OF REPORTS

The Deputy Speaker: — Members, in accordance with section 38 of *The Ombudsman Act*, I table a report titled, *Taking Care*, an Ombudsman's investigation into care provided to seniors. I do now lay that on the Table.

ROUTINE PROCEEDINGS

INTRODUCTION OF GUESTS

The Deputy Speaker: — I recognize the Premier.

Hon. Mr. Wall: — Thank you very much, Mr. Speaker. I have three introductions actually, and I'll begin with the very special group that's seated in the west gallery that have made the trip in from Swift Current. In your gallery from Ashley Park School in Swift Current, Saskatchewan, Canada — and they're all waving now — are 46 grade 4 students that are here. I'm looking forward to having a chance to meet with all of them a little bit later on and having a visit about what they saw here.

Mr. Deputy Speaker, they're joined by a group of chaperones and parents and teachers, and I'm just going to go down the list. There's quite a large group of chaperones, parents, and teachers, so permit me to introduce Elizabeth Klassen, Keri White, Lindsay Munro, Shannon Reid, Janessa Ljunggren, Leah Coulter, Melanie Arntsen, Heather Carleton, Daryl Byers, Dawnell Wiebe, Michele Jagga, and Patty and Gary Nykolaishen are here as well. Mr. Speaker, it's always great when we have students from our constituency here and I'm very happy these students could come from Ashley Park. I'd ask all members to join me in welcoming them to their Legislative Assembly today.

And while I'm on my feet, Mr. Deputy Speaker, it's an honour to introduce to you and through you to all members of the Assembly, again in the west gallery, a special entrepreneur, a special gentleman from right here in the Queen City of Regina. Kevin Dureau has joined us. Kevin was born and raised in Regina. He's married to Tricia. Tricia, who was a Prychak — that's her maiden name — was actually taught by the Deputy Premier's wife. They grew up not too far from the Krawetzes. That's a quote, Mr. Deputy Speaker, so I'm permitted to use the surname, although I may have been quoting myself.

We really want to welcome Kevin here. He's the Saskatchewan Party candidate in Regina Rosemont. He's a partner with the Press Box Sports Bar, Check-it Solutions, and On Course Golf Marketing. He's involved with the community in various fundraising events and we all want to be mindful as well, Mr. Deputy Speaker, that he tragically lost his brother Brad very recently. And our hearts go out to him and our thoughts are certainly with Kevin and his family as well. Would all members please join me in welcoming him to his Legislative Assembly.

And finally while I'm on my feet, Mr. Deputy Speaker, and we might be hearing from this guest a little bit later in what's termed an inaudible interjection because little baby MJ has joined us. And MJ is the son — Malcolm Jack is his name — of Sarah Mills and Chef Malcolm who's well known to us, Malcolm her husband. Sarah, of course, is a long-time member of the journalistic community in the province and has covered the affairs at the legislature. And we had a chance to introduce Brianna Rose — that's MJ's little sister — when she came to visit shortly after her arrival.

An Hon. Member: — Big sister.

Hon. Mr. Wall: — Yes, big sister. That's right, on account of she's older. So we want to welcome Sarah and her husband, Malcolm, and especially MJ. It's good to see her back at the Legislative Assembly.

The Deputy Speaker: — I recognize the Leader of the Opposition.

Mr. Broten: — Thank you, Mr. Speaker. I'd like to join with the Premier welcoming Sarah and baby MJ. It's always a pleasure, Mr. Speaker, when our larger legislative family, when there's an addition to it, and to have a baby in the Assembly. And I hear another baby in the Assembly as well. It's just wonderful to see the little ones here. We congratulate Sarah and Malcolm on this addition to their family and wish them all the best in the months and the years ahead as they live life and love their family, Mr. Speaker. So I'd ask all members to join me once again in welcoming Sarah and baby MJ here.

And I'd also, Mr. Speaker, like to introduce someone who's seated in the east gallery, a gentleman who's no stranger to Regina, no stranger to Saskatchewan, and that's Mr. Ted Jaleta. And Ted has a remarkable life story. He was born into a farm family in lush northwestern Ethiopia, and when he was a bit younger he was on track to be a world-class long-distance runner. But civil war broke out in Ethiopia in the 1970s, and Ted was caught in a peaceful protest. He was imprisoned. He was tortured. And then, Mr. Speaker, he spent considerable time in a refugee camp but came to Canada in 1982 as a refugee. And he credits Canada and its people for giving him a second chance.

And Ted, time and time again throughout his life here in Canada, has been giving back in so many ways with his message of hope, courage, positive thinking, and hard work. Ted is a public servant. He's the coach of the Jaleta Pacers. He's a former coach of the U of R [University of Regina] track and field and cross-country teams, volunteers with the Open Door Society, the Paul Dojack Youth Centre, Saskatchewan Sports Hall of Fame, and the CRA [Canada Revenue Agency] income tax volunteer program. He's led fundraising initiatives for the Regina Early Learning Centre, Chili for Children, the U of R Jaleta Pacers scholarship fund, and has helped build a school in Africa as well. And he's received many awards including an Honorary Doctor of Laws degree from the University of Regina.

Deana Driver wrote an award-winning book about his life called *Never Give Up: Ted Jaleta's Inspiring Story*. But, Mr.

Speaker, I think Deana's going to have to add a chapter or two to that book, as the next chapter, I believe, will have him as the MLA [Member of the Legislative Assembly] in this Assembly for Regina Coronation Park. I'm so very pleased, Mr. Speaker, to say that he'll be our candidate for Coronation Park in the upcoming election. I'd ask all members to join me in welcoming Ted to the Assembly.

The Deputy Speaker: — I recognize the Minister of Crown Investments.

Hon. Mr. McMorris: — Thank you, Mr. Deputy Speaker. It is a privilege to introduce to you, and through you to the rest of the Assembly, 22 public service employees, Mr. Speaker, that are seated in your gallery, in the Speaker's gallery, Mr. Speaker. They're here to take part in the parliamentary program for public service. They represent a number of different ministries: Advanced Education, Agriculture, Economy, Education, Environment, Health, Labour Relations and Workplace Safety, Social Services, and the Legislative Assembly, Mr. Speaker.

They're here to spend the day I guess throughout the legislature, certainly learn more about the proceedings, sit through question period. I have an opportunity to speak with them or to meet with them after, as well as the opposition and I guess as well as yourself, Mr. Deputy Speaker. I would just like all members to welcome these public servants to their legislature but also, in doing so, thank them for the great work that they do in our province each and every day, that allows this province to function as well as it does. Thank you, Mr. Speaker.

The Deputy Speaker: — I recognize the Opposition House Leader.

Mr. McCall: — Thank you very much, Mr. Deputy Speaker. I'd like to join with the Minister Responsible for the Public Service Commission in welcoming these public servants to their Legislative Assembly and to congratulate them on taking this keen interest in the political side of public service, how the legislature works. The outreach program always does such a great job, and I look very much forward to having a visit with them later on this afternoon.

While I'm on my feet, Mr. Deputy Speaker, I'd also like to introduce a group from the Southeast Regional College and Piapot Urban. I'm talking about a group of 13 adult learners in the east gallery, and they're here with Brian Binns and Bev Kulach. And Bev, as a teacher with the program, has been bringing the students here for many years, and it's always great to see her here, and the learners as well, because of course, Mr. Speaker, the adult learners are folks that made a decision to come back and improve their learning and their lot for their families, as is often the case. So it's always pretty inspiring meeting with this group. So I'd ask all members to join me in welcoming these important guests to their Legislative Assembly.

The Deputy Speaker: — I recognize the member from The Battlefords.

Mr. Cox: — Thank you, Mr. Deputy Speaker. You know, we hear throughout the year members from both sides of the House profess to have the best CA [constituency assistant] in the

province, but I would like to introduce to you and through you what I believe is the best CA in the province, Lillian Robinson, seated in your gallery, Mr. Deputy Speaker, with her husband, Archie. Lil is a compassionate CA for me. She handles a great volume of calls and I think she does it very professionally and very efficiently, and I appreciate everything she does while I'm away. So let's have everybody please welcome Lillian Robinson to her Legislative Assembly.

The Deputy Speaker: — I recognize the Minister of Parks, Culture and Sport.

Hon. Mr. Docherty: — Thank you, Mr. Speaker. Mr. Speaker, the sound stage was a very busy facility last weekend. It was the hosting venue for Saskatchewan Fashion Week. Hundreds of individuals pulled together to create an . . .

The Deputy Speaker: — Member, we are still in introduction of guests . . . [inaudible interjection] . . . Oh, okay. Sorry.

Hon. Mr. Docherty: — As I was saying, Mr. Deputy Speaker . . . I was just preambing right into a big finish, a big finish here, Mr. Deputy Speaker: designers from all over the country, with several retailers from our own province.

Mr. Speaker, today in the west gallery we have a few guests who are closely involved with Saskatchewan Fashion Week. Please raise your hand as I introduce you. Chris Pritchard is executive director and co-founder of Saskatchewan Fashion Week. Candyce Fiessel, co-founder; Chelsea Pettersen, co-founder; Christina McFaddin who's the fashion designer of the Year of the Ram design label and the 2015 Fashion Forward Emerging Designer of the Year award recipient. Dean Renwick, fashion designer, Dean Renwick Design Studio, and Melissa Fiacco, public relations and communications specialist.

I'd like to, Mr. Deputy Speaker, I'll wrap it up here. I'd like to congratulate everyone involved with the success of 2015 Saskatchewan Fashion Week, and I ask that you all join me in welcoming these guests here today to their Legislative Assembly.

While I'm on my feet, Mr. Speaker, I'd like to join with the Minister Responsible for the Public Service Commission, and there's a couple of individuals that I worked with over the years but I'd like to welcome them as well: Jennifer Scullen who's now with Education, and Seema Saroj, both in Education. Because we all worked together in provincial immigration. But I'd like to welcome them to their Assembly today as well.

The Deputy Speaker: — Before I recognize the next member I'd like to apologize to the minister from Parks, Culture and Youth. We have a lot of visitors here today so it would be helpful to the Chair if members would indicate whether they have more than one introduction. And with that I will recognize the member from Saskatoon Nutana.

Ms. Sproule: — Thank you, Mr. Deputy Speaker. And on behalf of the official opposition, I too would like to welcome the individuals here from Fashion Week. We have Chris, Candyce, Chelsea, Christina, Dean, Melissa. Congratulations on a job well done and certainly on representing us, Saskatchewan, in the fashion world.

As you know, any use of the sound stage is important for us because we know it's largely unused at this time. And so having this kind of opportunity and to celebrate the space that we have is certainly welcome. And not to take away from the efforts of these people in promoting their particular industry. I think it's very important for them to come to the Legislative Assembly and be welcomed here by all members. And so on behalf of the official opposition, I would like to do that. Please welcome them.

The Deputy Speaker: — I recognize the Minister of Rural and Remote Health.

Hon. Mr. Ottenbreit: — Mr. Deputy Speaker, one introduction involving four individuals this afternoon. To you and through you to all members of the Assembly, my first introduction is the most probably loving and generous and, some would argue, tolerant woman in the world. My wife, Leone, is up in your gallery, as well as my eldest daughter, Katelin. The other individuals are in the Assembly today because we celebrated her pinning ceremony, graduating the registered nursing program, graduation from the U of S [University of Saskatchewan] and the SIAST [Saskatchewan Institute of Applied Science and Technology] Polytechnic combination course, Mr. Speaker.

And also my youngest daughter, Rayanne Krahenbil, is up in the Assembly. Moved back from Ottawa about a year ago with strict conditions from her mother: if they were going to have a family, they had to be close to home. So I'm grateful that they've moved back to Saskatchewan from Ottawa. And they're helping to grow the province, Mr. Deputy Speaker, because it's my pleasure to introduce, for the first time in this Assembly, our first grandchild, our granddaughter, Wynnslet Elizabeth Krahenbil. So I'd ask all members to welcome these individuals to their Legislative Assembly, Mr. Deputy Speaker.

Just a short little story about Wynnslet, she was actually born March 26th during question period, so I wasn't really paying a whole lot of attention during question period. I was getting updates on my text as to her birth that happened at 10:54, I think, right after question period was over. So I'd ask all members to welcome my family to their Legislative Assembly.

[13:45]

The Deputy Speaker: — I recognize the member from Moose Jaw Wakamow.

Mr. Lawrence: — Thank you, Mr. Deputy Speaker. To you and through you and to all members of the legislature, I am pleased to stand today to introduce most of the staff from Silver Sage Housing Corporation. Silver Sage Housing Corporation manages over 450 social and affordable housing units for low- or moderate-income residents in Regina, Swift Current, Fort, Qu'Appelle, Indian Head, and Sinaluta.

Joining us today is president and CEO [chief executive officer] of the Silver Sage Housing Corporation, Maynard Sonntag; along with Tina LaRose; Christina Zhou; Gina Lerat; Stephanie Matechuck; Nicole Henry, Erin Bitternose, Alana Moshenko, Angela Kote, Tanis Cote-Lartey, Tyler Jones, Steven Desnomie, Stuart Dustyhorn, Delbert Alexson, Quincy

Dustyhorn, Leon Pelletier, and Darcy Eagles. And I'll apologize for . . . anybody I've mispronounced your name.

I ask all members today to join me in welcoming this group to their Legislative Assembly. Thank you, Mr. Deputy Speaker.

The Deputy Speaker: — I recognize the member from Saskatoon Centre.

Mr. Forbes: — Thank you very much, Mr. Deputy Speaker. I'd like to join the member opposite in welcoming the folks from Silver Sage here. It's great to see you here and taking an interest in the politics of the province, particularly under your leadership of your CEO. He has some insights into the goings on in the legislature here, but it's great to see you all here. You do such great work in housing. It's an important area of our province. So thanks so much. I'd ask all members to welcome them to their legislature.

The Deputy Speaker: — I recognize the member from Athabasca.

Mr. Belanger: — Thank you very much, Mr. Speaker. I too want to rise in my place today to recognize a former colleague and of course a member of this Assembly, and that is none other than Maynard Sonntag, Mr. Speaker. Rumour had it, at one time there were several people that started a rumour that Mr. Sonntag was a better hockey player than the member from Athabasca. Now, Mr. Speaker, he was good, but I'd advise him not to exaggerate.

But I just wanted to point out that it's always a pleasure to see former colleagues come to the Assembly. As we all know, Mr. Sonntag served the people of the Meadow Lake area with distinction and great pride and got a lot accomplished for Meadow Lake area, Mr. Speaker, something that has not been matched as of today. So again I want to thank Mr. Sonntag for coming into the Assembly and to share with him my thanks for his past service and his continued service to this great province of Saskatchewan.

The Deputy Speaker: — Members, I also have an introduction. Seated in the Speaker's Gallery is our Provincial Ombudsman, Ms. Mary McFadyen, along with two of her staff, or at least one of her staff I see. I would ask all members to welcome her to the Assembly.

PRESENTING PETITIONS

The Deputy Speaker: — I recognize the member from Saskatoon Centre.

Mr. Forbes: — Thank you very much, Mr. Deputy Speaker. I rise today to present a petition in support of better schools here in Saskatchewan. And we know that too many of our classrooms are overcrowded and under-resourced and that the Sask Party government has eliminated hundreds of educational assistant positions, and students often don't get the one-on-one attention they need. And the condition of our schools are rundown, unsafe, or uninspected, and this government has refused to release information on the \$1.5 billion of known repairs that are needed in our schools. And none of this, Mr. Deputy Speaker, is acceptable given the record revenues this

government has had over the last eight years. Mr. Deputy Speaker, I'd like to read the prayer:

We, in the prayer that reads as follows, respectfully request that the Legislative Assembly of Saskatchewan call on this government to immediately stop ignoring schools and start prioritizing students by capping classroom sizes, increasing support for students, and developing a transparent plan to build and repair our schools.

Mr. Deputy Speaker, I do so present. Thank you.

The Deputy Speaker: — I recognize the member from Cumberland.

Mr. Vermette: — Mr. Speaker, I rise today to present a petition. The people who signed this petition would like the Assembly to know that there is a definite need for a long-term care facility in Creighton, Denare Beach, and area and that the health region is in a code red when it comes to senior care beds. And they want the Assembly to know that most seniors in the North cannot afford private care homes and the lack of service in Creighton-Denare Beach puts a huge financial burden on the elderly and their families. The prayer reads:

Wherefore your petitions will humbly pray that your honourable Legislative Assembly may be pleased to cause the government to treat northern Saskatchewan senior citizens with respect and dignity and to immediately invest in a long-term care facility in the Creighton-Denare Beach area.

It is signed by many good people of northern Saskatchewan. I so present.

The Deputy Speaker: — I recognize the member from Athabasca.

Mr. Belanger: — Thank you very much, Mr. Speaker. Once again we stand in our place to present a petition that calls for greater cell coverage for northwestern Saskatchewan, and this particular petition, Mr. Speaker, relates to the communities of Michel Village, Dore Lake, Dillon, St. George's Hill, Michel Point, and Sled Lake, Mr. Speaker. As you know, we've been presenting petitions from all throughout the region, especially the Far North. And, Mr. Speaker, the prayer reads as follows:

To cause the provincial government to improve cell service coverage for northern communities like St. George's Hill, Dillon, Michel Village, Dore Lake, Michel Point, and Sled Lake to provide a similar quality of cell service as the southern communities. This would provide support to our northern industries as well as mitigate safety concerns associated with living in the remote North.

Mr. Speaker, the people that have signed this petition are from all throughout the province, but some of the pages in particular are people from Michel Village, from Michel Point, from Dore Lake. I so present.

The Deputy Speaker: — I recognize the member from Saskatoon Riversdale.

Ms. Chartier: — Thank you, Mr. Deputy Speaker. I'm pleased to rise again today to present a petition in support of safe staffing levels in long-term care facilities. The petitioners point out, Mr. Deputy Speaker, that many aspects of long-term care are deteriorating under this government. They point out that the government has removed the regulations requiring a minimum standard of care for seniors, which has resulted in neglect in many cases, and they point out that chronic understaffing in long-term care facilities results in unacceptable conditions including unanswered calls for help, infrequent bathing, and a rise in physical violence amongst residents. I'd like to read the prayer:

We, in the prayer that reads as follows, respectfully request that the Legislative Assembly of Saskatchewan take the following action: to cause the government to commit to the creation of safe staffing levels for all valued members of the health care team and to reintroduce actual numbers of staff to match the level of care needs and the number of residents under their care in long-term care facilities.

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

Mr. Deputy Speaker, this petition is signed by citizens of Saskatoon. I so submit.

The Deputy Speaker: — I recognize the member from Regina Elphinstone-Centre.

Mr. McCall: — Thank you, Mr. Deputy Speaker. I rise to present a petition in support of maintaining hyperbaric services at the Moose Jaw Hospital. The petitioners point out that hyperbaric treatments are essential for the proper treatment for many people living with diabetes, cancer, and other conditions. In the prayer that reads as follows, Mr. Deputy Speaker, the petitioners:

Respectfully request that the Legislative Assembly require the Sask Party government to reverse its decision to scrap the hyperbaric chamber and instead ensure that this service continues to be provided in the new Moose Jaw Hospital.

Mr. Speaker, this petition is signed by good citizens from Moose Jaw. I so present.

The Deputy Speaker: — I recognize the member from Saskatoon Nutana.

Ms. Sproule: — Thank you very much, Mr. Deputy Speaker. I rise to present a petition in support of retaining the Yarrow Youth Farm. We know that the government has closed Yarrow Youth Farm recently, and what they tried to do is create an open-custody wing in Kilburn Hall, which is a secure custody unit for youth considered a greater risk to their communities, and this was to accommodate the Yarrow Youth residents.

We know that the provincial Advocate for Children and Youth declared that he can't endorse such a rationalization because low-risk teens could be influenced and pressured by close proximity to high-risk youth who may be involved in serious crimes or gangs and that also Kilburn Hall is a more institutional environment that can intimidate and alienate teens

that have committed minor offences. I'd like to read the prayer:

We, in the prayer that reads as follows, respectfully request that the Legislative Assembly of Saskatchewan take the following action: to cause the government to keep Yarrow Youth Farm open to ensure a caring home environment for youth who have committed minor offences, and provide support to help these young people redirect their lives by setting more positive goals.

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

Mr. Deputy Speaker, these petitions are signed by people from Saskatoon. I so submit.

STATEMENTS BY MEMBERS

The Deputy Speaker: — I recognize the member from Kelvington-Wadena.

Sexual Assault Awareness Week

Ms. Draude: — Thank you, Mr. Speaker. Mr. Speaker, this is Sexual Assault Awareness Week. It is a chance to bring special attention to the needs of the victims and to bring awareness about this important issue. Sexual assault is a terrible reality for too many people living in Saskatchewan. It's up to all of us to take a stand and to support the victims of sexual assault. It's up to all of us to hold the perpetrators of these crimes accountable.

Mr. Speaker, together with the many workers and volunteers of sexual assault centres right across the province, we are raising awareness and providing important services to sexual assault victims. I'd like to thank the Sexual Assault Services of Saskatchewan and the numerous other organizations in the province who act compassionately for victims and survivors by providing vital support in times of their great need. Their work is of tremendous and critical service for the victims.

This morning the Regina Sexual Assault Centre hosted an event to honour these groups. Our government was pleased to announce the allocation of \$1.2 million in the '15-16 budget to sexual assault centres in six locations right across the province. That's a 22 per cent increase in funding over the last year.

Mr. Speaker, we must work together to ensure that the sexual assault victims never face these challenges alone. I ask all members to join me in recognizing Sexual Assault Awareness Week and supporting victims and survivors and the workers who care very much for them. Thank you, Mr. Speaker.

The Deputy Speaker: — I recognize the member from Regina Elphinstone-Centre.

Royal Road Race

Mr. McCall: — Thank you, Mr. Deputy Speaker. This past Saturday, myself and the member for Regina Rosemont had the pleasure of taking part in the Royal Road Race organized by Ted Jaleta and the Jaleta Pacers, in partnership with the Royal Canadian Mounted Police Depot Division. This was the fifth year for the race, and the \$23,000 raised will be benefiting Mountie House, a great partnership build between Habitat for

Humanity and the RCMP [Royal Canadian Mounted Police] and Chili for Children, a community organization well known for its decades of work and dedication around food security in inner-city Regina. The total funds raised for local charities over the last five years is now more than \$100,000.

Each year the Royal Race has three goals: to raise money for a local charity, to promote fitness, and to provide an affordable and accessible way for families to take part in running. In many races, fees can be quite expensive, and the Jaleta Pacers do their best to keep the fees low through generous support of sponsors such as North Face Regina, Phoenix Group, Rona, Brown Communications, NWL Contemporary Dresses, Postcard Portables, and Kenlin Design Group. The RCMP also plays a critical role in supporting the race, and this year Sergeant Jeff Comeau and Inspector Bill Long made an especially great contribution.

I ask that all members join me in thanking Ted Jaleta, the Jaleta Pacers, and everyone who played a part in making the 2015 Royal Road Race such a great success. Thank you, Mr. Deputy Speaker.

The Deputy Speaker: — I recognize the member from Regina Dewdney.

Saskatchewan Fashion Week

Mr. Makowsky: — Well thank you, Mr. Speaker. The fashion industry is growing in Saskatchewan, and this is demonstrated through events such as Fashion Week which showcases and celebrates the artistic, entrepreneurial, and creative talent that are producing award-winning fashion in our province. From May 7th to 9th the sound stage in Regina was transformed into a world-class production of fashion, creative design, entrepreneurship, and music, and attracted more than 1,200 guests including the Minister of Parks, Culture and Sport who attended the runway show on Saturday.

Fashion Week has been established through the hard work of Regina-based entrepreneurs that were the vision behind the event and who continue to drive this industry forward. SFW [Saskatchewan Fashion Week] was established in 2012 to influence the development, enhancement, and growth of our fashion and creative design industries.

Fashion Week, along with the growth and success of the Saskatchewan fashion industry and designers, is an example of our growing and diversified economy. Twenty-five Canadian fashion designers showed original men's and women's fall-winter 2015 collections and seven local retailers showed emerging spring-summer 2015 style trends. Thirty volunteer committee members, more than 100 event volunteers, and 180 contributors worked tirelessly to bring the event to life.

Please join me in congratulating the designers and all those involved in planning and hosting Fashion Week on another successful year showcasing Saskatchewan's design talent. Thank you.

The Deputy Speaker: — I recognize the member from Cumberland.

La Ronge Fire Chief Honoured

Mr. Vermette: — Mr. Speaker, earlier last month the Saskatchewan Association of Fire Chiefs held a conference in Swift Current where Ron Pratt, the Fire Chief for the La Ronge regional fire and rescue services, received the Fire Chief Merit Award.

Originally from Kamsack, Ron has served the communities of La Ronge and the adjoining communities of Lac La Ronge Indian Band and Air Ronge for 17 years. In 1998 Ron started working in a small fire hall in La Ronge. Since then, the three communities have been able to work together and funding has been shared by three communities. Under Ron's leadership, the communities have built a new fire hall on the highway that allows faster response time when every second counts.

Ron plans on retiring on May 31st, 2016, but his years of leadership and experience will be missed by many in the La Ronge area. He has been a mentor for many young firefighters and he has helped to build the firefighting capacity in northern-east Saskatchewan. Mr. Speaker, I ask all members to join me in congratulating Ron on his well-deserved award and in thanking Ron for his years of service, dedication, leadership to northern Saskatchewan and to the people of the Cumberland constituency. Thank you, Mr. Speaker.

[14:00]

The Deputy Speaker: — I recognize the member from Regina Douglas Park.

Saskatchewan Physical Education Association Conference

Mr. Marchuk: — Thank you, Mr. Deputy Speaker. Last Thursday I had the pleasure of bringing greetings on behalf of government at the Saskatchewan Physical Education Association's annual conference. The conference, titled Moving With Synergy, was held in Regina from May 6th through the 8th. Keynote speaker was Mr. Reg Leidl who has an impressive background, including more than three decades of experience as a physical educator and coach.

Mr. Speaker, a number of awards were handed out at the conference to honour outstanding physical educators from across the province, including Brent Adam of Regina, Donna Mackenzie of Stanley Mission, Dwayne Petrinchik of Pense, Michael Bradford of Saskatoon, Bob Mayo of Lemberg, Dan Manning of Estevan, and Shannon Kekula of Saskatoon. Mr. Speaker, these are just a few of the many outstanding physical educators who work tirelessly to promote the health and well-being of Saskatchewan children and youth.

Physical educators help students develop invaluable skills like teamwork, determination, leadership, commitment, citizenship, organization, problem solving, and many more. Mr. Speaker, this event provided an excellent opportunity for physical educators to network and learn from one another, learning which ultimately will benefit our children.

Mr. Speaker, I ask all members to join me in congratulating the Saskatchewan physical educators association on another successful conference and in thanking physical educators for

their dedication and for continuing to put students first. Thank you, Mr. Speaker.

The Deputy Speaker: — I recognize the member from Cut Knife-Turtleford.

Chief Justice Honoured

Mr. Doke: — Thank you, Mr. Deputy Speaker. After a lifelong career in our province's justice system, Chief Justice John Klebuc retired from the Saskatchewan Court of Appeal last month. Mr. Deputy Speaker, Chief Justice Klebuc has been an influential leader and valued member of the judiciary, with an impressive career spanning 50 years. He's originally from Meadow Lake and has always been very proud of his roots. He graduated from the University of Saskatchewan in 1964 and soon after began his law career in private practice with a focus on commercial and corporate law. In 1993 he was appointed to the Court of Queen's Bench as a trial judge. Several years later he moved to Regina to become the Chief Justice of Saskatchewan and Court of Appeal.

He was committed to improving access to justice and efficiency in the system through technology and alternative dispute resolution procedures. He played a key role in the implementation of eCourt, a major project supported by the province. For the first time, judges and lawyers were able to access files electronically. The Saskatchewan Court of Appeal was the first court in Canada to become fully digital.

Mr. Deputy Speaker, on behalf of this Assembly, I would like to thank him for his exceptional contributions to the people of Saskatchewan and wish him all the best in his retirement. Thank you, Mr. Deputy Speaker.

The Deputy Speaker: — I recognize the member from Carrot River Valley.

Potash Contract Announced

Mr. Bradshaw: — Thank you, Mr. Speaker. We have heard too many times on this side of the House from the members opposite that travel does not matter, that building relationships with international partners like India is a waste of time. Well, Mr. Speaker, the uranium sale to India was proof that building these business partnerships is not a waste of money.

Last Friday an announcement by Canpotex provided even more evidence that the members opposite do not pay attention to the economy. Canpotex, a marketing arm owned by Saskatchewan potash producers Agrium, Mosaic, and PotashCorp, announced a successful deal with India for 1.3 million tonnes of Saskatchewan potash. This new contract will also see the price per metric tonne increased an additional \$10 US [United States] to \$332 per tonne until the end of March 2016. Furthermore, with this new deal, Canpotex is planning to expand its Indian market development program this year.

Mr. Speaker, we know that the Leader of the Opposition doesn't want to talk about the economy. Not a single question was asked during estimates. Unlike members opposite, we do have a plan for the economy: strong manufacturing, the lowest unemployment in Canada, record number of exports, and an

all-time record for wholesale trade. This side of the House will continue working to keep Saskatchewan strong. Thank you, Mr. Speaker.

QUESTION PERIOD

The Deputy Speaker: — I recognize the Leader of the Opposition.

Ombudsman's Report and Provision of Seniors' Care

Mr. Broten: — When Margaret Warholm's family first came to the legislature on November 19th, they were treated to disgusting heckling from the member from Estevan and the member from Martensville, Mr. Speaker. Those members said that we were just creating drama by raising their mother's tragic death. The Ombudsman released a report today, and it's clear that Margaret was let down by her care facility, by the health region, and by this government.

Margaret's family is back here today, Mr. Speaker. Will the Premier apologize to this family, not only for how they were treated when they came here back in November, but especially for how their mother was so horribly let down?

The Deputy Speaker: — I recognize the Premier.

Hon. Mr. Wall: — Well, Mr. Speaker, I thank the member for the question. I don't necessarily agree with the characterization of some of the members he's referenced in terms of what may or may have been said, but I would say that if anybody comes to the legislature and feels in any way that they weren't provided with respect or a good hearing from both sides of the House, then that should be a concern. That should always be our priority.

Mr. Deputy Speaker, I also want to thank the Ombudsman for the good work that has been presented here today, in part because of the case that came forward, which was a tragedy, Mr. Deputy Speaker. There's no question about it. The Ombudsman has done a lot of very good work for which we're grateful. I think about 89 cases came forward one way or the other for vetting and for review. We know that review took place earnestly, 19 recommendations: I think 14 specific to the Santa Maria situation, which we know well; four generally, across the province; and I think one with Regina Qu'Appelle Health Region.

We're looking at those recommendations very seriously. I point out that there are well over 8,000 seniors in care in the province, and so 89 is a very significant number and of concern. But I also want to be thankful to those on the front line providing good-quality care across the province for literally thousands of seniors. We've tried to add to their number. We've increased the complement of front-line workers in seniors' care from what was happening prior to our government by 700 plus. There are more nurses in the system, more doctors. We're building facilities. But we know more needs to be done, and the Ombudsman has helped. With respect to her work, we'll take it seriously, and we'll look at the recommendations provided.

The Deputy Speaker: — I recognize the Leader of the Opposition.

Mr. Broten: — Mr. Speaker, Margaret's family is here today as they were in November. Mr. Speaker, they identified those members and they told me how hurt they were to the core to be heckled on that day when they came back in November and their mom's concerns were raised. Margaret died malnourished, with broken bones and a painful bedsore covering her back, and the family had to fight for answers and accountability every step. The Ombudsman said, "... over the course of our investigation, we came to the conclusion that this was not a unique situation." The Ombudsman says 89 other families from all over Saskatchewan came forward with stories "... very similar to the concerns Margaret's family raised."

Mr. Speaker, we have the Premier today continue, and we've heard the two Health ministers continue to fail to recognize how widespread this is and how many people are being affected, Mr. Speaker. They continue to say that these are extremely rare and isolated cases. My question to the Premier: is he willing to admit that he was wrong?

The Deputy Speaker: — I recognize the Premier.

Hon. Mr. Wall: — Mr. Deputy Speaker, the characterization that was just offered by the Leader of the Opposition is just fundamentally wrong. I just was on my feet explaining that 89 complaints to the Ombudsman after the initial investigation is a significant number. The context is important though, and the recognition of what the system is providing in terms of care to 8,000 seniors across the province is important.

There are issues that we recognized, shortly after we had the good fortune and the honour of being elected, in seniors' care. There remain issues today. Those issues eight years ago significantly were the fact that beds had been closed by the previous government. That was an issue that we had to begin to deal with, and we're not quite there yet. There was an issue of a lack of front-line workers.

And I think what would be a welcome thing for this particular debate today is for both sides to recognize they need to do more work and for both sides to recognize, especially members opposite, that where we were eight years ago just wasn't acceptable and put us a bit behind the eight ball. We were short nurses. We were short care aids, front-line staff. Some of that ... In the facilities, we had beds closed. That's what we inherited.

So we have done a lot of work since then. We've invested significant resources and hired more staff and innovated in terms of home care — more money for home care, more money in this budget we just passed this spring session for seniors' care — all the while recognizing that if there's 89 folks come forward, that's serious. We know there are common issues that were pointed out by the Ombudsman as well, similar in each case, and so that's why there's extra dollars in this budget. That's why there's a recognition and admission on the part of the government that we need to do more. We've come a long way in eight years but more needs to be done, Mr. Deputy Speaker.

The Deputy Speaker: — I recognize the Leader of the Opposition.

Mr. Broten: — Mr. Speaker, we have now seen the actions from this government that match the reality and the need in seniors' care homes. We've actually seen this government remove minimum care standards. We've seen steps backwards when it comes to ensuring that seniors are properly cared for.

The Ombudsman says the care facility failed miserably, miserably to properly manage Margaret's bedsores, to ensure she had adequate nutrition and hydration, to follow up on changes in her weight, to ensure safe lifts and transfers, and to manage her pain. And again the Ombudsman says, "... over the course of our investigation, we came to the conclusion that this was not a unique situation." She said, we have seen the same type of complaint from all over the province. So it's not just an issue of one health region or one long-term care home.

It is alarming, Mr. Speaker, but it's not surprising because we have had family after family after family come to the legislature to speak out about major problems with the care for their loved ones. And every single time those families have come forward to the legislature, we've seen this government minimize their concerns and try to claim that they are isolated — without fail, Mr. Speaker. Does the Premier recognize that major problems in seniors' care are widespread? Yes or no?

The Deputy Speaker: — I recognize the Minister of Health.

Hon. Mr. Duncan: — Thank you, Mr. Speaker. Mr. Speaker, Mr. Deputy Speaker, I want to join with the Premier and thank the Ombudsman and her dedicated staff for the work that they've done in reviewing the case of Margaret Warholm and providing recommendations not just to the province but this particular facility and the regional health authority.

Mr. Deputy Speaker, the Ombudsman does indicate in her report on page 7 that the guidelines that we have put in place do include over 100 individual standards dealing in a number of areas. In terms of the recommendations that are directly related to the region, what we will be doing is ensuring that we do have an operational plan for those standards and that we will be working with the regional health authorities so that we can be able to work with them to report back to the public just how well our facilities are doing when it comes to maintaining those standards, not unlike what we're doing with personal care homes, Mr. Deputy Speaker.

That was a move made by this government, that we wanted to be able to publicly report how our personal care homes are doing so that the public are well informed. We'll do that with our special care homes. We accept the recommendations and look forward to continuing to work with her, her office, as well as the regional health authorities and our facilities to ensure that our seniors have the care that they deserve and that they need in this province.

The Deputy Speaker: — I recognize the Leader of the Opposition.

Mr. Broten: — Question to the Premier to the question that, the question that was asked once again: does the Premier believe that problems in seniors' care are widespread in Saskatchewan? Yes or no?

The Deputy Speaker: — I recognize the Minister of Health.

Hon. Mr. Duncan: — Thank you very much, Mr. Deputy Speaker. Mr. Deputy Speaker, I note that the Ombudsman's report is very thorough, especially as it relates to the case of Margaret Warholm. I think it details in frankly a great deal of detail the complexity of care that is required for some of our residents in long-term care, and I would urge all members to read the report in its entirety. I think it's very compelling and it's a very good, thorough report.

Mr. Deputy Speaker, the Ombudsman does conclude the report by talking about a system that is under strain. Mr. Deputy Speaker, I can't imagine what that system would be like today, under strain as it is, if we had 800 less full-time equivalents working in the system like we did not that long ago in this province.

[14:15]

I can't imagine the strain in the number of facilities like Marian Home in Radville, the old facility that is just being replaced, the strain that that would have been in that facility that for far too long was neglected and should have been replaced. And that's one facility, not counting the other 12 facilities across this province. I can't imagine the strain that we would be in in Saskatoon if we didn't have the 100 beds at Samaritan Place, which the members opposite opposed when that project was brought forward by the government just a couple of years ago.

So we acknowledge that there are challenges. There are issues within long-term care. We have dedicated resources in each and every year on the capital side and on the operational side, but there is more work to be done. But I think the past practice shows that it's the members on this side that will do that work.

The Deputy Speaker: — I recognize the Leader of the Opposition.

Mr. Broten: — Mr. Speaker, Margaret's family is here today and these are the answers that we have coming from the government. Silence from the Premier, Mr. Speaker, about whether or not he believes that the problems in seniors' care are widespread, can't answer a yes. The Ombudsman clearly shows that Margaret's situation is not unique. We know that, Mr. Speaker, the public has heard of at least seven premature deaths in care facilities: Margaret Warholm, Jessie Sellwood, Lorne Rowell, Fern Chingos, Irene Hohne, Lois Rein, and the elderly gentleman with dementia in Moose Jaw who died after he ate laundry detergent pods.

And we've heard of many other tragic stories that haven't been made public, where families haven't come forward, but they've experienced loss and pain. This report, Mr. Speaker, should be final notice to this government — no more delays, no more minimizing, no more excuses. My question to the Premier: will he at least guarantee us that today?

The Deputy Speaker: — I recognize the Minister of Health.

Hon. Mr. Duncan: — Thank you very much, Mr. Deputy Speaker. Mr. Deputy Speaker, what I can tell the members of the House and the public is that we accept the findings of the

Ombudsman. We asked the Ombudsman's office to look into this specific case and provide recommendations back. I think the Ombudsman's office has done a good job of identifying the issues in this one case, thoroughly reviewing this one case, as well as providing recommendations beyond this one case.

I will say that in terms of the 14 recommendations, as it relates specifically to Santa Maria, we have a quality oversight committee in place. That oversight committee will continue until I'm satisfied that that facility has been able to move forward after this and has put in place changes based on those recommendations as well as changes they were making even before these recommendations came out.

We will work as a ministry on the four specific recommendations, as it relates to the Ministry of Health, that will ensure that there is an operational of the guidelines, an operational plan of the guidelines, and a reporting back to the public. Mr. Speaker, we had that in the past where as a ministry we could go in and inspect long-term care facilities. That was taken out by the members opposite when they were the government, in the legislation. So we're going to have to look at how we can ensure that there is that accountability.

But we absolutely take the recommendations of the Ombudsman, the Provincial Ombudsman. We take them very seriously. We're reviewing them and we're looking for ways that we can implement all of those recommendations in the coming months.

The Deputy Speaker: — I recognize the Leader of the Opposition.

Mr. Broten: — Mr. Speaker, if they're taking it seriously, I don't understand how the Premier can't recognize that the concerns and the problems in seniors' care are widespread throughout the province.

I don't know how he can't apologize to Margaret's family for being heckled back in November and for the huge failure and tragedy that their family experienced and the pain that they've gone through. I don't understand why, if they accept the recommendations, why that apology can't come forward.

On page 29 of the Ombudsman's report, she talks about another senior who was confined to a wheelchair for 10 years and never had a bedsore. Then he went to a care facility. He wasn't properly cared for, and he ended up in the hospital where nurses found two massive bedsores. Mr. Speaker, that senior died a few days later because of blood poisoning as a result of those bedsores.

Does the Premier know how many other seniors have died prematurely and painfully because of neglect in seniors' care?

The Deputy Speaker: — I recognize the Minister of Health.

Hon. Mr. Duncan: — Thank you, Mr. Speaker. Mr. Speaker, we're working with all of our facilities when it comes to ensuring that we have a community-of-care model in our facilities, as certainly that is a focus of Santa Maria as they've made some changes in their specific facility.

As members will know, we monitor a number of quality indicators. We're seeing facilities, and Santa Maria would be one of them, that is actually increasing the amount of time that they are monitoring them — monitoring them more closely, more real-time monitoring — so that they can make adjustments to care plans. Those are some of the things we need to look at to ensure that we are providing that care, that we are being responsive in that care to ensure that our seniors are provided with quality, safe care in our long-term care facilities.

We will take the recommendations of the Provincial Ombudsman. We take them very seriously. We're reviewing them to see how we can implement those in the province. That is our plan to implement those recommendations. We'll be working very closely with the sector, our regional health authorities, all of our facilities to ensure that these recommendations are implemented and that the standards that are in place, the standards that are in place in this province, because we do have minimum standards, that they are being acted upon by our regions and our facilities, and we can report back to the public just how well they're doing in keeping to those standards.

The Deputy Speaker: — I recognize the Leader of the Opposition.

Mr. Broten: — Mr. Speaker, if this Premier and the Health ministers were taking these recommendations seriously, we'd see an apology to the family, and we would see a recognition that problems in seniors' care are indeed widespread throughout the province. We would have that recognition. But we are not getting that, Mr. Speaker, and I am concerned that this government is still failing to understand the severity of the situation. When the Ombudsman says that Margaret's situation is not unique, that needs to be a wake-up call to this government.

And we've had, on many occasions, this minister and the Premier try to claim that their guidelines are sufficient. We know, we know that they are not sufficient because we keep having these tragic stories come forward.

The Ombudsman says that the government's guidelines are far too vague. She says:

The Guidelines are generally non-specific and high-level, such that they are open to wide interpretation. To effectively implement them, much more work needs to be done to develop specific rules and requirements . . .

Mr. Speaker, that is precisely what we have been calling for: minimum regulated care standards that seniors can count on, Mr. Speaker. My question to the Premier: when will he finally commit to develop specific rules and requirements for care facilities?

The Deputy Speaker: — I recognize the Minister of Health.

Hon. Mr. Duncan: — Thank you very much, Mr. Deputy Speaker. Mr. Deputy Speaker, I just want to make it clear, in fact what the Ombudsman report, as I understand it, as I've had a chance to look at it, that it does indicate that we do have guidelines. I'm quoting from page 7:

The Guidelines include over 100 individual standards dealing with topics such as standards of care, resident rights and responsibilities, special care-homes rights and responsibilities, resident abuse, staffing requirements, special care aides, incident investigations and reporting, and quality of care concerns.

The recommendations go on further to recommend to the Ministry of Health, as a part of our four recommendations, that we do have an operationalized plan in place to operationalize those standards to ensure that in fact the regions and the facilities understand what the standards are that are already in place and that they have a plan to make those operational.

The recommendations also recommend that we develop a plan and a process to publicly report on meeting those standards, how those are being met. We accept that, Mr. Deputy Speaker. We're going to work with the regional health authorities. The ministry will lead this work to ensure that we have a plan in place on how we actually operationalize the standards that are already in existence in this province and how we'll publicly report on those. And so we do accept the recommendations made by the Ombudsman.

The Deputy Speaker: — I recognize the Leader of the Opposition.

Mr. Broten: — Mr. Speaker, she describes these guidelines as vague, just as the minister's former chief of staff did in an email saying these are very general, Mr. Speaker, and lacking specifics. That's very clear. This government still has its head firmly planted in the sand. The Ombudsman heard a lot of concerns about inadequate staffing levels and a very poor quality of care. She notes that regulations for personal care homes specify a clear staffing ratio, and the handbook for personal care homes outlines minimum care hours that residents in those homes can count on.

But this government doesn't specify staffing ratios or minimum care hours for special care homes, the special care homes where the most vulnerable seniors live. That doesn't make any sense. My question to the Premier: will he finally commit to implement adequate staffing ratios and minimum care hours that seniors can count on?

The Deputy Speaker: — I recognize the Minister of Health.

Hon. Mr. Duncan: — Thank you very much, Mr. Speaker. Mr. Speaker, I would just say I guess we know, from the example of members opposite, previously when there was care hours that were assigned through legislation and regulations that were written in the, I believe, 1950s or early 1960s and were never updated to take into account the changing needs of seniors in this province. And we know it didn't even matter what was in the legislation under the members opposite because they didn't have the adequate staffing anyways.

So it's fine to have hours in legislation, but if you don't have the staff like the members opposite didn't have when they were in government, Mr. Deputy Speaker, I'm not sure how that actually helps the seniors in this province.

Staffing in long-term care facilities is up year over year under

this government. In terms of the strain on the system, as I said before, I can't imagine what that strain would be like today if we didn't have the nearly 800 full-time equivalents working for the same number of residents that are in our care that were under the care of the members opposite seven years ago.

Mr. Deputy Speaker, I'll also say in terms of putting these standards in regulations or legislation, that's not the recommendation. The recommendation is that we ensure that we have development, develop and implement policies to operationalize the standards that are clearly acknowledged in the report, and that we identify and track measures and outcomes, and as well we publicly report on those. Those are recommendations 12 and 13, and we will be following those recommendations.

The Deputy Speaker: — I recognize the Leader of the Opposition.

Mr. Broten: — Mr. Speaker, no commitment to putting in hard specific rules and guidelines and specifics when it comes to proper staffing ratios. No recognition that this is a widespread problem in the province. No apology, Mr. Speaker, to Margaret's family. Unbelievable, Mr. Speaker. I just asked the Premier to apologize to the family and he hasn't and he won't. This should be basic. The family is here, Mr. Speaker.

Mr. Speaker, the Ombudsman identifies that seniors are afraid to speak up. Families are afraid to speak up. Care aids and nurses are afraid to speak up because of a culture of fear within our seniors' care system. This government, Mr. Speaker, has made it worse. We've seen it made worse by heckling families that come to the legislature. We've seen it made worse by minimizing the concerns that family after family after family have brought to the legislature.

And I think the culture of fear has also been made worse, Mr. Speaker, by the Premier's very own actions to intentionally leak confidential information on the only care aid who came to the legislature and raised concerns, the Premier's direct attempts to besmirch him and to drag his reputation through the mud. The Premier's actions have contributed to this culture of fear. My question to the Premier: does he have any regrets yet about his role in creating this culture of fear within our seniors' care system?

The Deputy Speaker: — I recognize the Minister of Health.

Hon. Mr. Duncan: — Thank you very much, Mr. Deputy Speaker. Mr. Deputy Speaker, you know, I would just point out to the public that there's a bit of a different . . . Well there is quite a difference in the approach of members opposite on that side of the House compared to this side of the House.

I have met with Margaret's family. I believe that I have met with every family, every resident of this province that has come forward with a health concern to this legislature, I think except for one who turned out not to actually be the guardian of the parent, as alleged by the Leader of the Opposition. But I've met with all of them. In this case, I've expressed my regrets and my sorrow to the family to be meeting with them under these circumstances.

That is in a direct contrast to the members opposite. When they were the government, you couldn't find a Health minister to talk to in this province. I remember, as a member of the opposition when I was an MLA, I brought a constituent of mine who their cancer drug wouldn't be funded by the NDP [New Democratic Party]. And do you think that the Health minister of the day would meet with them? No way, Mr. Deputy Speaker.

So that's the approach we take. It may not always be the answer that people want to hear. We may not be able to fix every single problem, but we will meet with these individuals. And we will talk to them about their issues, as opposed to what the members opposite did when they were the government.

With respect to this report, I thank the Ombudsman for her work. I think that they did a great job in reviewing this case, a tragic situation. We will take these recommendations very seriously. We will work with our regions and our facilities to implement them, all in a timely manner. And I want to thank her for that work.

The Deputy Speaker: — I recognize the member from Saskatoon Centre.

Gay-Straight Alliances

Mr. Forbes: — Mr. Speaker, yesterday the Education minister admitted that he'd heard a number of instances in which students have been too afraid to ask for a GSA [gay-straight alliance] or they've asked and been declined. And he even admitted that students are far too afraid to identify themselves, so he's been unable to follow up. Shockingly, this is what the Premier calls "a happy circumstance." Why won't the Education minister stand up to the Premier and start properly protecting vulnerable kids?

The Deputy Speaker: — I recognize the Minister of Education.

Hon. Mr. Morgan: — Mr. Speaker, a GSA, by definition — I'm quoting from mygsa website — is a "... student-led safe space group, is primarily a club for students, and so it's important that students lead in its creation."

We intend to work with school divisions to ensure that they are made available. In fact, Mr. Deputy Speaker, we're doing three things. One, we're reviewing all of the complaints or issues that have come forward. And we understand people's reluctance to give their names, give their phone numbers, but we are working through to try and find out if there are any places in the province where GSAs have been requested that have not been provided.

[14:30]

But to take it further, Mr. Deputy Speaker, we are going to do two other things. We have asked the ministry to develop a list of all of the division schools and to see which ones are already providing GSAs and whether there are any issues so that we can look at them on a school-by-school basis.

Finally, we've talked to the president of the SSBA [Saskatchewan School Boards Association] this morning and

I've said, would your school nurse, would they be willing to provide a designate in each school, either a counsellor or a teacher whose name would be put on a school handbook, on a sign, or a website so that a student that's interested in starting a GSA would have a contact person to go to? We know that these are vulnerable students and we want to do everything we can to help them.

[Interjections]

The Deputy Speaker: — Order. Time has expired for question period.

PRESENTING REPORTS BY STANDING AND SPECIAL COMMITTEES

The Deputy Speaker: — I recognize the Chair of the Standing Committee on Crown and Central Agencies.

Standing Committee on Crown and Central Agencies

Mr. Bradshaw: — Mr. Speaker, I'm instructed by the Standing Committee on Crown and Central Agencies to report Bill No. 158, *The Saskatchewan Pension Plan Amendment Act, 2014* without amendment.

The Deputy Speaker: — When shall this bill be considered in Committee of the Whole? I recognize the Minister of Finance.

Hon. Mr. Krawetz: — Thank you, Mr. Deputy Speaker, and I apologize to the House for not being ready. Mr. Deputy Speaker, I request leave to waive consideration in Committee of the Whole on this bill and that the bill be now read the third time.

The Deputy Speaker: — The Minister of Finance has requested leave to waive consideration of Committee of the Whole on Bill No. 158, *The Saskatchewan Pension Plan Amendment Act, 2014* and that the bill now be read the third time. Is leave granted?

Some Hon. Members: — Agreed.

The Deputy Speaker: — The minister may proceed to third reading.

THIRD READINGS

Bill No. 158 — *The Saskatchewan Pension Plan Amendment Act, 2014*

Hon. Mr. Krawetz: — Thank you, Mr. Deputy Speaker. I move that this bill be now read the third time and passed under its title.

The Deputy Speaker: — It has been moved by the minister that Bill No. 158, *The Saskatchewan Pension Plan Amendment Act, 2014* be now read a third time and passed under its title. Is the Assembly ready for the question?

Some Hon. Members: — Question.

The Deputy Speaker: — Is it the pleasure of the Assembly to

adopt the motion?

Some Hon. Members: — Agreed.

The Deputy Speaker: — Carried.

Law Clerk and Parliamentary Counsel: — Third reading of this bill.

PRESENTING REPORTS BY STANDING AND SPECIAL COMMITTEES

The Deputy Speaker: — I recognize the Chair of the Standing Committee on Crown and Central Agencies.

Standing Committee on Crown and Central Agencies

Mr. Bradshaw: — Thank you, Mr. Speaker. I am instructed by the Standing Committee on Crown and Central Agencies to report Bill No. 178, *The Income Tax Amendment Act, 2015* without amendment.

The Deputy Speaker: — When shall this bill be considered in Committee of the Whole? I recognize the Finance minister.

Hon. Mr. Krawetz: — Thank you, Mr. Deputy Speaker. I request leave to waive consideration in Committee of the Whole on this bill and that the bill be now read the third time.

The Deputy Speaker: — The Minister of Finance has requested leave to waive consideration of Committee of the Whole on Bill No. 178, *The Income Tax Amendment Act, 2015* and that the bill be now read a third time. Is leave granted?

Some Hon. Members: — Agreed.

The Deputy Speaker: — The minister may proceed to third reading.

THIRD READINGS

Bill No. 178 — *The Income Tax Amendment Act, 2015*

Hon. Mr. Krawetz: — Thank you. I move that this bill be now read the third time and passed under its title.

The Deputy Speaker: — It has been moved by the Minister of Finance that Bill No. 178, *The Income Tax Amendment Act, 2015* be now read a third time and passed under its title. Is the Assembly ready for the question?

Some Hon. Members: — Question.

The Deputy Speaker: — Is it the pleasure of the Assembly to adopt the motion?

Some Hon. Members: — Agreed.

The Deputy Speaker: — Carried.

Law Clerk and Parliamentary Counsel: — Third reading of this bill.

PRESENTING REPORTS BY STANDING AND SPECIAL COMMITTEES

The Deputy Speaker: — I recognize the Chair of the Standing Committee on Crown and Central Agencies.

Standing Committee on Crown and Central Agencies

Mr. Bradshaw: — Mr. Speaker, I am instructed by the Standing Committee on Crown and Central Agencies to report that it has considered certain estimates and to present its seventh report. I move:

That the seventh report of the Standing Committee on Crown and Central Agencies be now concurred in.

The Deputy Speaker: — It has been moved by the Chair of the Standing Committee on Crown and Central Agencies:

That the seventh report of the Standing Committee on Crown and Central Agencies be now concurred in.

Is the Assembly ready for the question?

Some Hon. Members: — Question.

The Deputy Speaker: — Is it the pleasure of the Assembly to adopt the motion?

Some Hon. Members: — Agreed.

The Deputy Speaker: — Carried.

Committee of Finance. I do now leave the Chair.

COMMITTEE OF FINANCE

Motions for Supply

The Deputy Chair: — I will call the committee to order. The business before the committee are resolutions for financial supply. I recognize the Minister of Finance.

Hon. Mr. Krawetz: — Thank you very much, Mr. Chair. Mr. Chair, I move the following resolution, no. 1:

Resolved that towards making good the supply granted to Her Majesty on account of certain charges and expenses of the public service for the fiscal year ending March 31, 2015, the sum of \$87,574,000 be granted out of the General Revenue Fund.

The Deputy Chair: — The Minister of Finance has moved resolution no. 1:

Be it resolved that towards making good the supply granted to Her Majesty on account of certain charges and expenses of the public service for the fiscal year ending March 31st, 2015, the sum of \$87,574,000 be granted out of the General Revenue Fund.

Is that agreed?

Some Hon. Members: — Agreed.

The Deputy Chair: — Carried. I recognize the Minister of Finance.

Hon. Mr. Krawetz: — Thank you very much, Mr. Chair. Mr. Chair, I move the following resolution, no. 2:

Resolved that towards making good the supply granted to Her Majesty on account of certain charges and expenses of the public service for the fiscal year ending March 31, 2016, the sum of \$11,999,269,000 be granted out of the General Revenue Fund.

The Deputy Chair: — The Minister of Finance has moved resolution no. 2:

Be it resolved that towards making good the supply granted to Her Majesty on account of certain charges and expenses of the public service for the fiscal year ending March 31st, 2016, the sum of \$11,999,269,000 be granted out of the General Revenue Fund.

Is that agreed?

Some Hon. Members: — Agreed.

The Deputy Chair: — Carried. I recognize the Minister of Finance.

Hon. Mr. Krawetz: — Thank you, Mr. Chair. Mr. Chair, I move that the committee rise and that the Chair report that the committee has agreed to certain resolutions and asks for leave to sit again.

The Deputy Chair: — It has been moved by the Minister of Finance that the committee rise and that the Chair report that the committee has agreed to certain resolutions and asks for leave to sit again. Is that agreed?

Some Hon. Members: — Agreed.

The Deputy Chair: — Carried.

[The Deputy Speaker resumed the Chair.]

The Deputy Speaker: — I recognize the Deputy Chair of the Committee of Finance.

Mr. Kirsch: — Mr. Speaker, the Committee of Finance has agreed to certain resolutions, has instructed me to report the same, and to ask for leave to sit again.

The Deputy Speaker: — When shall these resolutions be read the first time? I recognize the Minister of Finance.

FIRST AND SECOND READINGS OF RESOLUTIONS

Hon. Mr. Krawetz: — Thank you, Mr. Chair. Mr. Chair, I move that the resolutions be now read the first and second time.

The Deputy Speaker: — Is it the pleasure of the Assembly to adopt the motion?

Some Hon. Members: — Agreed.

The Deputy Speaker: — Carried.

Law Clerk and Parliamentary Counsel: — First and second reading of these resolutions.

The Deputy Speaker: — When shall the committee sit again? I recognize the Minister of Finance.

Hon. Mr. Krawetz: — Thank you, Mr. Deputy Speaker. Next sitting.

The Deputy Speaker: — In accordance with rule 32(1)(d) and 34(1)(d), the minister shall now move first reading of the appropriation bill. I recognize the Minister of Finance.

APPROPRIATION BILL

Bill No. 182 — *The Appropriation Act, 2015 (No. 1)*

Hon. Mr. Krawetz: — Thank you, Mr. Deputy Speaker. I move that Bill No. 182, *The Appropriation Act, 2015 (No. 1)* be now introduced and read the first time.

The Deputy Speaker: — The Minister of Finance has moved that Bill No. 182, *The Appropriation Act, 2015 (No. 1)* be now introduced and read for the first time. Is it the pleasure of the Assembly to adopt the motion?

Some Hon. Members: — Agreed.

The Deputy Speaker: — Carried.

Law Clerk and Parliamentary Counsel: — First reading of this bill.

The Deputy Speaker: — When shall the bill be read a second time? I recognize the Minister of Finance.

Hon. Mr. Krawetz: — Mr. Deputy Speaker, under rule 32(1)(e), I move that the bill be now read a second and third time.

The Deputy Speaker: — It has been moved by the Minister of Finance that Bill No. 182, *The Appropriation Act, 2015 (No. 1)* be now read a second and third time. Is it the pleasure of the Assembly to adopt the motion?

Some Hon. Members: — Agreed.

The Deputy Speaker: — Carried.

Law Clerk and Parliamentary Counsel: — Second and third reading of this bill.

ORDERS OF THE DAY

WRITTEN QUESTIONS

The Deputy Speaker: — I recognize the Government Whip.

Mr. Cox: — Thank you, Mr. Deputy Speaker. I wish to order

the answers to questions 946 to 955.

The Deputy Speaker: — The Government Whip has ordered answers to the questions 946 to 955.

[14:45]

GOVERNMENT ORDERS

ADJOURNED DEBATES

SECOND READINGS

Bill No. 179

[The Assembly resumed the adjourned debate on the proposed motion by the Hon. Mr. Duncan that **Bill No. 179 — *The MRI Facilities Licensing Act*** be now read a second time.]

The Deputy Speaker: — I recognize the member from Saskatoon Nutana.

Ms. Sproule: — Thank you very much, Mr. Deputy Speaker, and certainly it's my honour to be able to rise in the Assembly today to speak to Bill No. 179, *An Act respecting the Licensing and Operation of certain Facilities providing Magnetic Resonance Imaging Services and making consequential amendments to other Acts*. Certainly it's a curious bill to bring to the Assembly at this stage of the life of this Assembly, Mr. Deputy Speaker, and one really has to wonder what the real agenda of the government is at introducing it at this point in time.

[14:45]

I mean certainly we know that with the way the legislative agenda is set up, is that this order, this bill will likely die once prorogation takes place in the fall, which is the normal process. So unless they have some other ideas about how the rules will be looked at in the fall, you really have to wonder why this bill was brought at this point in time at all. I mean certainly there's other ways to have a public discussion about this, and we'll have a number of questions about it. But before I get into those, I just want to take a quick look, overview, at this bill and the provisions that are in there so that people who are looking at it can follow along and either agree or disagree with my interpretation of it, but just have a quick look at the bill and its structure so that we know what we're talking about.

So this is a bill that is set up to license facilities that would provide MRIs, or magnetic resonance imaging services, and as you know, Mr. Deputy Speaker, that's a very popular and useful diagnostic tool for physicians and other health care providers. And it's a very important part of our health care system and also — and everyone knows this, Mr. Deputy Speaker — it's an expensive way. It's very expensive to not only install and purchase and install these machines, but the staff requirements for operation are a very expensive part of our health care budget.

Certainly we also know that the demand for these types of diagnostic services has increased exponentially in the last few years, and because it is such an important tool for diagnosis to

physicians, I believe that's one of the main reasons. But there are other questions about the explosion in use of these types of diagnostic services.

So what's going to happen in this bill? The first two sections have just some definitions that are typical in a bill like this. So let's look at the definition for MRI facility. And the bill says it means:

any place or facility where magnetic resonance imaging services are provided to an individual, but does not include:

(a) a place or facility operated by the minister, a regional health authority or an affiliate, as defined in *The Regional Health Services Act*; or

(b) any prescribed place or facility.

So you see right here, Mr. Deputy Speaker, we're not really sure what we're talking about because until the regulations are in place in the prescription section of this clause, we don't really know exactly what MRI facilities we're talking about. We do know with certainty that it's not ones that are operated by a regional health authority or affiliate or the minister, so certainly it does not include any publicly owned MRI facilities that exist in the province today. But we don't know what the second piece is going to be, and we won't know until this bill is law and then the regulations are then in force. And certainly the minister hasn't provided us with any indication as to what type of prescribed place or facility would not be included in here. So again we're left guessing, and it's really difficult. Without further information from the ministry and more disclosure, it's really difficult to really know with certainty what we're talking about here.

But if we go to the second section, there's one, two, three, four parts of this bill. The second section refers to the licensing section. What this sets up is the way that someone can come to get a licence to operate an MRI facility outside of the public health system. There's a whole number of clauses, and I would say the bulk of this bill is really about the licensing provision. So it starts at section 3 and it goes all the way to section 19, which is pretty much over half of the bill.

So what happens? We have somebody who applies. There's going to be rules, again under the regulations, so we don't know exactly what that's going to look like. And then what's going to happen is that the application is received by the minister. Then it will be reviewed, and then he's going to, the minister — he or she, whoever the minister will be — shall forward the application and all the information and material to someone called an accreditation program operator and the regional health authority. So then there's going to be a review of the proposal or application for the licence by this person called an accreditation program operator. And I believe that too is a definition and that really that's a person that we find in section 5.

So the minister is going to approve someone as this deemed accreditation program operator, presumably an official of the ministry who will understand how these MRI machines work and sort of the needs in the health care system for yet an

additional machine. At that point then, under section 6, when they're reviewing this application, the regional health authority also will review the application and all their supporting materials, and if they're applying for a licence . . . Now this is a bit of a difficult clause to understand, but if the minister receives an application he will forward all the information and material to the regional health authority. And under (3) . . . I'm not sure how the structure of this bill works, Mr. Speaker, but I think (3) says:

The regional health authority mentioned in clause (1)(b) shall: [this is section 6(3)]

review the application and accompanying information and material; and

if the applicant is applying for a licence to:

provide MRI services . . . that are to be paid for by a regional health authority . . . report to the minister [whether or not they need one] . . .

And then the second part I think which is a complete change to the way services are provided now by our public system is whether or not they will:

provide MRI services to beneficiaries or to other individuals that are not paid for by a regional health authority or by any prescribed public funding source, report to the minister with respect to the expected effect of the MRI facility on the operations of, or the health services provided by, the regional health authority.

So when we have a private enterprise that applies to build their own facility, they go through this accreditation program operator. We'll see what the rules are once we see the regulations, if and when this bill actually ever gets to third reading and Royal Assent.

Secondly then they would go to the regional health authority. And the health authority has to make a report to the ministry, to the minister with the effect of that particular facility. Now we don't know exactly . . . Again we have very little detail, and certainly this is something I hope that the ministry will provide at some point in terms of what kind of factors the health region will be expected to examine when one of these licensing applications comes forward.

Now they say, ". . . the expected effect of the MRI facility on the operations of, or the health services provided by, the regional health authority." Now it doesn't speak at all to the funding or the costs that this will have for the regional health authority, so we don't know if they even have to review that. And that's an important piece, I think, and certainly one of the driving factors that the minister has indicated is behind this bill. So we will be certainly looking for more clarity and explanation on what it is the regional health authorities will need to examine when an entrepreneur comes forward with a plan to install one of these MRIs in a particular health region.

I guess the other thing, Mr. Speaker — and this is something clearly in the background information that you can find on these

types of situations — is that whenever a private entrepreneur comes forward with one of these programs, there's a serious concern about poaching of skilled technologists and radiologists, and it's not indicated in this bill whether or not health regions need to take that into effect. I certainly hope that that would be one of the major considerations, the major factors. As we know from some of the information I'll be talking about later, about the serious shortage of radiologists and technologists in the system already . . . How is this going to impact the services that our health regions can provide? That's one of the major concerns that we see coming out of this hastily proposed concept and proposal in this somewhat short bill, but it's certainly a bill that proposes a radical change to current delivery of health services.

Now section 7 is an interesting clause as well, and the marginal note for this is the decision to issue or refuse licence. So we've gone through the application. We have all this information being looked at by the health authority and the accreditation program operator. The operator has reported to the minister I guess that in their consideration it is conforming to the standards of the program. That's all they report on.

Secondly, the health authority has provided a report with ". . . the expected effect of the MRI facility on the operations of or the health services provided by the regional health authority." So the minister now has this information in front of him. He or she would have to then take a look at it and decide whether or not to renew the licence.

There are six requirements under section 7(2) that the minister has to look at in order to determine whether or not to issue this licence. The first one — most of these are fairly straightforward — the applicant has complied with the Act. Well that makes sense, and I'm hoping that they have complied with the Act. That's totally sensible.

Secondly, whether:

the applicant has complied with any other Act, any regulation made pursuant to any other Act, any Act of the Parliament of Canada and any regulation made pursuant to any Act of the Parliament of Canada.

Well we know that these things have been challenged under the *Canada Health Act* in the past, and certainly we need to know that these types of facilities would comply with the national laws in relation to health delivery as well.

Thirdly, "the MRI facility will [also] be operated in accordance with this Act, the regulations and any terms or conditions imposed on the licence." So again, not only the applicant has to comply with the Act, but so does the facility. That's fairly straightforward and makes sense.

The fourth is that if the licence is to provide services mentioned in subclause 6(3)(b)(i), which is the services to beneficiaries that are paid for by the public health system, then the licensing . . . whether the licensing is an effective and efficient use of public resources. And here's the rub, Mr. Speaker. This kind of language is one that's subject to interpretation, and I mean obviously the English language is always subject to interpretation. But what does that exactly mean?

I think you will find a lot of debate on both sides of the House and within the legal and health community as well in terms of what is an effective and efficient use of public resources. Within a day of this bill being introduced here in the House, we had a number of commentaries that I will be looking at shortly that actually talk about whether the bill itself is promoting an effective and efficient use of public resources. So depending on who you agree with, this bill itself is moot because it doesn't provide for an effective and efficient use of public resources. So it's a curious conundrum and I think one that this ministry and this minister hasn't fully thought out and hasn't taken the time to really carefully think about the impact of this type of decision and this type of licensing.

The next one again, I think 7(2)(e) is also subject to interpretation because it says the minister can issue a renewed licence only if he or she is satisfied that "the licensing of the facility will not significantly affect the operation of similar services provided by a regional health authority or an affiliate." So what does "significantly affect" mean, Mr. Deputy Speaker? Those are the kinds of interesting words that we find in legislation that actually keep lawyers employed, which I guess in some ways is a good thing, but it certainly causes a drain on the public purse when we have to continually debate what these words mean.

What does that mean, that "... will not significantly affect the operation of similar services"? We haven't got much indication from the minister in his comments in his speech following the second reading of this bill, and I think that's something that will be the source of debate. How are these facilities going to affect the delivery of public or affiliate operations and services? Again as I indicated, I will be referring to some material very shortly that has indicated some serious concerns about the significant effects of this type of regime.

And the final one in section 7(2) is subclause (f) which says "the issuing or renewing of the licence would not be prejudicial to the public interest." Again, Mr. Speaker, I would challenge you to find 20 people who would agree on what that actually means, "... be prejudicial to the public interest." Already we've seen a number of commentaries that suggest this entire bill is prejudicial to the public interest, and so what exactly does "public interest" mean? If you look it up in the dictionary, it says things like — there's a number of definitions you can find online — the welfare or well-being of the general public. Well when you're allowing people to jump the queue, I don't think that really talks about the welfare or well-being of the general public, and it certainly is going to have a negative impact on the general public if this type of regime goes forward.

So this is the kind of debate that I wish the minister would have thought of before he hastily introduced a bill like this in the waning days of this particular legislature and this entire term, because we know that this bill's likely going die off when we prorogue in the fall if we follow the normal procedure as set in the rules. And so you really have to question why we're having this debate now, why this wasn't properly presented to the public in a discussion paper before we see the minister moving forward with this type of bill. So there's lots to say about it, but we have to question why we're having a debate right now. And certainly I think one must wonder, with the timing of an election coming upon us, that you have to look at the

introduction of this bill in that light. So it's a very, very interesting move on the part of the Minister of Health, and the cabinet of course, at this point in time.

[15:00]

So in the rest of this section, there's a number of other technical and administrative provisions, but I think section 7 is the one that really will be the crux of the bill. And it's whether or not the minister decides to issue a licence to one of these private facilities that wants to provide MRI services to people who are willing pay for them outside of . . . out of the fact that we're already paying for our MRIs through our taxes.

So there's other clauses. The terms and conditions of the licence on section 8 of course are going to be found in the regulations, which we have not seen any sign of, so we have no idea what that's going to look like.

Clause 9, the licensee shall display their licence in a prominent place. That's kind of like when you get a liquor licence for a dance, you've got to make sure that the liquor licence is prominently displayed so the inspectors can find them when they need them. You know, terms about the transferability of the licence — it's not transferable.

Section 11 talks about how long the licence is going to be for and, of course, we don't know, because it says the licence is valid for the period specified in the licence. So again, Mr. Speaker, we have no idea how long these licences are going to be issued for.

It does go on to say, if there is no period in the licence, then it's going to be for three years after the day it was issued. So it looks like there's a general indication by the government that they're looking at a typical frame might be three years, but because of clause 11(a) it could be for 20 years, and this operator could operate for that long and there would be no ability for the minister to revoke it unless it was in extreme circumstances like a breach of the licence.

Section 12 talks about the responsibilities of the licensees. Again they have to comply with the law. They're responsible for activities of everybody who's providing these MRI services at their facility and they cannot — and this is an important piece of the legislation — they cannot provide MRI services to an individual unless they've been referred by a physician possessing the prescribed qualifications.

So any of these facilities that are licensed to operate must have . . . Any individuals who get these services have to be referred by a physician. It's not clear in what order they're going to be taking in these clients and whether they can actually jump their own internal queue by a graduated payment schedule. Those kinds of things are not dealt with at all in this bill.

The licensee shall also provide services in accordance with prescribed standards. So again, Mr. Deputy Speaker, I think prescribed standards are good. We don't know exactly what they're going to be right now, but one would assume that they are similar to the standards that we see currently in place with MRI provision through the public health care system.

And finally, the last responsibility of the licensee is that they shall not charge or permit any other person to charge any fee to a person for services except as may be permitted by this Act or the regulations. So it's clear that the fees are going to be controlled by the regulations. But again, Mr. Deputy Speaker, we have no idea what the regulations are going to say because we have not seen them and will not see them until after this bill has passed. So it's very difficult to debate these kinds of clauses when we don't have any idea what the real requirements are going to look like.

Section 13 is a clause called critical incidents. And we hear about critical incidents in the health care system, and we know there's a reporting system for that through long-term care facilities and also through the hospital system. And these are very serious incidents that, you know, we all take very, very seriously, Mr. Deputy Speaker, and so those have to be built into these too. If something happens and goes terribly wrong, we need to make sure there's a process that the reporting will be done properly. So there's a whole clause, an entire page, that describes how the critical incidents will be dealt with, so I won't go into detail on those at this point.

Section 14 deals with the annual returns. Again that's a typical administrative clause.

And then section 15 is additional information where the minister can actually ask for additional information that he or she would reasonably require for the purposes of the Act and that the licensee has to provide that information when requested.

Section 16 is the suspension and cancellation clause. So obviously the minister can suspend or cancel or even amend the licence if the licensee has failed to comply with provisions of the Act, the regulations, the term in the licence, or a standard of the accreditation program, or any other law, including federal laws. And obviously they would be able to suspend the licence if they were operating the MRI facility in a manner that was prejudicial to the health, safety, or welfare of any person, which is important, and needs to be in a bill of this sort.

Section 17 allows the licensee the opportunity to make representations if and when they're being censured under section 8(2), which is an amendment of the licence by the minister, or under section 16 which is the suspension or cancellation of the licence. So there's just rules in place in terms of days, how many days they have to give notice that they want to make a representation about this action by the minister. And then there's some other provisions. The minister's not required to give an oral hearing to any licensee, but the minister must consider the representations from the licensee and then issue a written decision.

Section 18 provides for an appeal to the court, so that's a very useful, well and necessary, I guess, part of the procedure when there is a dispute between the licensee and the minister. There's a whole section devoted to that.

Part III of the bill, which is the next main part, is the administration of the program. Section 20 is interesting, 20(1), and this is agreements with the licensee and the program operator. It says that:

The minister or the regional health authority may enter into any agreements with a licensee that the minister or the regional health authority considers necessary respecting the administration of the licensee's MRI facility, including an agreement to make payments to the licensee for the MRI services provided at the MRI facility.

And this is where I think a lot of the questions are going to come in in terms of the administration of this type of regime, because what you have is people who, for whatever reason, have decided they need to jump the queue on the MRI, which I think most people would want to be able to do that if they can afford it or if they can find enough money to be able to do that. Then they have to administer a second list. So there's a list of the people who have come forward with a cheque in hand or a credit card in hand and they want to be on the paying list. Then they have to administer a second list of people who aren't paying through extra cash.

And as I said earlier, Mr. Deputy Speaker, we all pay for every MRI in this province because it's called taxpayers' dollars. So every one of those MRIs that are currently being done are paid for by us — by you, by me, by all of us who pay taxes in the province. So those are already paid for once, but now there's people who are willing to pay extra to have one done sooner.

So how are physicians going to decide who gets on the list or how is the regional health authority going to decide who gets on the list for the free MRI that the facility is going to be paying for? And this is where it gets unclear in terms of what the minister has said, because he's saying that the facility will sort of tack on those extra costs for the second free MRI to the costs of the extra paid-for MRI.

So you can see right away that we're into an administrative nightmare, and the reporting back and all the extra decisions that have to be made in terms of managing this process are going to be extremely expensive and possibly prohibitive in terms of managing. And we'll need extra staff. We're going to need a lot of extra resources just to manage this double line queue that the minister is creating with the introduction of this bill. And again I'll have some further comments about some of the criticisms of that concept as well as I go through it.

At any rate, there's this agreement that will be entered into regarding whatever people think are necessary for administration. And we don't know who's going to pay for that, who the staff people are going to be. Are they going to be public health employees that are making the decisions? Is it going to be the Saskatchewan Medical Association? Is it going to be doctors? And again, Mr. Deputy Speaker, I don't think the minister's put a lot of thought into some of the administrative nightmares that will be created by this type of double provision of MRI imaging services.

There's other things in the administration section. Section 21 deals with inspectors and section 22 deals with inspections, so when they can go in and inspect. Section 23 is a warrant by a Justice of the Peace or the court of Saskatchewan, Provincial Court of Saskatchewan, whether or not that's necessary. It provides authority for officials to go in with a warrant if necessary. Section 24 talks about copies of records, and 25 is obstruction, so nobody can instruct an inspector in the

performance of their duties.

There's a fairly hefty offence and penalties section here, Mr. Speaker. If in the extreme event, I would hope, that there was somebody who did not comply with the Act or the regulations, they could be fined up to \$20,000 and "... in the case of a continuing offence, a fine of not more than \$20,000 for each day or portion of a day during which the offence continues."

So hopefully, Mr. Speaker, we will never see it come to this. But I think a hefty fine is important and I think that's certainly ... I don't even know if 20,000 is enough. And again I would be wanting to hear what other folks say in terms of what they think an appropriate fine would be for some failure under this Act. Maybe there's different levels of failure. Obviously the fine goes up to 20,000, so there could be small offences, but there could be very serious consequences under some of these facilities providing MRIs. So we want to make sure that the fees are appropriate or the fines are appropriate in that circumstance.

Section 26 is a just limitation of prosecution clause, which is pretty standard. And then section 28, if the minister wants to, he or she could apply to the court for a number of things, compelling people to comply, which is kind of interesting because if they don't comply they are out of ... they are not following their licence. But anyways you can compel people to apply by an order, or enjoin them, any person from proceeding against the Act. Again these are sort of administrative and technical clauses that I assume the Ministry of Justice felt were necessary in this type of circumstance.

Section 29 deals with immunity, and so this is just allowing the Crown, the minister, the regional health authority, an inspector, and an accreditation program operator to have some immunity from proceedings against these individuals that will be operating these facilities. Again it's a standard I think immunity clause that you would find in a number of government bills and pieces of legislation.

The regulations clause is full of a long, long list of things that will be dealt with through the regulatory process. And again, Mr. Deputy Speaker, you've heard me say this before and I'm sure I'll say it again: when we have this length and depth of material and requirements that are to be dealt with through the regulatory process, it makes it very difficult to engage in debate in this legislature on those regulations, because that's not something that's brought forward to the House. It's within the purview of the Lieutenant Governor in Council and the executive side of government. So unfortunately when it comes to debate on these kinds of matters, these are simply things that don't come forward in the discussion.

Typically we receive these regulations after they've been passed by the Lieutenant Governor in Council and they are in fact law. So there's, the number of things that are found in the regulations is something like section 30(f), which says, "for the purposes of clause 6(3)(b), prescribing public funding sources." So if we go back to 6(3)(b), these are the applications, and this is where the regional health authority is being asked if they are applying for a licence to provide publicly paid MRI services, so it's private facility providing publicly paid MRIs. That would be a prescribed public funding source.

So we need to see regulations, and until we see these regulations, we have no idea where the public funding source will come from for the provision of public MRIs at this private facilities. Again it's difficult to comment on when we don't get the opportunity to see the details of something of that sort.

There's other kinds of fees that are going to be found in these regulations. For example, section 30(j) is regulations "respecting the fees that may be assessed for MRI services by licensees." So it appears that the government intends to set the fees that will be assessed for these services by the licensees, but again we have no idea what they're going to cost, and we have no idea of the cost comparison between what these licensees will be charging for MRI services or the public system will be charging for MRI services. It's very difficult to make an analysis of it in that respect, Mr. Deputy Speaker.

Also we will see regulations "respecting the quality and standards of MRI facilities." That's section 30(k). We have no idea what the qualities and standards are going to be. 30(l), "respecting qualifications for employees of MRI facilities." So again, Mr. Deputy Speaker, this is outside the Ministry of Health. We have no idea what these employees requirements will be, what kind of qualifications they're going to have. It goes on to talk about the kind of equipment used in these facilities, the type of records that are going to be kept, what kind of information's going to be recorded, systems that they're to establish to monitor the provision of MRI services, categories of licences for different things for each category, annual returns, and the list goes on and on. There's well over 20 subclauses in the regulations section.

[15:15]

So I think when you see this kind of bill come forward without any sort of provision of detail by the minister in the second reading speech, it's really difficult to have an engaged and a proper debate. And I think it's really important that we take the time. And again I raise the question why the Minister of Health and the cabinet decided to introduce a bill like this at this point in the life of this legislature because we certainly know that, as of tomorrow when we finish up, according to the calendar, our spring session, and the requirements for prorogation at the beginning of the fall session, that this bill will likely die on the order paper, and then they would have to introduce it all over again.

So there's a lot of questions about the timing of this bill, and certainly why it's necessary. I'll get into some of the public debate about the pros and cons of this type of health care provision in a few minutes, Mr. Speaker.

I just was able to look a little bit about some of the issues just in general around MRI machines. And this is something I found very interesting. And it's a bit of a side issue, but it talks about where we get the magnetic materials that actually go into the imaging machine itself. And I thought it was interesting.

And I don't know if members know this but the magnets that are being used right now use an element called niobium-titanium or NbTi. And in one magnet they have up to 36.9 kilometres of wire for a superconductor containing niobium-titanium, and superconducting is the essence of what

these images do. They go on to explain that electrical current passes through the NbTi or the niobium-titanium wire that's immersed in an ultra-cold liquid helium which creates an incredibly strong magnetic field. The patient is then placed in this field. And we've seen the machines that roll the patient in. I've never had an MRI but I've seen pictures of it on TV. And so they're placed in the field and then the hydrogen nuclei in the water of the patient's body . . . So we have hydrogen nuclei in the water of our body that reorient our tiny little magnetic fields to be parallel to the applied magnetic field like iron filings in the presence of a bar magnet. And we've all seen that as kids, where you get the iron filings and they all line up. So that's exactly what's happening in our body when it's exposed to this superconductor that is in the MRI, the imaging machine.

Then it says these nuclear magnetic fields are then manipulated using short bursts of radio waves to induce a current in specialized antennae. Thousands of these signals are then compiled and computed into detailed MRI images of soft tissues of the patient. And if that's nothing short of a miracle, Mr. Deputy Speaker, I don't know what is. And I think it's amazing and incredible that our human innovation, the innovation of scientists and medical people to drive forward this type of technology is I guess, as I said earlier, it's nothing short of a miracle. And I think it always astounds me what progress we've made in the provision of medical imaging and any kind of imaging. And I'll talk a little bit more about that, the history of it, in a minute.

So anyways, the question this article is talking about is, where does this niobium-titanium come from? And I was surprised to find out that about 85 — well in 1993, 85 per cent of this niobium comes from a mine in Brazil, owned by a company in Brazil. It's still the largest supplier today. But the second-largest supplier of niobium is actually in Canada, in a mine near Chicoutimi, Quebec, which I found very interesting as well. There's a whole extra layer of things that has to happen before these supermagnets are produced.

And so in the next stage what they have to do is create the alloy for this wire, and that used to be done in Huntsville, Alabama, and in Germany and in the United States. Then they go to two companies that create these superconducting technologies, the highly purified and engineered composite filamentary NbTi wire. And then these things go over to Oxford Instruments in the United Kingdom where workers wind the specialized wire into a superconducting magnet assembly.

So this is just sort of a bit of the technology that's involved in these machines. This article goes on to talk about environmental concerns with the harvesting of these minerals. And there's also security concerns. So there's a lot of outside issues that come with the creation of one of these superconductors that goes into the MRI machines. Obviously as years go by, the technology becomes more and more refined, and certainly the efficacy of the machines and hopefully the costs are becoming more reduced as a result of dealing with it as more and more of them come online.

There isn't a lot of information that's recent in terms of the operation of MRIs in Canada, but I was able to find an article produced in a magazine called *Healthcare Policy* in 2007. So this from *Healthcare Policy*, volume 3, no. 1, 2007, electronic

page e113. And the article is called "Could MRI and CT scanners be operated more intensively in Canada?" So we see a lot of concern about the proliferation of MRI requests in the orders of these diagnostic tests by physicians. We also see a lot of concern about the costs of them and whether or not the actual machines that are being installed, which are incredibly expensive, but are they being operated efficiently and effectively and certainly are they being staffed appropriately?

So this article suggests, and again it's back from 2007 so it's a bit dated and I know that the use of MRIs has exploded even since 2007, but this is what the introduction of this article says, and I'll read it:

Although availability of necessary equipment could be a factor in wait times for MRI and CT exams in Canada, there are other dimensions to this issue. More machines do not necessarily mean a commensurate increase in imaging services or less time waiting. These machines could be underutilized for a variety of reasons, including insufficient operating funds, lack of staff to run the machines or interpret the results, and technical or clinical constraints.

And they go on to say:

It's important also to consider the level of utilization of the existing pool of scanners. A low level of utilization may suggest a potential to perform additional exams without buying more or newer machines.

And I'll stop there, Mr. Speaker.

Now what we see here is there's a whole host of issues that a government needs to look at and a health authority needs to look at when talking about these medical imaging machines. Yes, it would be nice to see a business case. I think my colleague raised that and I think that's exactly what's not here in this minister's snap announcement of this bill and introduction of this bill. Certainly he didn't make a business case for it in his comments in the second reading. There was nothing explaining why this is necessary economically, and certainly I don't think we have enough commentary or indication from the ministry whether the regional health authorities have asked for this, whether this is something that's been called for by anyone, or if it's just an idea that the minister had one day and thought, well wouldn't that be fun to introduce into the legislature.

This article is kind of interesting because it provides a lot of data. Again it's from 2007 so we'd have to extrapolate, and there simply isn't enough current data available to comment on. And that's part of the problem, Mr. Deputy Speaker. But when we look at this table on page e117 of this article, table no. 1 is the number of MRI and CT [computerized tomography] exams per scanner and per thousand population, number of hours of operation per week for MRI and CT scanners, the number of MRI technologists per million population, and number of MRI and CT scanners per million population by province in Canada. And this is I think up to 2007, although the data looks like it might only be as of 2005. But this was published in 2007.

I think one of the things that we find, one of the stats that I

think is very interesting is the column entitled “MRI exams per thousand population.” So you might wonder, well where does Saskatchewan fit in in the number of MRIs per thousand population? And again, this is dated. We don’t have current numbers, and I think this is something that the ministry should be providing so that we can actually have a look at it and see whether or not we are within the realm.

Back in 2007, guess where we fit in, Mr. Deputy Speaker? We were I think second, third from the bottom in terms of MRI exams per thousand population. In Saskatchewan we were at 16.2, and the only provinces that were lower than that was Prince Edward Island at 16.1 and Newfoundland at 8.5. I think what’s really telling, Mr. Speaker, is if you look at our neighbours to the west and to the east of us, in Manitoba the MRI exams per thousand population was 20.8. So we were at 16.2; Manitoba’s at 20.8. But if you go to the west, it jumps up dramatically. In Alberta they had 36.6 MRI exams per thousand population, so it was over double in Alberta, the utilization of their MRI machines per thousand population. And you really have to wonder how would that happen, Mr. Deputy Speaker.

So we see that our machines are not being utilized, and I think one of the members opposite is saying, that’s the point. Well the point is if you’re not utilizing machines well enough, why would you go ahead and introduce more machines in the province? That’s kind of a backwards way of approaching it. Perhaps that member hasn’t considered that yet.

When we look at the number of MRI technologists per million population, this is where it becomes very, very telling, Mr. Deputy Speaker. And MRI technologists per million population a few years back was 12.1 in Saskatchewan. Now where were they in Manitoba? They had 16.2. We were behind and that’s just the fact. And in Alberta they had 40 MRI technologists per million population.

Now again the minister . . . They’re proud of the accomplishments we hear about, but he hasn’t provided us with any statistics in terms of how many MRI technologists do we have in Saskatchewan now per million population. A few years back, it was less than a third of what Alberta had per million population. So that’s an across-the-board statistic, which tells me that one of the reasons our MRIs weren’t being used as much as they were in Alberta is we didn’t have the number of technicians that they had.

Now consider this, Mr. Deputy Speaker, if you allow a private enterprise to come in with a business case where they’re going to make profit — because they wouldn’t do this if they weren’t going to make profit off of it, and I would expect a handsome profit for the type of investment that they’d need to make — if they’re going to be looking for technologists as well and radiologists to provide those services, where are they going to find those people? And is there a shortage right now in our province of the types of technologists and radiologists that we need to actually effectively and efficiently use the machines that we have?

The minister doesn’t appear to have made that analysis. He hasn’t provided any information. I don’t see any information on any of the regional health authority pages about those kinds of numbers and the business case that a government should

provide when introducing a drastic change to provision in health care services in our province without any explanation as to why these things are needed.

This article goes on to say on page e118 that some of the reasons that we see . . . And I’ve addressed this a little bit for why we can’t get the same level of utilization of our existing MRI machines is . . . they described that at the bottom of the page e118. They say, however, and this is a quote:

However, provinces may be unable to achieve these levels for various reasons, including supply-side and demand-side constraints. Supply-side constraints include insufficient operating funds; restrictions in the number of hours available for work by medical radiation technologists, particularly among female MRTs, given that 80% of MRTs are women; and an increasing preference among MRTs to work day shifts. A further supply-side constraint is the limited number of radiologists to interpret the results. In 2005, 38.6% of diagnostic radiologists in Canada were 55 years or older. Older radiologists, with little or no training in MRI or CT, have tended to restrict their practices to other imaging modalities.

[15:30]

So again we don’t have current information on that, but we can see where the supply of radiologists and technologists is incredibly important to the efficient management of MRI or magnetic imaging, Mr. Deputy Speaker. So those are the kinds of things that you would think you would find in a business case. And perhaps the minister has a business case, and perhaps he intends to provide it to the Assembly at some point or at least publish it on the Ministry of Health’s web page, but we don’t see any sort of analysis done of how our current MRIs are being utilized. Where are the shortages? Where are the operating shortages on the supply side? Are there radiologist shortages? Are there technologist shortages?

And then on the other side of the coin is the demand side. And the article goes on to say:

On the demand side, the potential increase in exams might not be achieved if the demand for services in a particular area or region is below the available capacity, or if the demand cannot be sustained over longer work weeks. Moreover, increasing the number of exams does not always improve health status, because not every test is necessarily beneficial or appropriate as an enabler of improved health status.

And that’s all in there, Mr. Deputy Speaker. So this is an important question, I think, that the ministry needs to provide information on and some sort of analysis. When they say, increasing the number of exams does not always improve health status, Mr. Deputy Speaker, that’s something that’s very important to take into consideration here, is just simply increasing the number of MRIs that are available will not, according to this study that was produced in 2005, will not always improve health status because we know that some of the tests are not beneficial, and I’ll speak more to that in a minute, or they may not be an enabler of improved health status.

So without that kind of analysis as well, to make this kind of significant shift in the delivery of medical imaging testing is certainly something, I think, that we need to take a very careful, careful look at before leaping into this, you know, user-pay type of and jump-the-queue type of health care that we know in Saskatchewan people definitely are not in favour of, Mr. Speaker.

The conclusion of this particular article at page e119 says this:

The intensity of utilization of MRI or CT scanners varies among the provinces. On average, in Canada, an additional 31% operating capacity may exist for MRI and 68% for CT without additional capital or infrastructure investments. However, supply-side as well as demand-side constraints may prevent a given jurisdiction from operating at full capacity.

And I'll end there, end the quote. So we know, according to the health studies that are being done, we could actually get an increase of 31 per cent of our operating capacity in our MRIs alone. And it goes on to talk about the CT scans as well, but we're focusing on MRIs today because that's the bill that's before us. But I think the same kind of discussion could be had with respect to CT scans.

So we can do this. We can increase our capacity by 30 per cent on average in Canada without additional capital or infrastructure investments. But what we see here, Mr. Deputy Speaker, is a leap to additional capital investments through the private sphere, through the private sector, without any sort of business case, without any sort of analysis of the operating capacity and how we can improve the operating capacity, when we see that a few years ago we had a third of the technologists that they had in Alberta, and we don't have any information today on the number of technologists or radiologists that are here in Saskatchewan and available for service.

We have no idea what the operating capacity of our MRIs are, and yet we're expected to quickly, you know, have a bill introduced right at the dying days of the legislature and have the proper debate, Mr. Speaker. I would suggest there's a whole host of information that has not been provided. I don't know if it exists. I don't know if it's been gathered, but certainly the resources need to be put into that to determine whether or not there is a business case for this type of scheme and whether or not there's capacity within our existing system to deal with the needs for MR [magnetic resonance] imaging and also CT imaging.

Another interesting part of the debate, Mr. Speaker, is the actual number of MRIs that are being ordered and requested. And studies are all over the place on this one, but I think we've heard at least anecdotally that there is concern about maybe overuse of these diagnostic tests.

There's an article that came out of the *Canadian Medical Association Journal*, CMAJ, and this is in 2012. And the debate in this particular article is who should decide whether something is medically necessary or not, and as you can well imagine, I think medical practitioners are saying, well we're the ones who should decide. But I think there's a lot of public policy arguments about the larger public policy when it comes

to the costs of these types of diagnostic tests.

So the article opens with this, and I'll quote:

A decision as to whether something is or isn't necessary depends a whole lot on who's doing the deciding. A new opera house downtown? "Yes," says the music-loving arts community. "No," says the cash-strapped city council. A new 90-inch television? "Yes," says the sports-mad husband. "No," says the level-headed wife.

So that's the quote and I'll close there. So that's the discussion at a public policy level. Who decides whether these types of imaging requests are medically necessary? Now what this article says, and this is an interesting quote, this is at page 1771 of this article. It says:

Evidence suggests, for instance, that physicians are far more likely to order a test if they own the machine needed to perform it, notes Matthews. There is also a tendency among some doctors to order expensive tests prematurely.

And there's a quote there from an individual — I'll just find out what his full name is — Deb Matthews who's Ontario's minister of health and long-term care. And she said, at this time what . . . "We do know that some physicians were sending people with lower back pain for MRIs before doing anything else," says Matthews." And then I'll end the real quote.

So that's an interesting point, Mr. Deputy Speaker, when we know, statistically know that physicians are way more likely to order a test if they own the machine needed to perform it. So that's an interesting element of the debate, I think, that needs to be fully addressed and that is, what is the impact of privatizing these types of MRI or these diagnostic imaging machines? And whoever owns them, if the people that are ordering the tests are the ones that own them, evidence shows that they are going to be more likely to order the tests.

So those are the kinds of things, I think, that can creep into these kinds of decisions. And one would hope that the minister is taking a careful look at that as well when he is setting up the regulations if this bill gets reintroduced in the fall. And if in fact it becomes law and if in fact regulations are passed, that's where we'll find these kinds of rules. So that's something I think that the Ministry of Health will need to take into account is that.

And I think for anyone, you know, if you go to an eye doctor and you get a prescription for eye glasses, they're going to encourage you to buy glasses in their shop because that just makes sense on a business level for sure. So it's the same kind of thing that we see here, and I think the ministry's going to need to take a close look at that.

Now the question of course is that doctors are saying no, they're the ones who really need to decide whether it's medically necessary. And the article goes on to say:

Academics who have studied processes for determining what is medically necessary tend to agree the clinicians shouldn't be the only ones involved. Though medical expertise is of course required, the reality is that money

comes into play as well. Every public dollar spent on health care, after all, is a dollar that can't be spent to provide other types of services to citizens. And nobody expects doctors to make decisions about patient care based on how it will affect, say, teachers' salaries.

So the academics who are looking at this are saying that there's a role for public policy in the determination of what's medically necessary. That's a very thorny issue. I think there's a lot of ethics involved in it, and it's not an easy determination to make on any level, but I think to allow it be only determined by doctors could produce some results that are less than acceptable.

The article goes on to say:

According to some observers, bringing a wider range of experts into the mix is long overdue. [And this is quote from a professor that says] "Doctors have had the reins completely on deciding what is medically necessary and what is not, and that is increasingly going to have to come under scrutiny," says Colleen Flood, a law professor at the University of Toronto and a Canada Research Chair in Health Law and Policy. [She goes on to say] "It's beholden on governments, who are spending public money to take a look . . . The government obviously has to be involved in the sense that they set the budgets. Who else is going to represent the public interest if not them?"

So these are some of the questions, I think, that needs to be examined quite thoroughly by the ministry and by this government before they jump into this particular privatization of MRIs. And again, you know, we sort of have some questions about where that's coming from and why at this point in the dying days of the session. But perhaps there's a political aim here that they're looking for that wasn't immediately apparent in the comments of the minister when he introduced the bill.

There's other articles that are available. I think one that I'd like to refer to right now is from the *Calgary Herald*. This is from 2013, March 24th, and it's a study. The headline reads, "Alberta study finds MRI scans for lower back pain being overused." And then I'll just quote the first paragraph. The article says:

More than half of the requested MRI scans for lower back pain may be unnecessary, new Alberta-based research suggests, while noting the procedures contribute to longer wait times and are a financial drain on Alberta's health system.

And I'll end the quote there. The study basically is, what it's saying is that we're spending a lot of unnecessary money on unnecessary tests. And again I would hope that the Minister of Health and the ministry will take a very careful look at the types of research that's available now to decide whether the imaging that we have in place is being done effectively, and that it's being done with the sufficient number of radiologists and technologists, and make a business case with the actual costs. Because the minister provided us with absolutely no numbers in terms of how this is going to save the public purse, and that's his job is to make sure that this is done as efficiently as possible.

The actual article itself, there's one here from the American Medical Association for 2013, and this is entitled, "Overuse of magnetic resonance imaging," so overuse of MRIs, and the first paragraph reads:

Overuse of health care services such as magnetic resonance imaging (MRI) has become an increasingly recognized problem. We studied the appropriateness of requests for outpatient MRI of the lumbar spine and of the head for headache, as these are common indications and might be frequently inappropriate.

And that's the end of the quote there. At the bottom, they talked about the results of this particular study. And I'll quote this, Mr. Deputy Speaker:

RESULTS

The specialty of the referring physicians and indications for the studies can be found in the eTable.

Lumbar spine MRI

Only 443 of 1000 requests were considered appropriate. The remainder were split between inappropriate (285 . . . [28.5%]) or of uncertain value (272 of 1000 [27.2%]).

So that's just for lumbar spine MRIs. And I think if you look back at the article from Alberta, it says the most frequently requested scans in the health care system.

So what we have is a system that perhaps needs a little bit of review and introspection before we jump into something that's completely outside the realm of I think what the intent of the health care system was. And certainly I think the ministry is charged with the responsibility of ensuring that there are better ways to do this than to jump into a privatization scheme for MRIs, and that there's a whole lot of work that needs to be done before a bill like this should even be introduced, Mr. Deputy Speaker.

Another article I'd like to refer to is from the BC [British Columbia] *Medical Journal*, and this is from Volume 55, No. 1, January, February 2013. And this refers to the CIHI [Canadian Institute of Health Information] report from 2007 that I talked about earlier where . . . And I'll just quote this again because they say it better than I can, but anyways:

According to the Canadian Institute for Health Information (CIHI), between 2004 and 2007 the number of computed tomography (CT) and magnetic resonance imaging (MRI) examinations per 1000 people in British Columbia increased by approximately 50%.

I'll just close the quote there for a second, Mr. Speaker. So we have in a four-year period an increase of these two types of tests, MRIs and CTs, by 50 per cent in British Columbia. So that's an explosion I think by any standards in terms of diagnostic testing or in any other area. When you see an increase of 50 per cent over four years, I think that's pretty substantial. So I'll go on to read the article:

While these numbers can only be truly understood in the

context of utilization in other provinces and other developed countries, the increase raised concerns about the appropriateness of these examinations.

And then I'll end the quote there.

[15:45]

So the question here, and I think what the article talks about is the word "appropriate" itself. A lot of articles are suggesting that about 30 per cent of these exams are not appropriate. And this actually, this article says . . . Well it's a much lower number that's actually inappropriate. They're saying around 2.5 per cent, but there's a very large number of these tests that are indeterminate, at 46 per cent.

So I think because again it's whether you, you know, call a rose a rose, either appropriate or indeterminate or not validated shows that there are a whole lot of these tests that are not serving the purposes for which they're required. Either they're inappropriate or they're indeterminate.

And again with the lumbar spine tests that are being done through MRI, many of those, according to this analysis, were the ones that were in the category of indeterminate, that the technology and the imaging isn't sufficient to make a determination.

On page 24 of the article, they go on to . . . Well I'll just read the quote here:

One challenge when analyzing data gathered for the study was converting the free text from the requisition forms so that the clinical reasons for ordering a test could be assessed by computer. The very high number of "indeterminate" ratings found in the analysis was a result of this challenge, and motivated both the human review of data as well as a more detailed analysis of the computer program by the software vendor. This analysis revealed problems with limited software vocabulary. For example, 94% of knee MRI exams were called "indeterminate" [so 94 per cent of these MRI exams for knees were called indeterminate], even when a specific diagnosis such as "medial meniscal tear" was the provided indication.

Now I'll just stop there for a second. So although 94 per cent of the tests were called indeterminate, it was because there was no software language that could match the diagnosis. So it goes on to say:

The "indeterminate" rating was thus frequently a reflection of the software's inadequate vocabulary and consequent failure to recognize valid clinical reasons for ordering a test. The "not validated" cases were the result of situations where the information on the requisitions did not match coding terminology.

So again I think, Mr. Speaker, that's the end of the quote and I think that indicates there's a lot of work to be done on studying the appropriateness of tests that are being ordered, whether or not the language, the software language is appropriate, and that we're getting proper diagnoses and a continuation from that perspective.

There's other articles I wanted to talk about. One is from the Institute of Health Economics and this is an IHE [Institute of Health Economics] report that was provided. I'm going to try and find a date for Hansard. It was prepared by Dave Hailey at the Institute of Health Economics. Unfortunately there isn't a date on this study, but those are the names and the name of it. And what they talk about here is value for money from CT and MRI services. And they describe value for money "as the extent to which payers of CT and MRI have obtained the maximum benefit from the services, within the resources available." And this is an interesting quote here. Mr. Speaker, they say:

Reasons suggested for the growth in advanced imaging services for Medicare in the US include technological innovation, replacement of older invasive methods, patient demand influenced by direct-to-consumer advertising, defensive medicine, and an increase in clinical applications. Other suggested factors was the ability of physicians to refer patients to their own practices for imaging and lack of knowledge by primary care physicians about the most appropriate test to order for a patient, with a tendency to order a significant portion of imaging tests that would be considered unnecessary based on clinical guidelines.

So these are very important factors that I think any ministry of Health should be obliged to review and make determinations before, as I say, jumping into the privatization pool and swimming around in that world, Mr. Deputy Speaker.

On the next page, on page 33, they talk about operational considerations. And I've talked about this a little bit before, but the two main things they talk about is utilization. Again utilization comes up. Do we have enough technologists? Do we have enough radiologists? Are we able to efficiently and effectively utilize our existing resources before we start issuing licences for additional imaging machines?

And then the other question that they raise is the quality of the results. And there are different types of CT scanners. There are different types of MRIs that are available on the market, and some are better than others, and of course the ones that are better, that give better results, cost a lot more money. So in terms of value for money, those are other considerations that the ministry needs to take into account when they're considering these types of factors.

I just want to take a moment to find one more piece of paper if I can, Mr. Speaker. Thank you. Sadly it's not jumping out at me, so I will jump on then to . . . Oh maybe that's it, right there. I found it.

A few of the things that I noted as I was preparing today, I just want to raise some of these questions. And I know there isn't a lot of time today to continue this discussion, but I do want to raise a few more points before I adjourn the debate on this discussion. But my number one question, and this is something usually that the ministers do provide in their second reading speeches, is who asked for this?

And I think that's a really important question that the public needs to have information about. Who has asked the ministry to move forward in this fashion? Who has consulted? We know

the minister made reference to the SMA, the Saskatchewan Medical Association, but who else? Are there people within the ministry that are making this recommendation? Or he did indicate that they have actually . . . I think I'm going to have to find his comments in the scrum summaries, but I think he indicated that they have talked to a particular . . . [inaudible] . . . I'm going to find that when I get to that point, Mr. Speaker, but we're not sure exactly who the minister has talked to already, if it's the providers of people that are interested in getting into this as a business, is it members of the public who are demanding access to this kind of service? We don't know. We don't know who he's consulted. We don't know who he's talked to. And so that's the number one question for me, is who is exactly asking for this?

Secondly, one of the questions that comes up in my mind is, even though we have two lines for MRI now where people can jump the queue and get an MRI earlier, there's still only one line for surgeries. So is the timing of the MRI going to affect their position in the line for surgeries? This is not something the minister has provided an answer to, and I think it's a very, very critical part of the debate as we go forward on this proposal. So those are questions that require answers and I don't think we have any answers here.

Another point that's been raised, and certainly our leader has raised this point, is that when you need care in Saskatchewan, the card that you use to get care should be your health card and not your credit card, Mr. Speaker, or your bank card. And that is a very important point that I think needs to be discussed and raised with the public and certainly with whoever the minister is consulting with. Is this what he wants to go forward with is a health care system that's determined by the bank card you have or the credit card you have? And I think that's the crux of the debate in many ways, is who is going to be able to access this particular privatized system for MRIs and what's the impact going to be on the surgical lines?

There's been commentary, and I think this is something that we are certainly supportive of, is that we need to build capacity within our system. So if it's a shortage of radiologists, if it's a shortage of technologists, if it's an underutilization of the existing machines, is it overuse of the diagnostic technique? I mean these are all questions that require some analysis and some survey and certainly a critical look at what's going on right now in terms of, are we able to use the facilities we have? And I think the second piece of that is what impact will adding these additional outside-the-system imaging facilities that are going to draw away from the ability of our own public health care system to provide the services that we require.

Another concern that's been raised is when you have a desperate family or parent who feel that that diagnostic test is incredibly important and they need it tout de suite, and they're not able to get it through the emergency system where we know that you can get an emergency MRI in a very short order, but if people feel the absolute need to pay, they're going to be required to go into debt for some of these services. I think the one in Alberta said the cost is about \$1,000 per test. There are some families that don't have \$1,000, but they will feel a huge need to find that kind of money and perhaps have steak night suppers or those kinds of things to raise the funds they need to get those diagnostic tests, rather than building in the capacity

within our own system so that those fears are not created for those families.

I've already talked to . . . One of the things on my list is the loss of technologists and radiologists to the private system. There's already a shortage. This is not the way to deal with shortage in these types of professionals for the public health care system. And then the whole idea of paying for two instead of one, people are willing to pay for two, but these are already paid for through the public health care system so it's actually double pay. And, Mr. Speaker, I'm not sure why that's important to this government to enter into a system that will require a double payment, not only for two images but secondly for the fact that they're already paid for through our taxes and our tax dollars.

I think, Mr. Speaker, what we see here is the dying days of a legislature, and is this a distraction by this government to move us off of issues that are very important to Saskatchewan people? We see today the release of the Ombudsman report, the public report on care provided to Margaret Warholm while she was a resident of the Santa Maria Senior Citizens Home. These are very critical. It's a very critical overview of this government's performance in the provision of seniors' care in this province. That's an important issue, Mr. Speaker.

We've talked a lot about education and levels of education and the requirements. We've had lots of discussions and 75-minute debate about the need of better support for our students. Classroom sizes are incredibly important, respect for teachers and ensuring that our children's teachers are well looked after and supported. And then of course just sort of the decision around infrastructure for schools where we know that schools are, you know, in terrible shape. A lot of them are. We can't get information from the government in terms of who's on the list for repairs.

We know there's significant infrastructure deficits, not only in the education system but also in the health care system. And with, you know, the growth in the population, we see growth in issues. We see growth in the number of children that need English as an additional language supports. I've heard from people in my riding where . . . these are EAL [English as an additional language] teachers who are teaching in closets and they're teaching in hallways and these students are not able to get the access they need.

As I said when I was quoting that article earlier, the type of public policy debate that ties in to whether or not these diagnostic tests are necessary are ones that are driven by the public purse and the responsibility of the government to make those kinds of decisions for the citizens of Saskatchewan. And we know there's lots of urgent issues on the educational side.

I think again, Mr. Deputy Speaker, I've talked about this earlier, but show us the math. This minister has done nothing to provide the public with a detailed accounting of how this proposed bill is going to help the public health care system. There's nothing. All we know is it may be a poaching of our existing public health care providers. Some of our professional radiologists and technologists could leave the system. That's going to leave a gap in terms of our ability to provide.

And I think that's been the case in Alberta. And so we see

Alberta actually going back from the provision of public, private . . . private health care provision of MRI services. In one of the articles I read they talked about that they're actually going back to using more public use of the health care . . . or, pardon me, of the MRI imaging, because their experimentation in privatization has failed. So not sure why this minister feels compelled to carry on with something when another province who's tried it hasn't really even proven to be successful. So there's again a number of questions.

There's a number of issues that perhaps this government wants to address as part of their platform for the election coming up. Perhaps this is something that they think is an important discussion for the public, but I can tell you that we've been consistent and we will continue to talk about the things that matter to Saskatchewan people and not support a bill like this which goes backwards.

What we need to be talking about, and what this government is not talking about, is things like seniors' care. And we see that in the report today and the cavalier approach of this government to the report that we heard today. We see that in education, and certainly, Mr. Speaker, in my own critic capacity, I see it in this government's approach to their promises about reducing greenhouse gas emissions and complete lack of action on that level.

So I've gone on long enough, Mr. Deputy Speaker, and I think at this point I would like to move that we adjourn debate on bill, let me find the bill number. What is it? . . . [inaudible interjection] . . . 180? I've got it here somewhere. Everyone be patient. 180.

[16:00]

An Hon. Member: — 179.

Ms. Sproule: — Sorry. 179. Thanks for the help from the Government House Leader. 179, *An Act respecting the Licensing and Operation of certain Facilities providing Magnetic Resonance Imaging Services and making consequential amendments to other Acts*. Thank you, Mr. Speaker.

The Deputy Speaker: — The member from Saskatoon Nutana has moved to adjourn debate on Bill No. 179. Is it the pleasure of the Assembly to adopt the motion?

Some Hon. Members: — Agreed.

The Deputy Speaker: — Carried. I recognize the Government House Leader.

Hon. Mr. Cheveldayoff: — Thank you very much, Mr. Deputy Speaker. To facilitate further work that the legislature needs to do, I move that this House do now adjourn.

The Deputy Speaker: — The Government House Leader has moved that this House does now adjourn. Is it the pleasure of the Assembly to adopt the motion?

Some Hon. Members: — Agreed.

The Deputy Speaker: — Carried. This House stands adjourned until tomorrow at 10 a.m.

[The Assembly adjourned at 16:01.]

TABLE OF CONTENTS

TABLING OF REPORTS

The Deputy Speaker 7223

ROUTINE PROCEEDINGS

INTRODUCTION OF GUESTS

Wall 7223
 Broten 7223
 McMorris 7224
 McCall 7224
 Cox 7224
 Docherty 7224
 Sproule 7224
 Offenbreit 7225
 Lawrence 7225
 Forbes 7225
 Belanger 7225
 The Deputy Speaker 7225

PRESENTING PETITIONS

Forbes 7225
 Vermette 7226
 Belanger 7226
 Chartier 7226
 McCall 7226
 Sproule 7226

STATEMENTS BY MEMBERS

Sexual Assault Awareness Week

Draude 7227

Royal Road Race

McCall 7227

Saskatchewan Fashion Week

Makowsky 7227

La Ronge Fire Chief Honoured

Vermette 7228

Saskatchewan Physical Education Association Conference

Marchuk 7228

Chief Justice Honoured

Doke 7228

Potash Contract Announced

Bradshaw 7228

QUESTION PERIOD

Ombudsman’s Report and Provision of Seniors’ Care

Broten 7229
 Wall 7229
 Duncan 7230

Gay-Straight Alliances

Forbes 7233
 Morgan 7233

PRESENTING REPORTS BY STANDING AND SPECIAL COMMITTEES

Standing Committee on Crown and Central Agencies

Bradshaw 7233

THIRD READINGS

Bill No. 158 — *The Saskatchewan Pension Plan Amendment Act, 2014*

Krawetz 7233

Bill No. 178 — *The Income Tax Amendment Act, 2015*

Krawetz 7234

COMMITTEE OF FINANCE

Motions for Supply

Krawetz 7234

FIRST AND SECOND READINGS OF RESOLUTIONS

Krawetz 7235

APPROPRIATION BILL

Bill No. 182 — *The Appropriation Act, 2015 (No. 1)*

Krawetz 7235

**ORDERS OF THE DAY
WRITTEN QUESTIONS**

Cox7235

**GOVERNMENT ORDERS
ADJOURNED DEBATES**

SECOND READINGS

Bill No. 179 — *The MRI Facilities Licensing Act*

Sproule7236

GOVERNMENT OF SASKATCHEWAN

CABINET MINISTERS

Hon. Brad Wall
Premier

President of the Executive Council
Minister of Intergovernmental Affairs

Hon. Bill Boyd

Minister of the Economy
Minister of Energy and Resources
Minister Responsible for The Global
Transportation Hub Authority
Minister Responsible for Saskatchewan
Power Corporation

Hon. Jennifer Campeau

Minister of Central Services
Minister Responsible for Saskatchewan
Transportation Company

Hon. Mark Docherty

Minister of Parks, Culture and Sport
Minister Responsible for the Provincial
Capital Commission

Hon. Kevin Doherty

Minister of Advanced Education
Minister Responsible for Saskatchewan
Telecommunications

Hon. Dustin Duncan

Minister of Health

Hon. Donna Harpauer

Minister of Social Services
Minister Responsible for the Status of Women

Hon. Jeremy Harrison

Minister Responsible for Immigration,
Jobs, Skills and Training
Minister Responsible for Tourism Saskatchewan
Minister Responsible for Innovation
Minister Responsible for Trade

Hon. Nancy Heppner

Minister of Highways and Infrastructure
Minister Responsible for Saskatchewan
Gaming Corporation

Hon. Ken Krawetz

Deputy Premier
Minister of Finance

Hon. Don McMorris

Minister of Crown Investments
Minister Responsible for Saskatchewan
Government Insurance
Minister Responsible for Saskatchewan
Liquor and Gaming Authority
Minister Responsible for the Public Service Commission
Minister Responsible for the Lean Initiative

Hon. Scott Moe

Minister of Environment
Minister Responsible for Saskatchewan
Water Security Agency
Minister Responsible for Saskatchewan
Water Corporation

Hon. Don Morgan

Minister of Education
Minister of Labour Relations and Workplace Safety
Minister Responsible for the Saskatchewan
Workers' Compensation Board

Hon. Greg Ottenbreit

Minister Responsible for Rural and Remote Health

Hon. Jim Reiter

Minister of Government Relations
Minister Responsible for First Nations,
Métis and Northern Affairs
Minister Responsible for SaskEnergy Incorporated

Hon. Lyle Stewart

Minister of Agriculture
Minister Responsible for Saskatchewan Crop
Insurance Corporation

Hon. Christine Tell

Minister Responsible for Corrections and Policing

Hon. Gordon Wyant

Minister of Justice and Attorney General
Minister Responsible for SaskBuilds