

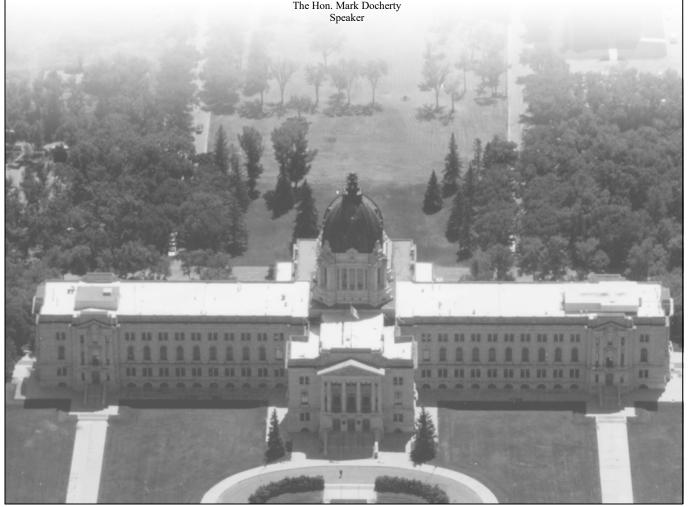
FOURTH SESSION - TWENTY-EIGHTH LEGISLATURE

of the

# Legislative Assembly of Saskatchewan

# DEBATES and PROCEEDINGS

(HANSARD)
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The Hon. Mark Docherty



# MEMBERS OF THE LEGISLATIVE ASSEMBLY OF SASKATCHEWAN 4th Session — 28th Legislature

Speaker — Hon. Mark Docherty
Premier — Hon. Scott Moe
Leader of the Opposition — Ryan Meili

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**Party Standings**: Saskatchewan Party (SP) — 46; New Democratic Party (NDP) — 13; Vacant — 2

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#### LEGISLATIVE ASSEMBLY OF SASKATCHEWAN June 25, 2020

[The Assembly met at 13:30.]

[Prayers]

#### ROUTINE PROCEEDINGS

#### **OUESTION PERIOD**

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

#### **Wait Times for Health Care**

Mr. Meili: — Thank you, Mr. Speaker. We know, with the refusal to release the projections on the budget, that the Sask Party is hiding their true plans for Saskatchewan. We know their playbook though, Mr. Speaker. We know that times get tough, the Sask Party gets tough on Saskatchewan people with cuts to key services and privatization that only benefits friends and donors, the most wealthy and well connected, Mr. Speaker.

And today with thousands more people on waiting lists for essential surgeries and essential health care, Mr. Speaker, I want to know the Premier's plans. Will he be investing in public health care to deal with those challenges? Or will he use this crisis to push through more privatized patient-pay care?

The Speaker: — I recognize the Premier.

Hon. Mr. Moe: — Thank you very much, Mr. Speaker, and I thank the member opposite for the question with respect to health care here in this province. I just got off a call with other provincial premiers, Mr. Speaker. This is top of mind among all of the premiers, is not only how we were responding to the spread of COVID-19 and preparing our health care systems, our delivery systems across this nation for whatever stresses and challenges may come with outbreaks in our respective jurisdictions, but also balancing that, Mr. Speaker, with the capacity that we need and traditionally have in our provinces across this nation, Mr. Speaker.

This is why we increased our health care budget this year 5 per cent. This is why we allocated many million dollars, Mr. Speaker, specifically to our surgical needs here in the province, Mr. Speaker. This is why, quite frankly, over the course of the last number of years, that we have been open to looking at not only is there other ways for us to add diagnostic capacity to the provincial health care delivery model, but is there also opportunities for us to have an open mind when it comes to some of our surgical capacity here in Saskatchewan, Mr. Speaker. This has led us to some of the private diagnostic systems that we have as well as some of the private surgeries that we offer within the public health care system.

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

Mr. Meili: — Thank you, Mr. Speaker. It sounds like the Premier is very much leaving the door open to more patient-pay, queue-jumping, American-style health care, which is exactly the road they've led us down already when it comes to MRIs [magnetic resonance imaging], a plan that hasn't worked, that has seen the wait times increase.

Now we know wait times will have increased more during COVID-19, of course. That's understandable. But they were actually climbing already, and this government hasn't updated their online MRI wait-list information since this month of last year. They've taken that information down, Mr. Speaker, and before they stopped updating their numbers, there had been a 65 per cent increase in the number of people waiting for MRIs from the year previous. They wouldn't share the up-to-date numbers in committee, just like with their budget. They're hiding the real numbers from Saskatchewan people.

To the Premier: with so many more people waiting for care, will he today give us the numbers, the updated numbers that weren't shared in committee, on how many people are waiting for MRIs now?

**The Speaker**: — I recognize the Premier.

**Hon. Mr. Moe**: — Mr. Speaker, I don't carry those numbers in my pocket here so I can't provide those today. But I can assure members of this House and people across the province, Mr. Speaker, that when those numbers are available, we will share them with the people across this province, Mr. Speaker, in the very same way that we generally do.

Mr. Speaker, the COVID-19 response has been challenging for not only the economy in Canada and the world but also in Saskatchewan, Mr. Speaker, as has health care delivery through this period of time. We're back to reopening our surgeries with a target of 70 per cent surgical rate here, Mr. Speaker. In this budget that was introduced last week, there was an additional \$20 million for us to ensure that that we can address any of the surgical backlogs that we have.

Mr. Speaker, we have a strong record over the course of the past decade when it comes to investment in health care in this province, a record most certainly in health care infrastructure that was again added to this past week, Mr. Speaker. A record with respect to recruiting nurses, over 3,000 nurses offering services in community after community across the province. A record with respect to recruiting physicians here in the province to offer that health care professional work to the people of the province, over 900 physicians that are operating and offering those services in communities across the province, Mr. Speaker. And we have a record when it comes to investment in our surgical initiatives here in the province, Mr. Speaker, and that will continue into the future.

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

**Mr. Meili**: — Mr. Speaker, the record is a record of violating the *Canada Health Act*, and now bringing in record-long wait times for MRIs in this province as they continue to climb because it didn't work, Mr. Speaker.

The auditor's report released this week reaffirms what we already know. This government is failing to meet patient needs when it comes to diagnostics. She also found that publicly delivered scans significantly outperformed the private user-pay scans, Mr. Speaker. "For all five public MRI scans we tested," said the auditor, "the time that each private operator took was within the wait-time guidelines . . ." for the public. "However, for three of

ten scans under the one-for-one model we tested, a private operator took longer . . ."

Mr. Speaker, patient-pay isn't fair and it's not working. Wait times continue to increase. Mr. Speaker, will the Premier admit that his patient-pay MRI scheme is failing Saskatchewan patients, and they're not getting the level of care they need and deserve?

The Speaker: — I recognize the Premier.

Hon. Mr. Moe: — Mr. Speaker, this was their scheme. This policy, this diagnostics policy was in place, Mr. Speaker, but it was only in place for the Saskatchewan Roughriders as well as those that were making a claim under the Workers' Compensation, Mr. Speaker. This was the NDP [New Democratic Party] scheme that we took, Mr. Speaker, and we expanded it to make it available for all of the people across the province of Saskatchewan. That's the record of this government, Mr. Speaker, is ensuring that all of the people in the province of Saskatchewan would be able to access the program that the NDP had put in for the Roughriders and those on Workers' Compensation.

Mr. Speaker, we have records in this House on both sides. Mr. Speaker, we have records of investment in our surgical initiatives, our surgical wait times on this side of the House, Mr. Speaker. The members opposite have the record of having the longest surgical wait times in the nation of Canada when they were the government of the province, Mr. Speaker. They had the worst doctor and nurse retention-recruitment record in the nation of Canada, Mr. Speaker. We have over 3,000 nurses, 900 physicians working in this province since we've had the honour to serve as government, Mr. Speaker.

We're building hospitals. We're building hospitals across this province, most recently announced in Weyburn and Prince Albert, Mr. Speaker, but we have Moose Jaw. We have the children's hospital in Saskatoon, Mr. Speaker. The members opposite's record is they closed 52 hospitals and they sent those nurses and doctors to Alberta and other areas in Canada, Mr. Speaker. We most certainly — most certainly — like to put our record next to the record of the NDP any day of the week.

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

**Mr. Meili**: — Mr. Speaker, there's not one member on this side of the Assembly who ever closed a hospital. This Premier closed 12 of them and he has no plans for when he's going to open up those rural emergency rooms again, Mr. Speaker.

This Premier's record is wait-lists going through the roof on MRIs because he's got no idea about how this system works. It's actually failing patients. It's making the system work worse. It's making access more difficult, Mr. Speaker. We need to build up the public system, not undermine it with failed experiments.

It's time to put Saskatchewan patients first. Cancel this failed experiment with American-style, two-tier, patient-pay health care. That's not the right way to go about it, Mr. Speaker. Let's make the investments people need to get timely access to care. And that's why today we're introducing legislation, introducing legislation to repeal this Act and finally bring this failed,

pointless experiment to an end, Mr. Speaker.

Simple question: will the Premier stand up and support that bill? Will he acknowledge that we need to do right by patients and get rid of this failed experiment?

**The Speaker**: — I recognize the Premier.

Hon. Mr. Moe: — Mr. Speaker, I'll acknowledge that every time someone purchases a diagnostic in this province now, Mr. Speaker, not only do they come off the list but one other additional person comes off the list as well. Mr. Speaker, this is the program that the NDP operated under for those on Workers' Compensation and the Saskatchewan Roughriders. It's this government that made it available to all of the people across the province, Mr. Speaker.

Mr. Speaker, I would also put forward that in 2002, in November of 2002, the NDP introduced a billion-dollar pharmacare plan, Mr. Speaker. Very few of those members were in that party then, Mr. Speaker, but they very quickly recycled that pharmacare plan into their current recovery plan, Mr. Speaker. And with that pharmacare plan, they want to open up a new Crown corporation, the drug corporation here, SaskPharm in the province, Mr. Speaker. They want to recycle in their recovery plan scrapping all trade agreements that Saskatchewan has. They want to recycle from 2018 their rent-a-windmill program here in the province, Mr. Speaker.

Mr. Speaker, as we recover, as we recover not only economically, Mr. Speaker, in our health care system, as we recover here in this province, it is members on this side that have faith in the people of the province that we can recover our economy, we can continue to grow that economy, Mr. Speaker. It's members on the opposite side that will continue to view, continue to believe that the solution is to tax and close businesses across this province.

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

**Mr. Meili**: — Thank you, Mr. Speaker. The Premier has a vivid imagination, to say the least, but he can come up with all kinds of ideas about what our plans might be. But what are his plans? He's hiding those plans. He doesn't want people to know what's really going on.

And now he's hiding the numbers of what's really happening with MRIs. The facts speak for themselves. The plan failed. The outcome was lower wait times and it didn't work. The minister knows that. The Premier knows that. And all this is, is spin, Mr. Speaker.

And I didn't expect the Premier to support our bill. I know he's committed to American-style, two-tier, patient-pay health care. That's his approach. Mr. Speaker, we know that's what the Sask Party wants to see more of. But Saskatchewan people have made tremendous sacrifices in the last months, tremendous sacrifices. They've lost income. They've lost jobs. And now thousands of them are waiting on waiting lists for health care, Mr. Speaker.

This patient-pay MRI approach, it was never fair that just because you can pay, you jump to the front of the line for what is then a publicly funded surgery, Mr. Speaker. It was never fair at

any time, but now with thousands more people waiting, thousands more people waiting for surgery because of COVID-19, it's just downright ugly, Mr. Speaker. It's ugly that someone who would be able to pay can jump to the front of the line and get the same publicly funded surgery that someone else needs just as badly. It's a terrible approach and it's not working, Mr. Speaker. It's not working to lower . . .

And that's why we're asking the Premier today, will ... Okay, he won't scrap the deal entirely. Will he at least agree to a moratorium till we get back to pre-COVID-19 wait-lists, stop this unfair approach that's going to impede the access of patients to the services they need?

**The Speaker**: — I recognize the Premier.

Hon. Mr. Moe: — Mr. Speaker, a very short answer to what is a very long question, Mr. Speaker. MRI capacity in this province has been doubled over the last number of years, Mr. Speaker. The investment is up 164 per cent . . . or sorry, Mr. Speaker. The capacity has doubled; the investment is up over 164 per cent, Mr. Speaker. The demand has increased as well across the province, in part because there's more people here in the province, Mr. Speaker, which does not happen when you're closing schools, closing hospitals, taxing and closing businesses across this province. And that is the experience under the NDP.

Mr. Speaker, \$20 million, \$20 million invested in addition to our surgical capacity this year in this year's budget, Mr. Speaker. Members opposite are going to have the opportunity to vote on that budget, to vote on that investment not only in surgical capacity, Mr. Speaker, to vote on moving forward with a 5 per cent increase in our health care budget, another commitment to the people's health care delivery in this province, Mr. Speaker.

They'll have the opportunity to vote on new health care facilities in Prince Albert, Mr. Speaker, in Weyburn, new long-term care facilities in Grenfell and La Ronge, Mr. Speaker. And I would offer and open that opportunity to members opposite to support this tremendous investment and this faith that this party has in the people of this province.

**The Speaker**: — I recognize the member for Saskatoon Fairview.

[13:45]

## **Rural Emergency Health Care Services**

Ms. Mowat: — Mr. Speaker, it's not just people waiting to get an MRI who can't access the care they need. The Sask Party's decision to shut down rural ERs [emergency room] left rural residents scrambling. Just ask the member for Arm River. In an email he sent to the CEO [chief executive officer] of the health authority, he said, "I have many grave concerns in regards to the closure of the Davidson ER," and "the local folks are being shortchanged again in rural Saskatchewan."

Why did the Sask Party shut down rural ERs long before they were needed in the COVID-19 response? And what's their plan to get all these ERs back online again?

The Speaker: — I recognize the Minister of Health.

**Hon. Mr. Reiter**: — Mr. Speaker, that question has been answered many times during the afternoon news conferences, on the floor of this Assembly, in committee, Mr. Speaker. It was done for a number of reasons. It was for training for staff. It was to expose them to the facilities they may have been working in, either first or second wave of COVID, Mr. Speaker.

But I would suggest that the member opposite might want to read the news, Mr. Speaker, because ERs have been opening. There's the dates for the ones that haven't been opened are generally listed, Mr. Speaker. The SHA [Saskatchewan Health Authority] is doing good work reopening those facilities.

**The Speaker**: — I recognize the member for Saskatoon Fairview.

**Ms. Mowat:** — Mr. Speaker, that answer tells us everything we need to know about why the member for Arm River didn't vote for the budget. People are tired of hearing this nonsense. That minister closed 12 emergency rooms. That's their record and they should own it.

Rural ER closures are nothing new from the Sask Party government and stretch back long before COVID-19. Preceivlile went 59 days without a functioning ER. The Davidson Health Centre saw 230 days without service between 2013 and 2018. Wolseley went over a year where no emergency services were available. When is the Sask Party going to make sure we have enough staff to keep our ERs open?

The Speaker: — I recognize the Minister of Health.

**Hon. Mr. Reiter**: — Mr. Speaker, I find that question amazing. Mr. Speaker, the history of rural Saskatchewan and health care on this side of the House versus that side of the House . . . Mr. Speaker, there has been isolated incidents in small communities around this province with, because of doctor recruitment or CLXT [combined laboratory and X-ray technologist] recruitment, Mr. Speaker, where emergency services needed to be suspended for a period of time. But, Mr. Speaker, we also needed to pause some health care services because of the COVID crisis. Mr. Speaker, those services are reopening right now.

The difference between this side of the House and that side of the House, Mr. Speaker: in some instances we had to pause the services, and they are being reopened now. Under the members opposite, they just closed the rural hospitals.

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

#### **Resumption of In-Classroom Education**

Ms. Beck: — Mr. Speaker, a CBC [Canadian Broadcasting Corporation] survey found that only 18 per cent of Saskatchewan parents are comfortable with kids going back to school right away. It's no wonder. This government's guidelines have created more questions than answers, and the minister wasn't able to provide additional clarity in committee last night. He couldn't provide a clear plan for how they would contact-trace an outbreak in our schools. He couldn't explain how a teacher with 30-plus kids in a classroom would be able to keep social distance, especially when shared tables and shared spaces are the norm.

He says the guidelines are expected to be followed where possible. Does the minister understand that it is his job to create a plan to keep students and teachers safe at all times, not just where possible?

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

**Hon. Mr. Wyant:** — Mr. Speaker, the members opposite continually stand on their feet. All they're doing is trying to create fear and panic with the parents and the teachers in our community, Mr. Speaker.

Mr. Speaker, we have a set of guidelines that has been prepared by the chief medical health officer, Mr. Speaker. Those guidelines are clear, Mr. Speaker. They will be used by the response planning team to work out a plan so children can return to school in the fall in a safe way — and the chief medical health officer has said this — in as normal a way as possible, Mr. Speaker.

Now these guidelines are very flexible, Mr. Speaker, but I think it's pretty clear that the guidelines are intended to make sure that children return to school in a safe way. Ensuring students and teachers in our classrooms are safe, Mr. Speaker, is the number one priority of this government, of the chief medical health officer. And those are the guidelines, Mr. Speaker, that the response planning team is working on. They will develop their strategy, Mr. Speaker. They will develop the strategy in conjunction with the school divisions who are responsible for delivering public education in the classrooms, Mr. Speaker.

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

**Ms. Beck**: — Mr. Speaker, the fear and concerns exist from parents and teachers, and it's that minister's job to come up with a plan to ensure the safe return of children in the fall.

Last night the minister acknowledged that children 15 and older, most high school students, Mr. Speaker, likely transmit the disease the same way that adults do, but he has no plan to mitigate risks in high schools. Thousands of students go from classroom to classroom throughout the day and teachers are afraid of what this means for their students and their loved ones. A teacher couple told me that between one teaching in an elementary school and another in a high school, they come in contact with over 1,800 students a day.

Mr. Speaker, we need more than a hope and a prayer that everyone will be safe. When will we see a concrete plan, one with actual resources for implementation to keep teachers, staff, and students and their families safe?

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

Hon. Mr. Wyant: — More fear and panic, Mr. Speaker. Parents want their children to ... Mr. Speaker, parents want their children back in classrooms. Teachers want to go back and teach those children in classrooms, Mr. Speaker. The development of an integrated plan . . . And the deputy minister, Deputy Minister Currie, was very clear last night in committee when he outlined the work of the response planning team in helping develop the strategy so that children can get back to school safely, Mr. Speaker, based on the guidelines that have been provided by the

chief medical health officer.

He's provided excellent advice to this government and the people of this province over the last number of months through the pandemic, Mr. Speaker. We rely on his advice. It's been great advice, Mr. Speaker. And we believe the advice that he has given in establishing those guidelines can be relied on by the response planning team in developing the strategies so that children can return to school safely, Mr. Speaker. It is the proper path forward, Mr. Speaker.

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

Ms. Beck: — Mr. Speaker, one of the things that the chief medical health officer has provided in those guidelines is that schools are to maintain physical distancing, something that is not possible unless that minister steps up with resources for our schools. The suggestion that the contingency fund will be made available, Mr. Speaker, down the line is a failure to plan and could be a failure to prevent an outbreak.

The minister, I'm afraid, may live to regret waiting until it's too late to give divisions the support that they need. Among other head shakers last night in committee, the minister thinks that students may have to bring their own balls for recess. No to backpacks, but yes to balls. Top to bottom, Mr. Speaker, there are huge, huge gaps in this plan, and this minister can kick the can over to schools and school divisions to do the heavy lifting, but they cannot do this without support. Will the minister commit to finally, finally resourcing this plan today?

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

Hon. Mr. Wyant: — Mr. Speaker, the guidelines that have been provided by the chief medical health officer are just that. They're guidelines, Mr. Speaker. The plan's to be developed with the resource planning team in conjunction with school divisions. By the way, Mr. Speaker, I want to remind the member opposite that the resource planning team has an equal number of members from the STF [Saskatchewan Teachers' Federation], representing the teachers of this province, developing that plan, Mr. Speaker.

School divisions have saved millions of dollars, Mr. Speaker, and we have the reports, and I provided some of those numbers to the member yesterday in committee. We'll get the balance of those numbers, Mr. Speaker, the millions of dollars that have been saved by school divisions over the last number of months, Mr. Speaker, together with a \$200 million contingency fund.

Now, Mr. Speaker, \$200 million is a lot of money. We've said we want to make sure that when children return to class in the fall that the educational instruction, Mr. Speaker, is not impaired by COVID-19. I've made that comment many times, Mr. Speaker. And the people of Saskatchewan, the teachers and the children in their classrooms, can depend on that.

**The Speaker**: — I recognize the member for Prince Albert Northcote.

## **Mortgage and Rent Deferrals**

**Ms. Rancourt**: — Mr. Speaker, we have a looming housing crisis in the province. Both renters and homeowners have had to

defer payments to make ends meet during this COVID-19 pandemic. The big six banks have reported \$180 billion in deferred mortgage payments nationwide. In Saskatchewan tenants have deferred \$30 million in rent payments to date.

It's impossible to imagine in this economy that mortgagers and renters could come up with all they've deferred during this unprecedented time. What's this government's plan when all of these housing payments come due?

The Speaker: — I recognize the Minister of Trade.

**Hon. Mr. Harrison**: — Thank you very much, Mr. Speaker. The reality is that we have taken action with regard to rent deferrals, Mr. Speaker. We moved forward and made an announcement just a couple of weeks ago with regarding a commercial eviction moratorium, which was something that was very well received by the business community, Mr. Speaker.

And I'd also like to talk about, with regard to the business community, the fact that our province has done as well or better economically through this as any other in the country. And that's reflected in the data: second-lowest unemployment rate in the entire country, Mr. Speaker; the smallest decline between February and May in the number of hours worked of all of the provinces; the second-highest number of small businesses that have been able to operate through this pandemic, Mr. Speaker. And we've been working very closely with our business community, with our leaders in the private sector, to make sure that we are in a position, Mr. Speaker, to grow and recover.

## INTRODUCTION OF BILLS

# Bill No. 622 — The Patient Choice Medical Imaging Repeal Act

**The Speaker**: — I recognize the member for Saskatoon Fairview.

**Ms. Mowat**: — Mr. Speaker, I move that Bill No. 622, *The Patient Choice Medical Imaging Repeal Act* be now introduced and read a first time.

**The Speaker**: — It has been moved by the member for Saskatoon Fairview that Bill No. 622 be now introduced and read a first time. Is it the pleasure of the Assembly to adopt the motion?

Some Hon. Members: — Agreed.

The Speaker: — Carried.

Clerk: — First reading of this bill.

**The Speaker**: — When shall the bill be read a second time? I recognize the member.

Ms. Mowat: — Next sitting of the Assembly.

**The Speaker**: — Next sitting. I recognize the Government House Leader.

Hon. Mr. Harrison: — Thank you very much, Mr. Speaker. In

order to facilitate the work of committee both this afternoon and this evening, I move that this House do now adjourn.

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

Some Hon. Members: — Agreed.

**The Speaker:** — Carried. This Assembly stands adjourned until tomorrow at 10 a.m.

[The Assembly adjourned at 13:58.]

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