



FOURTH SESSION - TWENTY-SEVENTH LEGISLATURE

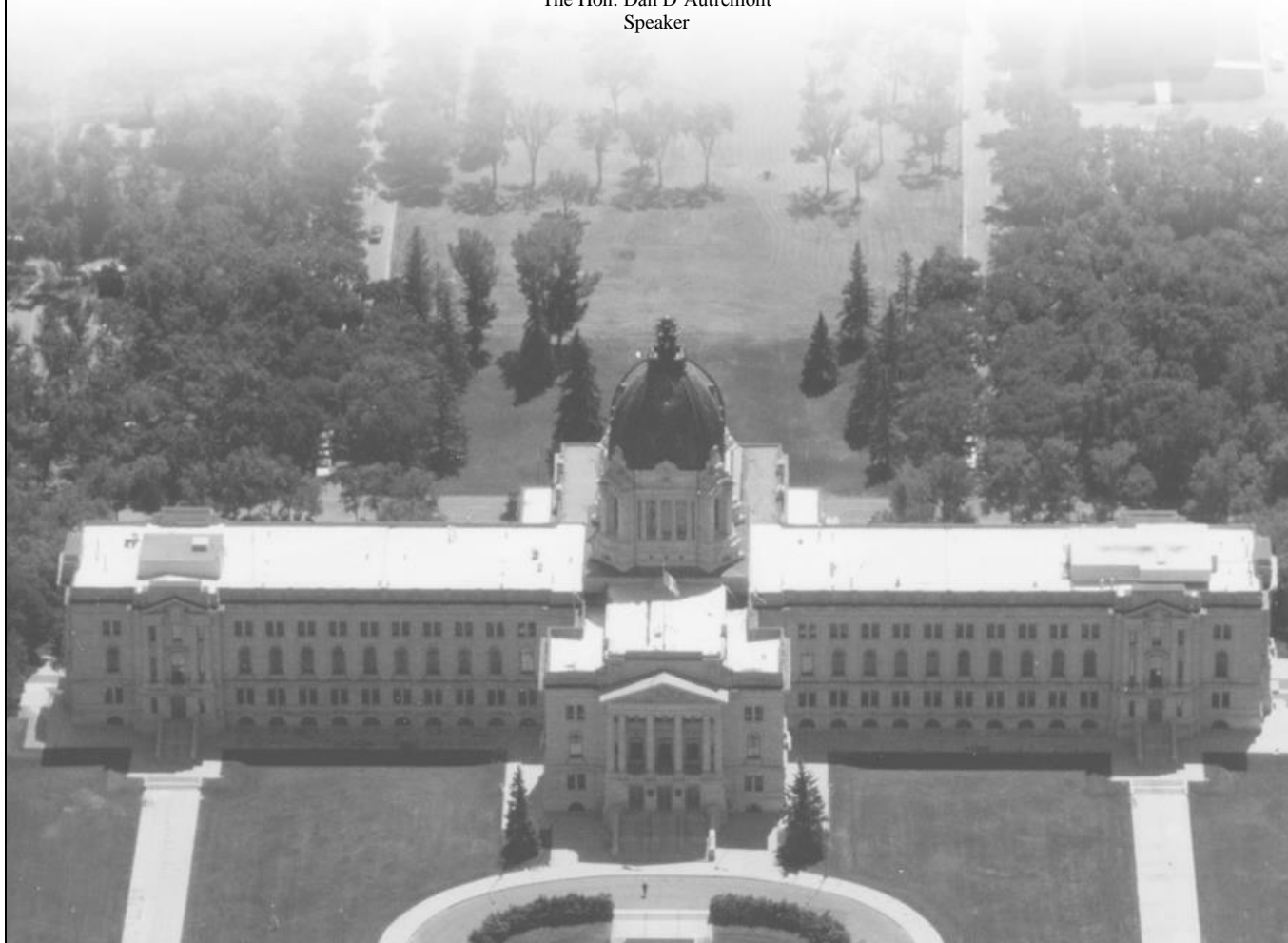
of the

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, Hon. 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, 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.]

[Prayers]

ROUTINE PROCEEDINGS

INTRODUCTION OF GUESTS

The Speaker: — At this time I would like to introduce to the House seated in the Speaker's gallery, the Hon. Linda Reid, Speaker of the Legislative Assembly of British Columbia. She is a Saskatchewan girl. With her today is her husband, Sheldon, and her mother, Cathy Reid of Wishart, Saskatchewan, and I ask everyone to welcome them here today.

I recognize the member for Kelvington-Wadena.

Ms. Draude: — Thank you, Mr. Speaker. Mr. Speaker, it's my honour and I'd like to join with you today with welcoming the Speaker from British Columbia. I had the pleasure of meeting Linda over 20 years ago when we attended our caucus meeting in BC [British Columbia]. If she would have stayed in Saskatchewan, she would actually have been a constituent of mine. Mr. Speaker, I am proud that Linda is one of . . . the only female Speaker in Canada at this time and I am delighted to welcome her to the Saskatchewan legislature.

The Speaker: — I recognize the member for Saskatoon Centre.

Mr. Forbes: — Thank you very much, Mr. Speaker. I would like to join the member opposite and yourself, the Speaker, in welcoming Linda Reid, the Speaker of BC, and her husband, Sheldon, and her mother. I just want to thank the Speaker from BC for the wonderful conference we had out in Victoria this summer. It was a fantastic experience and lots of interesting things we did, including the tour on the HMCS [Her Majesty's Canadian Ship] *Vancouver*, which was really memorable. That was wonderful. But she's such an activist in the CPA [Commonwealth Parliamentary Association] I know, meeting her in Quebec City, doing a presentation and that type of thing. So I want to welcome her and her family to the legislature here in Saskatchewan. Thank you very much.

The Speaker: — I recognize the Minister for Policing and Corrections.

Hon. Ms. Tell: — Thank you, Mr. Speaker. To you and through you and to all members of this Assembly, I would like to introduce to you 28 grade 3 and 4 students from W.S. Hawrylak, seated in the west gallery. They are accompanied by their teacher, Ms. Meaghan DaCosta, and the parent chaperones are Ms. Tara Talbot and Ms. Vijaya Agasthian. Welcome to your Assembly, and I'll look forward to meeting you later on today. Thank you.

The Speaker: — I recognize the member for Saskatoon Riversdale.

Ms. Chartier: — Thank you, Mr. Speaker. To you and through you to all members of the House it's my pleasure once again to introduce Andrew McFadyen who is in your gallery, Mr. Speaker, today. Andrew is an advocate for those living with

MPS [mucopolysaccharidosis]. And I'm wondering why they're heckling me while I'm doing an introduction, Mr. Speaker.

Mr. Speaker, Andrew McFadyen is an advocate for those living, those individuals living with MPS, and his own son Isaac lives with this condition and has been able to get the medication that he needs. And Mr. McFadyen is advocating for three children here in Saskatchewan who are in dire need. Their only hope is to get a particular medication. So he is here and showing his support for the Akhter family and would like the minister to overturn his unjust decision to not support these kids when they're supporting another child under five where there's far less evidence, Mr. Speaker. So with that I would like to ask all my colleagues to join me in welcoming Mr. Andrew McFadyen to the Legislative Assembly of Saskatchewan.

ANNOUNCEMENTS

Introduction of Pages

The Speaker: — At this time I wish to inform the Assembly that Caitlin Smith will be returning as Page for this session.

PRESENTING PETITIONS

The Speaker: — I recognize the member for Saskatoon Centre.

Mr. Forbes: — Thank you very much, Mr. Speaker. I appreciate the opportunity to present this petition on behalf of many people here in Saskatchewan. And we know that this province lags behind others in securing the rights of gender- and sexually diverse students, and this government is not doing enough to create safe spaces in our schools for sexually diverse students or students who are bullied because of their sexual identity or sexual orientation.

And we know that gender- and sexually diverse students are four times more likely than their heterosexual peers to attempt suicide. And we know that gender and sexual alliances offer opportunities to improve attendance and retention rates, generate meaningful relationships at school, and reduce homophobic and transphobic bullying. And we know that this government must act so that students have simple, easy-to-understand information about gender and sexuality alliances in their schools and how to form GSAs [gender and sexuality alliance] and who they should talk to in order to form GSAs. And we know this government must act so that under no circumstance are gender- and sexually diverse students denied the right to form gender and sexual alliances within their school.

Mr. 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 take immediate and meaningful action to pass *The Respect for Diversity — Student Bill of Rights Act* and enshrine in legislation the right of Saskatchewan students to form GSAs within their schools in order to foster caring, accepting, inclusive environments and deliver equal opportunities for all students to reach their full potential.

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

Mr. Speaker, the people signing this petition come from the city of Saskatoon. Thank you very much.

The Speaker: — I recognize the member for Saskatoon Riversdale.

Ms. Chartier: — Thank you, Mr. Speaker. I'm pleased to present a petition today for a residents-in-care bill of rights. The petitioners point out that residents in care have the right to dignity, respect, and safety; that they deserve the basic guarantees of the quality of care they ought to receive; that they have the right to individualized care that meets or exceeds minimum quality of care standards; and that it is the responsibility of the provincial government to ensure consistent standards of care in facilities throughout Saskatchewan. The petitioners also point out that requiring each care home to post a residents-in-care bill of rights will guarantee that seniors, residents have individualized care plans and minimum quality of care standards. I'd like to read the prayer:

We, in the prayer that reads as follows, respectfully request the Legislative Assembly of Saskatchewan adopt Bill 609, *The Residents-in-care Bill of Rights Act*, which would provide Saskatchewan seniors with the right to quality, high-level standards of care in seniors' care homes.

Mr. Speaker, this petition is signed by some citizens of White City, Regina, and Macdowall. I so submit.

The Speaker: — I recognize the Opposition House Leader.

Mr. McCall: — Thank you very much, Mr. Speaker. It's a great second day of the sitting, and I'm very pleased to stand and present a petition from students that are concerned about the cost of post-secondary education, particularly as it relates to university tuition.

The petitioners point out that a report released by Statistics Canada has labelled Saskatchewan as the province with the highest increase in tuition, with tuition for the 2014-15 year having increased by 4 per cent in the province for undergraduate students and over 5 per cent for graduate students. They also point out that the average Canadian student in 2014 graduated with debt of over \$27,000, not including credit card and other private debt. Mr. Speaker, in the prayer that reads as follows the petitioners respectfully request:

That the Legislative Assembly of Saskatchewan take the following action: to cause the provincial government to immediately increase the funding for post-secondary education in this province, with a legislative provision that this increase in funding be used to lower tuition fees.

Mr. Speaker, this petition is signed by individuals throughout the city of Regina, all the way out to Regina Beach. I so submit.

The Speaker: — I recognize the member for Regina Lakeview.

Mr. Nilson: — Thank you, Mr. Speaker. I'd like to present a petition in support of better schools. The undersigned residents

wish to bring to the attention of the legislature the following: that far too many of our classrooms are overcrowded and under-resourced; that the Sask Party government eliminated hundreds of educational assistant positions; that students often do not get one-on-one attention they need; that the condition of many of our schools is rundown, unsafe, or uninspected, and this government refuses to release information on the \$1.5 billion of known repairs that are needed in our schools; that the government's plan to rent schools from private corporations is expensive and reckless; and that none of this is acceptable given the record of revenues this government has had over the last eight years.

So 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. Speaker, these people who have signed this petition come from a number of places across Saskatchewan including Mossbank, Assiniboia, Aneroid, Regina, and Regina Beach. Thank you, Mr. Speaker.

The Speaker: — I recognize the member for Athabasca.

Mr. Belanger: — Thank you very much, Mr. Speaker. I rise again to present a petition in support of affordable housing not just in northern Saskatchewan but throughout all the province. And this particular petition certainly impacts northern Saskatchewan as a whole.

And the prayer reads as follows, Mr. Speaker:

To cause the provincial government to restore the rent-to-own option for responsible renters of the social housing program and to reinstate the remote housing program, Mr. Speaker.

And the people that have signed this petition come from all throughout Saskatchewan. And I so present.

The Speaker: — Under the rules and proceedings, rule 16(3):

(b) No debate on any matter on or in . . . [relationship] to the petitions is permitted.

(e) The Member may read the prayer, provide a general explanation of the subject matter and location of the petitioners.

Some of the verbatim was over a minute long. And I don't need interjections from the other side of the House. That will not continue.

STATEMENTS BY MEMBERS

The Speaker: — I recognize the member for Saskatoon Greystone.

Saskatoon Engineer of the Year Award

Mr. Norris: — Thank you, Mr. Speaker. Mr. Speaker, it's a privilege to rise in our Assembly today to recognize a constituent of Saskatoon Greystone and a noteworthy Saskatchewan citizen, Rick Kullman.

Rick has had a distinguished and successful engineering career in this province. To start, he earned his Bachelor of Science in civil engineering and his Masters of Science from the University of Saskatchewan. Following his graduate studies, he became an associate of MacPhedran & Robb Engineering in Saskatoon. The firm eventually was renamed Robb Kullman.

Mr. Speaker, to highlight only a few of Rick's achievements: he served as the director of Engineers Canada, the president of APEGS [Association of Professional Engineers and Geoscientists of Saskatchewan], and the distinguished Chair of numerous professional and community-oriented boards and committees. He was awarded the designation of fellow by the Canadian Society for Civil Engineering in 2004. In 2009 he earned the distinction of fellow from Engineers Canada, and in 2013 he was awarded an honorary fellowship by the geoscientists of Canada.

Mr. Speaker, Rick is this year's recipient of the Saskatoon Engineering Society's Engineer of the Year award, and it goes without saying that this citation is especially well deserved. This commendation reflects Rick's tremendous accomplishments in engineering, his service to the profession, and his many contributions to Saskatoon and to people across this province.

Mr. Speaker, on behalf of this Legislative Assembly, I want to offer my sincere thanks to Rick, our congratulations, and wish him all the best in his well-deserved retirement. Thank you, Mr. Speaker.

The Speaker: — I recognize the member for Regina Rosemont.

Orange Shirt Day

Mr. Wotherspoon: — Thank you, Mr. Speaker. I rise in the Assembly today to recognize the second annual Orange Shirt Day held on September 30th, 2015. This day, orange shirts are worn to honour survivors of Indian residential school system and to remember those who never made it home.

Through a commemoration project, Phyllis Webstad shared her story outlining her first day of residential school. Phyllis spoke of her excitement to wear her new orange shirt from her granny for the first day of school. Phyllis's excitement quickly faded as she arrived at residential school and was stripped of her clothes. Phyllis says the colour orange has always reminded her of how her feelings didn't matter, how no one cared, and how she felt that she was worth nothing.

Phyllis's story and Orange Shirt Day is a sombre reminder of many First Nations and Métis students who were denied the right to education and instead were subjected to cultural genocide. On September 30th, I joined with students, staff, and community members from Connaught School, who like many other students were wearing orange to remember and honour

those students who walked through the doors of a residential school.

Mr. Speaker, it is through this remembrance, awareness, empathy, and honour that our nations together strive for reconciliation and healing. Thank you.

[13:45]

The Speaker: — I recognize the member for Regina Qu'Appelle Valley.

Self-Esteem Workshop for Girls

Ms. Ross: — Thank you very much, Mr. Speaker. I rise in the Assembly today to speak about an issue that's really important to me. Research shows that six in ten girls are so concerned by the way they look, they avoid participating in various activities. It is important that young girls who struggle with self-esteem are offered support from strong female role models, be it their moms, their big sisters, their aunts, or their friends.

Mr. Speaker, on October the 4th, the member from Regina Wascana Plains and I hosted our 5th annual self-esteem workshop for girls and their mentors at the RCMP [Royal Canadian Mounted Police] Heritage Centre. We collaborated with Dr. June Zimmer and Girls in the Game to help young girls explore the very important issue of self-esteem. It was a fun, interactive workshop that helped give young girls the tools they need to build self-esteem. Our goal is to help the next generation gain self-confidence so they can be happy and confident while they reach their full potential.

We had a great turnout, and of course we could not have done it without our great sponsors: Girls in the Game, Trademark Homes, Anytime Fitness, Sweet Ambrosia Bakeshoppe, Deloitte, Tim Hortons, and Western Litho.

Mr. Speaker, I would also like to thank the member for Regina Wascana Plains and Dr. June Zimmer for their dedication to this issue. I sincerely hope and we plan to continue this wonderful event for years to come. Thank you very much, Mr. Speaker.

The Speaker: — I recognize the member for Saskatoon Riversdale.

World Mental Health Day

Ms. Chartier: — Thank you, Mr. Speaker. Mr. Speaker, I rise today to recognize World Mental Health Day, which is observed every year on October 10th. The objective of this day is to raise global awareness of mental health issues and advocate for the necessary supports to promote mental wellness. This year's theme of Dignity in Mental Health is both relevant and required.

We know that many people with mental health conditions are marginalized, stigmatized, and do not often receive the care and services that they need. We also know that at least 20 per cent of Canadians will experience a mental illness throughout their lifetime, and still, Mr. Speaker, this issue is not given the attention and the support it needs.

Mr. Speaker, as you and the other members well know, this government commissioned a mental health and addictions action plan, and recommendations were put forward in December 2014. Unfortunately we have yet to see how the government will commit to following through and implementing those recommendations. Mr. Speaker, this limited commitment to action is particularly worrisome, as we know one of our major urban health regions is not meeting the triage benchmarks for any children and youth with severe psychiatric conditions.

Mr. Speaker, the provision of mental health services can be a matter of life or death, as I know all too well in my own family. It is with this sentiment that I urge the members of this house to commit to action on the report's recommendations and ensure that people living with mental health conditions have the opportunity to live with dignity. Thank you.

The Speaker: — I recognize the Government Whip.

Poverty Awareness Week

Mr. Merriman: — Thank you, Mr. Speaker. I rise in the House today to acknowledge that this is Poverty Awareness Week. In light of recalling how much we have to be thankful for over the past weekend, it is very important that we remember those less fortunate and acknowledge our efforts to fight poverty. Mr. Speaker, our government has helped bring thousands of Saskatchewan children, seniors, at-risk youth, and others out of poverty.

Mr. Speaker, we take this issue very seriously and know the best solution is a strong economy. On top of our record economic growth, we invested \$675 million to repair and develop 14,000 housing units across the province. 2.7 billion has gone to support those with disabilities. And we have delivered a record tax cut, taking 112,000 of the lowest income earners entirely off the tax rolls.

Mr. Speaker, I am proud of the actions that we have taken to combat poverty, and the numbers that show our initiatives are working. Saskatchewan has the third-lowest incidence of poverty in the country, including the lowest level of seniors' poverty in Canada. Although these numbers show that we're on the right track, we know the job is not done, and we will continue to work to fight poverty in Saskatchewan.

Furthermore, Mr. Speaker, I want take a moment and thank those organizations across the province that are helping to alleviate poverty. From the not-for-profits to churches, food banks, we acknowledge and thank them for working hard to fight poverty.

Mr. Speaker, I ask that all members of this House join me in recognizing Poverty Awareness Week. Thank you, Mr. Speaker.

The Speaker: — I recognize the member from Melfort.

Dr. Shadd Celebrated in Melfort

Mr. Phillips: — Thank you, Mr. Speaker. On September 27, I had the opportunity to take part in the dedication of Dr. Shadd's

office, the latest addition to the Melfort Museum grounds.

Dr. Alfred Shadd was a prominent and well-respected figure in the Melfort and Kinistino area. Mr. Speaker, Shadd first came to Kinistino from Ontario in 1896 to work as a teacher. A year later he returned to the University of Toronto to continue studying medicine, and in 1898, Dr. Shadd graduated and returned to Kinistino where he opened a medical practice which he later moved to Melfort in 1904. The doctor was very well regarded for his dedication and his endless travel to care for patients, but he also opened a pharmacy in Melfort. He started and operated the Carrot River Valley journal newspaper and was one of the province's first coroners.

Mr. Speaker, Dr. Shadd was also active politically and had a reputation as a powerful and persuasive orator. Shadd served on Melfort town council and school board, and in 1905 he came within 52 votes of becoming a member of Saskatchewan's first Legislative Assembly. In 1915 Dr. Shadd died suddenly of appendicitis at the age of 45.

I ask all members to join me in celebrating the life of this early African-Canadian settler and the addition of his office to the Melfort & District Museum. Thank you, Mr. Speaker.

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

University of Regina Reaches Record Enrolment

Mr. Marchuk: — Thank you, Mr. Speaker. Yesterday the University of Regina released its fall census data figures, and I'm proud to report that the University of Regina has reached a record enrolment of 14,360 students — a long way up from student no. 941, Mr. Speaker. This breaks down to over 12,000 undergraduate students and almost 2,000 graduate students.

Even more important, Mr. Speaker, data shows a 5.8 per cent increase in Aboriginal enrolment over the last year and an increase of 63 per cent over the past five years. Aboriginal students now make up 11.6 per cent of the student population at the U of R [University of Regina]. Congratulations.

Additionally 13.7 per cent of the university population are registered international students, which is an 8.5 per cent increase over last year and a 90 per cent increase over the past five years. Mr. Speaker, these students are coming from more than 90 countries around the world and choosing to study and hopefully live and work in this great province of ours after completion of their studies.

Saskatchewan is continuing to grow and it's exciting for us to see the diverse mix of students who will one day be vital members of our society. The University of Regina is continuing to do great things. It's no wonder that this is the seventh year of consecutive student growth. Mr. Speaker, I'd like to congratulate the University of Regina on another year of high enrolment numbers. Thank you, Mr. Speaker.

QUESTION PERIOD

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

Provision of Out-of-Province Medical Treatments

Mr. Broten: — Thank you, Mr. Speaker. Kayden Kot is just four years old but he's already been through far more health challenges and medical procedures than most people ever endure in an entire lifetime. Because of the complexity of his health challenges, which were complicated by a serious medical error, he's had to go out of province more than 12 times for treatment. The government provided some help with just two of those trips.

His mom, Sylvie, reached out to me and this is what she had to say, "It is with great frustration, lengthy wait lists, and a continued failure within our health care system that I feel the importance that Kayden's story be told."

Mr. Speaker, Sylvie and Peter have dealt with the Health minister's office for a long time and they've gotten nowhere. So will the Premier agree to meet with Sylvie and Peter today so he can hear first-hand how the government is still letting little Kayden down?

The Speaker: — I recognize the Premier.

Hon. Mr. Wall: — Thank you very much, Mr. Speaker. I thank the member for the question, and I thank the Kot family for joining us here today. Certainly as a parent it's easy to sympathize with what they must be going through with respect to the amount of out-of-province care that has been required for Kayden and still obviously with more care that is needed.

Mr. Speaker, I have talked to the Health minister about this particular issue. I think it's true that the minister has also been able, at least via telephone, to discuss the matter with Mr. Kot. Mr. Speaker, we know that there has been support from the government for some out-of-province care. There have been some applications for additional care that have gone through the out-of-province approval process that we've set up, Mr. Speaker, a process that we've sought to improve since the 2007 election by adding an appeal function for those that wish to appeal the decision by the group.

Mr. Speaker, I know the Minister of Health will certainly be happy to meet with the family again here today to talk about what might be able to be done further. Mr. Speaker, I understand that some of this is still in process, and we are very much aware of the challenges the Kot family is facing. I would also note, Mr. Speaker, that I believe officials within the system have sought to ensure that some of the treatment that is required can be actually delivered here in the province of Saskatchewan.

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

Mr. Broten: — Mr. Speaker, the Kot family doesn't simply need our sympathies. What they need is the right, immediate care for their son, Mr. Speaker. The Premier would be very well served to find some time this afternoon to sit down with Sylvie and Peter and hear first-hand from them. And he will meet a set of parents that love their children more than anything and have gone to extraordinary lengths to make sure that the right care is there.

But this system, Mr. Speaker, the government's decisions have

let this family and this boy down. The fact is this government and the minister's office has known about this for a long time. Here's what Kayden's mom wrote to the Health minister's office:

The bottom line is the current government does not provide enough funding to children that urgently need therapies, which again is a political question. Children in this province are suffering. Wait times are ridiculous. Kids with needs get wrapped up in red tape and delayed with therapies when they need it now. Children don't have wait times. Parents have nowhere to turn. The wait-lists are lengthy and unreasonable.

Due to his extremely complex health challenges, Kayden has never had a positive feeding experience, so he's been tube-fed since six weeks old. He needs intensive intervention now, and that is not available here. So to the Premier: why won't the government cover the prescribed treatment for this little boy?

The Speaker: — I recognize the Premier.

Hon. Mr. Wall: — Thank you very much, Mr. Speaker. I would point out to all members of the House and those viewing proceedings that the government has provided some support for out-of-province travel, though I freely and readily admit that the family has made applications for additional support and have gone through a bit of a process.

But also, Mr. Speaker, I think it's important to note that officials within the system have sought to be able to provide some of the important therapy right here in the province at the Alvin Buckwold child development clinic in Saskatoon, recognizing that all of this travel, it's obviously not, it's not good for Kayden. It's not good for the family, and it's not the preference. The preference is that where we can in this province's health care system, the preference is to provide the care, the therapy that's required right here at home, at least within the province if not in community where the families are facing the health challenges, Mr. Speaker.

And so the minister is very well aware of the case, and the process, I understand, is ongoing with respect to applications on out-of-province support, Mr. Speaker. And I have no doubt the minister will want to meet with the family to learn anything additional that we may not know to this point and to canvass potential solutions, Mr. Speaker, going forward.

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

Mr. Broten: — Mr. Speaker, to pretend, pretend that the government doesn't . . . This response is making no sense, Mr. Speaker, to the family that is sitting here today. This is a family that has gone through tons and tons of correspondence, working within the channels that are there, Mr. Speaker, but it is clear that the care provided here in Saskatchewan is not what Kayden needs. That's recognized, Mr. Speaker.

This is why the Premier needs to find time to sit down with the Kot family and hear about what is available here and what Kayden actually needs. Here's what his mom wrote:

We unfortunately keep hitting the same roadblock. There

are no allocated funds and very limited resources and access for therapies for chronically ill children in this province, specifically any type of intensive therapy. The wait-lists and services are deplorable. Once again, after finally getting the support from the Saskatoon Health Region, we have been denied funding for out-of-country feeding therapy at the STAR Center in Denver that my son desperately needs immediately.

Mr. Speaker, the Saskatoon Health Region agrees that Kayden needs to go to Denver for treatment because they can't meet his needs here in Saskatchewan, but the government has overruled that. My question to the Premier: why?

[14:00]

The Speaker: — I recognize the Minister of Health.

Hon. Mr. Duncan: — Thank you very much, Mr. Speaker. Mr. Speaker, first of all I want to as well join with the Leader of the Opposition in welcoming Sylvie and Pete to their Legislative Assembly. I know that it's not an easy decision for them to come here today.

We have had a significant amount of correspondence between my office and the ministry, as well now including officials from Saskatoon Health Region, and I believe as well the CEO [chief executive officer] of the Saskatoon Health Region that has met with them.

We certainly know that Kayden has experienced a number of health challenges over the last number of years. That's why initially there was some support provided, before we had some capacity in the province, to go out of country. We have also looked to see what types of services could be provided within the province, and there has been some work through the Alvin Buckwold to provide some of that support, I believe, even within their own home, Mr. Speaker.

But again, Mr. Speaker, I'd be pleased to meet with Sylvie and Pete after question period.

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

Mr. Broten: — Mr. Speaker, if the Premier would sit down with the Kot family, if the minister would open his ears, he would hear that the reality on the ground, Mr. Speaker, that families are experiencing, that young children are experiencing is very different than the lines that we're hearing from this government. Kayden needs intensive feeding therapy, speech therapy, and occupational therapy. He needs these services that are not available here.

And now here's a quote from the Saskatoon Health Region which contradicts the lines that this government just gave, Mr. Speaker, about the services that are available here. The director of children's health services of the Saskatoon Health Region says, "We cannot match the intensity of therapy that Kayden would receive at the STAR Center. For this reason, we are recommending that Kayden go back to the STAR Center."

So again to the Premier: why on earth would the government deny this coverage that the Saskatoon Health Region agrees is

necessary, when the health region admits, Mr. Speaker, that they cannot provide these services here and the health region is saying that Kayden should be going to Denver?

The Speaker: — I recognize the Minister of Health.

Hon. Mr. Duncan: — Thank you, Mr. Speaker. Well, Mr. Speaker, we certainly do take children's rehabilitation therapy seriously in this province and as a government. And that's why over the last number of years, for example, in Saskatoon, occupational therapists working in that health region is up 32 per cent. Speech language pathology in Saskatoon is up 31 per cent, as well as we've seen a 50 per cent increase in pediatricians in this province, including 12 positions that have been provided to the province and to Saskatoon Health Region for additional pediatric subspecialties.

We know that in some of these cases though that they are very complex cases. That's why we have put in place a review process to ensure that families that do perhaps not like the answer that they first receive from either the ministry or the health region have a way to appeal that process. I know that the family has availed themselves of that avenue on one occasion. There is the opportunity for further, if it is additional services that they're requesting, and I believe that that is working its way through the process as we speak.

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

Mr. Broten: — Mr. Speaker, again the Saskatoon Health Region states, "We cannot match the intensity of therapy that Kayden would receive at the STAR Center. For this reason, we are recommending that Kayden go back to the STAR Center."

Mr. Speaker, it's puzzling because he did receive, Kayden did receive some funding for a treatment at the STAR Center. Then Kayden experienced a serious medical error which set him back immensely, Mr. Speaker. And now the government is changing its course, changing its tune about providing this funding to Kayden.

A Ministry of Health official told Kayden's mom that the government denied coverage because of cutbacks. Because of cutbacks — that's what Kayden's mom was told. Well the cost of this desperately needed treatment in Denver is just over \$14,000. Mr. Speaker, the Premier's two travel scouts spend way more than that. On average, Mr. Speaker, these travel scouts spend almost \$20,000 per trip. So even if the Premier would send just one travel scout instead of two, he could easily, easily find the money to cover this treatment for Kayden.

Fourteen thousand dollars, Mr. Speaker, is a tiny amount of money for this government, but it's not affordable to Kayden's parents after they have already had to pay for over 12 out-of-country medical trips for their little boy. And, Mr. Speaker, they have had several fundraisers to support the medical care for their son.

My question to the Premier: how can't this government possibly find \$14,000 for this desperately needed treatment for Kayden?

The Speaker: — I recognize the Minister of Health.

Hon. Mr. Duncan: — Thank you, Mr. Speaker. Mr. Speaker, oftentimes what takes place in terms of out-of-country approval is that approval will be granted if that type of service, we don't have the capacity within the province. I believe that that was the case back three or four years ago when Kayden first went out of the province, that we didn't have the capacity. Since that time we have built capacity in this specific area, Mr. Speaker, to be able to provide that service.

Mr. Speaker, certainly our budget is up this year in the health budget to be able to provide services, whether they be in the province or out of the province. We really look to see, in terms of the policies that the ministry adheres to, whether or not this service can be provided within the publicly funded system, not unlike what was in place when the members opposite were the government. What is different though is that when the government does reject an application, we do now have an appeal process that is arm's length from the government. This family, I believe, is availing themselves of this once again.

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

Mr. Broten: — Mr. Speaker, the services, the care, the treatment that Kayden needs is not available here in Saskatchewan. You don't have to take my word for it, Mr. Speaker. There is a letter here from the Saskatoon Health Region dated July 17, 2015. So the minister's remarks that he just made about the things that they've done, the services that are available here, Mr. Speaker, ring hollow when the Saskatoon Health Region writes to the parents and says at this point "We cannot match the intensity of therapy that Kayden would receive at the STAR Center. For this reason, we are recommending that Kayden go back to the STAR Center." That's from July of 2015, Mr. Speaker.

My question to the Premier: why is his government pretending that the right services are here for Kayden when very clearly, from the health region's very own mouth, they're saying they cannot meet his needs here in Saskatchewan? Why these two stories?

The Speaker: — I recognize the Minister of Health.

Hon. Mr. Duncan: — Thank you, Mr. Speaker. Again obviously we take the advice of the health region as well as the ministry to determine whether or not the services are available, leaving aside the intensity that the individual patient would require. In this case prior to, in the last couple of years when Kayden was first approved for out of province, we didn't have the services available in the province. We currently do have them available in the province, Mr. Speaker.

Again we look to see the policy that is in place as it was in place before. Is it available in the publicly funded system? If it is, then that is the first course of action and that is the basis for the decision that the ministry made. What again is different though is that if the family disagrees with that decision that's made by the ministry, they can now go to an arm's-length appeal process, which wasn't in place when the members opposite were the government of the day, and I would encourage the family to avail them of that service.

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

Mr. Broten: — Mr. Speaker, when Sylvie, Kayden's mom, talks about children being tied up in red tape, I think we have a very clear demonstration example of that through the minister's remarks right here, Mr. Speaker.

Very clearly we have the health region stating from this summer that they cannot meet the intensity of the needs required for Kayden. That's stated in a letter this summer. We have the minister here and this Premier trying to pretend that the services that Kayden needs are available here in Saskatchewan when that clearly is not the case. We have the government at one occasion providing funding for Kayden to go to Denver for this intensive treatment which is necessary in order to make the gains. There was a serious medical error which set him far back in his progress and now, as Sylvie was told by a health official, Mr. Speaker, that because of cutbacks they will not cover this treatment, Mr. Speaker.

Mr. Speaker, it's very clear to me that the Premier needs to sit down with Sylvie and Peter and hear first-hand about what the reality is on the ground because the lines from the Premier and the lines from the Health minister are out of sync with what their experience has been and out of sync with what so many families and young children are experiencing here in the province.

Once again to the Premier: will he find time in his afternoon schedule to sit down with the Kot family and hear their story first-hand? Yes or no?

The Speaker: — I recognize the Minister of Health.

Hon. Mr. Duncan: — Thank you, Mr. Speaker. Again, Mr. Speaker, I've had a chance . . . My office has had numerous conversations especially with, I believe, with Sylvie has been the main point of contact. I spoke with Peter over the phone a number of months ago. I would be happy to meet with them again with respect to Kayden's care.

I do want to just ensure that the public and that the House knows that in terms of the out-of-province budget that we have for out-of-province care, if it was communicated to the family that care is being denied because of a perceived lack of dollars, that's not the perception or that's not the case anyways with the Ministry of Health. It is based on looking at our policies, as were in place before when the members opposite were the government. Are services available within the publicly funded system? If they are, then that is our first course of action. I know that there's a disagreement in terms of the intensity and whether or not we can match with that, and that is why we have the arm's-length approval process that the family can avail themselves to.

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

Mr. Broten: — Mr. Speaker, this is a family that's gone to incredible lengths to care for Kayden, spending incredible dollars to make sure that their son has the care that he needs. Any parent, Mr. Speaker, should be able to understand the position that they're in. They've gone through the channels. The minister is right; they have stacks of emails and correspondence, Mr. Speaker, but they continue to have a minister and a government with closed ears when it comes to

listening to this family.

The type of care, Mr. Speaker, the type of treatment that Kayden needs is not available here in Saskatchewan. Saskatoon Health Region, from a letter in the summer, clearly states that, Mr. Speaker. Sitting down with Sylvie at her house, Mr. Speaker, she told me about her experience in meeting with the services currently provided, going once a week, packing up all her supplies, going to the KCC [Kinsmen Children's Centre], Mr. Speaker. She's following and doing everything locally but, Mr. Speaker, the experts recognize that what is needed to continue the gains that Kayden was once experiencing is the intensive supports that can be provided in Denver.

Mr. Speaker, we're talking at an estimate of \$14,000 for this treatment in Denver. We're not talking about an amount, Mr. Speaker, that would break this budget. We're talking about adjustments that could be made if this government took this seriously to find \$14,000 for Kayden. Last week, Mr. Speaker, we had the Health minister use an excuse for denying treatment to the Akhter children for life-saving medication that was completely wrong. So the Sask Party says the treatment for Kayden needs to be available here, but the health region and Kayden's parents know that is not true.

Here are the questions that Sylvie has for the Premier and why she wants to sit down with him. Why are there no dedicated funds for therapies for chronically ill children in this province? Why are there so few supports for these children, and what will it take for this government to take this seriously?

The Speaker: — I recognize the Minister of Health.

Hon. Mr. Duncan: — Thank you, Mr. Speaker. Well, Mr. Speaker, I think the member opposite will know that we provide global funded budgets to the regional health authorities. We have, as I indicated, have seen a significant increase, for example in the number of physicians in this province over the last eight years, over 500 more physicians practising in Saskatchewan. A substantial number of specialists have been increased over that time in most of our specialist categories, including pediatricians, that are up 50 per cent; 12 funded positions in Saskatoon alone for pediatric subspecialties; a significant increase, greater than the overall general population growth of this province, in occupational therapists, in physiotherapists, in speech language pathologists in this province, compared to the issues that we were facing when we formed government and took over from the NDP [New Democratic Party], Mr. Speaker, as well as over 3,000 additional nurses practising in this province.

So this government takes the issues of health human resources very seriously in this province, and we're especially mindful of very, very complex cases that we either have to look outside of our borders for some additional help, but more importantly try to find that help here within the province.

The Speaker: — I recognize the member for Regina Rosemont.

Funding for Education

Mr. Wotherspoon: — Mr. Speaker, schools in Prince Albert and area have about 250 new students this year, and those

schools haven't received an extra nickel from the Sask Party government to meet the needs of those new students. That will mean that schools will have to make cuts because the Sask Party keeps forcing them to do more with less. How can the Premier justify this?

The Speaker: — I recognize the Minister of Education.

Hon. Mr. Morgan: — Thank you, Mr. Speaker. Mr. Speaker, I answered questions like this yesterday and I pointed out to members opposite that no school division saw a decrease in operating funding this year. Mr. Speaker, the enrolment growth is something that the divisions are dealing with, and we commend them and we thank them for their work.

I want to put the enrolment growth in perspective. The enrolment growth overall was 1.6 per cent, about 170,000 students provincially, so the divisions are relatively well capable of handling some of the increases that are there. While we were able to provide for the largest education budget in the history of our province at approximately \$2 billion, we were not able to commit to projected enrolment funding increase. We've asked the divisions to work for this within their enrolments. They have done so, and we commend them for doing that.

Mr. Speaker, in 1993 and 1994, the NDP actually reduced the operating grant for the province. In 1995 they gave zero per cent.

[14:15]

The Speaker: — I recognize the member for Regina Rosemont.

Mr. Wotherspoon: — Thank you, Mr. Speaker. Those answers are pathetic, Mr. Speaker, and you know, Saskatchewan people have no interest in hearing about what happened 20 years ago. What they care about is what this government's doing today with unprecedented, an unprecedented period of revenues, Mr. Speaker.

You know, Saskatchewan people are increasingly realizing that the rhetoric of that government just can't be trusted. Just yesterday, the Education minister bragged about how much funding they're giving to Prairie Valley School Division. Well Prairie Valley School Division says that they've lost \$8.5 million of its base funding since 2012-13. Different story than what we hear from the minister. As a result, Prairie Valley is laying off more staff. They're making big cuts to transportation and technology, and they're increasing the number of students in each class. What does the Premier have to say about this?

The Speaker: — I recognize the Minister of Education.

Hon. Mr. Morgan: — Mr. Speaker, Prairie Spirit has not sustained a decrease ever under this government. Mr. Speaker, our government has provided over \$90 million in school capital for Prairie Spirit alone since we have formed government.

Mr. Speaker, they have received in last year's budget \$1.3 million for preventative maintenance, over \$3 million in the past three years. We provided emergent funding for a variety of different projects: Valley Manor school, 205,000; Delisle school, 227,000; Aberdeen, 950,000; Langham, 396,000;

Hanley, 237,000; Hague, 300,000; Osler, 487. All those are within Prairie Spirit School Division.

Mr. Speaker, the difference between this government and the members opposite when they were in government is they planned for enrolment decline. They prepared and submitted budgets based on fewer school students than they had before. That was the method that they used. We're planning for growth and increased numbers of students.

The Speaker: — I recognize the member for Regina Rosemont.

Mr. Wotherspoon: — Mr. Speaker, the minister's not even talking about the right school division here today, Mr. Speaker. Yesterday, the Premier was bragging about the dollars that his government had provided Prairie Valley. Well Prairie Valley's own records and the documents show that they've had an \$8.5 million cut to base funding since 2012-13. We hear tired rhetoric around the wrong school division here today, Mr. Speaker, and we see a complete disconnect on what's going on the ground, Mr. Speaker. And I'll take the school division's word any day of the week over that government, Mr. Speaker.

Parents, students, and educators know the reality. Educational assistants are being cut. School lunch programs are being cut. Busing is being cut. English as an additional language programs are being cut. School divisions say they can't even replace furniture and computers, Mr. Speaker, that are broken down. After nearly a decade of record revenues, how can the Premier justify this record?

The Speaker: — I recognize the Minister of Education.

Hon. Mr. Morgan: — Mr. Speaker, if I was wrong, I'll stand corrected on which school division we were talking about. Prairie Spirit enrolment up 18 per cent, operating funding up 31 per cent. Prairie Valley enrolment up zero per cent, operating funding up 22 per cent.

Mr. Speaker, the members opposite talk about what we've done and what we haven't done. Mr. Speaker, these are some more numbers the members opposite ... Since we formed government, we have added 614 more teachers. We've added 200 more student support teachers. We've increased the number of psychologists by 45 per cent, speech language pathologists up 24 per cent, occupational therapists up 53 per cent, social workers up 14 per cent, English as an additional language support up 8 per cent.

Mr. Speaker, we heard loud and clear that that's what the teachers have wanted, was more money in the classroom. And, Mr. Speaker, that's what we've done, and that's what we're going to continue to do, Mr. Speaker.

PRESENTING REPORTS BY STANDING AND SPECIAL COMMITTEES

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

Standing Committee on House Services

Mr. McCall: — Thank you very much, Mr. Speaker. I'm

instructed by the Standing Committee on House Services to report that the committee has considered revisions to the Code of Ethical Conduct for members of the Legislative Assembly contained within the *Rules and Procedures of the Legislative Assembly of Saskatchewan* and is presenting its 14th report. And I so move:

That the 14th report of the Standing Committee on House Services be now concurred in.

The Speaker: — The Deputy Chair of the House Services Committee has moved:

That the 14th report of the Standing Committee on House Services be adopted and presented to the Assembly.

Is it the pleasure of the Assembly to adopt the motion?

Some Hon. Members: — Agreed.

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

MOTIONS

Revisions to the Code of Ethical Conduct for Members of the Legislative Assembly

Hon. Mr. Cheveldayoff: — Thank you very much, Mr. Speaker. I'll move the motion:

That the revisions to the Code of Ethical Conduct for members of the Legislative Assembly as presented in the 14th report of the Standing Committee on House Services be adopted and brought into force effective immediately; and further

That upon adoption of this motion, the Clerk of the Legislative Assembly shall ensure the *Rules and Procedures of the Legislative Assembly of Saskatchewan* is revised accordingly and republished as soon as practicable.

The Speaker: — It has been moved by the Government House Leader:

That the revisions to the Code of Ethical Conduct for members of the Legislative Assembly as presented in the 14th report of the Standing Committee on House Services be adopted and brought into force immediately; and further

That upon adoption of this motion, the Clerk of the Legislative Assembly shall ensure the *Rules And Procedures of the Legislative Assembly of Saskatchewan* is revised accordingly and republished as soon as practicable.

Is the Assembly ready for the question?

Some Hon. Members: — Question.

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

motion?

Some Hon. Members: — Agreed.

The Speaker: — Carried. I recognize the Premier.

Hon. Mr. Wall: — Thank you very much, Mr. Speaker. I ask for leave to move an humble address.

The Speaker: — The Premier has requested leave to move an humble address. Is leave granted?

Some Hon. Members: — Agreed.

The Speaker: — I recognize the Premier.

Congratulations to Her Majesty Queen Elizabeth II

Hon. Mr. Wall: — Thank you very much, Mr. Speaker, and I thank my colleagues for the leave to move this humble address. Mr. Speaker, last month Her Majesty Queen Elizabeth became the longest reigning monarch of the United Kingdom, more than 63 years on the throne, surpassing Queen Victoria, her great, great-grandmother.

Queen Elizabeth is now 89 years old and from all reports, Mr. Speaker, and the Legislative Assembly today is pleased to hear this and to report this, in remarkably good health. She ascended to the throne on the 6th of February, 1952. Winston Churchill was the British prime minister, the first of 12 prime ministers to serve under Queen Elizabeth. Louis St. Laurent was the prime minister of Canada, one of 11 Canadian prime ministers to serve during the Queen's reign, and Tommy Douglas was the premier of the province of Saskatchewan, the first of eight Saskatchewan premiers to serve the Queen.

For her entire reign, I think all members would agree and I think the people of this province would agree that Her Majesty has attended to her duties with dignity and with quiet authority, and hers has been an excellent example not only of leadership but most importantly of service. She has been a symbol of stability and continuity in an ever-changing world. Think of the changes that have been wrought in this world from 1952 until today and consider also, Mr. Speaker, that Her Majesty has provided that continuous and stable leadership, that stable example for all of us through all of those changes.

She has reminded us through her actions and her words that the concept of duty is not old fashioned; the concept of duty is not outdated; that to serve one's community is the highest duty, a constant imperative for all of us. Our Queen once said, she has no particular formula for success. She said:

... over the years I have observed that some attributes of leadership are universal, and are often about finding ways of encouraging people to combine their efforts, their talents, their insights, their enthusiasm and their inspiration, to work together.

Mr. Speaker, Her Majesty has lived up to her own definition of leadership by every considerable measure. Through the years she has encouraged us and she has inspired us, and frankly she has brought us together, brought us together as Canadians,

arguably like no other public figure that we could cite or honour today. And so, Mr. Speaker, it is my pleasure to move, for an address to Her Majesty the Queen, the following:

That an humble address be presented to Her Majesty the Queen in the following words:

To the Queen's most excellent Majesty, most gracious sovereign Queen of Canada.

We, the Legislative Assembly of Saskatchewan in session assembled, wish to extend our sincere congratulations to Your Majesty on marking the historic milestone of being our longest reigning monarch.

The people of Saskatchewan have been honoured to welcome Your Majesty and other members of the royal family to our province during your reign, and have witnessed directly your inspiring example of devotion to duty and unselfish labour on behalf of the welfare of the people of Canada and other nations of the Commonwealth. We trust that your gracious and peaceful reign may continue for many years, and that divine providence will preserve Your Majesty in health, happiness, and in the affectionate loyalty of your people.

I so move.

The Speaker: — The Premier has moved:

That an humble address be presented to Her Majesty the Queen in the following words:

To the Queen's most excellent Majesty, most gracious sovereign Queen of Canada:

We, the Legislative Assembly of Saskatchewan in session assembled, wish to extend our sincere congratulations to Your Majesty on marking the historic milestone of being our longest reigning monarch.

The people of Saskatchewan have been honoured to welcome Your Majesty and other members of the royal family to our province during your reign, and have witnessed directly your inspiring example of devotion to duty and unselfish labour on behalf of the welfare of the people of Canada and other nations of the Commonwealth. We trust that your gracious and peaceful reign may continue for many years, and that divine providence will preserve Your Majesty in health, happiness, and in the affectionate loyalty of your people.

Is the Assembly ready for the question? I recognize the member for Regina Rosemont.

Mr. Wotherspoon: — Thank you, Mr. Speaker. It's my honour to join with the Premier in extending both sincere congratulations and deep gratitude to Her Majesty Queen Elizabeth II, the longest reigning British monarch.

Queen Elizabeth has often been described as a rock of stability and an unwavering beacon of light in a world of constant change. Her Majesty's extraordinary devotion to duty and the

grace, dignity, and steely resolve with which she has served the Commonwealth for her entire life has rightfully led to widespread admiration throughout the Commonwealth and the entire world.

On behalf of Her Majesty's Loyal Opposition in the province of Saskatchewan, I extend our deepest gratitude for her service. Long live the Queen.

The Speaker: — Is the Assembly ready for the question? I recognize the member for Saskatchewan River Valley.

Hon. Ms. Wilson: — Thank you, Mr. Speaker. It's my pleasure also to rise in the House today and wish Her Majesty Queen Elizabeth II, Queen of Canada, well wishes as she becomes Britain's longest reigning monarch after 63 years. As head of the Commonwealth and sovereign of 15 Commonwealth realms in addition to the United Kingdom, the Queen embodies all that is best in the Commonwealth through her strong leadership and selfless service to her people.

Her Majesty the Queen is a strong symbol for Canada and Saskatchewan. Representing our historic connections with the British Westminster model, the Queen has acted as Canada's constitutional monarchy since Confederation. Weaving the fabric of our society by promoting strong fundamental values, the Queen has had a powerful cultural impact on Canada. As a female head of state at the apex of Canada's political life, the Queen continues to empower women all over the world. As a strong female leader, Her Majesty the Queen is a mentor, a role model, and an inspiration for women inside and outside of the political realm even more so as the Queen continually advocates for the empowerment of women and the importance of leadership.

[14:30]

I would now like to quote a quote from Her Majesty:

I know of no [other] single formula for success, but over the years I have observed that some attributes of leadership are universal, and are often about finding ways of encouraging people to combine their efforts, their talents, their insights, their enthusiasm and their inspiration, to work together.

How profound is that quote to our society and our leadership in Saskatchewan and Canada? Our roles do help define progress as we work together as a province, as a country, as a whole as we aim to serve for the good of society. Here in Saskatchewan we are blessed with the presence of hosting Her Majesty Queen Elizabeth II. Her Majesty was here in Regina, Saskatchewan to unveil the statue showing her on her horse Burmese. The beautiful gardens emphasize a strong relationship with the Crown and shed light on our province's history. As we proceed in life, I myself look forward to Kate and William's story, history in the making.

I would like to conclude my remarks by wishing Queen Elizabeth II many more years of health. We are truly fortunate to have you as our head of state. Thank you, Mr. Speaker.

The Speaker: — I recognize the member for Athabasca.

Mr. Belanger: — Thank you very much, Mr. Speaker. It is my pleasure to rise in the Assembly today and to join with all my colleagues in paying tribute to Her Majesty Queen Elizabeth II who is now the longest reigning British monarch. For over 63 years and eight months, Queen Elizabeth II has served as our Queen and she has done so, Mr. Speaker, with dignity, humility, and a deep, deep sense of duty.

The Queen's service reminds all of us of the importance of the Crown continuing to remain an essential part of the constitutional order of our great country of Canada. That's an important point for all Canadians, but especially for the Aboriginal Canadians who have always had a special relationship with the Crown. It's a special relationship which was cemented in the Royal Proclamation of 1763 in which King George III, Queen Elizabeth's third great-grandfather, recognized that Aboriginal peoples had rights to the lands they occupied, and promised to protect them. And it's a special relationship that Queen Elizabeth II has continued, Mr. Speaker. Whenever she has visited Canada, she always makes a point of meeting with Aboriginal leaders and community members and participating in Aboriginal ceremonies.

Mr. Speaker, as an Aboriginal member of this Assembly, we are grateful for that and we're also very grateful for her service to our country. Long live the Queen.

The Speaker: — I recognize the member for Saskatoon Centre.

Mr. Forbes: — Thank you, Mr. Speaker. I'm pleased to join with my colleagues in celebrating Her Majesty Queen Elizabeth II who is now the longest reigning British monarch.

I remember well when Queen Elizabeth visited our province for our centennial celebration in 2005, and even though it was raining outside, myself and I remember there were several members of this legislative body outside, along with hundreds of others waiting out front to see the Queen arrive at the legislature in her horse-drawn landau. And that's a great testament to the admiration that many Saskatchewan people have for the Queen. The Queen's selfless sense of service and duty has earned her widespread respect and admiration, not only in our Commonwealth but around the entire world.

Over the nearly 64 years she has been our Queen, the world has witnessed unprecedented change, and through it all Queen Elizabeth II has stood as a symbol of continuity. We are grateful for her service and we wish her many more years on the throne.

Mr. Speaker, long live the Queen.

The Speaker: — Will the Assembly take the motion as read?

Some Hon. Members: — Agreed.

The Speaker: — Is the Assembly in favour of the motion?

Some Hon. Members: — Agreed.

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

Hon. Mr. Cheveldayoff: — Thank you very much, Mr. Speaker. I move:

That the address to Her Majesty Queen Elizabeth II be engrossed, signed by Mr. Speaker, and forwarded through proper channels.

The Speaker: — It has been moved by the Government House Leader:

That the address to Her Majesty Queen Elizabeth II be engrossed, signed by the Speaker, and forwarded through proper channels.

Is it the pleasure of the Assembly to adopt the motion?

Some Hon. Members: — Agreed.

The Speaker: — Carried.

ORDERS OF THE DAY

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 Speaker: — I recognize the member for Regina Lakeview.

Mr. Nilson: — Thank you, Mr. Speaker. It's my pleasure to rise 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*.

Mr. Speaker, this legislation was introduced by the government on May 11th, and at that time the Minister of Health said, we're going to work with the introduction of further private services within our health care system in a way that we have not heretofore had in Saskatchewan. And the comment made in May was that this is something that has worked for the people of Saskatchewan. But as we know and as we see each day when questions are raised here in this House, it's much more complicated than that.

And, Mr. Speaker, I want to quote the Minister of Health in his scrum yesterday when he's responding to the issue around the emergency room wait times and a reporter says, what's the problem? And the answer from the minister: it's a very complex system. And, Mr. Speaker, that comment, I think, is a good summary of why this legislation is tricky. It's going to have some implications over the long term that haven't been fully thought out, and it therefore requires a substantial review of the legislation and of other related issues.

Now, Mr. Speaker, our complex system actually is not that

complex if the resources are there. I think what's happened in the last couple of years is that the government has run out of money, and so they're trying to figure out ways to push services to other places so that people will pay for them in other ways, or they'll be dealt with in other ways.

And, Mr. Speaker, it strikes me that this legislation introduced in the last couple of days of the spring session, and then now brought forward as their only bill in the fall without a Throne Speech, is not legislation that's going to solve people's problems, but it's political legislation. It's legislation that the government kind of wants to throw out there and create some interesting discussion. But I don't think that it's legislation that's been well thought out, and it clearly has a number of challenges. And, Mr. Speaker, I hope to be able to explain that comment as the afternoon proceeds and perhaps next week if I don't finish all my comments today.

Mr. Speaker, this legislation is based on previous legislation that was introduced in this House in 1996. And in 1996, the then minister of Health, Eric Cline, brought in what was called *The Health Facilities Licensing Act*. And this legislation was introduced because there didn't appear to be any rules or regulations or basic guidance as to how a private health facility might be set up and how it would fit in with the overall situation in the province.

We had lots of professional legislation. So we regulated doctors. We regulated nurses. We regulated dentists. We regulated physiotherapists. We regulated a lot of . . . We regulated the radiologists. But at that point, there was a concern that there were some kinds of facilities that were being proposed that really had no rules around them. And therefore there were obviously health risks, but there are also cost risks for everyone involved.

And so, Mr. Speaker, this legislation, which is now I guess almost 20 years old, has served the province well. And if we go back and look at that legislation from 1996 and look at the definition of insured health service, we would have these six . . . well, five categories plus a general category.

The first category of an insured health service was "an insured service within the meaning of *The Saskatchewan Medical Care Insurance Act*, other than an insured service that is designated in the regulations.

The second category was "a service that would be an insured service pursuant to *The Saskatchewan Medical Care Insurance Act*, but is deemed to be an uninsured service by reason of the fact that it is provided by a physician described in subsection 24(1) of that Act."

And the third category was "a magnetic resonance imaging service."

Fourth category, that's the MRI [magnetic resonance imaging]. That's what we're talking about in the bill today, 179. The fourth category was called "a computerized axial tomography service," and we commonly know that as a CAT scan.

The fifth area was "a diagnostic and therapeutic radioisotope procedure in nuclear medicine." In other words, that's basically

a nuclear medicine treatment or a radioisotope treatment most often used in cancer treatment.

And then the sixth category was “any other prescribed medical procedure the cost of which, when provided to a beneficiary, is paid by the minister or a regional health authority.”

And so, Mr. Speaker, we have this legislation which sets out the rules then about how those facilities could be licensed and how they could be established in the province of Saskatchewan. And, Mr. Speaker, this type of legislation — in Saskatchewan it’s called *The Health Facilities Licensing Act* — is a type of legislation which is quite common across North America especially, but in the United States it’s quite often called a CON [certificate of need], a CON piece of legislation. And I’m not sure if anybody here would know. Probably some of the viewers at home might know what that means. But what it means is certificate of need.

And, Mr. Speaker, many states in the United States have set up legislation in a much more free-flowing sort of private provision of health care to regulate the numbers of facilities. And there it’s both hospitals, health care facilities like what this one’s talking about, and also in some places it relates to actual clinics or groups of medical practitioners or other kinds of practitioners. And the question becomes, why would a certificate of need be a requirement for something that’s done in a particular state?

[14:45]

Well practically it’s about regulating the market. It’s about making sure that you don’t have a whole glut of certain kinds of facilities and then end up having them all go under and then no services provided for people. And clearly there’s lots of lobbying. There’s lots of discussion. There’s lots of requests from local municipalities around where and how a hospital can be built or where or how a clinic be built where various of these other types of services are provided.

And, Mr. Speaker, there was a time in the United States where this certificate of need, the rules that were there, probably in many states there was a decade where a number of these kinds of rules were eliminated. And what’s happened is that there’s been a great proliferation of services in a number of states. There is a discussion right now in the United States about how to bring back this concept of certificate of need and about who decides what kinds of services are available and needed in a particular area.

So you have this background around services provided to people that are regulated, that are carefully licensed and set out. And so we have the general rules that are in *The Health Facilities Licensing Act*, which will continue. But if you look at our Bill 179, which we’re looking at today, you’ll see that in part IV on page 11 that in section 31, effectively they are repealing parts of this health facilities licensing Act and replacing it with this present legislation.

Now I think what that means is that we’re going to have to take a look at Bill 179 on a clause-by-clause basis and then go back to *The Health Facilities Licensing Act* from 1996, which has a few amendments, and see how this changes it and why it

changes it and what the ultimate result is.

And once again, keeping in mind that the context as I see it, with many years of experience here in this legislature and in this province, that this bill is much more a political kind of initiative than a practical one for provision of better services for the people of Saskatchewan. And it’s an attempt, but I would say a poor attempt, at trying to deal with the fact that the Minister of Finance doesn’t have enough money for all of his departments and so they’re figuring out ways to divert people’s attention from that problem.

So Bill No. 179, let’s take a look at the first part of the legislation. It’s called preliminary matters, and the important part here always is the definitions. What is it that is happening in the legislation? Who does it apply to? It has some kind of strange wording, as far as I’m concerned, in how they’ve done this, but effectively it goes through and sets out some definitions.

The first definition is accreditation program, and that means “a prescribed program for determining whether an MRI facility meets the appropriate standards to provide MRI services.” So immediately you’ve got the word “prescribed” in your definition, so the Act will never tell you what that is. So we’ll have to go and look at regulations, and as I understand it, there aren’t any regulations yet. So we really don’t know what the prescribed program is for determining what the standards are, but presumably we would figure out a way to get there.

The next definition is an accreditation program operator and it means “any person approved by the minister pursuant to section 5.” Now section 5 says: “The minister may approve any person as an accreditation program operator.” Now that doesn’t say whether there’s any rules about how you do that. Does it have to be a friend of the minister? Does it have to be . . . You know, what is it?

It seems to me that it’s a bit wide open for legislation to say, well the minister can approve anybody they want and there really are no criteria as to who or what they are. So already we’re starting off with some problems.

The third definition is an applicant. Now that seems to be pretty straightforward because it’s basically the “person who applies for a licence” under this Act or “renewal of a licence.”

Next definition, beneficiary. Effectively I think they’re taking the definition from *The Saskatchewan Medical Care Insurance Act* and I think presumably it’s the citizens of Saskatchewan who receive benefits under that legislation. So that’s pretty straightforward.

Court, Court of Queen’s Bench. I think that’s pretty straightforward.

Health region, I think that’s pretty straightforward. It’s one of our regional health authorities.

Inspector means “a person appointed or designated pursuant to section 21”. So then we go and look at section 21, and we find out, “The minister may designate any employee of the ministry as an inspector and may appoint any other person as an

inspector.” So is this another friend of the minister or is this . . . Who is this?

I mean, obviously, somebody in the ministry. That’s a good . . . you know, usually would be a good choice because it was somebody who knows something about the health system. But here right in the legislation it’s got, once again, the minister just appointing anybody they want and it doesn’t appear to have here any conditions as to who this would be.

So the next definition is licence. So I hear the member from Kindersley talking from his seat. He knows, and I think maybe that’s why this bill has its difficulties — because it’s coming out of some of the political ministers and the Premier’s office rather than a request through the Health ministry. Because they know that this is going to cause further complexities in a complex system.

And as I go through this, we’re going to see all kinds of places where how was this thing going to work. So, Mr. Speaker, I know the member of Kindersley always likes to add a few things into the discussion but I think practically this is an area where he should stay away because if it’s an example of something he’s suggested, we’re in trouble.

Now the next item is a licensee, which means the holder of a licence. That’s obvious. Minister means the member of Executive Council to whom this Act has been assigned. That’s the standard definition. And ministry is the one that the ministry presides over. These have been the new definitions that have come forward, that do not I guess require change if there’s decision by the Premier to change the names of ministers. But that’s . . . I don’t need to talk about in this particular piece of legislation.

Now the term MRI facility is defined and it’s defined to mean:

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 in other words, this term MRI facility is going to be kept very narrow to only those things which are licensed under this legislation. Other MRIs are allowed in hospitals, in regional health authority buildings, in affiliates’ buildings, or even in what could be a stand-alone MRI facility that might be operated differently than what’s under this legislation. And so practically, that term, MRI facility, has now gained a status as a term of definition which relates only to those very narrow number of facilities which are licensed under this Act.

Prescribed, well that’s clearly going to be one of the words that we’ll see quite often, which is the regulations are going to tell us what the Act’s about. And we’ll get there. And then regional health authority, we know that that is a definition that’s used under *The Regional Health Services Act*.

So that’s part I. We’ve gotten through some of these definitions and we can see that there are some, I guess there’s some fuzziness around how some of this is going. But practically, right now, this is going to apply maybe to one or two facilities in the province and effectively not affect the majority of, or the place where the majority of these magnetic resonance imaging, the magnetic resonance imaging is being done in the province.

So part II. Now it goes into the licensing issue and basically it says that one of these other kinds of MRI facilities can’t be operated without a licence and the person or the corporation, whoever has an MRI facility or a number of MRI facilities, has to get a licence for each one of these operations. And then basically it sets out the process and it’s actually I think quite similar to the process in *The Health Facilities Licensing Act* where there’s an application to the minister, pay the fee, and provide any information that the minister requests and effectively, you know, the process of renewal is similar to that.

Now we’ve already noted that the minister can set up anybody that they want to be an accredited program, accreditation program operator. It’s a bit of a strange combination of words. I’m not sure exactly why they’ve done it that way, but we’ll try to say it correctly as we proceed along with these comments.

Now when the application is received by the minister, the minister is required to forward the application and all accompanying information and material to the accreditation program operator. So as I understand it, there must be the minister’s office and he has appointed a person, say Mr. Jones. Mr. Jones is going to be the accreditation program . . . I guess, what do they call it? Inspector or something. Yes, I’m not even . . . Okay, it’s basically they’re going to forward the application to the accreditation program operator and also to the regional health authority where the MRI facility is or will be located. This accreditation program operator will review the application and accompanying information and material and “report to the minister whether, in the opinion of the accreditation program operator, the MRI facility conforms to the standards of the accreditation program.”

Now I think that type of work . . . Well I’m not sure. We’ll have to go through here and sort it out. So effectively the accreditation program operator says this application is reasonable, these people seem to know how to operate the type of facility that they’re talking about, and it conforms to the standards that we’ve set up for the program.

At the same time the regional health authority will “review the application and the accompanying information and material; and” — this is the second part — if the applicant to set up this MRI facility is applying for a licence to provide MRI services to beneficiaries, in other words to people who are going to receive or are going to have their payments made by the provincial health system, so then there’s some other things that they do. So basically:

if the applicant’s applying for a licence to:

provide MRI services to beneficiaries that are to be paid for by a regional health authority or by any prescribed public funding source, [that regional health authority must] report to the minister with respect to whether

there is a need for the MRI facility in the health region.

[15:00]

So this is what I would call the CON clause, the certificate of need clause. So right in the legislation they're setting out that the regional health authority has to be okay with this or approve it.

Then the second part of this is that if the applicant who is applying for a licence to:

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, [the regional health authority has to] 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 this is the part which also fits into this whole concept of certificate of need. But it gets at the question of how the services would be disrupted, the present services that are being provided through the public system. So you have services that the public systems may want to include and pay for, which there are some things being done like that now, and the regional health authority would say yes, we have a need for more of that. But they are also required to look at, okay, what happens to the services that we're presently providing? And this, in kind of coded language, and maybe it'll be come out in some of the regulations, relates to staffing. It relates to the technicians that are required to run some of this equipment, the nursing staff, the medical staff that would provide for the services in the background. And so practically it does here say that there is this ability of the regional health authority to effectively say, stop; no, we don't want this kind of facility in our neighbourhood.

And so what we have then is basically a program, yes, somebody analyzed to say whether they can do the job. Then there's an analysis of whether there's any need for that facility in the health region. And then there's a further report which says, this is how it's going to disrupt or assist the operations that are taking place in the region or the health authority region.

And so that clause has got I think some good basis to it, but it also has aspects in it that allow for complete override by the minister, and so that . . . It's not an independent process, if I can put it that way. It's a process that is highly subject to political interference.

Now the next section, 7, is around how this decision is made. And so basically the minister can issue this licence, renew a licence, or refuse to issue or refuse to renew the licence when all the material is there. And it gives absolute discretion to the minister and section 7(2) talks about the fact that "The minister may issue or renew the licence only if the minister is satisfied that" and then we'll go through the, it looks like, six provisions.

The first one is that the "applicant has complied with this Act and the regulations." Well I assume there'll be some advice from somebody to the minister about that. The second part is that:

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.

Now I think that's an interesting clause in this bill, but it directly relates to the *Canada Health Act*. Because what we know in the Canadian system now that there have been a number of difficulties around facilities like this because the province has been held to be offside of the *Canada Health Act*, which has substantial penalties that are imposed on provinces in the form of reducing federal health grants to the province. So this section here, it'll be interesting. I guess they probably have to get some of the constitutional lawyers in Justice to give them an opinion on this as it relates to how this process goes ahead.

The third condition or issue that the minister has to satisfy himself on is that:

The MRI facility will be operated in accordance with this Act, the regulations and any terms and conditions imposed on the licence.

Now practically we haven't got to all of that kind of stuff. We'll get to it a little later here in this legislation. But there obviously would be assurances from the person who's applied for the licence that they'll comply with this. I think there are a number of places where they actually have to put in place a bond that would pay for certain kinds of things if they breach the conditions in their application.

The fourth area is that the minister has to satisfy himself that "if the licence is to provide services mentioned in subclause 6(3)(b)(i) . . ." So in other words, these are services provided to beneficiaries under the provincial plan, so in other words, services provided to us that licensing this ". . . facility is an effective and efficient use of public resources."

Now I suppose maybe they'll have to go to the Provincial Auditor or somebody to get an okay on that one. I'm not sure, but somewhere there will have to be an assurance that this is an effective and efficient use of public resources. Or if we have another interpretation of this legislation, this is where the politics come in. They keep trying to hit any of the political questions that might come up by putting in clauses which may or may not be enforceable.

The fifth thing that the minister has to satisfy himself about is 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 in other words, this is confirming that the minister has to listen to what the regional health authority says under section 6(3)(b)(ii). And if they say, this is not going to be a positive thing for our communities because the numbers of employees are not sufficient or the number of people is not sufficient to actually do the public system and this private system, the minister has to take that into account.

So presumably when the minister makes their official decision they're going to have to say something in writing about each one of these clauses that I've already talked about, the first five.

But then the sixth one is even more interesting because it says

the minister has to be satisfied that “the issuing or renewing of the licence would not be prejudicial to the public interest.” And so on top of all those other things, you end up having the minister having to say, well this is not prejudicial to the public interest. And they’re going to have to write something or say something about this.

And maybe the regulations will set it out in more detail about what the actual process is, but I think that this wording, which looks quite straightforward, is actually an attempt to deal with all of the political challenges that come from the Saskatchewan Medical Association, from health policy analysts, from people who run the system, to others who don’t quite agree with this style of proceeding. They’re trying to meet all of those questions in how the licence is issued.

And what will be telling, if and when this legislation is used, is that the public operator may be able to say that, well you can’t challenge what I’m doing here because the minister has been satisfied that all these points are made, and therefore I’m totally protected. So my advice to the lawyers who are working on this and the lawyers who will be advising the minister is that you will need to have some fairly substantial explanations of how the minister is responding to each one of these areas where he or she needs to be satisfied that the applicant has complied.

Now then we go down to one more . . . Well there’s a few more sections in section 7, and basically it says:

. . . the minister may refuse to renew a licensee’s licence on the grounds that the minister is satisfied that the criterion described in clause (2)(f) will not be met only if the minister has given the licensee written notice at least six months before the date on which the licensee’s licence expires.

So that clause (2)(f) is the one about public interest. And so if on a renewal the minister says something’s happened here since I gave you the licence, that this is no longer in the public interest, the minister has to give that person that’s operating the MRI facility six months notice that they’re going to shut them down.

Now I think that also comes out of some situations in other provinces where these kinds of facilities have not operated very well. So we know both in Ontario and in Manitoba they tried this for a while. I think in the year 2007, they shut them down or rolled them back into the health system and some of the methods of sort of terminating their agreements look like they’re reflected in the drafting of this particular clause.

Now section 7(4), another point for the minister.

If the minister is satisfied that the criterion described in clause (2)(f) is not met and the licensee has not complied with subsection 4(2), the minister may refuse to renew a licensee’s licence without complying with subsection (3).

So what this clause is about, it must relate to something that’s happened probably in Ontario. It allows for an immediate termination of a licence if there’s been a problem with the licensee that cannot be remedied. And so I guess that’s a good thing, but it’s also anticipating that these things don’t always

work with as much sunshine or sweetness and light as the minister and the Premier would like to think when they start talking about them.

So then we go into subsection (5) of section 7 and it says that the applicant has to be given written notice of the minister’s decision. And so in effect there’s a written notice. Subsection (6) then says that the minister has to provide written reasons to the applicant.

So that goes to all the points that I’ve been talking about, is that this is a very complicated process. But also it’s one that puts a lot of onus on the minister to do some very careful homework before they either issue the licence, renew the licence, or cancel the licence. And it in some ways begs the question of if these kinds of facilities are so much of a problem, why are we doing this? And it goes back to the point that this is not a simple thing. This is quite a complicated situation that will require lots of legal advice before you even get started because we haven’t even had the licence issued yet, or I guess that clause allows for the issuance.

[15:15]

But now we go to section 8, and it sets out the terms and conditions of the licence. So the minister’s gone through; they’ve given a written notice; they set out the written reasons. But well there’s some shortfalls in the applicant’s situation or there are some concerns in the local community around what’s in the public interest, or the regional health authority says, well we don’t have enough people to do this job. So then the licence is issued, and it has prescribed terms and conditions, which we don’t know because we don’t have the regulations yet. But presumably those would be sort of the standard ones around what are the fees, you know, some of those things. And it’ll also include 8(1)(b), “any additional terms and conditions that the minister may impose.”

So the minister may impose a condition that says, well there aren’t sufficient staff in this region to fund or to work at your facility, so therefore you’re only allowed to proceed with this if you’ve recruited people who are going to come and live in Moose Jaw or come and live in Prince Albert because it’s been very clear from the regional health authority and from the local medical community and other of the health care communities that this is a problem. So the minister can set that kind of a term on this. They could also set some terms around financial viability issues. Maybe that’s where there’s some bonds, some other kinds of things.

Then section 8(2) says that subject to section 17, which we go to, is the opportunity of the licensee to make a representation, which is pretty logical, anyway subject to the licence application to the licensee making representations through a lawyer, so creates some work for some more lawyers, that “. . . any time after the licence is issued, the minister may amend the terms and conditions of the licence or impose new terms and conditions.”

So once again I think that relates to local community concern around there aren’t sufficient staff for this new operation or there are some financial issues that need to be dealt with or, you know, it’s wide open what those things could be. But if some of

the terms are then met, then the licence can be amended to reflect the new situation.

Section 9, real straightforward one. Just have to put the licence up in your facility, so we think that's all right.

Section 10, the licence is not transferable. That's logical, given the complicated way to get the licence. You wouldn't want to have somebody who met all of these conditions of the minister and everything else get the licence and then two weeks later, transfer it to somebody else who doesn't know anything about all these concerns. So the licence is not transferable.

Then the duration of the licence, how long is it going to last? Well unless it's suspended or cancelled, it's valid for a period specified in the licence, or if there's no period, a period of three years after the day in which the licence was issued or renewed. So it's going to be a three-year licence at a maximum, maybe less if there are conditions that aren't met, and then it has to be renewed again for another three years. So that's looks like it's fairly straightforward.

So then we get into the section 12 which is the responsibilities of the licensees. Now:

(1) No licensee shall fail to comply with any provision of this Act or the regulations, with any term or condition imposed on the licensee's licence or with a standard of the accreditation program.

So in other words, you have to comply with the provisions of this Act. It's a bit of a double negative kind of sentence. We don't usually see those in legislation. I don't know exactly what the intention is there, but well it says these are the rules, you have to follow them. And then it goes on. The licensee is responsible for all the people that work with them in providing or assisting to provide the services:

(3) No licensee shall provide . . . [these] services to an individual unless the individual has been referred for the services by a physician possessing the prescribed qualifications.

And so once again we'll have to look at the regulations when they come, what that means. Presumably it will mean that it has to be a doctor who's licensed to practise in Saskatchewan, or if they're a specialist, one that's licensed to work with doctors licensed in Saskatchewan.

Then the next section, 12(4), the MRI services are to be provided ". . . in accordance with the prescribed standards." Once again we have to look to the regulations and see what those standards will be.

And then, and this goes to more of the political side of this one:

(5) No licensee shall charge or permit any other person to charge any fee to any person for MRI services except as may be permitted by this Act or the regulations.

So this goes to the heart of the concerns around the *Canada Health Act* and some of the rules in how health care is provided. So that section 12(5) actually refers back to the section 7(2)(b)

where it talks about the Act of Parliament or any regulation under the Act of Parliament. So there's clearly a concern that whatever is done is done in a way that doesn't affect the province's ability to collect their appropriate share of the federal money which, as we've heard in the election discussions recently, is many, many billions of dollars and might be a little more, might be a little less depending on who is elected at a national level.

But practically for the province that is a concern, and they do appear to understand that this is riding the edge of what some of the rules are under the *Canada Health Act*. And that once again begs this question of, do we or are we given the full information around how this legislation is going to work? And practically some of those pieces that we're concerned about are in the regulations that we don't have, although we'll see if we can a little later here speculate as to what those kind of regulations will be.

So then we go into section 13, which is the critical incident section. And once again this is a very interesting section to have in legislation that relates to one or two facilities or three maybe in the province because you have to deal with some of these crucial factors for Saskatchewan citizens who might be caught in this system through a referral that involves the provincial health system. So in this legislation:

"**critical incident**" means an incident that:

- (a) arises as a result of the provision of an MRI service by a licensee; and
- (b) is listed or described as a critical incident in any prescribed code, standard or guideline.

And practically there are lists of kinds of things, whether it's injury or deaths or other things that happen. Those kinds of things have to be reported, and that's what the rest of this section will start talking about.

The second part of the definition is:

"**legal proceeding**" [and that] means any civil proceeding or inquiry in which evidence is or may be given, and includes the proceeding for the imposition of punishment by way of fine, penalty or imprisonment to enforce an Act or regulation made pursuant to an Act, but does not include any prescribed proceeding.

Now evidently there's going to be some kinds of legal proceedings that will be by regulation excluded from this reporting or whatever, but we'll see what they're trying to get at. But obviously there've been some real problems with these kinds of facilities in other provinces, and there have been court cases about them. There's been legal opinions. There's been a great deal of discussion. And this legislation is trying to anticipate or deal with some of the issues that have been raised, and that's why we need to give it such a thorough review.

Now section 13(2) under critical incidents says that "A licensee shall, in accordance with the regulations," which we don't have yet, but we'll eventually see, I guess, the licensee shall:

- (a) give notice to the minister of the occurrence of any critical incident; and
- (b) investigate any critical incident mentioned in clause (a) and provide a written report to the minister with respect to that critical incident and investigation.

So effectively what they're saying is these facilities, even though they're outside the regular system, have to do the same thing that a hospital or other facility in the province would do around a critical incident.

And subsection (3) goes on to say:

- (3) Subject to subsection (5) [around certain privileges], a witness in a legal proceeding, whether a party to it or not:
 - (a) is not liable to be asked any question, is not permitted to answer any question and is not permitted to make any statement, with respect to an investigation of a critical incident; and
 - (b) is not liable to be asked to produce, and is not permitted to produce:
 - (i) any notice or report mentioned in this section; or
 - (ii) any information in a notice or report mentioned in this section or any documentation used to prepare a notice or report mentioned in this section.

And then:

- (4) Subject to subsection (5), a notice or report mentioned in this section is not admissible as evidence in any legal proceeding.

And then:

- (5) The privileges described in subsections (3) and (4) [which I just read] do not apply:
 - (a) to information in a notice or report that discloses the facts of a critical incident unless the facts relating to that incident are also fully recorded in a record other than the notice or report and are available to the individual with regard to whom the critical incident occurred; or
 - (b) to information that is prepared for the purpose of providing care or treatment to an individual, unless that information is also fully recorded in a record other than the notice or report and is available to the individual with regard to whom the critical incident occurred.

Well, Mr. Deputy Speaker, this is the boilerplate protection of critical incident reporting in the health care system. And there's that kind of protection other places, and they've tried to mirror that in this legislation as it relates to a private institution that has a licence. And effectively what it means is, if you go and you get an MRI and something bad happens and you want to sue that facility, your lawyer can get the records that are the official records, in other words the notes that people have made and time of when things happened, but you can't get the critical

incident report which includes a description of what happened and the investigation. And so basically this becomes a point of great contention in some medical malpractice cases because there may be information in the critical incident report which deals with what's happened that's not there on the official record.

And I know the Attorney General is looking at me because he understands what I'm talking about. Because what happens and why this protection is here — and I don't, you know, I don't say this is wrong — but why the protection is here is that you want to have within your medical system, your health system, the most detailed review and investigation of where things go wrong so that it doesn't happen again. And it's often called the airline reporting system. Airlines have a very strict rule about reporting every critical incident so they can constantly upgrade and do better in their business. And in health care, this concept of careful reporting and then improving the quality of what you're doing is something that's been around for quite a number of years.

[15:30]

And it's frustrating if you're a lawyer for the plaintiff trying to sue somebody that you can't get at some of this. But there is a justification for it. What's just kind of interesting is that that whole system that protects the reporting within the official health system, it's necessary to have that extended into this particular MRI facilities licensing Act. And once again it's I guess a complication or an additional issue that is in this legislation because they're trying to I guess do something political where many people within the system would say, hey, what's the point? I mean this is just a little overboard, a little too complex to deal with this and it's creating even more red tape and, you know, how does that make any sense in the long run?

So that whole critical incident clause and reporting, it's interesting to go through it. It's positive if you're somebody who's wanting to improve your system, but practically, if you're the person who's been injured and really wants to get all the information about what happened, this prevents you from getting that.

Now the next section is about annual returns. The licensees will give an annual return each year that sets out prescribed information. We don't know what that is because that's in the regulations. But presumably when it comes right after the critical incident reporting part, it'll be a list of the critical incidents and what's happened. But there may be some other things they want to know. I'm sure they'll want to know how many patients have been seen and those kinds of things. And we'll see what shows up in the regulations.

So then we go on to section 15, additional information. It says that:

The minister may:

- (a) request from a licensee any information that the minister reasonably requires for the purposes of this Act and the regulations; and

(b) [The minister may] specify the manner in which, and reasonable time limits within which, the licensee shall provide the information mentioned in clause (a).

And then the second part is that:

No licensee shall fail to provide the minister, in the manner and within the time limits specified by the minister, with any information that the minister requests pursuant to subsection (1).

Now this is wide open. Who knows what kind of information they would require? But practically there are a whole number of areas where there may be pressure on the provincial government to provide details to the federal government as it relates to concerns about services under the *Canada Health Act*. And it wouldn't be possible for the minister to say, well I don't know what's going on over there at that MRI facility, so you can't do anything to us. This gives the minister the power to say, well I need every bit of information so I can respond to the concerns that are raised by the federal government.

And once again I think this clause must relate to some concerns that have arisen in other provinces already where we know that there's been litigation. And presumably the Minister of Health and his officials can work on getting some of this information together so that we can have a full discussion of that when we go to committee.

The next clause in this legislation is section 16 and basically it's once again subject to the licensee making a representation but:

... the minister may amend, suspend, or cancel a licence if, in the opinion of the minister, the licensee:

(a) has failed to comply with:

And then it says:

any provision of this Act or the regulations;

a term or condition imposed on the licence;

a standard of the accreditation program; or

Once again here it is:

a provision of any other Act, any regulation made pursuant to any other Act, any Act of the Parliament of Canada or any regulation made pursuant to any Act of the Parliament of Canada.

So once again there's that concern about offending the *Canada Health Act* and losing dollars to the provincial treasury at a time when we can't afford to do that. And the second part is if the licensee "is operating the MRI facility in a manner that is prejudicial to the health, safety or welfare of any person."

So effectively there seems to be a lot of ways that the minister can shut one of these places down if they have to do it. And once again I think this is here in this legislation because of some situations that have happened in other provinces where there have been some difficulties that have arisen and the

ministry didn't have all the tools they needed to actually shut some of the facilities down.

And then we go on to section 17, which is a clause around opportunity to make representations, and it sets out — we referred to this before — but in subsection 8(2) or in section 16, and they both are situations where the licensee can make representations probably through a lawyer to the minister. But it says before the minister does some of these things, it's either suspend or cancel, or I guess the other one is, or amend the terms and conditions of the licence, the minister has to provide the licensee with a "written notice of the minister's intended actions and the reasons for that intended action" and they have to give the licensee "an opportunity to make written representations to the minister as to why the intended action should not be taken."

And so effectively it's setting out a process of fairly serious consequence that happens when something might be suspended or the licence may be suspended, cancelled, or amended. And then it sets out the procedure that's there. And that looks like it's relatively reasonable, except once again the minister's given this big bomb, this big special power to act to protect the public interest, and so that the minister can act immediately to do whatever they need to do — suspend, cancel or amend the licence — without giving the opportunity for written notice. And if they do that, then there's an opportunity afterward for the written representations to be made.

It's noted here that the minister is not a judge. They're not required to give an oral hearing and so it's all done in writing. But when the minister's made the decision there'll be a ... issue a written decision and a copy of the decision will be provided. This kind of process is not very usual in government, but I know some of my colleagues on this side of the House — and I assume on the other side of the House — know that the Minister of Environment often has powers like this which are, you know, kind of obscure in a way. But through a process, a decision will be put in front of the minister with all kinds of supporting documents and a report, and then the decision is made. And I think in health care, it doesn't happen that often. So this is a bit interesting, that this whole process like this is in this legislation.

So then we go on to the next section, which is the appeal at court. And basically that's a situation where the decision — in other words, the written decision with reasons that has been given by the minister — can be appealed to court. But note this: only on a question of law. Now, you know, lawyers know what this means, but you can't dispute the minister's interpretation of the facts. In other words, whatever the facts are and the way the minister's described it, you can't argue about that. But you can argue if they've not applied the law properly.

So as a result, this process, it's not a total appeal. It doesn't preclude obviously some other kinds of court applications which may, or not, be effective, but clearly it sets out how to appeal on a question of law. In other words, where the minister has not appropriately applied the law and the regulations. And regulations, once again we have to say, we haven't seen yet.

Now another point ... I won't go through the rest of section 18 because it just sets out all of the various powers that a court has,

and once again we know from the definition that that's the Court of Queen's Bench. And then one important point is that unless the court orders otherwise, an appeal of the decision of the minister does not stay the effect of the decision. And that's important because what it means is the minister's decision is effective immediately, and that there actually would have to be a fair bit of argument to try to overturn that. And I think the rationale for it, and I think I accept it, is that these decisions would not be made lightly. They would be made in situations where the public, there's a chance of harm for the public, and something needs to be done right away. So that's there.

But anyway, we've got the procedure. It's a bit curtailed, but practically, you know, you can appeal to the Court of Appeal, Supreme Court if you had to or other places, but most of the time these things would be resolved in the discussions I think within the department.

Now part III of this legislation is called administration, and effectively this sets out how this legislation is going to be implemented. It sort of answers a couple of questions that we had earlier, but doesn't necessarily answer them fully.

First one relates to agreements with a licensee or accreditation program operator. It says:

20(1) 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.

So the minister may . . . And then subsection (2), "The minister may enter into any agreements with the accreditation program operator that the minister considers necessary respecting the accreditation program." Now so I suppose practically both of those relate to payments, how they're going to get paid, and it just gives the power to the minister to enter into the agreements.

Now then we go to section 21 around inspectors. The minister can designate any employee of the ministry or any other person. So once again, it's pretty wide open as to who you might appoint to do this particular job.

Section 22 on inspection, it talks about what the inspector will do and basically says, "... any inspector may make any inspection, investigation or inquiry that the inspector considers necessary." So in other words, complete discretion to that person, the inspector, who's an employee in the Ministry of Health most likely but doesn't have to be.

And every licensee who has one of these MRI facilities has to:

(a) cause the MRI facility for which the licence is issued to be open for inspection by an inspector at all reasonable times during the hours of operation of the MRI facility; and

(b) cause all records and equipment pertaining to the operation of the MRI facility to be available for inspection by the inspector during the times prescribed in clause (a).

[15:45]

And the inspector can't enter a private dwelling without a warrant. This effectively obviously relates to the fact that maybe some of the records would be in a private dwelling. There can be consent that covers that, or I think you can get a warrant issued that would allow for the entry into a private residence.

So the next section relates to warrants and the type of warrants that may be necessary for an inspector. This gives the inspector extra power to get access to information that they need when there are basically reasonable grounds to believe there's . . . an offence against the Act has been committed and that there's evidence of the offence that can be found at a place or premises proposed to be searched. And then it goes on basically describing the terms for warrants, and that's following a fairly standard format.

The next section, 24, goes to the copies of records issue, and it allows for the inspector to make copies of any records that they need, and the records can be taken away to be copied as long as the originals are returned promptly and returned in a reasonable fashion. And so effectively the inspector can certify a copy of that record that can then be used later to the same effect in court as the original record. That's I guess a provision that allows for ease of enforcement.

Next, section 25 basically says that "No person shall resist, obstruct, hinder, delay or interfere with an inspector or person aiding an inspector in the performance of an inspector's duties." This is obviously similar to the clauses that the sheriffs have to protect the work that they do.

And then it sets out the offences and penalties, and there are penalties of up to \$20,000, and if it's a continuing offence, it's \$20,000 a day or portion of a day where the offence continues. So these are pretty substantial financial penalties. And then it sets out how that's to be done. Now there's a two-year limit on prosecution for any contravention of the Act, and so that's good to know that there's a limitation period that way.

The minister can apply to the court for an order of compliance related to anything that's trying to be enforced, so that power is given here.

And then we go into immunity section. This is always interesting, but basically there's:

No action or proceeding that . . . [would lie] or shall be commenced for any loss or damage suffered by any person by reason of anything in good faith done, caused or permitted or authorized to be done, attempted to be done or omitted to be done by any of the following pursuant to or in the exercise or supposed exercise of any power conferred by this Act or the regulations or in the carrying out or supposed carrying out of any decision or order made pursuant to this Act or any duty imposed by this Act or the regulations.

And then it lists the people: the Crown, the minister, regional health authority, the accreditation program operator, inspector, or any employee acting on the instructions of any of the above

people.

So that's effectively the body of the Act, 29 sections. But then we get to the regulatory section, and we have section 30(a) to (x), and there's all kinds of things that are set out to be prescribed, which we're all very curious about and we'll see whether or not we can try to piece together and figure out what the Act actually will do. But it's interesting to note 30(a) says that regulation can define, enlarge, or restrict "... the meaning of any word or expression used in this Act but not defined in this Act." So it's that wide-open power that the Crown likes to have, and it's here.

And then for further definition it goes through a whole bunch of different things that can be done. And so there's:

prescribing programs that are accreditation programs and requiring licensees to participate in an accreditation program;

prescribing places and facilities that are not MRI facilities;

prescribing the amount and requiring the payment of application fees and other fees payable by the applicants or for other services provided by the minister or the accreditation program operator pursuant to this Act or the regulations.

And then a regulation respecting the eligibility and criteria to be met by the applicants for the licensees, and regulations around prescribing public funding sources. And then regulations on terms and conditions of the licences and regulations "respecting the MRI services provided at an MRI facility, including the period within which services must be provided."

Then it sets out the qualifications and regulation of the physicians. It will set out the fees that may be assessed. It sets out the quality and standards of the facility, the qualifications of the employees for the facility, and then rules around construction, alteration, maintenance, repair, and location of the MRI facility. And then rules around the equipment in the facility. Then what kind of information is to be recorded and reported, what kind of records are to be kept, and what kind of systems that they're going to have to monitor the provision of the MRI services, and then setting out categories for licensees and different terms and conditions for each category.

And then this is one that we saw earlier — well we've seen a number of these earlier — but also setting out the annual returns and how information is provided, and then basically setting out regulations around how these codes and standards and guidelines and other things will be adopted and amended, and then continuing to do some of those things.

And so effectively, the one I guess good thing here is that it's clearly defined that the licensee under an MRI facilities licensing Act is included under *The Health Information Protection Act*.

So section 33, the final section is the section on proclamation which we'll assume that the government may want to try to do that as quickly as possible.

So we have all these pieces, if I can put it that way, that are part of the legislation and once again go back to say that this is pretty complex stuff. It's dealing with federal-provincial relations and a number of situations across Canada where there've been some major problems with facilities like this. There's an attempt to deal with that in the legislation, on the surface of it, but then it's also got so much of it laid out in regulations.

So I just happen to have here a memo from the Ministry of Health dated September 29th, so that's just a few weeks ago, which is a request to the public for review and comment on regulatory development pertaining to Bill 179, *The MRI Facilities Licensing Act*, with comments due October 30th. So another couple of weeks. And I think it's worth putting on the record what it says here:

The Ministry of Health invites you to review and comment on potential regulatory language pertaining to Bill 179, *The MRI Facilities Licensing Act*. Bill 179 has been attached for reference purposes. Attached for discussion purposes is a consultation document that outlines the proposed roles and responsibilities of the stakeholders involved in private payment for MRI services. The ministry is seeking feedback on all aspects of the administration and operation of the proposed service, particularly as it pertains to the administrative and/or operational aspects that may directly impact the day-to-day operations of your organization. Please note that the language is subject to change and has not been approved by the minister or cabinet.

Well that's a good thing because they don't have any power to do it until the Act passes. The next paragraph:

The regulations create the licensing requirements for all private facilities that provide MRI and establishes two categories of licences depending on whether services are publicly or privately funded. As described in the consultation document, a clinic licensed pursuant to the proposed Act would have to provide a scan to a patient on the regional health authority wait list every time it provides a scan which is privately paid for. Furthermore, the proposed language requires regional health authorities to report on the anticipated impact of an MRI facility on the public health system operations. The purpose would be to ensure that services which are provided by clinics licensed pursuant to the proposed Act do not have a detrimental effect on the public system. A physician referral would still be required for any person to obtain medically necessary MRI services.

We look forward to receiving your written feedback on the attached material . . . is requested on or before October 30.

And so effectively we have this information and it does add some more pieces to this puzzle. I think it raises some more questions, but I think it's worth taking a look at it because in many ways this is sort of the guts of this legislation because, as we know, often what's in the regulations is more of what's going on. But we have to remember, this hasn't been approved by cabinet and it's marked quite clearly, for discussion purposes.

So anyway, once again you go to the definitions in the regulations. So these are not the definitions in the Act but the definitions in the regulations. The Act is obviously *The MRI Facilities Licensing Act*. Then it talks about what . . . a category 1 licence means a licence described in line (l) bullet (ii) sub (a). So effectively you have to go look in this draft document and see what that is. And so category 1 licence:

permitting publicly funded MRI service delivery in the case of an applicant who intends to provide MRI services under a contract for services with a regional health authority, the minister, or other prescribed public funding source.

So that's the definition.

Then a category 2 licence is:

permitting private pay MRI service delivery in the case of an applicant who intends to provide MRI services to individual patients and to accept private payment for those services directly.

And so effectively the description of this is that there's two categories of licences. One can be for all public scans and the second for any scan that's purchased by a third party, and they include their insurance companies, private companies, Workers' Compensation Board, or individuals who wish to pay for their own scan. So we have two types of licences although practically, given the number of facilities that are actually going to be built, I would assume that the facility will apply for both sets of licences.

And so then it goes into the definition of MRI services, and this is actually I think quite crucial because this then goes to actually what we're talking about that's going to be the subject of the legislation. And as it says here in the rationale:

MRI services has been explicitly defined as being the taking of images, the interpretation of the scans, the uploading of such information to be accessible by other clinicians as is current practice in the public system, and the storage of images. This level of clarity is required to ensure that the MRI service includes all of the necessary elements.

[16:00]

And so that's the rationale, but I'll read the exact wording of what's in the proposed regulation. It says:

MRI services includes the production of a radiological image from a magnetic resonance imaging machine, (b) the medical interpretation of the image mentioned in the previous bullet, (c) the digital transcription of the results.

Fourth, the communication of the results to the ordering physician or the regional health authority. And then fifth, the digital storage of the image on the diagnostic information system referred to in line (g).

And line (g) refers to I think the facility which connects in with the RIS [radiology information system] system. And then the

final item is, "any further consultation required on the image or interpretation of the image for clarification purposes."

You'll note in this definition in the regulations, and also in the Act, it doesn't say that this has to happen in Saskatchewan. And that's a crucial issue here because there are many concerns around some of the new services that have been provided, that those services are being provided outside of the province. And so then what is the effect of the legislation that we have here? We have jurisdiction over a certain area. And especially in the whole radiology area or the imaging area, there are systems whereby the images are taken in a jurisdiction in North America, interpreted overnight in India or China, and sent back so that people see them on their desks in the morning. I don't think there's anything in here that limits that possibility, and so I think one of the questions we'll need to ask and have answered is, who's going to be located in Saskatchewan? Are they going to be available for our physicians and others to contact in a way that allows them to provide the . . . you know, allows the specialists to provide the information that's necessary?

I know right now there's concerns already around some of the facilities that we have that access to information has been greatly limited by some of the decisions of the present government.

The next definition refers to a referring physician, and basically it sets out the referring physician as a physician qualified to practise in Saskatchewan or one in Canada that may be a specialist, I think is how it's described.

And then it goes on, the next definition, the final definition in the definition section of the regulations is "second scan service." So this is a new term, and it's a new concept which I've read some of the comments that have been made publicly by the minister and by the Premier, and I think they're having a bit of a hard time describing exactly how this is going to work.

But under these regulations, second scan service means "the provision of MRI services to an individual who is referred to the licensee by the regional health authority in line (n)." So let's go to line (n) and see what they say. So line (n) says:

Conditions of Licence, Private Pay Service Delivery

An MRI facility that has been issued a category 2 licence is subject to the conditions set out in this section. The MRI facility must not accept an order to provide MRI services from a physician who owns or is a shareholder of or who practises in that MRI facility.

In other words, there's a conflict issue. You can't own the facility. And that's a big problem in the United States especially and possibly in some other parts of Canada.

A licensee may charge for an MRI service that the licensee performs under the authority of a category 2 licence subject to line (p). For each MRI service purchased from the licensee, the licensee is required to provide a second scan service of similar complexity to a patient identified by the regional health authority pursuant to bullet 5 at no charge to that patient.

And then it goes on to say the licensee is responsible for the following with respect to providing the second scan service mentioned in bullet 4 within X business days after having provided the MRI services provided pursuant to bullet 3; requesting from the regional health authority mentioned in section whatever, physician to advise regional health authority of referral; a list of up to a certain number of patients and their contact information, from which the next patient awaiting MRI services that would otherwise be provided by a category 1 licensee or a regional health authority to be selected.

And then contacting the person who is to receive the second scan service and offering two opportunities to receive that service within a certain number of days, and providing the second scan service to the next available patient within a certain number of business days after having received the list of patients mentioned in clause (a).

And then within a certain number of business days after providing the second scan service, notifying the regional health authority mentioned in clause (a) that the second scan service was completed.

So anyway, so that's the wording of the regulation. Then it goes and it says the reasoning behind this.

While conditions for category 1 licence will be set out in their contracts with the RHA with whom they are contracted [that's reasonable; those are the ones on the public system], given the relatively small community of physicians in Saskatchewan, the section on conflicts is intended to prevent a conflict of interest and to also mitigate potential inappropriate referrals. The charging of fees in this section is permissive for those charging private individuals and companies, but ensures that no charges can be required from the person receiving the second scan.

This provision is the requirement for the licensee to provide the second scan to a patient on the public list, thereby reducing the number of patients waiting for this service.

The section outlines the responsibility of the licensee in how the second scan is to be coordinated with the public system. Given existing health record tools and following existing protocols, the licensee would request the list of patients from the regional health authority in which they operate. The regional health authority will be responsible to maintain an updated public list, with the licensee providing updating information about those patients who have been provided MRI scans within their facility.

So on top of an existing system of waiting lists and everything else, we're going to add in this sublist, sublist, and reporting back and forth. And so, I think, practically a decision by the government just to provide more resources to the regional health authorities to get the job done might have been a smarter move than adding this even further complexity into this whole situation.

So then we get into the regulations around the application fees, and they're going to set those fees for a certain amount of money. That hasn't been set yet. Obviously there'll be some further discussion, so those are just blanks.

Then it goes into the accreditation program, and this is an interesting point because right now the MRI facilities accredited . . . Well this is what the regulations say is what's going to happen:

The MRI facilities accreditation program established by the College of Physicians and Surgeons of the province of Saskatchewan is prescribed as the accreditation program for the MRI facilities at which physicians provide MRI services.

For the purposes of section 5 of the Act, the College of Physicians and Surgeons of the province of Saskatchewan is approved as an accreditation program operator.

A licensee of an MRI facility to which the bullet 1 applies must participate in the accreditation program and must comply with the standards contained in it.

So right now it says, and the rationale here is:

Consistent with *The Health Facilities Licensing Regulations*, the College of Physicians and Surgeons of Saskatchewan currently operates the accreditation program and would be requested to continue for all MRI facilities. This program will set the standards and conduct audits to ensure proper procedures are followed thereby ensuring public safety.

And then there's a requirement that everybody participates in this. This whole discussion is kind of curious to me because the present Deputy Premier, when he was the Health critic, was on a big, long, hard run against the system that we had, which was to use the College of Physicians and Surgeons to provide accreditation of radiology. There's another group called the Canadian Association of Radiologists that he was championing. And he had a lot of years in there, but he didn't change the accreditation when he was there. I think good reason there wasn't, but he sure spent a lot of time huffing and puffing about it 10, 11 years ago.

So we go on to the next section around, is the medical director. And basically a licensee must ensure that these MRIs at the MRI facility are under the continuous supervision of a medical director, and in order to act as a medical director, he has to be a duly qualified medical practitioner who has a specialty practice in radiology recognized by the College of Physicians and Surgeons of Saskatchewan or meets the requirement set out by the accreditation program operator, which is the College of Physicians and Surgeons. The medical director is responsible for control and safekeeping of the MRI records at the MRI facility.

But one of the concerns again here is whether this medical director is required to reside in Saskatchewan or be somebody who is in Saskatchewan. It appears to be a bit fuzzy on this, and we know that through some of the existing facilities that are operating in the province, there are some concerns about the lack of connection to the local community. And so I think that — these are draft regulations — I think there should be much clearer recognition that these facilities are important in the province of Saskatchewan and they should be dealt with by people here in the province.

Now the next section under the regulations is a section around employment of staff. It effectively follows *The Health Facilities Licensing Act*, but the licensee must ensure that all physicians who provide or assist in doing the MRI services meet the requirements for those services set by the College of Physicians and Surgeons of Saskatchewan, and that all of technologists are members of the Saskatchewan Association of Medical Radiation Technologists, and a record of all these qualifications are kept at the MRI facility, and that there are sufficient staff to make sure the place is operated in a safe and appropriate manner, and that each person is appropriately trained.

And so this is an area obviously where the inspectors will come and follow, and they're trying to set out some of these conditions which then can be inspected. It may be that there needs to be a little more clarity in how all that fits together, but there are some provisions there.

Next section in the regulation, proposed regulation is around MRI records. And it basically says that — and once again just mimicking what's already in *The Health Facilities Licensing Regulations* — that they have to keep records on every person who receives the services. They have to make sure that the systems that they've got are appropriate, and that they will be able to upload all of the information into the diagnostic information system that's approved by the Ministry of Health. And that's a very important issue because the last thing we want is to have information that's not available for the physicians who've requested it. So some of these things may need to be more specific in dealing with this.

[16:15]

Now one of the clauses in this legislation or in these proposed regulations is bullet 2, and basically it says that all of the licensees upload all the MRI images. But there's a further part to it, and it says that this bullet respects patients' access to privacy in the event a patient chooses to have their records remain confidential. And it's not quite certain exactly what this means. But I think it's such that people can go and get diagnosis at one of these places and not have it come into the system.

And I think practically there needs to be some very careful work done in this area because we want to make sure that, you know, patients' privacy is protected, but we also want to make sure that the information is there for the physicians and others who are working with them. And so this becomes something that needs to be very carefully worked out. And I think at this stage it's, you know, it's got some of the ideas there but I'm not sure it's fully fleshed out how that should be. It also sets out some of the limits on how long the information should be kept in the system.

Now then the regulations then say, well that all of the MRI services are to be provided in accordance with generally accepted standards and the standards of the accreditation program; and that the equipment must be appropriate and it's in safe operating conditions, serviced at regular intervals; and that it's performing all its functions within the manufacturer's specifications. So that's obviously a reasonable request, and it makes sense as this goes forward.

Then the regulations set out how the business records are going

to be dealt with and how those records need to be available. And once again it follows *The Health Facilities Licensing Act*. Now the annual returns, it sets out what the annual returns are to consist of, and once again it follows *The Health Facilities Licensing Act*.

Line (k) or the whole (k) area in the regulation relates to reporting. And this is once again a fairly complicated area, an area that because of some of these, I guess, political decisions made around this that aren't always terribly logical in the provision of services.

So what it says is that category 2 licences, that's the one that provides services to private carriers:

That licensee shall provide a report in a form specified by the minister of all MRI services provided during each month to the minister and to the regional health authority in which the MRI facility is located within 14 days after the end of that month.

So at the end of the month, the report has to go into both places within 14 days. The report has to include the name of the MRI facility, the code for the type of exam, the name of the type of exam, and the exam order status related to the MRI services performed on an individual.

The second part is the name, address, and telephone number of the referring physician, the date on which the patient was referred for MRI services and the date of the patient's initial visit with that physician, priority level, the date the MRI services were provided, the name of the interpreting physician — in other words, presumably the radiologist — the radiology information system accession number. So that's, the RIS system has a number as each image is put into the system. And then, if applicable, the person billed for payment.

And so this whole area is interesting in the reasoning, and once again it goes to the complexity and the fact that this is more of a political bill than a practical bill. And it says category 1 licensees don't have much difficulty reporting because they're just dealing with patients in the public system. But the category 2 licensees are having some very specific things that they must include in their report, and the reason, as stated here in this paper, is that other jurisdictions have difficulty quantifying the number of MRIs provided by the private system in their jurisdiction:

This provision will ensure the minister has access to information about all scans provided to address true MRI demand and capacity in the province for program planning.

The level of detail indicated in the reporting requirements ensures patient confidentiality, but will facilitate investigations by the minister in the event any concerns are raised by patients or persons, and the patient provides informed consent to a ministry official to follow up with the regional health authority or private vendor on their behalf.

So it's interesting how once again they've learned something from some other jurisdictions that are having some problem

with this type of legislation. And so what we have here is some pretty specific requirements set out in the information.

The next section on categories of licences is pretty straightforward, and the key thing there is that an applicant can hold both categories of licences. And that's probably what will happen.

Then the next section goes to the terms and conditions of the licence. As we saw before when we were looking at the Act itself, much of the detail of what was going to be in some of these licences was not included there. And so let's go through and we'll see what's being requested.

So line (m), terms and conditions of the licence. Following terms and conditions apply to all licences, that's licensing category 1 or category 2.

The licensee must provide to the minister, and have in place at all times during the term of its licence, a prepaid contract to accept the licensee's patient records in the event that the licensee ceases to operate or has its licence cancelled with an information management service provider acceptable to the minister or the College of Physicians and Surgeons.

And so basically this is the HIPA [*The Health Information Protection Act*] requirement, and I think this relates to all of the medical records in the dumpster that caused a fair bit of difficulty for both the Privacy Commissioner and for the Minister of Health because there didn't seem to be any rules. And I know they're working on that, although I don't think we've got the full solution yet.

This next condition on all licensees is that they have to provide a letter of credit or bond, or other form of security satisfactory to the minister, be used to defray costs if patient records of the licensee are not properly secured or abandoned in the event the licensee cease to operate and has its licence cancelled. So either the accreditation program operator, which is the College of Physicians and Surgeons, or the minister has to have this as available to be redeemed by them immediately should further funds be required to deal with abandoned records or abandoned images.

And then this next condition on the licence is very curious, and we're going to . . . This will go to the heart of, I think, the whole legislation, and it may be quite a headache for the Premier and for the Minister of Health:

A condition of all licences is that licensees may not offer employment or contracts for services to individuals to provide imaging or technical services to the licensee if those individuals are under contract with or employed by a regional health authority, an affiliate, or the Saskatchewan Cancer Agency if that action would significantly negatively impact the ability of the regional health authority or the Saskatchewan Cancer Agency to provide publicly funded MRI services.

So the reasoning on this particular clause says this item will ensure that the provision of private payment for MRI services does not have a negative impact on the delivery of publicly

funded, publicly delivered MRI services.

So we have this political decision to bring this Act in. The department's working with it, but they're trying everything they can do to protect the public system, and I applaud them for doing that.

The question that I have is, how is anybody going to enforce this kind of a condition in the licence? And I think there needs to be some further definition to this as to how this clause, which is in place for all licensees under this legislation . . . because arguably, this is going to have a negative impact on the ability of facilities in the province to provide services. So there's going to be a big onus on the Premier; there's going to be a big onus on the minister to make sure that this clause that's in a suggested language of the regulations that are out there, before the Act is even passed, that this clause is dealt with.

And I think practically these are attempts — may be reasonable, but I'm not so sure about that — to try to defuse the political problems that this is going to cause. It's a greater complexity in the whole system. I don't think the advantages are there. I think that, you know, the Premier can have one-liners and the minister can sort of give superficial comments about this, but how it actually works, as we've seen for a couple of hours here, is going to cause a significant number of difficulties. And I'm not sure it's going to provide that much more service. A better choice would have been to properly resource the system that we have now, but that doesn't appear to be on the table.

So then a further condition on the licence is that a licensee may only perform MRI services if the services have been ordered by a referring physician who has appropriate privileges to order MRI services in the health region where the physician practises. Or, in the case of services ordered by a physician from outside of Saskatchewan, that physician is licensed to practice medicine in Canada and meets the qualifications of the referring physician in the jurisdiction where the physician is licensed to practise.

And so basically, you know, it's putting some pretty strong restrictions on there. And hopefully they've been talking with the college of physicians and surgeons and, I think, more importantly, the Saskatchewan Medical Association around how some of these clauses come together.

And then the next section in here says that a licensee may only perform MRI services where the services have been ordered by a physician from outside of Saskatchewan, that physician is licensed to practice medicine in Canada and meets the qualifications of a referring physician in the jurisdiction the physician is licensed to practise.

And so that parallels the one I just read before, but basically this clause (b) is set out there to make sure that they can be provided to physicians from outside of Saskatchewan but within Canada. They have specifically limited referrals to Canadian physicians as it would become too difficult to define circumstances in which training requirements must be met in order for referrals from out-of-country physicians to be accepted.

So I don't know if that's something that was requested and then denied but, you know, I guess there is an option for a

private-pay delivery to go and recruit people from other parts of the world and set up sort of a medical tourism operation in Regina or Saskatoon. But this appears to preclude that unless you've got a local physician involved with the request.

[16:30]

And we previously talked about line (n), which is the conditions of licence on a private-pay service delivery. So we won't go back there. And then we go to line (o) and it's like basically a regulation on providing information from a patient list to a licensee:

A regional health authority may disclose personal health information and personal information of patients to licensees as may be required to permit licensees to perform MRI services and second scan services pursuant to these regulations.

So this is that attempt to just pull these facilities right into the regular system. Now I think it works, but once again it's another sort of complicating factor in the situation where they're setting up these special facilities.

Now line (p) gets into this once again interesting context of the second scan. So line (p) says:

The regional health authority may identify the next most appropriate patient. If the regional health authority, after making reasonable efforts, is not able to identify a patient of similar complexity for the purposes of bullet 5 and line (n), the regional authority may identify the next most appropriate patient.

Well what's going on here is, and the rationale kind of describes it, it says:

This section outlines responsibilities of the RHA and how the second scan is to be coordinated with the public system.

And for people who like red tape, just listen here:

Clarification is provided regarding the responsibility on the RHA to co-operate with the licensee by identifying the secondary scan patients and providing the necessary information to permit the licensee to contact the patient. It is possible that at some point in the future no "similar" patient will exist on the public list to receive the second scan from the licensee. This section allows the RHA to identify another patient on the waiting list to be eligible for a second scan.

Now we note that there's no definition of similar and all these other things in here. And even in their discussion here they put the word similar in quotations because they realized this is going to be one interesting task.

So anyway, then it goes, line (q) in the regulations — we're getting close to the end of them, fortunately — says that "All the referrals for MRIs for publicly funded have to go through the RHA," which they do now.

Then we go into line (r) and this is another interesting clause. And talking about red tape, well listen to this one:

No recovery of cost re: services provided by category 2 licensees.

And this deals with the political problem that the minister and the Premier sometimes get.

Any person who chooses to pay for MRI services offered by a category 2 licensee is not entitled in any circumstances to recover from the ministry, a regional health authority, or the Saskatchewan Cancer Agency any costs incurred with respect to the MRI services provided.

And then:

A category 2 licensee shall obtain a signed acknowledgment on a form approved by the minister from a patient receiving MRI services from a category 2 licensee before providing any MRI services to that patient. The signed acknowledgment form mentioned in bullet 2 is part of an MRI record for the purposes of bullet 1.

So basically this is bending over backwards to say that all attempts must be made to ensure that patient access to publicly funded MRI services are prioritized for acuity, and what this is saying is that if somebody goes and pays for a service at one of these agencies in Saskatchewan and it's shown then that they've got some specific problem, they can't go back and get paid for it in the same way as we've seen the Minister of Health say that to people who get services in Alberta or Minot or Texas or wherever they would go.

And so not only does it say they're not entitled. It says that the licensee has to get a signed acknowledgement of that. And I can just see the future staff for the Minister of Health sitting up there saying, I want a clause in there so I don't have to deal with these kind of calls, and clearly that will deal with it, but once again it's some more red tape and some more fun in this whole thing.

So, Mr. Speaker, we've got a piece of legislation which the Premier and the Minister of Health and others have brought forward as more of a political missive than a practical one. A smarter move would've been for the Minister of Health to work with treasury board and the Minister of Finance and make sure that the facilities that we have already were adequately resourced and used to the fullest extent of their ability because that is where the system is going to work the best.

And I think that the people in the department who've worked in this area, you know, putting the legislation together and putting the regulations, proposed regulations, together have done an admiral job on something that doesn't really feel right for them. And I have to say it doesn't feel right for the people of Saskatchewan.

And that's why I've spent so much time going through this legislation because it's obvious that they have looked carefully at the failures in other provinces with this type of thing. They've looked at where there have been some difficult problems, and they've tried to put in some protection for the

taxpayers of Saskatchewan in how to deal with this.

I suppose the good thing is that when the government changed, all the power in the minister makes it fairly straightforward to correct this whole thing by putting the funds in the right places. So I'd have to say that is a positive thing. It's quite different from *The Ambulance Act* which has got all kinds of protections in there that are extremely difficult to change. This one I think maybe has learned from that legislation not to ever do that again.

But, Mr. Speaker, this legislation does not sit well with me. I know it doesn't sit well with many people within the health system. It's obvious that there's a lot of uneasiness within the department and the people who are working on it, including the lawyers. And with that, Mr. Speaker, I have no further comments, but I sure look forward to having the Minister of Health answer questions in a whole number of areas because there's a lot of explaining to do on this particular legislation. Thank you.

The Speaker: — The motion before the House is second reading of Bill No. 179, *The MRI Facilities Licensing Act*.

An Hon. Member: — I adjourned debate.

The Speaker: — Oh, you adjourned. Sorry, I missed that. The member has moved adjournment of debate on Bill No. 179. Is it the pleasure of the Assembly to adopt the motion?

Some Hon. Members: — Agreed.

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

Hon. Mr. Cheveldayoff: — Thank you very much, Mr. Speaker. I move that this House do now adjourn.

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

Some Hon. Members: — Agreed.

The Speaker: — Carried. This House stands adjourned to 10 a.m. tomorrow morning.

[The Assembly adjourned at 16:39.]

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