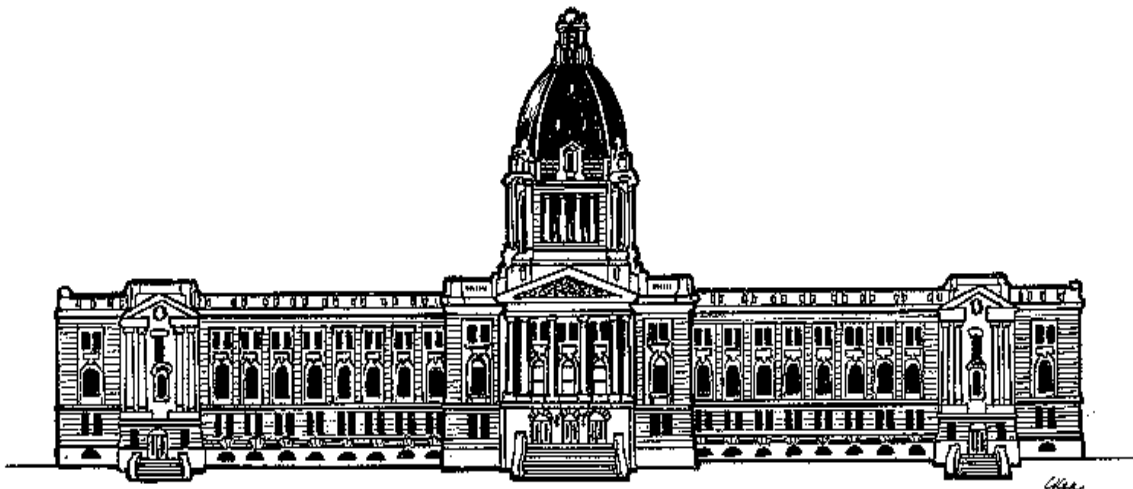




# **STANDING COMMITTEE ON HUMAN SERVICES**

## **Hansard Verbatim Report**

**No. 20 – March 30, 2009**



**Legislative Assembly of Saskatchewan**

**Twenty-sixth Legislature**

## **STANDING COMMITTEE ON HUMAN SERVICES**

Mr. Glen Hart, Chair  
Last Mountain-Touchwood

Ms. Judy Junor, Deputy Chair  
Saskatoon Eastview

Mr. Denis Allchurch  
Rosthern-Shellbrook

Mr. Cam Broten  
Saskatoon Massey Place

Ms. Doreen Eagles  
Estevan

Mr. Serge LeClerc  
Saskatoon Northwest

Mr. Greg Ottenbreit  
Yorkton

[The committee met at 15:00.]

**The Chair:** — The clock being near 3 o'clock, the appointed hour for this committee to commence, I will call the committee to order. Good afternoon everyone. Welcome to the deliberations of the Standing Committee on Human Services. What I might do before we proceed forward, we have a busy agenda today seeing that this is our first meeting of considering estimates of the new budget. I would like to just make a few opening comments for members, but more so for those citizens that may be tuning in and watching our proceedings.

What we will be doing here this afternoon, we'll be reviewing spending estimates of the Ministry of Education and, this evening, the Ministry of Health. The Assembly has required this committee to review spending estimates of a number of ministries. They are votes 37 and 169 of the Ministry of Advanced Education, Employment and Labour; vote 73, Corrections, Public Safety and Policing; vote 5, Education; vote 32, Health; and vote 36, Social Services. As I mentioned earlier, we will be dealing with Education, vote 5 and Health, vote 32 this evening.

There are seven permanent members of this committee. They are all with us this afternoon. We have no substitutions. They are Mr. LeClerc, Mr. Ottenbreit, Ms. Eagles, Mr. Allchurch, Ms. Junor, and Mr. Broten and myself. We are the permanent members of the committee. Occasionally you will see other members participating in committee affairs. There's a couple of processes that we utilize. If a permanent member is not able to attend and is absent, he or she may ask another member of the legislature to fill their position on this committee. We have a process of substitution, but we also do invite members of the Assembly to be part of the committee. They are not voting members unless they are substituting for a permanent member, but they are invited to participate. And you will quite often see non-voting members of this committee participating very actively in the conducting of the business.

**General Revenue Fund  
Supplementary Estimates — March 2009 No. 2  
Education  
Vote 5**

**Subvote (ED09)**

**The Chair:** — So with those few remarks, we have with us this afternoon the Minister of Education and his officials. And I would invite the minister at this time to introduce his officials, and if he has any opening remarks. The first item on our agenda is consideration of supplementary estimates for the Ministry of Education. I call upon the Minister of Education.

**Hon. Mr. Krawetz:** — Thank you very much, Mr. Chair, and thank you for that explanation to people that are watching, and have a better understanding of what the committee of seven is doing, and the fact that Mr. Wotherspoon as the critic is also here to ask questions on the budget.

But as you indicated, Mr. Chair, today for the first probably few minutes or up to a half an hour, we're actually going to spend on supplementary estimates. And supplementary estimates are

still part of the last fiscal year which is in fact going to end tomorrow. So we're actually going to explain why there is an additional request for monies that need to be spent in the current fiscal year, and we'll have those discussions.

I want to introduce some of the people that will help me on the first, supplementary estimates portion of this afternoon's agenda: of course my deputy minister, Audrey Roadhouse to my right; and Darren McKee who is the assistant deputy minister on my left. Behind me there are two people from the financial planning and management section of the Ministry of Education. They're both managers, Dawn Court and Sonya Leib. And from the Education finance and facilities branch, we have Rhonda Smysniuk who's the executive director, and Clint Repski who's the director there. So these four individuals behind me plus the two people seated on either side of me will assist in answering or providing information to any of the board members as we move through this afternoon.

Mr. Chair, a few remarks though I think will help better explain to the committee members as well as to the public the reason why we have an additional set of supplementary estimates because we've already had one set of supplementary estimates in Education for the '08-09 year.

For far too long Saskatchewan property taxpayers have paid a disproportionate amount of the cost of education in this province. On March 18, my government announced that Saskatchewan property owners will pay significantly less education property tax this year and in the future as a result of changes to pre-kindergarten to grade 12 education funding.

Under the new system, government will be setting the mill rates on a calendar basis for the entire province of Saskatchewan. Consideration needed to be given to the period of January 1 to March 31, 2009, which falls within the government's '08-09 fiscal year. Due to the timing difference between the calendar year and the government fiscal year, and Mr. Chair, those . . . Of course for people to understand, the government's fiscal year is April 1 to March 31. And the fiscal year for taxation purposes is the calendar year; it's January 1 to December 31. So we have a concern.

And it is for this reason that the 2009 rates as levied were a blend between school division rates for the first three months and lowered government rates for the remaining nine months of the year. The first three months of property tax being considered is at the net rate that school divisions had levied. A provision for the difference between the gross levy and the net levy needs to be provided by the province. This is done by providing additional funds to school divisions in an amount equal to the education property tax credit for the first three months of 2009. Therefore \$39.1 million in supplementary funds are required for education property tax relief.

With changes to the education property tax, government is achieving a fair balance of education funding to ensure the education system is properly funded. This will have a significant, lasting impact on future generations in Saskatchewan. This investment will help make life better for students, families, and communities, so our youth can build a better future here in Saskatchewan. Our government is

committed to identifying new ideas to help our province increase its potential.

Mr. Chair, before we open it up for questions, I want to indicate that the \$39.1 million basically is . . . If we look back at the year previous, the amount of rebate that was provided before was \$158.6 million. So basically what we've done is said, for the first quarter of the year — January, February, March — we're taking 25 per cent of that number, and we're using it as the ballpark figure for what the education property tax rebate would have been had it still been in place, knowing that of course the fiscal year for government kicks in day after tomorrow, and we're going to be operating on different mill rates.

So that's the explanation. We don't want to leave boards of education stranded in any way because there's anticipation of course that the property tax rebate was going to be there, and that money is being counted on by boards of education. So with those remarks, Mr. Chair, I'd be pleased to answer any questions.

**The Chair:** — Thank you very much, Minister. I will just remind the committee members that the item of business before the committee is Education, vote 5, subvote (ED09), education property tax relief in the sum of \$39.1 million. I would now invite any members that may have questions or comments. I recognize . . . [inaudible interjection] . . . Mr. Wotherspoon, sorry.

**Mr. Wotherspoon:** — No problem, Mr. Chair. And I thank the minister and our ministry officials for being here today to answer the questions on the estimates before us. It's always appreciated when you come before this committee and provide that kind of accountability.

Specifically to this vote, I think it's important that, as an opposition and as the critic, that we note that there's going to be other forums and times to discuss the merits of the new property tax plan, the set mill rates. I believe that will occur through further questions into the broader estimates of '09 and '10, and the funding mechanisms that will be employed going forward and as well some of the accompanying legislation that we know will be coming forward.

So the reason I state this is, it's not my intent to belabour the point in this short period we have before us on discussing some of the challenges and concerns. I would like to just make a point that certainly it's important for everyone to be aware that to provide property tax relief to the people of Saskatchewan and to provide a more adequate funding mechanism for education is valued by the opposition as well. But to achieve those two pieces, it's not necessary to have chosen the one route that this minister and this ministry has gone forward with. So there is different merits and different discussions to discuss at that point. The plan to set mill rates and to go forward with whatever funding plan we're going to be looking at wasn't the only way to achieve a reduction in property tax or more adequate and predictable funding for school divisions.

But to move on to a couple of other points, we know that this is an important meeting in the sense of making sure that these dollars flow to school divisions, school boards who I think, to say the least, were surprised. Some say shocked, dismayed,

concerned with the changes that were brought forward in the budget. And so it's important for us to move these estimates and to make sure that they have the adequate funds needed to provide the high-quality education that they do within our province.

So I think that will be the focus of our questions here today. I do have a couple here specifically. I understand that these funds are for the divisions, based on their calendar year from January 1 through to March 31, to recoup the dollars lost through the mill rate reductions.

And my question to the minister would be: has he ensured the adequacy of these funds? He made a statement about 25 per cent of the former rebate program there. I guess, have you verified, or how do you know that these funds right now are adequate to fill that gap that's been created by the reduction in mill rate?

**Hon. Mr. Krawetz:** — Thank you, Mr. Wotherspoon. A few good questions as far as an understanding.

I first want to say — and I failed to mention that in my opening remarks — that actually 27 school divisions will receive these funds because there are 29. And only 27 will receive the funds because the one school division of course, which is the francophone board of education, does not have authority or never had the authority to the tax base, and therefore there's no need to present them with the education property tax credit. And the second one is a school division that is not quite a year old. In fact it formed last April 15, and that's St. Augustine Separate School Division. And currently they have not issued their tax notices or their requests of the municipalities involved, and they're still working with the Prairie Valley School Division board. And in fact the Prairie Valley board of education will be receiving the rebate credit on the lands that in fact will be assigned to the separate school division. So there's 27 out of 29.

And the number, Mr. Wotherspoon, is strictly that. It's an estimate. I mean the initial estimate last year was that we would be requiring about \$156.5 million to take care of the rebate. Then we found out that with reconciliations with different municipalities and with changes that school divisions did, which was different mill rates than what we had worked with in the initial stage, we had to add another \$2 million, 2.022 million and that was the first set of supplementaries.

And now we're adding 39.1 which is that estimate of a quarter because we're talking about the first three months. It's the quarter of that whole lump sum. Is it the right amount? We will work with the boards of education and the tax notices as we move through the year, and there will be a reconciliation to ensure that whatever monies that were either gained or lost will be dealt with. So you can have definite assurance from the ministry officials that they're going to work with the boards of education to ensure that they're not in any way shortchanged.

[15:15]

And we know that we have to move forward on this right now because there are certain school divisions that will be anticipating that that lost revenue because the rebate . . . And

again it's not due to the mill rate. It's due to the fact that there would have been a rebate, and now we're going to ensure that the boards of education are in fact compensated for that rebate that would have been given to the taxpayers.

**Mr. Wotherspoon:** — Could the minister comment on the consultation process to date with regard to these interim or supplementary estimates before us with the boards of education.

**Hon. Mr. Krawetz:** — There isn't really consultation with the board because my officials rely on the audited financial statements from last year that the boards produced. And they're working with them for this calendar year. So it's existing information, and what we're doing is supplying that credit to the boards based on that information. So officials at each of the school division levels communicate directly with my officials if they have a question.

There have been some broader meetings which are dealing with of course, you know, the new budget coming up. But in the initial state, this is not a different policy other than the payment because primarily before there used to be two payments, two payments per year, that were made to boards of education for the amounts of lost revenue because there was a subtraction for each property owner for the credit. And now what we're doing is saying, well we're going to ensure that for this three months you again receive the credit just like you used to. So there really isn't a change in the philosophy; it's just a matter of being able to compensate for those three months that don't fit in the same plan.

**Mr. Wotherspoon:** — So I guess my question would be to the minister: when will the actual numbers be reconciled with those financial officers? Is that part of, kind of the current round of consultations that are going on with school divisions, or is that a separate round of consultations, or if you could comment on that.

**Hon. Mr. Krawetz:** — Yes thank you. My officials indicate that they are meeting with the officials as we move through the next number of months. There's anticipation that by the end of June there will be a firm number. We'll be able to then, you know, rebalance the equation to ensure that a school division received its proper money or whether or not then the first amount of grant that will be provided to the school division will be balanced with the fact that they maybe have received too much money because there's going to be quite a difference for tax collecting in different school divisions.

I mean some municipalities have a number of larger urban centres where there is a practice of maybe even monthly debits, and there's monthly payments of some tax by some individuals. In rural Saskatchewan, where there's a predominantly rural board of education, you know, in the agriculture sector the rural municipalities haven't even issued their tax notices yet. So there'll be a number of people that haven't paid any amount of their tax for January, February, and March.

So every school division is going to be different. Every school division is going to be worked with, with my officials, to ensure that the compensation for the tax is going to be either through the money earned from the actual taxpayer or from the rebate program that we're seeking approval for today.

**Mr. Wotherspoon:** — Could the minister share, or minister's staff share, what kind of concerns or challenges have been expressed from specific school divisions, specifically around this three-month period, this transitional period.

**Hon. Mr. Krawetz:** — Probably two concerns that I could identify. One is of course, boards of education — because this is a new funding arrangement — want to be assured that they are adequately funded and that they receive their dollars of course to operate and make sure that, you know, they have the funds to pay January and February and March expenses. So that's number one.

Number two, the reconciliation, they want to feel comfortable, I guess, and that's why some of the questions have been directed about the reconciliation process. Will it be extensive? Will it be complete with every board of education? And the answer to that is definitely. We want to make sure that every board receives what it is entitled to receive under the system that existed before we made those changes.

**Mr. Wotherspoon:** — Thank you. As minister do you commit to ensure adequate funding as through supplementary estimates such as these if boards have a justifiable discrepancy with the minister's figures through the reconciliation process? Do you see us coming forward into a supplementary process here again? And I believe the date was June you were mentioning, as a date we were hoping to have reconciliation complete by. Any idea of what we can expect as far as looking at further estimates?

**Hon. Mr. Krawetz:** — A couple of situations may develop, Mr. Wotherspoon. The ongoing revisions that occur with every municipality will not conclude in the spring. In fact my officials indicate that most times the assessment changes, and the reconciliation around the amount of tax credit goes on all year because there are assessment changes within a municipality. There may be a change in the amount of discount that a municipality has to issue because of the timing of when taxes are paid. So those things go on.

What is different though . . . and it's an excellent question about supplementary, this supplementary estimate today will end the fiscal year '08-09, okay. So even if there are some adjustments later on, in August and September as we determine, you know, the amount of tax that was credited for January, February, March and whether or not we'll be able to balance that against the grant, etc., if there are additional dollars required beyond the monies that we're asking for, for the '09-10 fiscal year, that would be a totally different set of supplementaries. And that would be, could be as late as a year from today.

**Mr. Wotherspoon:** — I think it's clear that there's a fair amount of work to be done, Minister, that you've cited to reconcile and make sure that the boards have the adequate funds. It's incredibly important — I'm sure to all in this committee, certainly to this side of the committee table — to make sure that those adequate funds are received.

I know I was going to ask if the minister would provide and table a document of the specific allocations of dollars, but I've received here today — actually just before I came in — those figures, which I appreciate.

Certainly as critic as well and as opposition, we'll need some time going forward, as the minister will be with the consultation, to make sure that boards have the adequate funds that they need to meet their needs. So I think at this point, I don't know if any other committee members . . . I know one member likes to bloviate on to no end. I'm not sure if he has a question or not, but other members around the table, I don't know if there's any other questions.

**Hon. Mr. Krawetz:** — Thank you, Mr. Wotherspoon. You know, as indicated we wanted to present you with that set of numbers. Those are the numbers for the 27 school divisions. They're estimates. And that's what we want to stress because — until we have the full 15-month period to be able to differentiate between the taxes paid in January, February, March versus the mill rates that we're applying effective the new budget — those are all considerations that will come into play. And we will work with every school division, all 27 of them, to ensure that they receive adequate numbers. So again thank you for your questions.

**The Chair:** — Are there any other questions for the minister with regards to the supplementary estimates? Seeing none, we will proceed to vote the supplementary estimates, March 2009 No. 2, Education, vote 5, education property tax (ED09) in the amount of \$39,100,000. Is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That's carried.

I would now ask a member to move the following resolution:

Resolved that there be granted to Her Majesty for the 12 months ending March 31, 2009, the following sums for Education in the amount of 39,100,000.

**Mr. Allchurch:** — I so move.

**The Chair:** — Mr. Allchurch. Is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That's carried.

[Vote 5 agreed to.]

**The Chair:** — Committee members, you have before you, I believe, a draft of the sixth report from the Standing Committee on Human Services that needs to be adopted. First of all, are there any questions with regards to the draft report? If not, we require a member to move the following motion:

That the sixth report of the Standing Committee on Human Services be adopted and presented to the Assembly.

Ms. Eagles. Is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That's carried.

## General Revenue Fund Education Vote 5

### Subvote (ED01)

**The Chair:** — The next item on our agenda for this afternoon is the consideration of the 2009-2010 estimates, vote 5, Education, and it's found in the Estimates book on page 49. We still have the Minister of Education and his officials with us. I would at this time ask the minister if there are any additional officials that he would like to introduce and also if he would have any opening statements regarding the '09-10 estimates.

**Hon. Mr. Krawetz:** — Thank you, Mr. Chair, and the answer to your two questions would be you bet; we're going to introduce the whole team. As discussed with the members of committee earlier this afternoon, I mean there are many different areas that the Ministry of Education is responsible for — everything from libraries to child care to literacy to of course the K to 12 [kindergarten to grade 12] system and the capital that is within that. So we have a number of different sectors and we have, you know, the people that are working in those areas here this afternoon to ensure that we can provide the answers to questions that committee members may have.

I won't re-introduce the six people that we . . . Well no I'd better because this'll be a different set of estimates, and it may be . . . Right, I'm going to quickly go through again: Audrey Roadhouse on my right, deputy minister; Darren McKee, assistant deputy minister on my left; Sonya Leib and Dawn Court behind from financial planning and management; Rhonda Smysniuk and Clint Repski from education finance and facilities.

Also joining us today, Mr. Chair, is Angela Chobanik who's with the education finance and facilities; Margaret Ball, director at education finance and facilities; Sue Amundrud, with curriculum and e-learning; Lois Zelmer, with early learning and child care; Rosanne Glass from policy, evaluation and legislative services; Doug Volk from Teachers' Superannuation Commission; Joylene Campbell, with the Provincial Library; Terry Myers, with regional integrated services; Darryl Hunter, accountability, assessment and records; Elaine Caswell, children's services; Maureen Johns Simpson, with First Nations and Métis education.

And the last individual is not from my ministry; he is in fact from the Public Service Commission. But he's the HR [human resources] person with the Public Service Commission that assists Education, and that's Greg Tuer. So those are the individuals that are with me this afternoon.

[15:30]

And, Mr. Chair, to enable I think a better understanding of the vote 5 and all of the changes, because there are significant changes to the vote, I think my opening remarks — and I ask for your indulgence — are going to be fairly lengthy. But I want to explain where this government has moved and some of the significant changes that members need to know as far as the change from last year's numbers to this year's numbers.

The ministry's budget is set in the context of the provincial budget and the province's current fiscal circumstances. One way we are keeping our economy strong and steady is by providing Saskatchewan people with the biggest property tax cut in Saskatchewan history. For far too long, Saskatchewan property tax payers have paid a disproportionate amount of the cost of education in this province. With this budget, Saskatchewan property owners will pay significantly less education property tax this year and into the future. I will get into more specifics on this and related changes to education funding shortly.

But first I would like to talk about a few highlights in the ministry's budget. We recognize the pre-K to 12 education sector has an essential role in our province's future, preparing our young people to take their place in Saskatchewan's economy. As well, a high-quality public education system supports Saskatchewan's families and attracts new families to our communities.

High-quality education facilities improve our communities and contribute to student achievement. This year we are investing \$61 million for K to 12 school capital. This includes the following: \$3.1 million for completion of the facility asset management system implementation, also known as FAME; \$13.6 million will be used for safety-related block projects; \$10.4 million for standard relocatable classrooms; \$8.8 million for miscellaneous block projects, and miscellaneous could be anything from roof replacements to boiler replacements to electrical upgrades to a whole host of things; \$25.24 million, which is the amount left, will be allocated later, following the approval in principle design stage.

We have already announced two major capital projects in priority 1, and they include a new elementary school for Regina public schools, Wascana School Community, and a new high school in Regina for the students served by the Conseil des Écoles Fransaskoises.

Now, Mr. Chair, these projects, as I indicated, are in the design stage, and what it enabled us to do was to complete the last two projects that were on that list. And there are two, additional two projects that are still in sort of in abeyance because they are at Humboldt elementary and at Turnor Lake. And those two will still sit in their position pending, of course in Humboldt's case, the completion of the Humboldt high school that's under way, and then we can move forward with those others.

What the \$61 million that we have provided for in the '09-10 budget has allowed us to do over the two-year period was to allocate to 20 major capital projects and over 150 block capital projects. And Mr. Chair, with the monies that we allocated for the previous fiscal year, in fact it was the '07-08, of \$13 million, when we add those numbers together we have allocated now \$333 million to capital in this short 16 months. This amount includes the 141.7 million accelerated infrastructure boost for the Ministry of Education announced in February as well.

I'm very pleased that my government is significantly addressing the tremendous backlog of capital projects with our ready-for-growth infrastructure initiative announced last year with record funding levels. All of these infrastructure projects

will help to keep Saskatchewan strong and steady as we weather the current economic changes. These investments signal government's commitment to bolster the province's economy.

Equitable access to high-quality learning opportunities throughout the province is key to keeping our economy strong and steady. This is why the government is providing ongoing funding of \$4 million to support increased capacity of CommunityNet connections in schools, public libraries, and regional colleges, and to enhance the Blackboard Learning Management system. These systems, combined with an enhanced live satellite network, will support student learning regardless of where students live in the province.

The ministry is also providing the final \$500,000 to school divisions to support the transition of the distance learning function from the ministry to school divisions. And we are providing \$150,000 to subsidize adult students' registration fees. Lower registration fees will encourage adults to re-engage in formal education.

A strong and steady economy also requires supports for parents. In Saskatchewan we have an ever-increasing demand for early learning and child care as more parents want to find their place in the economy or pursue post-secondary education. We also recognize the value of early learning and care opportunities in supporting positive social and emotional development, early literacy, and student achievement. I'm very pleased to announce this year we will be funding 1,000 new child care spaces, bringing our total number of licensed spaces to 11,400. A \$5.4 million investment in early learning and child care capital has been announced for child care spaces expansion and enhancements to pre-kindergarten.

Enhancements to pre-K capital will support quality learning environments, nutrition programming, and parent engagement. Additional investments in early learning and child care include \$1.2 million to support the training of early childhood educators. We are also providing \$375,000 to address increased demand for child care for children with exceptional needs.

Intersectoral work benefits the citizens of the province by reducing barriers and promoting integrated services and supports for children, youth, and families in Saskatchewan. We are increasing base funding by an additional \$317,000. This is the first substantial investment in Saskatchewan's service integration model since the late 1990s.

A strong and steady economy also needs highly literate citizens with equal access to information. The province is investing \$625,000 in the second of a four-year \$5.2 million funding commitment to implement a single integrated library system — also known as SILS. SILS is a cost-effective, sustainable computer platform that allows the 310 public library branches in the province's 10 public library systems to share their resources. The new system will allow for equitable and easy access to library services for the province's 500,000 registered users. There is an overall 2.5 per cent increase for the 10 public library systems for a total of \$7.76 million.

There is a further investment of \$1.85 million this year in CommunityNet connections for all public libraries to ensure

high-speed access to electronic resources, including SILS.

Now I'd like to spend a few minutes discussing changes this government has made to the education property tax. It's important to set this change in the context in which this government made a commitment to address a long-standing concern with how this province funded education.

Since 1905, when this province joined Confederation, school divisions have used local property tax to fund a large portion of education costs. In Saskatchewan the reliance on property tax to fund a portion of education was greater than in any other province. In 2008-09, nearly 49 per cent of school divisions' operating expenditures were paid for by property owners. The impact of this reliance on property tax could be seen in difficulty in attracting businesses and new citizens.

When our government was campaigning for election, we promised to tackle this issue head-on. Our Premier, Brad Wall, promised to, first achieve a fairer balance for education funding, ensure K to 12 education is properly funded, and ensure that the education portion of property tax is further reduced. In this budget we made good on these promises.

In this budget Saskatchewan property owners will pay significantly less education property tax this year and in the future as a result of changes to pre-kindergarten to grade 12 education funding. The vast majority of Saskatchewan property owners will pay less education tax under the new system.

A Regina homeowner with a 2008 taxable assessment of \$200,000 will pay \$306 less in education tax in 2009 and another \$151 less in 2010 — a total tax cut of \$457 or 15.4 per cent. A Canora homeowner with a 2008 taxable assessment of \$79,800 will pay \$739 less in education tax in 2009 and another \$46 less in 2010 — a total tax cut of \$785 or 50.9 per cent. A farmer with 10 quarters of land in the RM [rural municipality] of Winslow assessed at \$298,100 last year will pay \$1,039 less in education tax in 2009 and another \$1,058 less in 2010 — a total tax cut of \$2,097 or 61.6 per cent.

Under the new system, the province will cut and cap education property tax mill rates by setting province-wide tax rates for each of the three major property classes — residential, commercial, and agricultural. The overall amount of tax paid by property owners to fund education will be reduced by \$103 million or 14 per cent in 2009 as compared to last year. This represents the largest education property tax cut in a single year in the province's history.

In turn the provincial government will increase its share of funding to school divisions by \$241 million. As a result the province will fund about 63 per cent of the operating costs for pre-kindergarten to grade 12 education, up from last year's provincial funding of 51 per cent.

The education property tax will be reduced by a further \$53 million next year, with the province assuming an offsetting share of the funding. At that point, the provincial government will be funding about 66 per cent of the cost of education.

Our government has believed that for far too long property tax payers have paid a disproportionate amount of the cost of

education in this province. In this budget, this government is striking the proper balance. Where we have arrived today is in large part due to the good work done by Mr. Jim Reiter who our Premier appointed last year to look into ways we could achieve our government's commitments. His work set the stage for the changes we have made in this budget and will continue to make as we go forward.

Thanks to Mr. Reiter's efforts and the input of Saskatchewan people he met with, this government is fulfilling Premier Wall's campaign promise to achieve a fair balance of education funding, to ensure the education system is properly funded, and to significantly reduce the education portion of property taxes. A promise made and a promise kept.

In the provincial context, while these decisions will help individuals and make their lives more affordable, it will also help our economy remain strong and able to withstand the impacts of the global recession.

Thank you, Mr. Chair. Those conclude my remarks, and I know we're going to be having a number of hours of questions and I'd be willing to start right now.

**The Chair:** — Thank you very much, Minister, for those opening comments. I would ask the committee if there are any members that would have questions of the minister. And I recognize Mr. Wotherspoon.

**Mr. Wotherspoon:** — Thank you, Mr. Chair. And I thank the additional staff members from the ministry that have joined us here for this part of the estimates.

I'm going to start with rather general questions to the minister. How many employees of the Ministry of Education have been terminated since November 21, 2007?

[15:45]

**Hon. Mr. Krawetz:** — Okay, Mr. Wotherspoon. Thanks for that question. It's sort of a combination of the last two years, so I'll give you the numbers.

When I became minister, there were 344.5 full-time equivalents. We made some changes last year, due to a number of things, and we discussed those in estimates and that was around, you know, re-categorizing regional offices, also the distance education, the correspondence school and making those changes, some changes occurred in curriculum. So we concluded that . . . We started the year by making the changes, and we reduced our full-time equivalents to 322.3.

So now with this year's budget, with the reconciliation with AEEL [Advanced Education, Employment and Labour] — because there were still some individuals that were within one ministry or the other ministry, because of the division that had occurred when we separated those two, and those are now being worked on — we have now added back 22.4. So our total now is 344.7.

So if I go back to your, you know, your date that you gave me, which is November 21, '07, when we became the cabinet, we have changed from 344.5 to 344.7. So the total change in the



course of the time — 16 months or so — is point two of a person.

**Mr. Wotherspoon:** — Thank you, Minister. Now I'm not focusing right on the full-time equivalents right now, but actual terminations within the ministry. So the question being, how many Ministry of Education staff have been terminated since November 21, 2007?

**Hon. Mr. Krawetz:** — Last year, the previous budget a year ago for discussion, was 22.2 full-time equivalents. That was the number that were reduced, and this year we're adding back 22.4 in different areas. So if your question, I think, is as succinct as how many people were actually released, it was 22.2 people in the previous year.

Now there was a bit of a carryover because with the correspondence school, as you know, initially we had thought it was going to end by . . . Yes, it's a two-year transition period. In fact we're going to now not be able to conclude until June 30. And in fact I think we're talking about the first week of July as the ending period. So some of those people are still working in a situation where their job is also ending, but those were announced last year.

That's the 22.2 people, but as I said, now we're adding back 22.4.

**Mr. Wotherspoon:** — So those individuals then that, as we look at the distance learning or the correspondence school that lost, are losing their jobs, have they been terminated or have they been offered employment in other capacities in other ministries or your ministry?

**Hon. Mr. Krawetz:** — Okay, thank you, Mr. Chair. Mr. Chair, some of this information is going back into the previous year so that's why we're just searching to make sure we give the right numbers to the member.

Last year there were 14 people that were in the technology supported learning area. And of that 14 people, two chose to retire, two went back to work with school divisions, and the remaining people all have jobs within government, within different positions in government. So of that 14, all have moved onto other things — either retirement or other work.

**Mr. Wotherspoon:** — So of the new positions that your ministry has created, in the new full-time equivalents there, have those positions been filled at this point?

**Hon. Mr. Krawetz:** — The new budget which will start on April 1 . . . There have already been some searches done for some employees, and some people will be starting in various capacities on April 1. We haven't made a significant progress yet. There are many other opportunities that we will be working on through the regular process with the Public Service as we move forward.

There are also some transfers from AE and L where we had some financial FTEs [full-time equivalents] that were with AE and L. And I can tell you that that number is three. Those were individuals that were in the budget of AE and L, and they have now been reallocated back into our budget. And those people

are there already; so it's not like we're changing.

So we have made some progress, but there's still a number of spots that will be filled as time continues.

**Mr. Wotherspoon:** — Of those positions that have been filled, how many have been filled internally as opposed to externally?

**Hon. Mr. Krawetz:** — Mr. Wotherspoon, it looks like within what we can determine from the different groups is that there have been two people within Finance that have been filled internally, and that is the limit right now.

**Mr. Wotherspoon:** — The minister mentioned the Public Service Commission. Is it this minister's intent to, for the external, to exercise that process for external hires to complete the full-time complement that's required?

**Hon. Mr. Krawetz:** — And that's what the different directors are doing right now. They are in the process of defining the work and classifying and staffing the positions according with the PSC [Public Service Commission] processes. So once we absolutely define the work that we need, then we'll be able to search for the person to fill that role.

**Mr. Wotherspoon:** — For the year ending, last year's budget here, could the minister note how many severance packages were signed?

**Hon. Mr. Krawetz:** — I just wanted to clarify, Mr. Wotherspoon, that for this fiscal year that ends tomorrow, there is one severance package that was given for '08-09.

**Mr. Wotherspoon:** — Are there outstanding negotiations at this point that will result in severance into the current or the new calendar year, '09-10?

**Hon. Mr. Krawetz:** — As of today, the answer of course is no. There are no packages that are being contemplated because there has been no one that has been let go.

**Mr. Wotherspoon:** — Couple other general questions. Do any of the estimates involve communications or advertising contracts?

**Hon. Mr. Krawetz:** — Sorry, Mr. Wotherspoon, I was looking at some other notes here.

**Mr. Wotherspoon:** — Of the estimates here, do any of the estimates involve communications or advertising contracts?

**Hon. Mr. Krawetz:** — No. The answer to that is no. My officials are telling me quite clearly, no.

**Mr. Wotherspoon:** — And within any of these estimates, do any of the expenditures involve land or building purchases or leases?

**Hon. Mr. Krawetz:** — There is no purchase of land, Mr. Wotherspoon. We can tell you that. But as far as the lease of space, because we're bringing people back into the ministry — which I'm referring to, of course, is the literacy office — but we're also adding, you know, the number of people that will be

helping in the two categories, probably of capitals primarily, and of course the area of child care. We don't anticipate having to lease any more space at this time, but we may have to.

So currently, if I would answer succinctly, in this budget, the answer is no. We haven't budgeted to lease any more space, but the answer as we move forward with additional people, the answer might be yes.

Mr. Wotherspoon, you're not questioning anything on the capital side, as far as the schools?

**Mr. Wotherspoon:** — No.

**Hon. Mr. Krawetz:** — Okay, good.

**Mr. Wotherspoon:** — Looking at the full-time equivalents, revisiting that conversation, there is the increase noted of significant positions in the actual ministry component here, as proposed to . . . a change as compared to the revolving fund. Could the minister just provide the explanation of the difference between the ministry and the revolving fund — the allocations?

[16:00]

**Hon. Mr. Krawetz:** — Mr. Wotherspoon, I can explain. In the estimates, we show that the revolving fund for last year was estimated at 16.4, and the revolving fund full-time equivalent for this year is 10.2. So we're seeing a difference there of 6.2. I can indicate to you that, because of the staffing component going over two years within the technology supported learning unit, there were 3.25 that are being further reduced for this fiscal year.

One is being redeployed to education technology unit, one is being redeployed to education finance and facilities, and one is being redeployed to financial planning and management. So the total number of FTE adjustments for this fiscal year are 6.25, which is that explanation of why we're going down from 16 to 10.

**Mr. Wotherspoon:** — Then to look specifically at the increases in the ministry side, 29 position increase from the 334, or the 334.5 budgeted for this year represents a 29 position increase over the 305.9 from last year or approximately 29 positions. If the minister could provide a breakdown or justification for this change, and where these bodies will be allocated.

**Hon. Mr. Krawetz:** — Sure. If you write quickly or you'll wait for *Hansard* to show you, I can give you the quick summary. And as I indicated in my comments before, we're still working with Advanced Education, Employment and Labour to work out the transfers of people that went from when we split the two.

But summer students transferred from AE and L will be 2.4. Financial FTEs transferred from AE and L will be 3.0. French education FTE that is going to be transferred to AE and L from us is in fact 1.0. So that's a less, less by one. Communications FTE provided from resources for long-term property tax relief, we're going to need one person to do that in the communications area. The FTEs provided for child care spaces are 4.0. The FTEs provided for pre-kindergarten enhancement is

one. FTEs provided within ed finance for long-term property tax relief is 8.0. FTEs provided to facilities for increased capital activity is four. And the FTEs transferred from the revolving fund, that's the explanation that I gave you about the 6.25 people. And if you add all of those numbers up, minus the one, you have a total of 28.65.

**Mr. Wotherspoon:** — Thank you. And how many of those are directly or indirectly related to the changes in education financing?

**Hon. Mr. Krawetz:** — A total of nine.

**Mr. Wotherspoon:** — If we can maybe move on to the topic of capital spending. Certainly it's really important that this remain a priority and that I know school boards certainly are looking for a long-term plan that is predictable for them to plan their capital projects.

We had a bit of a breakdown from the minister at the onset, in the preamble, of the 61 million in capital. My question more specifically would be, when will a total breakdown of the 61 million in capital be communicated to the boards as far as the specifics of these projects and not just kind of the broader allocations?

**Hon. Mr. Krawetz:** — Thank you for that question, Mr. Wotherspoon. I'll try to explain it in two different contexts. First of all the one context is around block. And I indicated to you, and that'll be in *Hansard* in my remarks, about different levels of dollars that we're assigning to the projects. And these are, as I've said, we have a number of things to work with within the ministry.

We're dealing with a problem with radon. We're dealing with a problem with asbestos. We're dealing in fact with the occupational health and safety requirements to ensure that the roofs can become safe, and we have to ensure that those changes occur on a roof system on all of our schools. And in fact that's going to be a very expensive proposition as we move forward over the next number of years. It will require millions and millions of dollars to be able to meet those needs.

So that's going to take up a portion of that \$61 million, and we assigned roughly about \$4 million the other day, just a little less than \$4 million, to some of those projects already. We normally assign block projects three times during the year, and the next set of block projects will be announced in May.

And the ministry is receiving many applications — I'll call them applications — from boards of education for smaller projects. And again these are projects that overall cost is usually less than \$800,000 for block projects. So in May we'll make another announcement as we analyze the projects that are being submitted, that were received in fact — not even being submitted — they've already been received in February and March. We'll do the assessment in April and May, and we'll make that announcement probably at the end of May.

The next set of block projects will be announced in September — and again that's sort of after the summer months — and we've had a chance to look at other projects that come before us. And then the third set of block projects will be next

February, again still within this fiscal year, to be able to ensure that we meet some of the challenges.

Now there's always a contingency amount that is kept for emergency purposes because you never know when a roof might collapse or a boiler might blow up in a school, and we have to ensure that we have those projects. So those are sort of emergency ongoing.

Now the second part of funding is around major capital projects. And we're now, as I indicated the other day when we announced the detailed design stage for two of the projects from the capital list — which was the Herchmer/Wascana new school and the new French high school here in Regina — those are the last two projects of the priority 1, again excluding Humboldt elementary and Turnor Lake.

But now priority 1 list, as of now, is completed. However the ministry officials are analyzing all of the projects that were before us already. I believe last year's list that we have online was 92 projects. There were 92 projects. We know that there has been a number of additional projects that have been submitted. And of course there will be reanalysis of the existing projects. So there may be projects that will move forward to the priority 1, even though we've taken care of the list of priority 1, or others may change positions as far as their placements in the priority 2 list.

So as we move forward over the next probably four months — four to five months — we will be able to analyze, first of all, that list and be able to have the new list of major capital projects that will be online by July. And it will tell boards of education where their major capital project sits as far as its evaluation against other projects.

But what it will also do for us is allow us to do a bit of a catch-up. And I hope you bear with me in terms of the explanation because when you announce the kind of capital that we announced in the last 16 months, there are boards of education, in fact there are 22 boards of education that have the responsibility for all of those projects. And literally there are dozens and dozens of projects that boards of education are now required to put in place.

I can tell you that the total amount of project cost for the announcements we made last year — and again these are fairly accurate estimates even though there's some built in for contingency — the total cost of the projects will be about \$350 million. And the school division will have, their share, of all school divisions, will be about 115 million. So there's a lot of projects that are under way.

We want to be assured that the funding that was allocated for those projects is going to meet the needs. We know that many are going to tender right now, and we're going to start to see some of the results of those tenders. We're also quite hopeful that the inflation rate which used to sit at about 2 per cent per month about a year ago . . . or a little less than a year ago, if you would have asked me that question, it was about 2 per cent. We're now starting to see a decline in the inflation rate, per month, somewhere in that 1.25 to about 1.5. I hope that it's even going to go down a little lower because that will enable projects then to come in under budget for what we've allocated

to do.

So it's a big project, and that's why of course we budgeted in this year's budget to add more people because we're going to have great activity around the province. We're going to be working with so many school boards already, and we're going to continue to announce those block projects that are needed as time goes on.

**Mr. Wotherspoon:** — Looking at the capital funding model — and the minister alluded to the 115 million that would be the board's share of the major capital projects that have been announced to date and that will be coming online as we move forward — now that's all premised on a 65/35 funding split. And I understand that there'll likely be some changes coming with that funding split, likely as a result of the new changes to the financing of education.

I guess my question is simply: what do you foresee, as the minister, as the change, and when will such a change be announced?

**Hon. Mr. Krawetz:** — Thank you for that question. As I indicated on Friday, at the school council, at the school boards' spring council, we're going to spend the next two years as transition years where we're going to work with the boards of education to develop a funding formula that takes into accounts the actual expenditures of boards, and we're going to be able to develop that model. We're using a base estimate this year, and we're going to work with school divisions.

Already my deputy minister and her team have already met with a number of school boards to ensure that there is an open communication with each and every board of education to get a better understanding of their real costs.

The capital one is going to be a bit of a problem. We know it. As you've indicated, yes, the splits are about 65/35. Some boards of education have looked into the future and have made provisions for capital reserve funds, and they have some reserves to cover their share, sitting probably in an investment situation to be able to ensure that their commitment is in fact met. Others have built into their budgets a certain amount of expenditure to pay for their particular shares.

So I think we're going to see that every board . . . Well I won't say every. But we're going to see vast differences between boards of education. Whether or not they have a line of credit established to pay for a capital project, whether they think they're going to borrow into the future, whether or not they have some money on hand right now and were going to borrow into the future — these are all things that we're going to work with when we meet with the boards of education.

And as we work through this next two years — and we're going to be open for advice from the boards, and I heard this very clearly on Friday — we're going to have to come to some conclusion regarding the amount of funding that we expect from the boards of education. Because if we're going to . . . If a board somewhere in the future, three years from now, and that board doesn't have any capital assets set aside today, and we say, well you have to come up with 35 per cent of a share — and let's just for interest's sakes say that that school is a brand

new school for \$10 million and they have to come up with \$3.5 million — well the question is, where would they be able to find \$3.5 million when in fact we are going to be giving the grant, plus we're setting the mill rates on the education tax. So the end result would be we'd be probably allocating to their budget some money to be able for them to pay their share.

[16:15]

So we're going to work with the boards of education to maybe develop a different system, maybe to be able to recognize a portion of their budget that will be for capital purposes because all boards recognize that they want to continue with infrastructure improvement. They understand that, and they don't want that to stop. So we're going to have to work with them to determine what is the best funding solution because currently boards have the ability to borrow. They have the ability to spread it out over a period of time to pay for their share.

And, you know, I had a board member tell me on Friday — and I've heard this before; it's not new — but they say, you know, if we're fortunate enough to get a brand new school in our community, we know that that brand new school is sort of our last new school for the next 25 years. We know that there isn't going to be another new school if there isn't significant change to enrolments. They know that. So they're wanting to ensure that there is a system in place that indeed will allow not only the government but the school board to be able to have a funding mechanism in place.

So sorry for the long answer, but it is one that's going to require some advice and some consultations with the boards as we move through the next two years to determine what that model will be. Currently it's a 65/35 split.

**Mr. Wotherspoon:** — It becomes very important, this discussion, just in this new imposed, constrained revenue environment that boards find themselves in and the new limitations that they have on them around their ability to borrow and amortize. So we do look at the 22 boards right now that are dealing with projects. I don't need to highlight specific school divisions at this point, but I am quite interested in the number of those 22 who don't have adequate reserves in place at this very time to go forward with the projects that have been previously announced.

And I know this is probably very important to the minister and also the Finance minister because of course these projects are part of the economic stimulus booster shot that was announced, and of course that makes it very important to expedite this process and make sure that those dollars have the impact that they were touted to have.

**Hon. Mr. Krawetz:** — We're going to do an assessment and analysis of every board of education because there's quite a difference between, you know, the amounts of money that particular boards are responsible for. In this last series of announcements, you know, we've had numerous announcements made for the Regina public board of education, the South East Cornerstone Board of Education where there are significant dollars. And I can just give you those two examples just to show you how we're going to work with school

divisions.

For the Regina public board of education . . . And I mean these are many, many projects that have been announced, and these are large projects, major projects, and small block projects. You know, when you start to look at the schools affected in Regina public in this last year, they are Arcola elementary, Balfour Collegiate, Campbell Collegiate, Centennial elementary school, Douglas Park elementary, Dr. A.E. Perry School, Dr. L.M. Hanna elementary school, Grant Road elementary, Judge Bryant elementary, Massey elementary, . . . [inaudible] . . . elementary, Scott Collegiate, Sheldon-Williams Collegiate, Thom Collegiate, Winston Knoll Collegiate.

Those projects are — that we anticipate the costs for this in that we've announced in the last 16 months — those projects are going to total \$93.7 million. So the school division is going to be, their share is about \$32.5 million of that amount.

Now when I take a look at even another one — I'll give you a rural one — the South East Cornerstone. South East Cornerstone has projects at Gladmar Regional School, Oxbow, Weyburn Comprehensive, and two specific things happening at Weyburn Junior elementary. Their total amount of the project, the total cost for those projects is \$54.9 million. And their amount of school division contribution, their share is 25.7. Again I'm rounding up to that.

So that shows you that there's a significant amount of money, and as I indicated to you, you know, about \$114 million is going to come from boards of education. Well you can see immediately that I've just given you 32.5 from Regina public and 25.7 from South East Cornerstone, so we have well over 50, well \$58 million is just from those two boards, and that's of the 114.

So then we've got wide variation. We have some boards that are going to be responsible for \$3 million or \$4 million or 5. The initial analysis looks that about half of the boards have some specific capital reserve allocations. So we're going to work with them to determine whether or not those are immediate assets that can be applied for their share. If there are boards that do not have money set aside and we have announced the projects, we're going to work with them to determine what their budget must be to ensure that their particular portion is covered. Now they'll still have the ability to borrow. They'll still have the ability to look at, you know, debt over a period of time. And we're going to be able to work with them to determine what is the best solution for that board of education.

**Mr. Wotherspoon:** — Will the minister consider covering the board's share for those boards that have inadequate funds to be able to proceed with the project of those previously announced projects? Specific question was, will the minister cover their share?

**Hon. Mr. Krawetz:** — We're going to work with the board to determine how they want it covered, okay. Do they want it covered within a budget that's going to extend over a period of time, and maybe it's the next five budgets or ten budgets? Or do they want to work with a different scenario because of anticipated projects?

We're still at the moment working with all boards of education that have a 35 per cent responsibility. So we're going to work with them to try to determine how that's best achieved. And the situation is that if projects are to move forward and if the board of education has not set aside enough funds for their particular share, then based on the new model of funding, which is the taxpayer or the property tax owner, which we're going to set those mill rates and they're not going to change, then the only other source for the board of education is the grant, and that's us. So we'll be looking at that very extensively.

**Mr. Wotherspoon:** — Is the minister concerned at all that his booster shot is sort of stalling right now in the sense of getting the action on the ground and the dollars flowing where they need to, the jobs being created as they should?

**Hon. Mr. Krawetz:** — No, absolutely not. The officials indicate to me that the boards who wanted to go to tender by a particular time are moving ahead with their tenders, and 2009 is going to be an extremely busy year.

**Mr. Wotherspoon:** — If the minister, as he suggests, likely won't be funding fully the projects that don't have adequate funds, will likely be providing the option of debt for those school divisions, will the, I guess, the debt payments that will need to be made by the school boards, will those be additional dollars paid for through your ministry, and not constraining those school divisions further or taking from one pocket to another?

**Hon. Mr. Krawetz:** — The amount that will be required for the completion of a project is going to be, you know, dealt with between the Ministry of Education and the board of education. And we're going to work with the board to see whether or not they want a longer term or a shorter term.

But clearly if the amount of money that's required to move a project forward has been worked on together by both the ministry and the board of education, and we're signing off on that, we're then committed to funding that as an additional amount to what is needed for the actual expenditures that other officials are working on.

So it's a fairly complicated thing as we try to determine, you know, what the budget is, what the real budget should be for a school division because, you know, for many years now we've been recognizing expenditures, and they're not at the level of actual expenditures. And now for this first year . . . and I mean that is why we had to add \$241 million to the K to 12 funding budget because there needed to be not only a catch-up, but to ensure that boards of education have adequate monies. But the capital section will be beyond that, beyond that, no question.

**Mr. Wotherspoon:** — Looking at the specific pieces of the block funding, the 6.8 million of the 61 million, I guess my question would be, what process of application and prioritization occurred here? Did it follow the traditional and proper channels?

**Hon. Mr. Krawetz:** — Just for clarification, Mr. Wotherspoon, were you talking about the projects that I announced just in the last couple days?

**Mr. Wotherspoon:** — Correct.

**Hon. Mr. Krawetz:** — Okay. The projects that we released the other day, on March 23, the indication is that most of these would have been submitted in February. And they would have been assessed through the regular system, and these are the projects that are most ready to go. So when it came time to put some projects out and get them ready, these projects and these school divisions are prepared to move forward on them right now, and then we're doing a further assessment on a fairly significant batch of other requests from other school divisions to be able to have them probably ready by the announcement at the end of May.

**Mr. Wotherspoon:** — Did any of them take the similar process to Wolseley school, where some community members phoned the minister's office, phoned the school division to see if they had interest in doing the renovations?

**Hon. Mr. Krawetz:** — Well we won't get into debating whether or not that's the . . . You know that's your analysis, but clearly the board of education submitted a request in Wolseley. These are all board submitted as I said. They were submitted in February. There are many others that have been submitted in February and March, and they're going through the regular assessment, but these were the most ready to go.

**Mr. Wotherspoon:** — Thank you. Maintenance of that fair and consistent process that's valued by the sector partners is certainly important to the opposition.

Question being how many . . . if you have this, because I know these would be coming on an ongoing basis, but at this point, do you have any number or an estimated value for the block funding requests that remain within the ministry at this point in time?

**Hon. Mr. Krawetz:** — My official indicates that that's what we're doing right now. We're assessing the projects that have been submitted, and there is no total that we could give you yet today.

**Mr. Wotherspoon:** — Do you know the number of projects that would actually have been received as far as applications to your ministry for these block funding projects?

**Hon. Mr. Krawetz:** — There's an indication that we probably have just over 100 projects that have been submitted. Some were submitted really without any budgetary assessment, so there really wasn't a dollar figure on them, and that's why we can't tell you the total of what these 100-plus projects might be because that's what we're working on right now, but clearly a fairly large amount especially if we start to look at average projects running into that 500,000-600,000 range.

**Mr. Wotherspoon:** — Thank you. Just looking specifically at some of the major capital projects and the two new ones that have been announced in this budget, being the Fransaskois high school here in Regina and the amalgamation and new project of Herchmer and Wascana elementaries, now those have received the approval in principle in detailed design, approval from your ministry, but I just want to clarify. At this point, have those dollars been committed for the actual . . . and I know this

all works in stages. I guess what I'm looking for is a timeline and a commitment for the transfer of those dollars and what budgetary year those are going to flow out of.

[16:30]

**Hon. Mr. Krawetz:** — For both of the projects — the fransaskoises and the elementary school at Herchmer/Wascana — both are still having some discussions with partners, and they're working on the approval in principle design, as far as what they really want to move forward to. Once they move to detailed design stage, which will probably take a few months . . . that procedure could take anywhere from a couple of months to as many as seven or eight months. So the funds will be made available to the school division as they incur these costs.

So in both cases, especially with the French board, there are no tax dollars being set aside by them, so all of these costs will be borne by the ministry, and we're going to be assigning them as the costs are incurred. And we're encouraged that we're going to move forward on these projects within the next couple of months as that final approval in principle is worked out with all of the different partnerships that the boards were trying to establish.

**Mr. Wotherspoon:** — So then at that point, you're anticipating the dollars to flow for the projects out of this budget year and out of this capital spending, the 61 million for the entire . . . no, the provincial portion. So I guess the timeline on . . . because I know these do take multiple stages and they do take some time to come online.

**Hon. Mr. Krawetz:** — What I can indicate to you, Mr. Wotherspoon, is on these two major projects, the expenditure of \$2.2 million for the detailed design will be in the '09-10 budget that we're going to start the day after tomorrow. And we'll be working with them over the next, as I said, maybe eight months or so to get to that stage.

What we're anticipating is that the construction dollars that are going to be needed will be provided in the 2010-11 budget; that's the normal procedures for getting . . . [inaudible] . . . And you're right, and that's one of the reasons why we've started the approval in principle again and detailed design stage. It takes a number of months to work with the partners to develop the concepts of what the school really should be.

I was very excited when I was over at Wascana school the other day to learn that, the very night before we made the announcement, the Regina Board of Education had conducted an open night with parents and students and they had an architectural firm in to start talking about the design — what it should look like, what should the school, how could the school meet the needs of that community. And they're going to spend months on that, just on talking and determining what should the school look like.

Then it'll get into the detailed design stage where in fact now you start seeing an architect, and of course those people are going to be working with my officials in the facilities department to ensure that there's always double-checking on costs, that there's also a space allocation. That is always of

concern because for a specific number of students that we're building a school for, there's also a required space that has to be built.

So those are things that are going to be worked with, with Margaret Ball's group, and they'll determine that hopefully by the end of the year so that, when we get to this time a year from now, the capital dollars will be able to be allocated for construction purposes.

**Mr. Wotherspoon:** — I know the renewal of that project is certainly valued by the community there, and I know that's expressed by my colleague, the member from Regina Elphinstone, and also my constituency office is directly across the street from it. So I'm certainly am aware of the site, and it's an important community to be supporting, and thriving as far as a young population of young students, and it's good to see that project moving forward.

Just to focus a specific question on the fransaskoises school, I've had a bit of a discrepancy in the population that this school will be built to hold. The press release suggested that there would be 100 students, and I understand that in scum with media that the minister may have suggested that there'd be 225 students. So I guess I'm just asking for clarification.

**Hon. Mr. Krawetz:** — Thank you for those questions on the francophone school. There are a couple of things I want to make sure that are clarified.

The current enrolment at Laval for the K to 12 school that's there is about 320 students in kindergarten to grade 12. And in the component, 8 to 12 . . . And that's the design that the francophone board is looking at. They want to be able to leave that school on Hillsdale as a K to 7 school and keep that enrolment there, but ensure that it has, of course, the proper space. And they're going to create a new high school that will be an 8 to 12. And currently the enrolment at 8 to 12 levels in Laval are about 100, just over 100.

So when we look at the new construction of a new school, and of course that's where the continued negotiation will take place with our ministry officials . . . is what should the school be built for, as far as especially the core because when you have a core built, it's difficult to renovate a core to accommodate now another, you know, 200 students or whatever the case may be, or 100 students. Smaller growths that require additional classrooms to be added on, you know, we're adding relocatable classrooms. In fact we're doing that in Saskatoon right now to the new school that was just constructed and just opened recently, which is Bethlehem and because of the enrolment that are there. But the core was built sufficiently large enough to accommodate the base.

So that's why we're looking at probably that core for the number of students that we anticipate will allow a school to be built and to be determined. You know, to be a viable school is probably going to be in that 225, maybe let's say a range from 200 to 250. That's going to be the range because there's an anticipated growth. But that'll be the 8 to 12 projected enrolment versus the K to 7 that will remain at Laval on Hillsdale.

**Mr. Wotherspoon:** — Where do you project the students to come from? This is 100 here right now and that's sort of the number that's been maintained at Laval. So you're looking to more than double the population, an additional potential 125 students.

**Hon. Mr. Krawetz:** — I had an interesting discussion with the Chair of the francophone board, Barbara Riley, about growth and potential and what might be realistic. And, you know, when we look at the current school and if you listen to the Chair, Ms. Riley will say that of course they're missing out on a lot of students, that certainly a large group of additional students would come if there was a facility for them.

So if that's true, then some of those students will come from the current Regina public schools, or they will come from the Regina separate schools, or they may come from some of the independents or anywhere in the area. They may also come from, you know, a distance away. If there is a full high school, full French, francophone high school in Regina, you may have someone who lives 100 miles away whose parents and/or the student decide that they want to come to Regina.

The other part — and this is already evident in the school — is that the immigration program that we're seeing happen with a large number of immigrant families coming to Saskatchewan, a number of them have French as a language, whether they're coming from Quebec or whether they're coming from another country altogether. So those will be some of the areas.

I know your next question might go around Robert Usher and space. But I just want to say that, you know, the desire and the media . . . As you were aware the media was saying, well you know, we should just turn over a space that's built for 1,000 students. Well that's just not realistic. And I appreciate your acknowledgement of that, Mr. Wotherspoon, because we have to build a space that's going to be realistic, that's going to meet the needs of those students. And currently we're thinking that that space should be around 200 to 250 students.

**Mr. Wotherspoon:** — And just to put on record where we're pleased to see that Fransaskois education is receiving this building that will be new and its own and dignified to provide the quality and unique education that they do provide.

Looking at the major capital projects that are outstanding or currently standing on the priority list — 92 of them I believe is the number — just a couple specific questions. I know Humboldt and Turnor Lake have both been alluded to in the minister's preamble. So with both those projects, I guess my question would be, what's the estimated timeline for those to be funded?

**Hon. Mr. Krawetz:** — Two different projects there that you've indicated. The Humboldt elementary school will be dependent of course on the completion of the construction of the Humboldt high school, which is a joint project of both the Horizon Board of Education and the St Paul's Board of Education out of Saskatoon. We're anticipating that the approval in principle design stage is probably going to go in 2010-11, and that the construction dollars would be required in 2011-12. And again that's pending of course all things moving well with the Humboldt high school.

Turnor Lake is a little bit different. And it's moved up a bit, which is great to hear. The federal government has announced the funding for Turnor Lake. There's a pretty good indication that it's going to go to tender again because it's been at the tender stage once already. It'll go to tender probably shortly, within the next few months I'll say. The federal government does move a little slower. So as soon as that happens, we're probably going to be required to have a commitment of our dollars for 2010-11.

So the two schools are two different years: the construction dollars for Humboldt elementary, probably 2011-12; the construction dollars for Turnor Lake, probably 2010-11.

**Mr. Wotherspoon:** — I know I met with the mayor and council of Turnor Lake, and very strong advocates and proud to see this school come to completion. The actual funding split, I'm not certain between the federal government and the provincial government.

[16:45]

**Hon. Mr. Krawetz:** — Sorry for the delay there, Mr. Wotherspoon. We wanted to make sure. The project has gone to tender once, and now our latest estimate of the project that we're hearing is about \$27 million in total. And the province and the federal, the agreement with the federal government is that the province will pick up about 17.4 per cent of that which, you know, if it comes in at tender at 27, 17 per cent of that is probably just a little over \$4.6 million.

Now the split then is a little different in the North. The board of education is just responsible for just over 20 per cent, just around 20.8 per cent, so they'll pick up 20 per cent of that 4.6 million, and the province will pick up 80 per cent of that. So if you round that up, we're talking about \$3.7 million as far as anticipated share for the Ministry of Education, and the remaining amount will be the portion that the Northern Lights School Division will have to put in.

But again that's a situation that we're going to monitor very closely. I mean that's what derailed the last project is that the estimate was nowhere near, or I should say, the tender was nowhere near the estimate.

**Mr. Wotherspoon:** — Thank you, Minister. Speaking of strong advocates, I also would be remiss not to mention the member from Saskatoon Eastview, who is always very keenly interested in seeing Georges Vanier School's funding for the exceptional education that they offer and unique education there as well. I'm wondering if the minister has a timeline on that project at this point. Unfortunately it slid down the priority list at this point, and I understand how projects are prioritized, but wondering at this point if the folks at Georges Vanier could receive a timeline from the minister.

**Hon. Mr. Krawetz:** — Well I'm not sure that the member for Saskatoon Eastview is going to like my answer. But every year, each capital project is assessed against itself in terms of ensuring that what are the conditions, what are the changing conditions, whether they be enrolment, whether they be physical structures and everything else. So that's why the difference. That's why the difference from being evaluated as

number four on the priority 2 level in '07, and then moving to the current list and the project ranks number six on the current list.

Now the other thing that is also interesting to look at in the context of the Greater Saskatoon Catholic Board of Education, within that top . . . Well actually the next project is seventh, is Holy Cross High School ranks number seven. They have four projects. They have four projects within those seven. Now if we're going to move forward with projects of major capacity, you know, it's been a tradition and kind of thing because we don't want to put a huge burden on the school board, is we're looking at two major capital projects for a year at a time.

So if you look at the list, number three is Willowgrove, Greater Catholic, Number four is St. Matthew School, within Greater Catholic as well. Number six is Georges Vanier, and number seven is Holy Cross High School. Those are four projects that are all within the same school division. Not all four will happen in the same year.

So if we look at the ranking, the first two that are ranked higher by the system that is used are Willowgrove and St. Matthew.

**The Chair:** — I recognize Ms. Junor.

**Ms. Junor:** — Yes, I'd like to know, you were mentioning in a Catholic school board in Saskatoon, it would be a burden on them to complete some of these projects all in one year. Had they said that they are not ready to go with Georges Vanier, Holy Cross, and some of the others? Have they actually said that?

**Hon. Mr. Krawetz:** — No, the boards of education . . . I mean what we're doing is within the ministry. We're looking at the distribution of projects through the province. And that's the current model that we have before us, listing that the Greater Catholic has four projects.

**Ms. Junor:** — But the fact that they have four on the list — and as you mentioned it might be a burden — that shouldn't make any difference at all into the allocation of the money. If you have money to go down below the six, it shouldn't make any difference that the Catholic school board in Saskatoon has four out of the six.

**Hon. Mr. Krawetz:** — We're going to work with the board of education to determine what is the procedure that needs to be followed. We're going to work on previous parameters, and we'll make those assessments as we move forward.

**Ms. Junor:** — Having met with the school board, I didn't get the impression that they were reluctant to move forward on all their projects. I think they're quite eager to do that.

And I just wanted to mention, since I've been proposing Georges Vanier get built for quite a while, they are the only fine arts school in Saskatoon. And they do now service, as a Catholic school, the new Stonebridge area. And the kids will be coming across into that school, and there is no capacity in that school even to take extra children, let alone extra children with a fine arts interest. So I'm really concerned that they continue to slip, and I don't understand why.

We had a proposal that they start their renovations in incremental steps, so they can do some renovations to their auditorium or their music room or whatever. And I was told that that's not a possibility; that's not how we like to work. But I kind of think that Georges Vanier would appreciate having a start on their project and get going on a piece of it so that it would relieve some of the stresses of the music room and the performing arts. They can hardly do that any more. I think they'd appreciate starting in incremental stages. And I'm not sure what happened or where this policy came in that we all of a sudden don't want to do it. We want to do all or nothing.

**Hon. Mr. Krawetz:** — Thank you, Ms. Junor. A couple of comments, I guess. I met specifically with the Greater Catholic Saskatoon Board, the entire board, in Saskatoon to talk about the role of that school board and capital projects. And the amount of funds that the Greater Catholic has right now wouldn't be able to meet the share of all four of those projects because they're pretty significant projects.

Also the other thing that will happen in, and is happening, is the re-evaluation of all of the projects. So whether or not the school that you mention is no. 6 — or I should say not necessarily no. 6 — but is it ranked lower than the projects that are already within the Greater Saskatoon Catholic, in other words St. Matthew, I don't know whether that'll change or not. You're right as far as the school itself and the lobby that has been there. It's very extensive. They want to move forward. They are pointing out very clearly that it's time for new space, for renovated space, and we understand that. So it will depend on dollars as well.

I mean these projects that are in this list, whether there's enough money to do beyond project one and two is also unknown at this time because you can't move forward with a lot of projects when you're looking probably at about \$23 million as the major capital portion. Because all of the other amounts, as I indicated in my opening remarks, we're going to address radon and asbestos and roof replacements and all of those other projects. So when you start to look then at the capital that's left to move forward, major capital, it's not as extensive.

So we're going to work with the board of education to determine what are their priorities, what their funding is like to see whether or not they have in fact changed their emphasis on particular projects, and then we're going to work within the ministry as far as figuring out where they fit on the list.

**Ms. Junor:** — Could you comment on my question about the renovations by stages?

**Hon. Mr. Krawetz:** — The explanation is of course that the school has taken on a lot of students. And you're right about Stonebridge and serving some of the kids, even though there is an application for a brand new facility out in Stonebridge.

So the requirement over at Georges Vanier are more in the core area. We're going to have to do some enhancement to the resource centre. We're going to have to do some enhancement to the fine arts area. And that is more core. So when you're going to do a reno at that core level, you're not talking about a small block project that is separate from the rest of the school.



And that's what we've done in a number of schools. I'll use White City as an example. We added on a couple of relocatables because they don't affect the core. And the problem with that of course is that when you don't change the core, you still have the difficulties of managing the system.

So in Georges Vanier's case, the renovation that would have to be probably done first — and again I'll be, you know, discussing this with Margaret's shop — is that the core is not a smaller block project. It's going to be the bigger thing that probably has to be done first before you can then move out and do some of the other renos around it. So that's what we're seeing as the reason why you wouldn't do a small chunk at a time.

**Ms. Junor:** — I also just have one more comment because the Chair wants to wrap up. But you were talking about repairs. Interestingly enough, when I was there the last time, I was sitting in I think it was the teachers' room or whatever. And my purse was down beside me, and the roof was leaking into my purse. And I thought, you know, that this was definitely a message for me to take, that there was water going straight into my purse.

**Hon. Mr. Krawetz:** — Well you know, absolutely, you make a good comment about the condition of many of our schools. I mean, I dare say that if we wanted to, we could probably have every board of education sitting where you are right now saying that their project — which is one of the 92 that's on the list — should be first because it's more important than the person's sitting next to you.

So you know, no question. We understand that there is a problem there. We understand that there is a need to address that facility. And we are going to look at it in the context of all the other projects with the proviso of course that it's dollars that are going to be needed to move projects forward.

**Ms. Junor:** — Thank you.

**The Chair:** — Mr. Wotherspoon.

**Mr. Wotherspoon:** — And I think we could . . . You know, the list could go on, as the minister suggests and as I know our member strongly advocates for those many projects, and rightfully so. You know, whether it's Lumsden or whether it's Warman or whether it's White City or Willowgrove, it's important that we see these projects come to fruition.

Just to wrap up this aspect of it, we are concerned that the new constraints that are placed on revenue on these boards with the set mill rate . . . And I know the minister's committed to this consultation and to look at how that funding share will occur and exactly how boards will be supported being able to go forward with projects. Because the last thing we want to see is to not see the projects that have been announced be able to move forward in an expedited fashion or to be able to get to the meaningful projects that are before us.

But at this point, I certainly see the clock. I don't have any other questions specifically around the capital that's been announced. We certainly have, I know, many more hours in this forum for the specific estimates and votes. So I'd like to thank the

minister and the ministry officials — the many ministries officials — who are in attendance here today and certainly thank committee members as well.

**Hon. Mr. Krawetz:** — Thank you to you, Mr. Wotherspoon, and to Ms. Junor for your questions. And thank you to all committee members for listening and understanding education better.

**The Chair:** — Thank you very much, Minister. It is now 5 o'clock. The committee will recess, and we will resume at 7 o'clock, at which time we will consider the spending estimates of the Ministry of Health.

[The committee recessed for a period of time.]

[19:00]

**The Chair:** — Good evening, everyone. We will resume the sitting of the Human Services Committee. I will just perhaps restate some of the comments I made earlier this afternoon for those people who may have joined us via video, those people who perhaps are observing our deliberations here this evening.

The role that the committee is playing tonight is we will be examining the spending estimates for the Ministry of Health. The Legislative Assembly has referred to this committee the spending estimates of the ministries of Advanced Education, Employment and Labour; Corrections, Public Safety and Policing; Education; Health; and Social Services. The committee's role is to examine those spending estimates.

The minister and his staff are here this evening to answer questions that committee members may have, and at the end of our deliberations — we won't be doing that this evening — but as we proceed through the process and when we have spent sufficient time to satisfy our inquiries, we will then make a decision on the spending estimates. And we can, it is within the committee's mandate to approve, reduce, or reject spending estimates. And as I mentioned, the minister and his staff are here to provide the answers to committee members.

And so with that brief explanation to those people who are watching the proceedings tonight, we will start this evening's proceedings.

### General Revenue Fund Health Vote 32

#### Subvote (HE01)

**The Chair:** — We have with us the Minister of Health and his numerous officials. I see he is very well-prepared to answer any questions that the committee members may have, and at this time I would ask the minister if he would like to introduce his officials. And after he's done that, if he has any opening statements that he may want to make, I would ask him to proceed with his statement.

**Hon. Mr. McMorris:** — All right. Thank you, Mr. Chair. I do have quite a lengthy opening statement that I will make dealing with issues around the 2009-2010 budget. But before I do that,

introduce the officials that we have with us or some of them anyway. To my left is Dan Florizone, the deputy minister of Health, and to my right is Lauren Donnelly, assistant deputy minister. Over my left shoulder is Louise Greenberg, associate deputy minister. Beside her is Gren Smith-Windsor, associate deputy minister. Duncan Fisher is not at the table immediately behind me but is in a chair further on behind. Over my right shoulder to the far right is Max Hendricks, assistant deputy minister, and beside him is Ted Warawa, the executive director for financial services branch.

I have a number of other officials with me here today and I'm not . . . or this evening. Because we have such a long period of time, three and a half hours, that's why we've asked so many different directors and executive directors to be here tonight. And if we call on their services, I'll introduce them at that time, if that's all right. We'll see where the questioning goes because, as I said, on a budget this size and for this three and a half hours, we're not quite sure where the questioning will be going. So I hope we'll have all the bases covered.

As I said, I have fairly lengthy opening statements. So if you'll bear with me . . . But it does, when you're spending \$4.75 billion, I think it warrants a bit of a statement to begin with.

So I'll begin by stating that I'm very excited about this year's health budget. As I mentioned, our 4.075 billion investment in health care means that we're able to maintain health services for Saskatchewan people and continue to make strategic investments to improve the health of our residents. It means we will continue to make progress on our priorities. All with a focus on improving patient-centred care. We are moving forward on our commitments to revitalize health care in Saskatchewan. We are addressing immediate needs in the health system while providing a long-term vision to guide future decisions and investments.

We are planning to spend a record 4.75 billion on health care during the next fiscal year. That's an increase of \$329.9 million or 8.8 per cent from the previous fiscal year. The largest portion of this investment in health, 71 per cent, goes to paying physicians, nurses, and other health care providers.

This budget includes a clear commitment to a children's hospital in Saskatchewan. We are providing \$200 million over the next two years to this key government priority. A children's hospital is part of our plan to improve health care and to build a better future for Saskatchewan's families.

This funding is on top of the 152.8 million to build 13 new long-term care facilities to replace 13 outdated facilities throughout Saskatchewan that I had announced this past February. Also in this budget, health regions will receive 2.437 billion, an increase of \$281 million or 13 per cent over the last fiscal year. The 2009-10 budget continues significant investment to recruit and retain more health care providers to Saskatchewan, including the development of a physician recruitment strategy.

This budget also includes a number of new investments to support various initiatives, including work on tobacco reduction initiatives that will help address the leading cause of preventable illness and death in Canada; a provincial mental

health strategy that brings together health and community workers, community-based organizations, and others to set a provincial plan for mental health; development of a First Nations health and well-being plan; an enhanced Métis partnership on health; enhanced support and service to individuals and families affected by Alzheimer's disease; improved infection control activities to protect the health of all residents and ensure public safety; and continued support for the stroke prevention clinic and integrated stroke rehabilitation pilot project in Sunrise Health Region Authority in co-operation with the Heart and Stroke Foundation of Saskatchewan.

The health budget invests in priority areas for our government. As I mentioned, health human resources account for a large portion of our budget. Almost three-quarters, or 71 per cent, of the health budget funds compensation for physicians, nurses, and other health care providers. Seventeen per cent, or 688 million, is for drugs and medication, surgical or laboratory supplies. Three per cent, or 142 million, is for infrastructure and equipment purchases, information technology, and continued construction on the Saskatchewan disease control laboratory. And 9 per cent, or 375 million, funds other health costs like out-of-province medical services, air ambulance, and extended benefit plan. This budget also provides 375.8 million, a 24.2 million increase, to provide the residents of Saskatchewan with affordable access to prescription drugs and other extended benefits, especially for those low income and special needs.

I would like to take some time to speak about some of the priority budget initiatives I have outlined. Clearly the most significant investment in the 2009-2010 budget is the children's hospital. The new children's hospital is a key priority for our government. By providing 200 million to this project, we are ensuring it will best meet the needs of Saskatchewan families and health care professionals, today and into the future. This announcement is great news for Saskatchewan families. It is an announcement that people in this province have been waiting for and waiting to hear for a long time. This hospital is part of our plan to improve health care and to build a better future for Saskatchewan families. We are keeping our promises and Saskatchewan people are benefiting from our province's strong economy.

We are committed to putting the patient first in health care. A children's hospital will improve care and create an environment that will improve the patient experience. I look forward to the day we open the doors of this new state-of-the-art facility. A centre focused on pediatric care will help attract and retain specialists and other valuable health care professionals, which will mean enhanced services for Saskatchewan people.

The children's hospital isn't the only area of priority in terms of health care infrastructure. There are many demands on capital dollars in health care, as the infrastructure has been neglected or has been deteriorating. We are making progress on replacing 13 outdated long-term care facilities with new facilities. More than 540 new long-term care residents will benefit from new facilities.

We continue to make facility repairs with the 100 million investment in 2008-2009. And we have additional planning dollars for Moose Jaw Union Hospital, Victoria Hospital in Prince Albert, and long-term care in Swift Current also invested

in the 2008-2009 fiscal year. And we'll not stop there. The Ministry of Health is currently working with regional health authorities to develop a 10-year capital plan to ensure health care facilities in Saskatchewan are up to date and meeting today's standards. This is incredibly important to ensure the safety and comfort of residents, patients, and health care providers.

As we work to rebuild this province's health care infrastructure, we are equally committed to rebuilding our provincial health care workforce. Our government has many initiatives to help recruit, retain, and train health providers in Saskatchewan. We will continue to build on these initiatives and develop others as we begin to develop the development of a 10-year health human resources strategy.

We have invested 23 million for health provider recruitment and retention, including nurses and hard-to-recruit professionals in this budget. This is in addition to the 60 million to increase the nurse workforce in this province that was provided in the 2007-08 through a partnership agreement with the Saskatchewan Union of Nurses. This funding will enable health regions to hire more nurses, which will help improve access to care.

Overall Saskatchewan is turning the corner on nursing vacancies. According to the Saskatchewan Union of Nurses' 2008 nursing vacancy survey, the province has 50 fewer FTE vacancies than last year. In addition to those numbers, we know that SAHO [Saskatchewan Association of Health Organizations] payroll that the health regions are employing 159 more SUN [Saskatchewan Union of Nurses] FTEs during the first 11 months of 2008-2009 than they employed in 2007-2008.

The SUN-government partnership agreement outlines the initiatives and processes we are using to implement a comprehensive nursing strategy to stabilize and rebuild the nursing workforce in Saskatchewan. As well, the Legislative Secretary responsible for nurse recruitment and retention, MLA [Member of the Legislative Assembly] Laura Ross, has also been asked to examine Saskatchewan's need to recruit nurses. She is working on a report that will identify the issues surrounding nurse recruitment and retention and provide an assessment of current initiatives. The report will provide government with policy options to address the nursing issue in this province.

We are also seeing success on the international front. The Ministry of Health has supported regional health authorities' recruitment initiatives to the Philippines, and approximately 470 job offers were made to nurses during three different recruitment trips. We are promoting opportunities in health care at career fairs across Saskatchewan, across Canada, and internationally.

A provincial nurse mentorship program and a job guarantee for new nursing graduates have been implemented. These programs are being implemented in tandem to ensure new graduates have full-time job opportunities and can benefit from working alongside experienced nurses. Had we not implemented these aggressive strategies, we would likely have seen a significant decrease in the number of nurses in the same time frame.

Saskatchewan is also continuing to enhance its self-sufficiency by increasing our training capacity. The number of education seats in nursing, medicine, and medical diagnostics programs have all seen an increase, and our recruitment grant program continues to be highly successful. As of the end of December 2008, we have awarded almost 1,300 people with relocation recruitment grants.

In addition to our support to recruit and retain nurses, our focus is also on ensuring an adequate physician supply to meet the needs of Saskatchewan people. Physicians are in demand across the world. This budget provides an incremental \$9.4 million for physician recruitment and retention, including the development of a physician recruitment strategy. This investment also includes additional funding to add 24 postgraduate resident training seats, bringing the total to 109 seats at the College of Medicine in 2009-2010.

[19:15]

We compete not only with other provinces, but also other countries. We believe the strategy will provide a unique opportunity to showcase Saskatchewan as a good place to practise medicine.

This budget continues to fund high priority health care issues for Saskatchewan residents. Our government focuses on revitalizing and improving the health system is based on our commitment to improve patient-centred care.

This budget provides 500,000 to complete the patient-first review to provide guidance in improving health care services. We expect that the patient-first review will provide findings and recommendations that will assist us in determining immediate priorities as well as developing a long-term plan to guide future decisions and priority investments in health care. The patient-first review will help us put more emphasis on patient care and less emphasis on whatever is getting in the way of delivering safe, effective health care services.

The budget also provides funding to address the way services are provided to key sectors of society — those who require mental health services and seniors. We have boosted spending to move forward on the development of a mental health strategy and a seniors strategy, all with the goal of ensuring patient-centred services are available in Saskatchewan. Both of these important pieces of work will be informed by the results of the patient-first review.

Another priority of our government is improving emergency medical services in Saskatchewan. In the year ahead, we will also complete reviews of the province's emergency medical services and air medical service system. We have long recognized the need for reassessing how we deliver EMS [emergency medical services] and find ways to improve access for people across Saskatchewan.

Saskatchewan's large geographic area and widely dispersed population will always present challenges in this sector, but it is critical that we address those challenges. Access to health services is a significant challenge for rural and northern residents in particular. Saskatchewan air ambulance is clearly an important part of the solution. For patients whose health is at

risk, it provides a crucial link for specialized medical care.

We launched a review of air medical transportation services earlier this year. I believe it will help us develop a long-term vision for air medical services and a plan to achieve that vision. Among other things, the review will examine the possibility of adding helicopters or a helicopter to the Saskatchewan air medical fleet. I am confident this process will set us on the right course to improve our air medical transportation system and meet the growing needs for these crucial services or critical services.

This is in addition to embarking on a province-wide review of the road ambulance service in Saskatchewan, something I felt was long overdue. The air medical review will complement the work being done during the road ambulance review.

We want to make sure our entire EMS system is progressive, efficient, and fair for people in all parts of the province. A thorough assessment and careful planning will help us lay a strong foundation for the future. Patients should have confidence that the health care system will meet their needs, no matter where they live.

Our ultimate goal is to put patients first and to provide health care that reflects that vision. The patient-first review now under way in Saskatchewan will help ensure that we focus on meeting the needs of the people we serve.

Our regional health authorities play a key role in delivering health services to the people of Saskatchewan. In the '09-10 budget regional health authorities, which provide most of the health services in Saskatchewan, will receive 2.4 billion, an increase of 281 million or 13 per cent over the last fiscal year. This funding increase will go towards funding health providers' salaries, inflation increase, and service growth and program expansion. This significant funding commitment provides regions with the ability to move forward in helping our government fulfill its mandate to improve the health of Saskatchewan residents.

A number of efficiencies and productivity improvements are under way or have been implemented in regional health authorities to increase patient care, eliminate waste, and increase safety. In addition, the Ministry of Health is undertaking a lean review of the ministry processes and programs to ensure they are working as efficiently and effectively as possible.

Another one of our partners in health care, the Saskatchewan Cancer Agency, will receive operating funding of 99.3 million in the '09-10 budget, an increase of approximately \$10.1 million or 11.3 per cent over the '08-09 budget year. Approximately two-thirds of the increase, or 6.7 million, is for drugs, bringing annual funding to the agency for cancer drugs to approximately \$42.4 million.

I'm very pleased to stand in the legislature last week and announce more good news regarding cancer treatment in Saskatchewan. With government's funding support, the Saskatchewan Cancer Agency has approved coverage of aromatase inhibitor for post-menopausal women who have early stages of breast cancer. The Saskatchewan Cancer Agency

already covers the use of these drugs for advanced breast cancer, but now will fully cover them for early stages of breast cancer as well. This expansion of coverage for cancer drugs supports our government's commitment to improve cancer care for Saskatchewan people.

Saskatchewan already has one of the most comprehensive drug coverage plans in Canada for cancer patients. We will continue to build on that reputation. We will continue to provide the necessary resources to ensure that cancer patients receive the highest quality care they need and deserve.

Improving the quality of health services in Saskatchewan is a priority. I am pleased to say that the Health Quality Council will receive 5.56 million . . . five six million dollar grant in the '09-10 budget. This funding will allow the HQC [Health Quality Council] to continue to implement its three-year strategic plan '07 to '10, 2010, which is focused on chronic illness prevention and management, care that is patient-centred, appropriate and timely, and safer patient care.

The HQC allocation includes continued funding for the patient exit surveys, another of my mandate commitments, as a way to measure the quality of patient experience within the health care system. The Health Quality Council's mandate includes monitoring and addressing the quality of health services, providing training and education, conducting research and providing information to the public, as well as those involved in providing health care. The '09-10 health budget recognizes the importance of meeting the health needs of all Saskatchewan people.

In addition to a comprehensive health services available to all residents, the Ministry of Health has specifically budgeted First Nation and Métis funding for a number of initiatives in '09-10. We are providing 250,000 for a First Nations health and well-being plan, and developing a Métis relationship table. The First Nations health and well-being plan is being developed through a partnership involving the FSIN, or Federation of Saskatchewan Indian Nations, and the province and federal governments. The plan will identify common priorities and actions aimed at improving the health and well-being of First Nations people and addressing disparities in health status between First Nations and other Saskatchewan residents.

Sask Health is involved in separate discussions with the Métis Nation of Saskatchewan. The province and MNS have agreed to enter into a formal relationship, and there have been preliminary discussions around what form that will take. The MNS is undertaking a feasibility study to determine what role the Métis might play in health promotion, disease prevention, and education.

The Aboriginal Health Transition Fund, including 2.486 million to adapt provincial health services to better meet the needs of First Nations and Métis people. The Aboriginal Health Transition Fund adaptation envelope is a federally funded initiative that is being managed by the province in collaboration with Aboriginal partners. Grant funding is supporting initiatives involving regional health authorities along with First Nation and Métis organizations.

Saskatchewan expects to receive 6.9 million from the

Aboriginal Health Transition Fund over three years. We are also providing Muskeg Lake long-term care facility with \$750,000 this year. This innovative pilot project on the Muskeg Lake Cree Nation north of Saskatoon will provide better access to culturally sensitive long-term care for First Nations seniors.

As well we are providing almost \$3 million in funding to the Métis Addictions Council of Saskatchewan Inc. to provide detoxification out-patient and in-patient alcohol and drug services in Regina, Saskatoon, and Prince Albert to both adults and youth.

We are also working with the Prince Albert Grand Council on a youth addiction facility in Prince Albert. The P.A. youth treatment facility, in partnership with the Prince Albert Parkland Health Region, is at the stage of completing a program description and building drawings for approval by the ministry. It is our plan to have that process complete this spring, and we will then move to the tender phase, with the goal of starting construction later this year.

In the '09-10 budget, the Ministry of Health provides 650,000 in operating funding to the Muskeg Lake Diabetes Centre of Excellence. The facility is being constructed by Muskeg Lake on its urban reserve in Saskatoon.

And finally we are providing 334,000 in Aboriginal awareness funding targeted at representative workforce initiatives. In the past, this funding has been used to provide training sessions for health region employees with a focus on treaty and myth busting, with the goal to create workplaces that welcome Aboriginal workers. It has also funded a northern summer student program that provides health-related employment opportunities to northern high school students.

In closing, the '09-10 Health budget provides us with the stability we need to continue with our mandate to improve health care, our mandate to ensure the patient comes first in the health care system, and our mandate to revitalize health care in Saskatchewan. The Health budget gives us the ability to move forward with this revitalization. It ensures that the system is funded to do all the important things it needs to do on a daily basis, and it ensures we can make the improvements and innovations that make sense for Saskatchewan.

We are setting the stage for a better, more effective health care system — all this in order to serve patients, protect the public from health threats, and reinforce healthy lifestyles as the Saskatchewan way of doing things. We are committed to creating a better future for health care, and for the health of our people and our communities. I believe we truly have an opportunity in the coming months and years to move Saskatchewan's health care system forward. The '09-10 Health budget sets the stage for a very exciting year ahead.

So now I would be glad to try and entertain, between myself and the ministry staff and all the support I have behind me, to answer any of the questions that the committee may have regarding the \$4.75 billion to be spent on health care this year.

**The Chair:** — Thank you very much, Minister, for your comments. You certainly highlighted a number of initiatives that your ministry is undertaking this year. I'm sure with the

amount of information you provided, that'll provoke a number of questions. And Ms. Junor has indicated that she has several questions for you, so I recognize Ms. Junor.

**Ms. Junor:** — I think several is, you know, an understatement. But thank you to the minister and all the Health staff for coming tonight and spending three and a half hours with us, answering questions on Health estimates.

The minister went through a fairly lengthy opening statement. I tried to take a few notes, but you'll have to bear with me if I come back and say, you know, what did you mean by, or what about that.

But to start off with, I want to talk about the health regions' budgets. How many are anticipating deficits for '08-09?

[19:30]

**Hon. Mr. McMorris:** — Okay, for this budget year that we're in for one more day, a number of the health regions saw utilization increases over this past year that we will be able to fund. I mean the fiscal year ends as of tomorrow and we only anticipate — certainly work has to be done — but we only anticipate one health region, regional health authority will be in a deficit position.

**Ms. Junor:** — That then discounting Saskatoon's and P.A.'s, which you've made some payment towards paying that down before the end of the year, correct?

**Hon. Mr. McMorris:** — Yes.

**Ms. Junor:** — And are there others that you've done that to?

**Hon. Mr. McMorris:** — Yes. So as you mentioned, that, P.A. and Saskatoon, and you were aware of those. The other two that are seeing increased utilization would be Prairie North and the other one would be Keewatin Yatthé. And those have all been covered off because of money that we have made available for them to cover that and it was geared around the increase of utilization in those health regions.

**Ms. Junor:** — How much is it totalled for those four districts? How much was the total?

**Hon. Mr. McMorris:** — Do you want it by health region?

**Ms. Junor:** — Just the grand total.

**Hon. Mr. McMorris:** — The grand total is 10.1 million.

**Ms. Junor:** — My next question then is in the '09-10 budget for each of these regions, these in particular, and others I guess, but these in particular. Has the '09-10 budget been set on the actual costs the districts incurred for '08-09? I'm including then the deficits that reflect increased utilization. Has that been what the budget's been set on?

**Hon. Mr. McMorris:** — Yes, the answer is yes. I think, I mean, I believe I said that it was a 13 per cent increase to the regional health authorities. That 13 per cent is an average across the board. That's how much extra funding went into the

regional health authorities, the 12 regional health authorities.

Not all regional health authorities are at 13 per cent. Some regional health authorities will certainly see a higher increase because it will reflect the increased utilization that we saw last year, hence them running in a deficit position nearer to the end of the year. So that was taken into consideration as we determined the funding to each regional health authority as we move forward. So each regional health authority, although the average is 13 per cent, will see, you know, a varied amount for percentage increase.

**Ms. Junor:** — So just to be clear then, Saskatoon, when you added in what the deficit was for this year, you paid it off. Its base budget will include the estimated cost of '08-09, added in the deficit, and then the base budget will have the lift from '09-10 on that?

**Hon. Mr. McMorris:** — I think I need to be a little bit clearer because I think I raised the word deficit, paying off the deficit, and that's not really, that's not really accurate because what they have is increased utilization and improved, increased programming and we have covered that off. We have matched that increased demand with dollars, so it's not necessarily paying off its deficit. That would be wrong terminology and I think I was the one that used that term to begin with.

As we move forward, so the budget of, for example you used the Saskatoon, will be, you know, a look at what that increased funding was in the '08-09 budget. That would be recognized for the '09-10 budget as well as a further increase. I believe that Saskatoon is about, is an increase of 14.2 per cent. As I said the average is 13, but certain health regions will be increased more, and Saskatoon I believe is at 14.2 which, as the biggest health region, the health region that receives the most funding at, you know, 14.2 per cent of a fairly large number.

**Ms. Junor:** — I'm just looking at the news release or some comments made in the paper by Maura Davies, the CEO [chief executive officer] of Saskatoon, and she says, you know, even with the 14.3 per cent increase, it won't go very far because 75 per cent of their costs are of course labour costs. And there's a little bit of money there, she says, for other than inflation. That's about it. And so she is a bit worried, and I'm wondering what other districts are feeling the same thing — doesn't sound as if there's a great deal of wild excitement about 14 being able to meet the demands that they're anticipating in Saskatoon.

**Hon. Mr. McMorris:** — I can certainly, you know, appreciate Maura's concern to a certain extent. You know, 14.2 or 3 per cent increases is a large number. It is a fairly healthy increase and I think what we're seeing probably all over the province, and I think probably generally around Canada, is increased demand for services. You know, people are always wanting more and more out of our health care system and it's whether, you know, a person can keep up to all those demands.

But for example, in Saskatoon in the regional health authority, a number of initiatives have been either new programs or expansion of programs such as the St. Paul's MRI [magnetic resonance imaging] operating costs, almost \$2 million. The St. Paul's ventilator unit expansion. RUH [Royal University Hospital] — in acronyms here — but RUH's ICU [intensive

care unit] satellite beds, independent hemodialysis, home sleep testing pilot project. So a number of these services are expanded in the Saskatoon Health Region that accounts for some of the increase.

But, you know, you're right, I mean when 75 or 71 per cent of all costs are human resources, that eats up a lot of that 14 per cent. But there are expansions and there is an expansion of services that will be offered through the Saskatoon Health Region as we move forward in this next year.

**Ms. Junor:** — I'm just a little confused about this one page in the backgrounder of the budget and it talks about — I just did this Xerox so you know that's what it looks like — but it's the 2009-10 GRF [General Revenue Fund]\* expense, little chart that talks about health — increases 3.6 per cent. It says ministry increases. Is that the ministry itself or is that the whole system?

**Hon. Mr. McMorris:** — So what that would mean, I believe, is that the government's increase in spending, the budget lift this year over government-wide, was 12.4 per cent. Health's portion of that was 3.6 of that 12.4 lift.

**Ms. Junor:** — So that's what's confusing to me. When we talk about 14.6 and the huge increases in individual pieces, the whole increase in the Health budget is only 3.6, according to that page.

**Hon. Mr. McMorris:** — Do you still have the page that you referred to? Why don't we get that back to you so that you can kind of have a look at the numbers as I'm working through it? It says on the bottom, where it says expense changes, and it's a \$1.128 billion increase in government spending as a whole. That accounts for 12.4 per cent increase. Of that 12 per cent increase we account for 3.6 or \$329.9 million. So I don't know if that clears it up but our increase in spending in health care is 8.8 per cent over last year from what we spent the year prior. These numbers are comparing what the lift is for Health as compared to the total government lift in spending.

**Ms. Junor:** — Their portion of the 12 point something per cent. I got it.

**Hon. Mr. McMorris:** — Right. Yes.

**Ms. Junor:** — Okay. All right, thanks. I was going to save this for a bit later, but the guest that has come to listen to this particular question is already here, so I'll switch right away to that question or that series of questions. Who is here in the public gallery is Kerri Hysuick — I'm hoping I'm saying that right — and she's the president of the Saskatchewan Society of Occupational Therapists. And they're doing a fair amount of lobbying now, and I'm sure you've probably even heard it, Minister, as well as with the AE & E [Advanced Education and Employment], to have a specific and specified program for occupational therapists in Saskatchewan out of the U of S [University of Saskatchewan]. And they have moved along their proposals quite significantly so that they're at a point now that it really needs a commitment.

[19:45]

And the commitment is pretty timely, given the fact that the

space will likely be housed in the health sciences building. So there needs to be some commitment from government — from the two ministries, and then the government in general — that this can go ahead, so I understand recruitment can begin for faculty and that the blueprint or the footprint of the health sciences can include the OT [occupational therapy] program.

So tonight I'm asking you for your comments. I know you've committed in principle that you're onside with this. I think we need more now because we need to have . . . Those two factors are pretty key. The health sciences has said they can't put them in until they get approval, and so it's a bit of a Catch-22. And if they don't get in at the footprint and the blueprint, then it's pretty hard to add things on afterwards. And the recruitment for appropriate faculty needs to begin pretty quickly.

So there are some numbers being proposed in the plan for how much it would cost for the next three years, for incremental costs to the start-up program and then for ongoing operating costs. And I think that's what I'd like you to comment on tonight and see what you have to say on this proposal.

**Hon. Mr. McMorris:** — I guess I'll start by saying that, you know, as far as the Ministry of Health, we're very supportive of this program moving forward and moving forward as fast as it possibly can. I've had the opportunity of meeting with the provost at the U of S and talking to him and expressing our interests for this program to move ahead as quickly as possible.

It really is an Advanced Ed, AEEL initiative that . . . and I know talking to Minister Norris, they're also supportive. I can't tell you exactly where they are in the budget cycle, but what we're waiting is for the university to come back with a proposal to AEEL as to what the program will look like, the number of seats, the time frame. I know both Minister Norris and I have asked them to keep the time frame as short as possible for many, many reasons, and one of them being the shortage of occupational therapists.

And also the other program is speech language pathologists. We're looking at shortages in those two areas, and we don't train any in our province, so we need to start. So then both ministries are working towards that end. We're waiting for the university to come forward with more of a proposal.

**Ms. Junor:** — From my latest meeting with the society, I understand that the proposal is pretty refined down to how much it would cost to start up. I think it was 2 million to start it up over the next three years, and then the actual cost of operation is 2.2 to 2.5 for 40 students. So I think they're fairly well along in their proposals, but there seems to be a bit of a, well, we can't do that until someone else does this, and it seems to be going around and round now. So I think someone has to give the university the signal that this is going to be done, and not wait for someone to come up with yet another proposal, when as far as I can tell, the numbers that you've been asking for have already been presented.

So I think the big sticking point is that there isn't a commitment from government that yes, we'll do it. The College of Medicine of course is very, very supportive because it will be . . . they anticipate that it will be run through the College of Medicine, or under the College of Medicine. But of course they do not want

any of their money funnelled over there. So their support stops at that.

But I think the big thing is the health sciences, to get in in time for that has to be done. So there has to be a commitment made between yourself and Minister Norris and the university to get this thing going. And if you all three have to sit in the same room, good.

**Hon. Mr. McMorris:** — I guess what I can say is that, from the Ministry of Health's perspective, is that they have our commitment that we want to see this move ahead as quickly as possible. And we're working with Minister Norris and the U of S. We're not really the lead partner in this, as you can imagine. It would be the AEEL as well as a university.

But I know when I had met with the provosts in Saskatoon, they were eager; they wanted to make sure that we were committed. And I certainly told them from our perspective — from the Ministry of Health — we're committed. And talking to Minister Norris after that, he relayed the same message.

We're not trying to delay this; we're not trying to slow walk this, not at all. We want to see this move ahead as quick as possible. I think some of the questions that you're asking could probably be best answered by Minister Norris than they could be by myself.

**Ms. Junor:** — So Health won't be putting money into this, either to start it up or for ongoing operations?

**Hon. Mr. McMorris:** — That wouldn't normally be the process. It would come through Advanced Ed.

**Ms. Junor:** — Don't we fund the College of Medicine through Health?

**Hon. Mr. McMorris:** — The funding that would be received would be for postgraduate work done. And it's covering off the cost of faculty, and it's not even the full, just for the College of Medicine.

**Ms. Junor:** — So if this program would run through the College of Medicine, it would be funded differently than the College of Medicine?

**Hon. Mr. McMorris:** — So the only funding that we provide is for postgraduate, it would be for the residents going through. And we provide funding for them to cover off some of their — I shouldn't say cover off some of their costs — but it would be to the postgraduate students that that funding goes to. It's not the undergraduate piece that we fund at all, that all goes through Advanced Ed.

**Ms. Junor:** — So who pays for our spots now that we buy from Alberta? How are they paid for? That we buy some in Alberta?

**Hon. Mr. McMorris:** — Through Advanced Ed.

**Ms. Junor:** — And so the individual students that come back or that come here if they were into this program, these 40 students, they would be, it would be a master's program, I would think, right?

**Hon. Mr. McMorris:** — Yes, I think that's what it's . . . yes, that's what it's looking at like.

**Ms. Junor:** — And so Health wouldn't fund them to go on to a Ph.D or anything like that, or would that would be like the docs, that we fund their moving on in their education?

**Ms. Donnelly:** — No, we wouldn't. The only postgraduate positions that we fund are the clinical, the physicians, and it's for the service component. When you're in training, you get to a point after undergrad where you're also providing service in facilities. So Health, the Ministry of Health funds the College of Medicine for the service component of the residents' training and for the salaries of the faculty.

**Ms. Junor:** — I would anticipate then that there would be some practicum and service component to an OT's training as well, that they would take their training and they'd have to do their practicums in the district or the region or somewhere.

**Ms. Donnelly:** — We do pay for clinical placement spots in RHAs [regional health authority], but we don't pay for the educational training. That's all through Advanced Ed.

**Ms. Junor:** — So who pays for physiotherapists now because that seems to be kind of the equivalent of the . . .

**Ms. Donnelly:** — That's Advanced Ed. And nursing is through Advanced Ed. Health and Advanced Ed do . . . We work with Advanced Ed on planning the number of seats. I mean this is . . . It's our industry that Advanced Ed is trying to train students to meet the need of Health, so there's an interaction; but the training is done through the post-secondary.

**Ms. Junor:** — So when we add new seats, Health says you add new seats for nursing graduates, that's funded through AE & E, not through Health.

**Ms. Donnelly:** — Correct.

**Ms. Junor:** — Now there also has been some interest . . . Well before I move further than that, I just found it disturbing actually that the occupational therapists were sent away from their meetings to go and lobby individual MLAs, which I think is just a waste of their time. We're all for this. I mean there isn't anybody who I know of who would think that this is a bad idea. But to send the association or the society out to go to lobby individual MLAs is too bad, because it's a waste of their time; and I think it's best spent talking to the two ministries and the two ministers and the university.

And the rest of us, I can pretty much speak for all of our caucus, would be on side with this. And I can't imagine anybody in the Sask Party not supporting it either, given the service that OTs do, and the fact that if you talk about sending people to Alberta to train, they don't all come back here to work. So, you know, we're looking at training our own and keeping our own.

And there's also many places that even I wasn't aware of where OTs work. I am so health orientated I'm thinking hospitals, acute care, long-term care, and mental health facilities. They're in schools and in different programs there that definitely even Education might have an interest in this because Health won't

have to hire all the OTs. Workplaces have them too, and of course then there's private businesses that have them as well.

So I think this is a well-supported initiative, and I understand the ministry as saying that you definitely support it. I just want to see that we move past the society spinning their wheels lobbying all the MLAs. I think we're past that, and I think we need to have a commitment so we can actually see this happening.

And while I'm on the therapies, I'm wondering what's with speech language pathology too now? What are we doing with them?

[20:00]

**Ms. Donnelly:** — The proposal for the speech pathology program, you know, was submitted, as our understanding, to Advanced Ed at the same time as the occupational therapy program. The seat request is smaller. Speech pathologists, like occupational therapists, and possibly to a greater extent, work outside the health industry as well, in schools, etc. So our understanding is that it would be considered at, you know, at the same rate and in the same context as occupational therapy.

But that again, Health would provide their input to Advanced Ed on our needs, as would some of the other sectors. And Advanced Ed would, you know, finalize the budget and agreement with the university.

**Ms. Junor:** — So have the departments done that? A and E and Health, have they expressed that support for the speech language pathology program?

**Ms. Donnelly:** — We have expressed support for the program. As you stated earlier, when we have programs in province, there's a greater likelihood of retaining students versus training them out of province and bringing them back.

**Ms. Junor:** — I just want to assure the minister that we will be asking these same questions of the Minister of A and E, but it would be nice if you'd kind of give him a heads-up and tell him to bring in the money. Could we anticipate between budget cycles, or would we be looking at this in the '10-11 budget? Can we see this actually commitment coming in this year, since we're just starting the new year? Another year of waiting is putting them perilously close to losing space in the health sciences.

**Hon. Mr. McMorris:** — I think it's probably unfair for us to say as far . . . You'd have to ask that again of Minister Norris because he's working closely with the U of S. I mean, if the U of S is not ready to go, they don't have the processes that they need in place, there's no use A and E putting the money in. I think they're working hand in hand as to making sure when the university is ready to go with the program, we'll have the money there through AEEL to follow through with that plan.

**Ms. Junor:** — I think given the way money has been distributed, say, from yourself with long-term care without functional plans in place, I think this would work there as well. I mean, you could say to the university, 2 million is there. You've got it; now you come up with your plan. Because we're



doing that in long-term care. We didn't have functional plans for the 13 facilities. I think it would be easy to say, here's 2 million; our commitment is there. Now you get your programming going, and away we go.

**Hon. Mr. McMorris:** — I think first of all I'd say that, you know, the capital issue, whether it's long-term care facilities or a children's hospital, is quite a bit different issue than a course offered at the U of S such as occupational therapists. And that would, you know . . . I mean again, I'm not going to sit here and try and speculate or answer questions for Minister Norris. You can ask Minister Norris that question, and I'll give him all the heads up, and he'll be ready for . . . you know, he'll be able to contextualize the answer quite nicely.

**Ms. Junor:** — All right. Thank you very much. So moving on to another line of questioning, we were talking about the budgets and the budgets for the different districts or regions. Is it regions now we're calling them?

**Hon. Mr. McMorris:** — Regional health authorities.

**Ms. Junor:** — Regional health authorities. Okay.

The state of negotiations in the province right now, from the SMA [Saskatchewan Medical Association] through to SEIU [Service Employees International Union], SGEU [Saskatchewan Government and General Employees' Union], CUPE [Canadian Union of Public Employees], and Health Sciences . . . I know the SMA hasn't got anything to do with the essential services, so they're not at the same level of frustration I imagine that the other four are. But from what I understand, is that there is a fair amount of bogged-down-ness — I'm not sure if that's a word, but maybe Serge could look it up — because I think that they're stuck at a certain point in bargaining over essential services and the many requests and different iterations of the essential services agreements.

So my first question is, where is the money in the budget for the anticipated resolution of the contracts? Because I still am assuming that we're anticipating a contract for each of these parties soon.

**Hon. Mr. McMorris:** — I guess, first of all, regarding the contracts that are coming up, you know, some have, obviously, are passed and some are expiring in the very near future. We have estimates that we have worked into the budget. That will be all I'll say regarding that point.

We are in negotiations with those unions and will be in negotiations with others in the upcoming future. And I would hope that you would not expect anybody to start tipping their hand before they go into negotiations or start talking about percentages or values or anything else. That's not for this table. We work numbers into our budget for, you know, kind of projections that it might come. But those negotiations have to move forward, and I won't be saying any more as to what those projections are or calculations might be.

**Ms. Junor:** — I don't need to know that, you know, you've settled on 3 to 5 per cent or whatever it is. What I do want to know is that there's money in the budget for a reasonable resolution, and that's what you're saying.

**Hon. Mr. McMorris:** — Yes. I'm saying a reasonable resolution, there's money for it.

**Ms. Junor:** — Now I want to know about a reasonable time frame for the resolution of these contracts.

**Mr. Hendricks:** — We're currently in negotiations with all the unions. As you know, the provider groups haven't come to a common table where we would actually table a compensation package. We're also in negotiations with the SMA and recently received notice from the Health Sciences Association that they would like to begin negotiations, but that meeting hasn't happened yet.

**Ms. Junor:** — How close are we in the three other provider unions — SEIU, SGEU, and CUPE — with resolving the essential services morass that's out there now?

**Ms. Greenberg:** — There have been discussions going on between the various unions and the health regions. And we recently got a list of questions from SEIU and we've been, SAHO and the health regions have been working on responses and are getting back to them with questions on some of the issues regarding essential services and understanding the documents that were provided to the SEIU and the other unions. So discussions are going on between the various unions and the health regions.

**Ms. Junor:** — And the discussions are still centred around the essential services portion of the bargaining?

**Ms. Greenberg:** — There's two different discussions going on. There's bargaining and then there's essential services, and they're separate.

**Ms. Junor:** — But parallel?

**Ms. Greenberg:** — Yes.

**Ms. Junor:** — I thought from the actual legislation that one had to happen, the essential services had to be determined before bargaining could occur. What happened to that?

**Mr. Hendricks:** — The only stipulation in legislation is that you have to notify a union 30 days prior to the expiry of the contract that you want to begin essential services negotiations. Other than that, there is no link between negotiations on compensation or other items in essential services.

**Ms. Junor:** — So you could then in theory be bargaining right up to the wage package without having essential services being agreed upon?

**Mr. Hendricks:** — Correct.

**Ms. Junor:** — They'll pass that and go into the wage package?

**Mr. Hendricks:** — Yes.

**Ms. Junor:** — I'm not sure that understanding is out there. I certainly didn't have it myself. I didn't think that's where we were working from, but I certainly have been wrong in other occasions.

So just I'll leave that for now. And I just want to move on to something that's of interest to me quite significantly, and that is of course seniors and long-term care.

We talked a little bit when we did supplementary estimates and talked about the construction of the 13 long-term care facilities around the province and talked about waiting lists and waiting times in areas that didn't get a long-term care facility earmarked for their town or city. So I'm talking about Saskatoon and Regina for sure to begin with, and I'd like to know the waiting list and the waiting time for long-term care placement in both of those centres.

**Hon. Mr. McMorris:** — I think what I'll do is I'll have either Louise or Roger talk about some of the details as far as wait times or times waiting to get into a facility, whether it's in Regina or Saskatoon. And I know those times will definitely fluctuate from time to time or period to period. I will kind of just make a broad general statement regarding the fact of the issue around the number of beds that we have in the province, long-term care beds, and the issue of replacing 13 facilities that I think we would all agree that are certainly past their useful life and needed to be replaced.

That's not saying that there aren't demands and pressures in other locations. We talked about that a couple weeks ago or a month ago when we had supplementary estimates, that there's definitely a demand in Regina and Saskatoon. But when you look at the number of long-term care beds we have in Saskatchewan for a population over . . . so many beds per 100,000, people over the age of 75, we are well bedded in Saskatchewan. It's just that the beds aren't always where we need them. And you have identified two areas, Regina, Saskatoon, probably Prince Albert which we're addressing. Saskatoon, Oliver Lodge is still progressing along. So some of those areas we're addressing or trying to address, there are still pressures.

But as far as the details, when it comes to the wait times and in the various communities, I'm going to turn it over to either Louise or Roger.

**Ms. Junor:** — And just before they start, the wait times, but also the number of people on the wait-list.

**Ms. Greenberg:** — I have the number of people on the wait-list for Regina Qu'Appelle — so this would be the whole health region, not just the city — 194, and the average wait time is 29.85. That number though, the 194, it's people that might be waiting in their homes; it might be in a personal care home. That number doesn't reflect those waiting in an acute care bed. And for the Saskatoon Health Region, total number of people waiting is 147 throughout the Saskatoon Health Region, and the average wait time is 39.87 days. That's as of September 30, 2008.

**Ms. Junor:** — So Roger, you're not going to add anything? No? Okay. Then I have another question. Of the 194, you said some of them are in other places, other than acute care, waiting for placement. So now I would like to know how many people in Saskatoon and Regina are sitting in an acute care bed waiting for placement in a long-term care facility.

[20:15]

**Ms. Greenberg:** — In Regina, in acute care, as of two weeks ago or last week, it's 65 people in Regina. In Saskatoon it's 62 people that are in acute care beds.

**Ms. Junor:** — And what's the average wait for those people in an acute care bed?

**Ms. Greenberg:** — We don't have that information. What I can give you is the average wait time. So the average wait time for Regina Qu'Appelle is 29 days, point eight five. And the average wait time in Saskatoon is 39.87.

**Ms. Junor:** — That doesn't necessarily mean that's how long a person is waiting in an acute care bed? It's just the general wait for the district or the region or the authority?

**Ms. Greenberg:** — That's correct. That's the average wait.

**Ms. Junor:** — So I have a specific question from someone who came to me and mentioned that there's more and more people going into long-term care that go in with their supplements and their complementary medicines. And some long-term care facilities are not allowing them to take these. So there has been some meetings going on so that a doctor can order a vitamin supplement or a complementary therapy and then cover off the liability for the home to allow this resident to take this.

It seems to me there needs to be some work done on this because many of us who are approaching, you know, maybe going into these facilities will likely have a different way of managing our own health than people going in before us. And so this is going to be an issue that is going to need some attention.

If you're going to have to get a doctor to order a homeopathic, you know, a regular mainstream doc to do that just to cover liability issues, there should be a better way of doing this. So when people come into long-term care, they are allowed to take their vitamin supplements and whatever else has been actually doing quite a bit of good for them as they progress through their life.

There's also work being done across the country on this, and I think that some of this would be useful to pass on to the department to start having conversations with some of the homeopathic people who will work with the regular mainstream health system to make sure that people living in long-term care do not have to go without this because it's . . . You can find a doctor in one, and this one doctor that I'm particularly thinking of has accommodated this, but I don't think there's going to be a lot of them who want to order things that they're perhaps not familiar with and just to cover off some liability. So I'd like your thoughts on this.

**Mr. Carriere:** — I think you're basically correct that in a special care home, which is viewed as a protected environment, medications are to be ordered by a physician. And that includes, I guess, drugs that typically aren't used in day-to-day and often in the mainstream, so the current policies basically are that physicians do have to order.

The issue has come up, and it is something that could be looked at with the regions on how we might address it. But I think your understanding of the current policy is correct.

**Ms. Junor:** — What I'm asking for is I think we need to look at a protocol so that we can have some herbal medicines and supplements for residents without having to jump through a lot of the medical hoops that really aren't necessary if we had established a certain protocol that addresses this.

Some places are actually allowing the family . . . Of course the family or the patient or the resident will always purchase these themselves, but some drugstores are actually packaging them for them, the pill packs. And this is being done for people who are, you know, who obviously need a little help dispensing their medications, but some pharmacies are obviously willing to do this.

So it is up to the department to change the protocol or put in place a protocol to allow this to happen because there's going to be more and more of this, and it would be good to get ahead of it before we start getting individual cases that have to go to individual physicians to try and see someone who will be accommodating for this. It would be better to have a protocol put in place.

**Mr. Carriere:** — I agree that the ministry could work with the RHAs and look at if there is a protocol that could be implemented or, you know, and what the risk would be around that. But we can commit to that.

**Ms. Junor:** — I understand there's six herbalists that are registered in the province that have a designation of whatever their designation is — master herbalist or herbalist. And what Act do they come under for this, this designation?

**Ms. Greenberg:** — They come under the naturopath Act, and I understand that they are working on the Act to update it. It's an Act that is old and needs updating.

**Ms. Junor:** — That is the six herbalists are working on it to propose some changes? Or who's they?

**Ms. Greenberg:** — I'm aware just of some of the naturopaths in Regina because there's a society, and I know one, so it was told to me that they are working on it, the naturopath organization or group.

**Ms. Junor:** — So we would anticipate too that we would probably include the herbalists in this if we're going to look at changing some of the Act that governs them, if that's where they get their designation from; that we would actually have some consultation with them as well?

**Ms. Greenberg:** — I imagine they'd be consulting as part of the process as required when you redo an Act or make changes. And they would have to . . . I mean they designate as a regulatory body on who's a member.

There's one more comment that I want to put on record, the issue of drugs when you have somebody move into a long-term care. The liability issue is important. And I think we have to understand the liability issue of a new resident coming into a

long-term care facility and the liability in terms of people not understanding the medication or what they're working on, what they're dealing with in terms of this new client.

**Ms. Junor:** — I think that's why the herbalists that are prescribing these medications want to be part of changing the protocol so that there is some consultation so that they are the ones that are prescribing. They may be the ones then that follow that person or that resident in long-term care, and liability will then be on them as it would be on a medical doctor for the things that they prescribe. Do you not see that?

**Ms. Greenberg:** — I understand the position you're taking and I think it will be a useful conversation to have when the Act is being redone and the consultations start.

**Ms. Junor:** — And interestingly enough this committee will get the Act. If it's time for changes they'll come before this committee. So thank you very much for those comments.

Another thing that seniors have actually written to me about is the changes in their income has not necessarily been reflective of what has been announced for them. So several of them are talking about changes in even long-term care fees. And one in particular who's . . . First of all I'll ask this because I have heard that some people have been getting notices that their long-term care fees are increasing. And my father's in long-term care so my first person I ask is my mother. And my father hasn't got any notification. So this would be a general, across the board increase if we're talking about long-term care fees increasing, right?

**Mr. Carriere:** — The long-term care fees are adjusted quarterly with increases in OAS [old age security], GIS [guaranteed income supplement]. So there's no other long-term care fee increase other than those adjustments. There is an annual review when an individual's income is reviewed and so there can be changes in the fee based on new income information, based on the previous income tax year. But there has been no initiative put forward to increase fees other than the regular OAS, GIS increases, based on the regular OAS, GIS increases.

**Ms. Junor:** — The letter actually I'm thinking of is a gentleman whose wife is in long-term care and they follow into the involuntary separation category, and her income being calculated doesn't allow her to get any of the supplement, even \$25 or \$5, and he's of course wondering about why he's hearing this. Her income is only the old age pension and the GI whatever it is, the supplement, and that's it.

So that shouldn't put her into having too much money to get this new supplement and yet he's not getting it, and I don't know if it's because they did the income separate, the involuntary separation, if that would negatively impact on their calculations?

**Hon. Mr. McMorris:** — It's pretty hard for us to answer questions on a, you know, on an individual case-by-case manner in this setting. If you would bring the information, we'd certainly be glad to look into it and see, you know, maybe there is some misunderstanding as to what is being said, but we'd certainly look into it on an individual case-by-case manner.

**Ms. Junor:** — This is my stack of people who have called me individually. Yes, this gentleman here. She's in a long-term care facility in Long Lake and she's definitely not going to . . . qualifying. So I can give you a copy of this letter, if that would be helpful.

**Hon. Mr. McMorris:** — Sure.

**Ms. Junor:** — Okay, I'll do that. The next question I have is from the denturists who have expressed concern about lack of government commitment to getting a contract for their services, and they have withdrawn their services as of January 1, I believe. They have had no contract, and the contract they had of course is four years old and there is definitely a difference in the cost of dentures.

And they're worried now about it, particularly because the clients that they serve are Social Services clients and people who are in long-term care, basically people who have now no dentures, and they're talking about people who may be choking because their dentures aren't properly fitted.

So there seems to be nothing moving on this, and there has been a real, I think, disturbing message sent to the denturists that really there is nothing we want to do about this, and they can't get anybody to sit down with them to talk a contract. So I'm wondering if we have any comment on that from the department.

**Hon. Mr. McMorris:** — Certainly I think they've been concerned and probably at times frustrated and either have pulled services or slowed down services. I think a lot of those services are kind of being taken up again and they're providing service. We have been in touch with them and talked to them over the last, well few months, and have reassured them that we will be seeking a mandate and working on a contract moving forward, because there hasn't been an adjustment for quite a long time and they're concerned. It's for, you know, it's not for, I wouldn't say, a real large portion of their work, but still it is for a portion of their work that we are responsible for covering costs. And that's been an outstanding issue. And we've been in touch with them in the last couple of weeks and we'll be working to, you know, to work out an agreement as soon as we possibly can.

**Ms. Junor:** — I'm sure they'll be quite happy. I spoke to them last week and they didn't seem to have that same degree of confidence, but I'm hoping that with this little reminder maybe you'll get a hold of them again. That is definitely something that I think I'd hate to see — people who are not able to chew their food or choke on their food.

One thing else I wanted to talk about, and this was something that I had an interest in, starting up in long-term care, that the resident councils that they have now are not terribly effective representing the residents because the residents themselves are not in really good shape to be their own advocates. So we had started a talk about a family council where there could be a different structure within long-term care facilities, that there'd be a different type of representation. So my mother could represent my father. My father does not have to be the one who is the resident and speak for himself, because he can't.

And there was a whole bunch of issues surrounding this about retaliation for comments made. You know, there's a whole bunch of things people are worried about in long-term care. If they speak up, then their family member will be punished in some way. And I hate to even acknowledge it but I know it happens. But this, the family council seem to be a better way of doing it. Could you tell me how far along we've moved on that?

[20:30]

**Mr. Carriere:** — The ministry has supported the concept of family councils. You're correct. Often residents in long-term care really aren't in a position to advocate for themselves particularly well and we have encouraged the development of family councils in homes. We know some have implemented this and that we, in our revision of the long-term care policy manual, will be advocating that regions look at family councils.

**Ms. Junor:** — Have any of them done it yet?

**Mr. Carriere:** — My understanding is, yes, there are family councils in some homes. I don't know the names of all the homes but my understanding is that there are some out there, yes.

**Ms. Junor:** — Does the department have sort of guidelines of how to set them up and lines of authority and reporting and different things like that or is it just left to each individual facility to put their own together?

**Mr. Carriere:** — We have left it to the regions and the facilities to establish those.

**Ms. Junor:** — I think they were asking for some guidelines at the time I was dealing with this, and would that not be more useful than allowing each of them to do their own?

**Mr. Carriere:** — There perhaps could be some overall guidelines but the facilities and the facilities deal with all operations of the home and typically the ministry hasn't been really prescriptive on how they do that. The important thing I think here is that that the resident voice and the family voice be heard. And we have left it to them. If there were particular issues or concerns, then we would help facilitate resolution to that with the particular facility or region.

**Ms. Junor:** — Before I leave seniors for now and long-term care, in the budget summary on page 19, it talks about home care subsidies for seniors. Can you tell me what that is?

**Hon. Mr. McMorris:** — We think what you're referring to on page 19 is the seniors' income plan and other home care subsidies which really are through Social Services that cover the costs of individuals that are in some of the long-term care homes, for example, that are through Social Services, especially the seniors' income plan.

**Ms. Junor:** — Did you say home care in a long-term care facility?

**Mr. Carriere:** — When an individual is on the Saskatchewan Income Plan, they pay the minimum charge for home care. And so what I think this is referring to that with more individuals

eligible for the Saskatchewan Income Plan through that enhancement, then more seniors would have their home care fees subsidized, would have their fees at a lower level than if they weren't on the Saskatchewan Income Plan.

**Ms. Junor:** — Just to clarify the people that may be watching, that long-term care does not have home care come in, right?

**Mr. Carriere:** — Right. Typically not.

**Ms. Junor:** — Yes. Because you were saying home care subsidies in long-term care. I just wanted to make sure that nobody thinks that in long-term care, home care is going to be coming in.

On that same page, I know you mentioned it in your preamble, Minister, when you were talking about the expansion of the Alzheimer's program, the first link program to rural areas, could you tell me again, since I didn't get any notes written down on that one, what it is and where.

**Hon. Mr. McMorris:** — So it's the Alzheimer Society of Saskatchewan's first link program, and it's the ability then to expand it to rural areas. They weren't, I guess, probably delivering any services towards the rural area, and it's to expand the first link program to the rural areas, into the rural areas.

**Ms. Junor:** — So no particular rural area, just a broader application?

**Hon. Mr. McMorris:** — It's up to the Alzheimer Society to determine that.

**Ms. Junor:** — I just had an inquiry, and I know that the Regina Health District has now taken over ownership of Pioneer Village, and I have had an inquiry. There's hostel rooms in Pioneer Village that are not long-term care, but the resident is paying long-term care nursing home fees. He's being assessed as if he was in a nursing home and paying fees that I wouldn't assume . . . His level of care would be 1 or 2 and I'm assuming those hostel beds are levels 1 and 2 — assisted living kind of thing. And so why would he be assessed using the nursing home criteria?

**Mr. Florizone:** — Just to clarify, the transfer, that transaction, while it was indicated as an agreement in principle, it has not transferred yet. So the final detail, the contract, and the actual transfer of Pioneer Village to the Regina Qu'Appelle Health Region has not occurred yet.

Just specific to the situation that you've outlined; there is what they refer to I think historically as a hostel. It really is long-term housing that's attached to that infrastructure. So there is and can be the possibility of someone living in that housing unit and receiving some services that would be consistent with enriched housing. So charges can be assessed for enriched housing.

That's quite different than long-term care. So if the situation is, it is long-term care, we need to know about that in terms of how many beds are licensed and operating and whether they are operating in the appropriate place. And we have no reason to believe they're not, but there's nothing in a housing unit that

prevents you from providing an enhanced level of care and charging out those services almost a la carte.

**Ms. Junor:** — And that's what I understood. I went there and from what I could see, it was more like an assisted living arrangement, but the documentation of how he was charged appears to be based on the long-term care fees and nursing home assessment. So if that is the case then and when you do take over, then I will bring it back to you. That's what I find out . . . because the document I saw was pretty much that's what it made me think was happening, and of course the resident doesn't know and has to ask the question of why this. And I have no answer because as far as I could tell, it's level 1 and 2 and should not be under a nursing home assessment.

**Mr. Florizone:** — We'd be more than pleased to look into it now given the fact that this is an affiliated agency with the Regina Qu'Appelle Health Region. There's nothing preventing us from moving on a review of that matter today, but most certainly if you have the details, we'd be pleased to follow up.

**Ms. Junor:** — Okay. Yes I will actually do that because at the moment, I can't say for certain that's what it is.

Before we break, I just want to make a few comments about the children's hospital. This is something the minister elaborated on, the commitment of the Sask Party government in their budget. And I know in questions, that I have indicated the timelines for this facility being put up and being committed to . . . I actually have a real, strong interest in this being an obstetrical nurse from City Hospital when it should have been a maternal-child in the new City Hospital . . . didn't happen.

So that was always around in everybody's psyche in Saskatoon. So I was very pleased to help make the announcement of the actual site of the maternal-child hospital which was done in April 2007. But I also want to say again — and I'm sure you'll be tired of hearing this — but the news release I have is from May 11, 2005, when the minister, at the time from Regina Lakeview, announced that we were committed to doing this. So this was in May 2005, and the concept at the time was a children's hospital within a hospital in Saskatoon. And at the time, the district was talking about re-aligning all of their services.

So this was a huge job to do to decide how do you actually do this, what actually comes with it, and how are all the hospital services in Saskatoon going to be reconfigured. That was '05. Again in '06 another commitment was made to do this. There was money put in for functional programming, and the district was quite excited about this and starting to get into their programming, given the fact that they were also in restructuring.

Then in April '07, this is the announcement I was actually part of. And I asked to be part of it because of my years and years and years of commitment to maternal-child. And in my timeline I have here, given to me by the archives people, it started in the '80s — that's exactly when I was around — so I really wanted to be part of the announcement.

So I wanted to put on the record that this is something that is near and dear to many of our hearts. It's gone through several

ministers. It has been a commitment of the NDP [New Democratic Party] when we were in government and in particular myself and the member that is sitting behind me that was also a minister during some of these announcements.

So as we've moved along in the progress of this major, major commitment . . . And it's a major facility that's going to be put up at University Hospital. Now that was the announcement in April, that a site had been chosen. And given the fact that the district is in a fair amount of turmoil — maybe I shouldn't say turmoil — change, putting in an MRI, redesigning their emergency, building health sciences, and moving their services between the three facilities there, the fact that they got a commitment to put it in this place and another million dollars to continue to develop the plans and move along in the capital project development process was something that everyone was very excited about.

So I just want to make sure that everyone listening and everyone that watches and reads *Hansard* understands that this was a commitment from us as well, and that it is something that we welcome.

And the Children's Hospital Foundation has done an amazing job of lobbying. They've lobbied all along and made sure all of us kept this at the top of our minds, and we did. And it was done through some very difficult times because other people had different priorities, and there were different priorities pulling at us. But this was one that was . . . We were pretty dogged, and I think the member from North Battleford would agree. We were pretty dogged in our commitment to this.

So I find it disturbing, and personally disturbing, that it is portrayed that this was something that was new to this budget and belongs to the Sask Party alone. So I really have to say this, and it's no offence to the minister and no offence to the department or any other of the Sask Party members. I do want people to understand that this has been a long time coming; it has been a commitment that has gradually moved along. And I'm very happy to see this major commitment of money so that we will end up having a sod-turning. We will end up having a children's hospital.

[20:45]

I've had two grandchildren that have spent time in the NICU [Neonatal Intensive Care Unit], so I understand what it's like to have children that are ill, and it's very important that we have this. I understand moving out of the province and staying with your children for any kind of care is very traumatic, and I really think this is a wonderful, wonderful commitment for Saskatchewan, a wonderful move forward for the children and their families, and I'm glad we're all part of it. Thanks. I think we're . . .

**The Chair:** — Would the minister care to respond or . . . The minister's indicating that he would like to respond. We'll have the minister's response and then we'll take a short recess.

**Hon. Mr. McMorris:** — I'll just say a few words. And, you know, certainly the need for a children's hospital in Saskatchewan has been identified for a very long time. We're one of two provinces in Canada that doesn't have a children's

hospital. And, you know, I can appreciate the money that has gone in for planning and the announcements and the press releases that have been put out in the past and, you know, I think the commitment, certainly, or the want by the previous government was there.

We could continue to put functional planning dollars in and talk more on planning, and we could put more press releases out. But ultimately it's when the dollars are absolutely dedicated . . . not 450,000 or 500,000 or a million, but \$200 million have been committed by this provincial government towards a children's hospital. Not taking anything away from everybody's wants, but I can guarantee you that it would have been easy to say that, well we'll do it next year or the year after, the year after, the year after, and that it, you know, it's if you said . . . And I have no reason to doubt you. It started in the '80s. Then it's been 29 years of talk. But it's this year that there's action, where there's \$200 million — 100 this year and 100 next year — dedicated towards it. So it's not just talk or planning. And I agree that planning is very important, but the commitment — not just announcements to announce that we are in favour — but an announcement that has the dollars behind it to make this a reality, I think, is significant.

**The Chair:** — Thank you, Minister. Committee members, we'll take a recess. We will resume at 9:05.

[The committee recessed for a period of time.]

**The Chair:** — I'll call the committee back to order. I believe Ms. Junor has an additional few questions for the . . . Oh. The minister indicated he'd like to make a comment.

**Hon. Mr. McMorris:** — Yes. I think what I would like to do is have Dan, the deputy minister, talk a little bit about the herbalists. We were kind of going down that line of questioning, and Dan had a few comments to make on that.

**The Chair:** — Ms. Junor, that's satisfactory?

**Ms. Junor:** — Sure.

**The Chair:** — Certainly. Go ahead.

**Mr. Florizone:** — Thank you, Mr. Chair. I just wanted to clarify, because we were talking about the self-regulated professions and herbalists and the legislation that they may be registered under. And I wanted to clarify that an herbalist, as a title and as a profession, is not self regulated. There is no legislation that would cover off an herbalist. However an herbalist may also be a naturopath, and naturopaths are covered through regulation, through the Act, through the legislation that exists. There is an interest in the industry to take a look and have it purely and truly self regulated, but at this time it is a fairly dated piece of legislation, something that at some future point we'll need to look at.

Further to the issue of medications and this move obviously within the ministry and government to focus in on patient, resident, and client care first, there's a real interest in starting to shift our thinking from the traditional approach to looking at the fact that many of our patients, residents, and clients are seeking alternative remedies. They're seeking their services through

naturopaths, through herbalists, and others. So we need to be able to, as a traditional system, be able to accommodate those wishes.

At the same, and I don't mean to sound like I'm risk-averse, but there are some very important considerations that are required before we move down this path. And that is that many of the herbal remedies have significant interaction with traditional medications. So rather than just simply having a herbalist or a naturopath come in and monitor those medications, we need to have them work very closely with existing pharmacists to be able to understand the interaction that may exist with those medications. So I wanted to speak to that specifically. Even if we consider the medications in our traditional health care system, traditional pharmacist and doctor prescribing system, we have many of our long-term care residents who are on multiple medications that may not necessarily be benefitting by the massive number of medications when you consider it on a whole scale and a system-wide basis.

So we are working very closely to adopt and to identify through our Health Quality Council best practices with respect to medications, medications for geriatric populations, and certainly there is work going on in that front. And I just wanted to relay that because in many respects, rather than just increasing the number of medications that need to be distributed or administered, we're also trying to bring that number down to an appropriate level for those that would benefit as well.

So very much working in a complex environment on multiple fronts but the point is very well taken. Thank you.

**The Chair:** — Thank you very much for that additional information. Ms. Junor you have an additional question here?.

**Ms. Junor:** — I do. Now I have another one for the deputy because I have heard that there is a program, and I guess it would be like some sort of software, in the United States, in their pharmacy area, that they can actually indicate when someone comes in that there is an interaction or that there'd be an adverse reaction to complementary medicine with the regular one. Do we have that here? Can we get it?

**Mr. Florizone:** — We do have one of the most extensive systems in all of North America in terms of our own pharmacy information system. That would integrate all information from pharmacists, anything that is prescribed through the traditional system. Now what you will find, however, is that naturopaths and herbalists who may be administering herbal remedies are not included in that system. I would have to take a look. We will have to take a look at the capability of that system, to be able to enter that kind of data, and to see if it would assist.

So on the traditional medication side, very strong software that will identify and flag potential interactions. Also in our hospital systems, the majority that are out there in hospitals have similar software that will take a look at potential interactions.

So once again, we haven't taken that leap of including everything that people may be buying because a lot of it is not controlled. It's rather purchased over the counter or off the shelf. So there is some work that's needing to be done here. If you do have the name of the particular jurisdiction . . . So we

need to explore that. And perhaps we can, as a ministry, look at that possibility.

I think it'd be fair to say that this is emerging, and it's emerging in a big way. The long-term care that we deliver today is going to be significantly different 10 and 20 years from now because people will very much expect to have a full array of possibilities and services and medications available to them that fall outside of what we would refer to as today as the traditional health care system. So thank you.

**Ms. Junor:** — Okay. Before I leave long-term care, the building at Oliver Lodge, the expansion at Oliver Lodge which is to accommodate I believe Alzheimer's patients, how is the financing being structured for that facility?

**Hon. Mr. McMorris:** — Oliver Lodge, like pretty much all the other health care facilities in Saskatchewan unless they are for example a provincial hospital, the tertiary care centres in Regina and Saskatoon and North Battleford, are on a 65/35 cost share as are, for example, the 13 long-term care facilities that I'd mentioned earlier. That's the agreement that is in place with Oliver Lodge as an affiliate with the Saskatoon Health Region.

**Ms. Junor:** — Are all facilities in Saskatoon built that way? I understand how smaller communities have access to the whole community for their base of fundraising whereas Saskatoon would have, Oliver Lodge would have limited access to the community because the community has all kinds of other things that are going on. And is that still expected to be the same across the board?

**Hon. Mr. McMorris:** — Yes, they are. I mean there's a number of fundraising foundations in Saskatoon — the various hospitals, for example. But, you know, at the recent announcement of the Irene and Les Dubé centre at the university there regarding mental health, it's a 65/35 split as well.

**Ms. Junor:** — So what about the affiliates that have different ties to religious groups and that? Theirs is the same?

**Hon. Mr. McMorris:** — Yes.

**Ms. Junor:** — Is there any change in how the financing is? Does Oliver Lodge understand how this is or do they have an understanding before that there was some ability to carry a mortgage or have a loan or anything? Has anything changed since the actual commitment to build there?

**Hon. Mr. McMorris:** — I guess the answer, and I don't know if this answers it completely, but there are no policy changes. There have been no policy changes leading up to this, or with this facility. It has been a 65/35 split. And somebody could probably tell me how long that's been in place, but it's been in place for a number of years.

[21:15]

**Ms. Junor:** — I understand the 65/35. I'm just wanting to make sure that Oliver Lodge did not have some other understanding about loans or guarantees or mortgages or anything that has now changed.

**Hon. Mr. McMorris:** — No. And you know, I mean that certainly, as an affiliate, will be worked out with the Saskatoon Health Region.

**Ms. Junor:** — Okay. Actually Cam wants to ask something.

**The Chair:** — Mr. Broten.

**Mr. Broten:** — I have a few questions about physician levels and physician recruitment and retention. Could the minister please provide for the committee the figures on the current number of physicians licensed in the province? And if it could be broken down by the type of licence from full, provisional, and temporary if that's at your fingertips.

**Hon. Mr. McMorris:** — It may not be at my fingertips but I know it's at somebody's fingertips. And I'll just talk here a little while while it gets to his fingertips.

But certainly we know that we need to do a better job on recruiting and retaining. We do not a bad job. And we've talked about this before in this committee over the last number of years, that we do not a bad job in recruiting. We don't always do the best job in retaining. Sometimes it's difficult to keep physicians in specific communities, or even in the province. But we know we've had challenges in that front. And that's why in my opening address we talk about a physician recruitment strategy.

I think we are going to be more aggressive as the Ministry of Health. In previous times, I think it was more left up to perhaps the regional health authority and quite often the community. And many communities have done great jobs. Most communities, you know, that have got directly involved have been fairly successful in recruiting and retaining for a longer period.

But I think it's the responsibility of ourselves as government to be more involved. And that's certainly what we've worked towards, and will be working towards in the next year, is being more aggressive from the ministerial, from the minister's perspective on the recruitment and retention through this physician recruitment strategy. The pure numbers, I'm going to turn it over to Max.

**Mr. Hendricks:** — As of December '08, there were 1,860 physicians in Saskatchewan — 1,010 family physicians and 850 specialists. As well there were 238 of those were in rural practice. That's a 4.4 per cent increase over March '08. And I don't have the breakdown of temporary, conditional, and provisional licensure, but I can provide that to you.

**Mr. Broten:** — Would that 1,860 include residents?

**Mr. Hendricks:** — No. No, that's licensed.

**Mr. Broten:** — On the topic of the AIT, the Agreement on Internal Trade, a number of professions have voiced concerns about how that might affect staffing in their profession, and physicians have been one such group. To the extent that the discussion is public, could the minister outline the concerns that the College of Physicians and Surgeons have voiced to you and what the government's response has been on this issue.

**Hon. Mr. McMorris:** — Certainly the College of Physicians and Surgeons, when the agreement was talked about initially, had some concerns and they still may have some concerns but they're concerns that initially were around the fact that we struggle with retention of physicians as it is. Their concern was with maybe easier mobility that we would struggle even more. I don't know if they've been as concerned about that recently but I'll turn it over to Max because he certainly deals with the college certainly more than I do.

**Mr. Hendricks:** — In order for a physician to move to another province under the AIT, there has to be a similar class of licensure in the other province. So most of our physicians are on special licences and that sort of thing would be restricted unless a similar licence type existed in another province. In fact the College of Physicians and Surgeons didn't file any legitimate objectives when they had the opportunity to. They responded with these concerns, but didn't file any objectives.

**Mr. Broten:** — So your understanding is that the college is not upset or concerned about how the AIT [Agreement on Internal Trade] might affect the retention of physicians with a temporary or a provisional licence? Is that your understanding?

**Mr. Hendricks:** — I think we all have to wait to see how it works out. They have expressed some concerns but haven't, I guess, voiced it in the form of a legitimate objective and haven't asked us to go and file one of those. So yes, concern, but nothing official.

**Mr. Broten:** — Okay. And your understanding of the reason why they're not upset at this point in time is because other provinces might not have the same category or type of licence as a temporary or a provisional, therefore under the AIT that wouldn't be transferable?

**Mr. Hendricks:** — That's correct. And I think they're working with other colleges across Canada to figure out how this will actually play out when it's introduced. The college's plan is to use the same level of diligence in assessing physicians that it's always done, and I think that we'll have to wait and see whether there in fact will be movement of physicians because of this change.

**Hon. Mr. McMorris:** — It would be safe to say too, though, that definitely they have some concerns. But I think it's probably uniform across Canada. Other colleges of physicians and surgeons in their particular province have concerns on the agreement. I can tell you that, you know, just talking with the Minister of Health in Alberta different times and others ministers, they'll say, well you know, the standard in one province isn't equal to the standard in our province, so we have concerns with this mobility issue.

So it would be safe to say that all . . . Well I can speak for a number of provinces. Their colleges would have concerns with the agreement as the same with ours, our college. But as Max had said, you know, the details certainly haven't been worked out and we don't quite know how that is going to, you know, how it's going to play out into the future.

You know, a levelling of agreement on credentialing would be nice if, you know, I mean if the College of Physicians and



Surgeons in Alberta and Manitoba and Saskatchewan could all agree and all kind of have the same process. That would be very nice. That isn't the way it is because they're all individual, of course, autonomous units. But, you know, it would be safe to say that most colleges are a little concerned on how this will work.

**Mr. Broten:** — Is Saskatchewan still using the CAPE [clinicians' assessment and professional enhancement] assessment, and Manitoba, as the bar for the awarding of credentials?

**Hon. Mr. McMorris:** — Yes, we are currently.

**Mr. Broten:** — Is it just in Saskatchewan and Manitoba they're using the CAPE assessment?

**Hon. Mr. McMorris:** — Yes.

**Mr. Broten:** — Is part of the discussion looking at how there could be a similar CAPE assessment perhaps for across the country, or in the Western provinces or one standard for all of the jurisdictions?

**Mr. Hendricks:** — Yes, virtually every jurisdiction has its own type of assessment program similar to CAPE. We piggyback on Manitoba's but it exists in virtually every jurisdiction. We've talked a little bit about interprovincial collaboration with Manitoba or designing a Saskatchewan sort of satellite of it or something so that we can fast-track IMGs [international medical graduate], but it exists everywhere.

**Mr. Broten:** — On the topic of physician recruitment and retention, not the AIT but the group policy, group practice policy by the college, how is that affecting the recruitment and retention of physicians to smaller communities in the province?

**Mr. Hendricks:** — It comes into effect on April 1, so we don't know for sure.

**Mr. Broten:** — Any predictions?

**Mr. Hendricks:** — I think that it will present possibly some challenges in solo and two-physician communities. We're working right now with the SMA to develop a mentorship program so that we can have a sponsoring physician in a larger community where they have a clear understanding that that physician, once they've done their mentorship, will go back to the smaller community. So we're working through those details to try and mitigate any of the challenges that result.

**Hon. Mr. McMorris:** — It's important that we're clear that this is just for their initial stages. There's nothing saying that they can't, a physician can't go to a single-practice community into the future once they have their permanent licence. It's just for that initial stage. Because I think we all have heard communities that have a physician for five or six months and they struggle with the CAPE, and they're gone and the community then starts questioning why we have this CAPE assessment.

But this policy of the college is not to stop physicians to go, from going to small communities where it's a single-doctor

practice, but to make sure when they get there they're fully licensed. And we're certainly looking at some things that we can help, as Max said, with the mentorship program and things that we can help to ensure that there's an easy transition.

**Mr. Broten:** — In communities where traditionally they have perhaps recruited an IMG and then that individual's been on a temporary licence for some time, with this group policy, group practice policy, it is perhaps now more difficult for them to get a physician off the get-go. Perhaps they can grab a physician from a neighbouring community where a mentorship occurred.

What approaches is the ministry considering to deal with those situations in communities where perhaps in the past they've been able to recruit a solo physician to that area to provide care, but they're no longer able to? An example might be, is there a new or different role for nurse practitioners? Or is it simply a closure of services or providing satellite care? What are the considerations going on?

**Hon. Mr. McMorris:** — Well I think it depends on where you're talking about. Every community and every situation is different, and I think you could probably name all of the above what you had mentioned. There is locums, there is doctors that will do two days in a community, are centred in other communities, there is nurse practitioners, there is any, you know, any variety of those options that are available to communities.

I mean the reality is it's tougher and tougher to get a doctor to settle in a community where he's the only doc in town. And small communities are struggling with this and everywhere, you know, most jurisdictions are. British Columbia certainly has talked a little bit more about having success attracting doctors to rural British Columbia and, you know, we'll certainly look at some of the things that we're doing.

But that's why it's so important that we have this recruitment, physician recruitment strategy that we're starting to put a little more emphasis on it and, you know, so that we can maybe help some of these communities along so that they're not standing alone — that we can look at best practices. You know, there is some very good practices that are even done within our own province; we don't have to look to BC [British Columbia].

Some communities have been very successful in attracting and retaining doctors and sometimes it's just a matter of matching one community up with another community to see what they've done. I can speak from, you know, just in my own constituency with the community of Indian Head, who was never involved in doctor recruitment, never had been involved, and between, you know, the community of Indian Head and the surrounding RMs of Francis and Indian Head and North Qu'Appelle and South Qu'Appelle, they all got together and saw the importance of being directly involved as opposed to maybe just waiting for the health region to find a doctor. Maybe the health region, you know, doesn't put the urgency into it as far as the local community is concerned. And so they've been very successful, and they've recruited a doctor and it seems to be working very well. They got involved. They built a clinic for the doctor so it was pretty much a turnkey operation.

I'm not saying that every community has to do that, but there

are some pretty successful examples of recruiting into rural areas, that communities have kind of a made-in-Indian-Head solution or a made-in-whatever community solution. Carlyle is another example that has had some success, and sometimes it may just be a matter of we, as the Ministry of Health, knowing what those best practices are and helping other communities with examples and setting them up with other communities to help them attract.

[21:30]

**Mr. Broten:** — Of the possibilities I mentioned, one was the use of nurse practitioners. Could you please detail a bit more what an increased role for a nurse practitioner in certain communities might look like?

**Hon. Mr. McMorris:** — Nurse practitioners, you know, are invaluable to the system. I can say — and certainly I think probably many members on your side would also know the numbers — but I remember meeting with the nurse practitioners of Saskatchewan and them talking about having 50 nurse practitioners working and 50 nurse practitioners who are licensed not being able to find jobs. And I would say that all 100 are working, and there's probably 50 jobs open for nurse practitioners because the system really has, in the last number of years, realized the importance of a nurse practitioner and are utilizing them broader and wider.

And I think the primary health care teams and all of those, when they were set up . . . and they're very good ideas I think. And continue need to look at, you know, the policies around setting up that and the rules and regulations, we need to look at that because in many locations that I have heard from — and again I'll use my own constituency of Indian Head-Milestone and the community of Fort Qu'Appelle — they have the women's clinic and the All Nations' healing centre with two nurse practitioners. And talking to many people in those areas, they're not so worried about how many more doctors they attract to Fort Qu'Appelle. Just don't lose the nurse practitioners that are there because once many people have seen a nurse practitioner, they realize how valuable they are.

So I think, you know, what is going to limit maybe the use of nurse practitioners into the future is the amount of nurse practitioners we have. I don't think it will be a system — and I sure hope it won't be — but I don't believe it'll be the system that's holding it back. What will hold back the expansion and broadening use of nurse practitioners are the numbers of nurse practitioners themselves. I don't know if you have anything else to add.

**Ms. Greenberg:** — Just if you wanted to get into some detail because of what their clinical training provides in terms of advanced clinic experiences, they can prescribe medications, do enhanced assessments, and have diagnostic capacity.

**Mr. Broten:** — Following up on the minister's comments about the need and the important role of nurse practitioners, two questions. One, how many nurse practitioners are currently in the province practising? And two, nurse practitioners, that's a graduate degree, a master's degree, which doesn't qualify for the graduate retention program, and is that a concern for the minister and the ability to recruit this high demand profession in

the province as you've outlined?

**Ms. Greenberg:** — At first as of December 2008 there were 109 licensed NPs [nurse practitioners] in the province, and the nurse practitioners do qualify for the graduate retention program that you asked about.

**Hon. Mr. McMorris:** — I guess just one point of clarification, they're not all master's degreed to begin with. SIAST [Saskatchewan Institute of Applied Science and Technology] has a certificate so, you know, I don't know if that has an impact.

**Mr. Broten:** — Of the breakdown of the new nurse practitioners coming into the system, how many would have the certificate training, and how many would have the master's degree? And would that present a situation where in fact you could have a nurse practitioner who completed the certificate program qualify for the retention program and the one that completed the masters' program, which is my understanding, would not fall under the graduate retention program, qualify for the tuition rebate?

**Ms. Greenberg:** — Currently there's only three students registered in the master's program. SIAST actually has been offering its program since 1993.

**Mr. Broten:** — Three registered through the U of S?

**Ms. Greenberg:** — Besides U of S, they could also obtain a master's at Athabasca. We're not certain of the three, which are at the U of S and which are at Athabasca. But they all qualify for the recruitment and retention program.

**Mr. Broten:** — Those with graduate degrees qualify?

**Ms. Greenberg:** — And through SIAST.

**Mr. Broten:** — The ones with graduate degrees, is that an exception to the program and the way the rest of the program works? Because I'm quite sure in the parameters for the grad retention program through AEE [Advanced Education and Employment] it specifically says that graduate students aren't eligible.

**Mr. Florizone:** — Just for the purposes of clarification, we're trying to sort out the actual program you're speaking of. Is this through Advanced Ed?

**Mr. Broten:** — Not the retention aspects that may be in place for nurses, but the graduate retention program through Advanced Education.

**Mr. Florizone:** — Okay, I'm sorry for the confusion that's created here. So that question would be best left to Advanced Ed. We don't have all of the detail on that.

**Mr. Broten:** — Which links me back to my earlier question to the minister, is it a concern if there are some graduates of that program either in Saskatchewan or in other provinces where one can take a master's degree that they would not be eligible for the program here in Saskatchewan?

**Hon. Mr. McMorris:** — I think just a general statement I'll make is that generally nurse practitioners — and I can't speak for the 107 — but just from most of the nurse practitioners I have met are nurses that have worked in Saskatchewan, that have decided to upgrade to become a nurse practitioner. And you know, I can't speak for them all, how big of an incentive or not the graduate tuition rebate kind of program, for a lack of a better term, would be to their retention or to attract from out of province to Saskatchewan because generally I think most of the nurse practitioners are here would be staying here. And I don't know; I mean it's a pretty tough question to ask how many do you think it would impact as we move forward. I would say that in this profession most of them born and raised here, work here, upgraded here, were staying here, and I don't know if it's a master's degree, that it would have a big impact one way or the other. And I don't know of any way that I would have tangible evidence one way or the other.

**Mr. Broten:** — Thank you. Back to physician levels, how many physicians are currently practicing in the community of Spiritwood?

**Ms. Greenberg:** — Two.

**Mr. Broten:** — Has two been a consistent level for some time?

**Ms. Greenberg:** — There's been three in the past.

**Mr. Broten:** — And how many physicians are practicing in Big River?

**Ms. Greenberg:** — None. They do have visiting physician services, but there is no resident physician there full time. There is a nurse practitioner in Big River.

**Mr. Broten:** — Is the health region attempting to recruit to Big River?

**Hon. Mr. McMorris:** — I think it's safe to say that this health region is working to recruit physicians into a number of areas, and you know I think Big River would be one. It's a matter of a physician that wants to set up, you know, a practice there. I don't think there's any sort of underlying theme for the health region to say anywhere but Big River. That's not the case at all.

**Mr. Broten:** — I guess my last question. I saw in a news release not too long ago about the recruitment of a second radiologist to the Cypress Health Region in Swift Current. Could you please outline what kind of support the ministry provided, what the funding arrangement is for this physician for the second radiologist in Swift Current, and if the arrangement that is in place in Swift Current, if that's an option for other health regions who may be attempting to recruit a specialist in a discipline that perhaps there is the need to support the two specialists, but perhaps there's also the need for a base level of specialists whether it's a community like North Battleford or a regional centre.

**Mr. Florizone:** — The ministry did work very closely with the health region in Swift Current in terms of establishing what was very much believed to be a minimum level for radiology services. Because of the unique nature of that regional centre — its geography and the population served — the sense was, at a

minimum, there needed to be two radiologists to serve that area. What it comes down to, it's interesting. There could be volume which is one consideration, population need which is another, and then of course the geography, the sheer distances that need to be travelled or work that needs to be done. Not everything needs the hands of a specialist. But where we have regional centres, we've defined a core of certain services that would be required to be provided.

So we worked with Swift Current. We did provide additional funding. I do apologize; I just can't recall the exact amount. But we can get that number to you, in terms of the additional funding that was provided to Swift Current. And they were able to set out a plan, and they've been active as of today attempting to recruit a second radiologist to serve Swift Current and the region surrounding Swift Current.

**Mr. Broten:** — Thank you. And I would appreciate the dollar breakdown and what kind of payment modality that occurs there. And how does that situation, is it unique to Swift Current, or is it a possibility for Prairie North or any other health region in the province?

**Mr. Florizone:** — Well again I think it's really, really important to look at it case specific, so I'll give you another Swift Current example. In order to provide a surgical service, the sense was we needed some minimum anesthesia coverage. So certainly in the past, the ministry has worked with that region — as we've worked with other regions — in either identifying through fee-for-service, identifying through alternate payment, or looking at alternate arrangements that allow for that minimum support to be in place.

So I'll speak to — in my past life — my work with the ministry in obstetrics in Moose Jaw. It was very important that I work closely with the ministry in establishing a core of obstetricians. And we did that. We did the same thing with pediatrics and establishing pediatrics.

I can say that there is considerable dialogue, and there is a process for regional health authorities to put to the ministry those areas that are both urgent and arising, but also those that are well planned and thought out in advance through physician resource plans. The short answer is we're in continual conversation with the regional health authorities and very open to identifying what the needs of the population are and the reality with the geography.

**Mr. Broten:** — Thank you. That's all I have at this time.

**The Chair:** — Ms. Junor.

**Ms. Junor:** — Before we leave the discussion about the doctors, could you give me an idea of how many vacancies there were for GPs [general practitioner] and specialists — and I imagine you have to break it down into the two separate categories — as of December '07 and February '09, two different dates.

[21:45]

**Mr. Hendricks:** — I don't have the figures for the exact times that you mentioned. My recollection is that on health careers in

Saskatchewan website there are about 70 vacancies right now the last I checked. But that doesn't really capture everything that's out there in the system because a physician practice in Regina may be advertising or looking for a physician and not actually post it on that website. So I wouldn't say that that's a catch-all number necessarily.

**Ms. Junor:** — Does that 70 basically refer to GPs because I'm interested in specialists as well.

**Mr. Hendricks:** — That would be GPs and specialists, but I don't have the breakdown with me.

**Ms. Junor:** — Can you get that information . . . [inaudible interjection] . . . I'd appreciate that.

I also want to talk about *The Ambulance Act* that's coming before the committee fairly soon, and there's been some discussion. The minister's mentioned two reviews, one the road ambulance and one that would capture more the air ambulance and the fullest possibilities. And I also have a letter from the firefighters, the SPFFA [Saskatchewan Professional Fire Fighters Association] who are requesting that we examine the role of the fire service, that they can play in the delivery of emergency medical services, especially since their qualifications are becoming higher and higher and more the paramedic-type of qualifications, and they consider themselves particularly underutilized. This is an interesting letter given the fact that we do have *The Ambulance Act* open at this time and a review ongoing.

So my first question is, when do you anticipate the review to be done for road ambulance? And what are your thoughts on the firefighters' contention that they are underutilized and basically being paid for by the public and are underutilized in our EMS system?

**Hon. Mr. McMorris:** — Really kind of three different areas that you asked about. The first piece was *The Ambulance Act*. And since we're opening it up, *The Ambulance Act* that we're looking at and we'll be dealing with in this committee, once it gets by second reading, is really a housekeeping piece of legislation. It's just cleaning up the language going from ambulance districts to bring it into line with regional health authorities and the delivery through the regional health authorities. So it really is nothing more than a housekeeping piece.

I guess you could say that if we have it opened it up, we could make a whole lot of changes. But I don't know if there'd be any use making changes until we've gone through a review, which we're doing with road ambulance, and look at some of the recommendations and see if there's any need. Seems like *The Ambulance Act* has been opened up many times in the last couple of years. Until we see, you know, what the review may suggest, we don't think there's any need to make major changes. This is, as I said, housekeeping.

The second part of your question was regarding the review and when it would be finished. We're looking probably within a month or so that the review will be completed. And then I will be able to have a look at it and see what the recommendations are and see what can be done. At the same time, as I had

mentioned in my opening remarks too, that we're reviewing the air ambulance file as well, and seeing, you know, looking at possibilities of integrating a helicopter into the air ambulance fleet and seeing how that would work, as it's done in most every other province but not here in Saskatchewan. I know there are limitations — and I don't want to get into the whole discussion on helicopters unless that's where you want to go — but that's the air ambulance review. And we expect those to be done within the next month or two.

The third piece was around professional firefighters and their role that is played in, you know, whatever type of emergency. I had the opportunity to meet with the association's executive director, Gerry Huget, and we certainly had a discussion on this. It was great to hear that in certain areas . . . And I think he identified Regina as one area where the firefighters and the EMS were working fairly closely together and working on protocols as far as call-out and who would respond.

And, you know, that's I think by far the best way of handling the situation is having, you know, the EMS service in the community work with the professional firefighters and seeing, you know, what is needed at specific calls and developing a protocol that would deal with it, as opposed to . . . Those are always very touchy subjects and any time you start — and this is maybe not necessarily scope of practice — but any time you start dealing with those type of issues, you're going to have competing interests for sure.

And I certainly heard the professional firefighters' concerns that perhaps they could be utilized more. And, you know, certainly they think that they would help drive down costs. It is a interesting balance. But I think where it works the most effective or where it has worked most effectively is when the two services work together and determine what the proper protocols are.

**Ms. Junor:** — So is the current ambulance review, the road review, going to look at some of these using of the certain professionals and maybe changing the way they're used or who's used? Is that part of their mandate?

**Hon. Mr. McMorris:** — I think the Professional Fire Fighters Association has made a submission to the review. The review I think is looking more generally at the future of EMS and how to best provide the services with the appropriate people throughout the whole province.

As you know very well that it's, you know, a large province geographically. And you know, people expect to have timely service regardless of where they live. I can again talk of a number of issues that have come up in the constituency of Indian Head-Milestone, where I've had calls from people that they felt service maybe wasn't there as on a timely basis.

So you know, I think the review will be looking at all of those issues and how to best service the population overall on a very large geographic area.

**Ms. Junor:** — I missed one question when we were talking about doctors. I just heard that there — and I don't know if this true or not because someone just told me — but there are 300 internationally educated doctors in the province who are unable

to get recognition for their licences. And a bad joke apparently going around Ottawa is that if you want to have a heart attack, the best place to have it is in a taxicab because there's so many internationally educated doctors actually driving cabs. I thought 300 was Canada wide, but this person was telling me it's 300 in Saskatchewan.

And so some of the money that's being targeted for physician recruitment and training and retention, that sort of thing, is any of that going to be dealing with this, internationally educated doctors?

**Hon. Mr. McMorris:** — We don't have an exact number of how many IMGs are not practising and maybe driving cabs or doing whatever, but we can get that number and we will get that number. But we know that it's nowhere close to 300. It may be around the ball park of 50. I'm not, as was said, I'm not sure we have 300 cab drivers. And after going to an Eagles concert and not being able to get a cab on the way home, we don't have enough anyway. But we will, Max will talk about a few of the initiatives regarding IMGs to get them to work through their licensure process.

**Mr. Hendricks:** — Every year at the College of Medicine, we have four dedicated IMG seats. So currently there are 16 IMGs practising at the College of Medicine, and those are designated seats at a cost of \$1.7 million. As well we provide recruitment bonuses. We support them in challenging their entry exams. We provide some assistance with immigration and settlement and then remedial training if they require that in order to be licensed after they've been through their CAPE assessment.

So we have a number of programs in place and some with the College of Physicians and Surgeons too to provide orientation for IMGs.

**Ms. Junor:** — But the four that you currently fund, that's been there for a long time. There's been no increase in those seats. And the frustration I hear with doctors who come to talk to me is that no, they're not all driving cabs, that's for sure. They're also doing a lot of other things and perhaps even trying to get a different education so they can get meaningful work that's at least somewhat tied to their health background. But the four seats has been there for a long time, and the frustration with some of these doctors who come is that those seats aren't even that available to them, those four.

And so my question is, are we going to increase those seats which is what I think what we need to see to get some more of these doctors actually practising. And my second question part of that is that there used to be a position between the College of Medicine and housed at RGH [Regina General Hospital] for a facilitator-navigator kind of position to help some of these internationally trained grads go through the system and get into the proper places. Is that position still there?

**Mr. Hendricks:** — I'm not aware of that position, but I should clarify too that this year we've expanded the post-graduate residency seats at the College of Medicine. We're going to 120, and through the second iteration of the CaRMS [Canadian Resident Matching Service] match, IMGs can match to that. Now if they're not qualified to match to a CaRMS position, then that's another issue.

There has to be some ability to assess their capabilities and their readiness to enter a residency program or the readiness to practise. And that's been a challenge that is right across Canada that different provinces are struggling with. When a person's been through a different medical education system, knowing what they have experienced, what their training is quite difficult to do in a short time frame.

[22:00]

But we are looking at ways, as the minister has said, in terms of our physician strategy, to streamline that licensure process and anything that we can do to expedite it or help to provide some assessment capacity.

**Ms. Junor:** — Basically there would be more than four spots for someone to access.

**Mr. Hendricks:** — An IMG can, in the second iteration of the CaRMS match, can access any of the 120 seats at the College of Medicine or any that are left over after the first iteration.

**Ms. Junor:** — Okay, a different line of questioning — out-of-province surgeries, procedures, and diagnostics. I know I saw someplace that we are doing quite a few more PET [positron emission tomography] scans. There has been an increase in the PET scans out of province. Have we any intention of adding a PET scanner somewhere in Saskatchewan?

**Hon. Mr. McMorris:** — I think we kind of revisited this topic. A while ago you had asked that and I had said at that time . . . And it still is the process that I have asked the ministry to look into, you know, what it would take and the utilization and to evaluate that. There is no money in the budget to start out, you know, to purchase a PET scan and have it within the system this year. But I'm certainly looking forward to the response from the ministry as to what it could look like into the future, but in the fact that the number of PET scans are increasing from Saskatchewan to other jurisdictions.

**Ms. Junor:** — Sticking with the out-of-province issues — either surgeries, procedures, or diagnostics — has there been any change in the ministry's approval process for funding these and approving them to go out of province to do it?

**Hon. Mr. McMorris:** — The change that has been made is regarding MRIs and cataract surgery. Before, prior approval was needed. Now a person can access an MRI in another jurisdiction in Canada without prior approval as long as it's within a publicly funded facility. So, you know, going to a privately owned facility in Alberta, it would not be covered as it wasn't covered before. But before, you needed prior approval if you were in Alberta to receive an MRI in a publicly funded facility, and we've changed that requirement so that we will cover that in another province across Canada as well as cataract surgery.

**Ms. Junor:** — You don't need approval for an MRI?

**Hon. Mr. McMorris:** — You don't need approval for an MRI in another province as long as it's conducted within a publicly funded facility.

**Ms. Junor:** — So what does that do for you when you come back with your MRI in your hand? It moves you through the system quicker obviously.

**Hon. Mr. McMorris:** — I don't think, you know, that the case will happen, as you said, where you come back with your MRI in your hand because that normally is done when people access a private clinic. If you look at the wait times for diagnostics, for example, an MRI — and we'll just use Alberta — within their public system, it's not much off of ours. Where the issue came in is if you're in Alberta and you were needing medical attention because of whatever reason, an accident or whatever the reason might be, you needed prior approval to get that MRI in Alberta in the public system.

**Ms. Junor:** — In an emergency?

**Hon. Mr. McMorris:** — Regardless, in an emergency. But now you don't need to worry about that prior approval. It is automatic that we'll cover the costs if it's done within a public system.

**Ms. Junor:** — Same with cataracts?

**Hon. Mr. McMorris:** — Yes.

**Ms. Junor:** — What is our situation right now with bariatric surgery? Most of it . . . well, as far as I know, what's the Regina situation, and what is the situation about going out of province to have it done or out of country?

**Hon. Mr. McMorris:** — So as you're aware, the program is running in Regina here and has been for about a year. There have been 25 surgeries performed in Regina since April 1, 2008. Currently there are about 97 patients on the wait-list; 60 of those patients have moved or transferred from the Saskatoon program that was in place. The Regina Qu'Appelle Health Region is targeting about 100 procedures, surgeries, to be conducted in this next fiscal year.

**Ms. Junor:** — Which type of surgery are they using exclusively here? Are they using lap [laparoscopic] band at all?

**Ms. Jordan:** — It's the Roux-en-Y procedure.

**Ms. Junor:** — So if someone needs or is a good candidate for a lap band, what happens to them?

**Ms. Jordan:** — There are currently four provinces who insure, in the public system, the lap band surgery. The remainder of the provinces do not.

**Hon. Mr. McMorris:** — The four provinces that cover that procedure are Alberta, New Brunswick, Prince Edward Island, and Quebec. And I failed to earlier, I think, for a couple other people mention who they were. And this is Deb Jordan, and Roger Carriere was here earlier regarding seniors' care.

**Ms. Junor:** — Is that Alberta, New Brunswick, and Quebec? I missed the fourth one. Yes, thank you. Can you tell me how many new primary health care initiatives there are that have started up in the last year, new sites?

**Ms. Greenberg:** — Nine new teams started last year and there were six expansions.

**Ms. Junor:** — Which brings us to a total of how many sites, primary health care sites?

**Ms. Greenberg:** — 67.

**Ms. Junor:** — Has there been any change in the criteria for starting up a primary health centre?

**Mr. Hendricks:** — The one thing that we're trying to do with primary care is to become more flexible in trying out different models. We're now experimenting with a couple of fee-for-service primary care sites and evaluating that.

I think one of the things with primary care more generally is that we're trying to look at how the model works. And so far it's been about bringing in a nurse practitioner into a physician practice, or co-practising with each other. And we're trying to look at bringing other health professionals into the fold more actively, and to better integrate them with RHA services.

**Ms. Junor:** — This is a particularly, I will say, irritating point with me. I'm not sure if that's the right word. But we tend to use primary care interchangeably with primary health care, and they are two different concepts which tend to confuse most people. And maybe it doesn't matter, but I think it sends a different message if you're listening to what primary care is. And if you talk about primary health care teams, it is different. Can you actually, for the listening audience, explain the difference?

**Mr. Florizone:** — I think in an attempt . . . And I could never do this as good as someone who actually has a clinical background, but I'll do my best. Primary care is often referred to as everyday service, or that first contact with the system. Primary health care, on the other hand, is a broad-based view of that which is core to services we receive as that initial contact.

And if we take a look at the World Health Organization in 1988, their determination of and definition of primary health care, there are certain components that are fundamental to a health system that has established itself under the principles of primary health care. They would include patient centredness or client centredness, making sure that the needs of the individual is set in the context of their community, making sure that there is full scope of practice, that there's team environment, making sure that the information technology and the tools of the trade are readily available, ensuring that there's an intersectoral approach to the mosaic of needs that may exist.

Now I know I'll miss something in this, but primary health care is a much broader view of health system and health system reform that's required, whereas primary care tends to be a definition which is literally primary, secondary, and tertiary, largely an acute care type of philosophy or definition.

If there's something that we need to do with respect to the next stages of primary health care reform, that is to really put the patient first, have the patient at the centre — and when I say patient, I mean patient, resident, client, and their family — at the centre and at the core of what we do. Keep them not as a

statistic but as a real individual. Make sure that we plan the menu and the range of services. Look to connections with other sectors and be able to define and deliver based on where they're at, where their needs are at, and where they're ready to move forward with their own health care needs and requirements.

So very much physicians and primary health nurses, we can get into those discussions, but what we're really talking about is a broader term, a broader need for a full mosaic of services, connections with schools, connections with other sectors — it could be housing needs — and very much dealing with the individual, the population, and the most appropriate configuration of service at the same time.

Sorry, I've tried my best on that one.

**Ms. Junor:** — Mostly primary care has mostly been defined as doctor driven, and that's what I think the difference is, that the primary health care model is more the intersectoral, multidiscipline, more the team, where primary care is pretty much . . . just has been the physician traditionally.

Are there any changes anticipated in the primary health care criteria that would make it easier to be more flexible? Or do you consider ourselves to be pretty flexible now? There was some complaints a few years ago that this five-physician practice to support a primary health centre was pretty restrictive and almost barred anybody from doing it any more. We'd pretty much maxed out on how much we could do with that.

**Mr. Florizone:** — I think it would be fair to say that a lot of our thinking around primary health care and reform will be focused in on the patient-first review and what we hear and learn from patients through that review. When we say that, I would anticipate — and maybe perhaps I shouldn't — but I certainly would anticipate hearing some of the concern expressed from patients, those particularly who have chronic and complex health needs, and the need to not just think of their medical treatment in the traditional sense, but think about the full range of service, their journey through the system, the hand-offs that occur in care, some of the issues with respect to teamwork, some of the quality of service that they may experience, and be able to really redefine and have emerge from that work perhaps a new vision for primary health care in the context of Saskatchewan.

[22:15]

So if there is a central piece of work that we see as connecting with the new approach to health care, it will be the patient-first review — looking at the system not from the system's needs but rather from the patient's needs and then scaling up our response accordingly.

**Ms. Junor:** — So let's talk about the patient-first review then. I anticipate something soon. I know there's an update that Mr. Dagnone will be delivering to the SAHO conference which I look forward to hearing. So that says to me that he has reached a certain point fairly far along in his review. When do we anticipate hearing the recommendations or seeing the report?

**Mr. Florizone:** — Well the timing of the report at the time that the patient-first review was announced was for mid-year this

year. So we're looking forward to by perhaps July having a report from Mr. Dagnone in terms of his findings.

Now the milestone that you're referring to is there were certain parts of his research, of the team's research, and he's hit a particular milestone that I believe links up very nicely with the SAHO conference. And that is the whole beginning point of the patient-first review was a dialogue with patients themselves.

So what we anticipate coming forward to around the time of the SAHO conference is the themes that have emerged from patients, from that piece of work. So he's held various focus groups; by this time he would have received multiple responses by a web-based input, web tools, survey tools; and there will have been certain themes that emerge from that work. The idea of this qualitative research is to do enough talking that the themes actually get saturated, that you start hearing very common messages and you're able to put that forward so that he can move very clearly to that next phase of important work.

And that is the phase he's entering into, as I understand, talking to providers and next talking to stakeholders. Once that's done, it's important to move away from the qualitative and use qualitative to form the basis for quantitative research. In other words a verification that the themes, the ideas, the generation of ideas can now go out to the population, and through a random survey — a sampling of the population that's statistically significant — can identify what the true priorities are from the population standpoint. That will be the basis for the report that's created, at least consistent with the terms of reference — the component of the patient-first review which is the patient experience component.

**Ms. Junor:** — There's several large topics that I want to cover, but obviously not tonight. So I'm going to stick to a few random little questions that I have left. Actually it ties nicely in with the patient-first review.

The quality of care coordinators, they are a necessary piece of the health system and they are used. But there appears to be a frustration because they only actually do an investigation and check the problem out. It doesn't necessarily meet the expectations of the people who are complaining. Nor do they feel as if they have talked to an impartial person, because they are employees of the district and then basically investigating the district, which doesn't lend a great deal of confidence to the process.

So in the patient-first review, would the commissioner be looking at where best to put the quality of care coordinators, where best their function would be that would give people more confidence in their impartiality and their ability to deal with the problems in a real way?

**Hon. Mr. McMorris:** — A couple comments regarding the quality of care coordinators, and I just want to say for the record on the valuable work that they do. I can remember in opposition, you know, forwarding patients' concerns through the quality care coordinator and the great work that they did then. And seeing it from my perspective now as Minister of Health, they do really very good work.

They help people. They really do help people navigate the

system. When they're having trouble with the system and they're not sure where to turn and how to, you know, they're not sure where they are on a list and they're not sure how to deal with, you know, a specialist's office, they help out immeasurably. They do certainly take on the role of hearing major complaints with the health care system and trying to correct that, you know, as soon as possible when that complaint is heard.

I wouldn't say that they play the role of an ombudsman. I see a health care ombudsman as a person that deals with the major problems that people are just unsatisfied with. The quality of care coordinator . . . and perhaps the health region that they would then access the services of an ombudsman. I think the quality care coordinators deal more on a — and I don't mean to say it on a lower level as far as lower as far importance — but on an immediate level where the patient has just accessed the system and has had some frustrations navigating it. That's the role of the quality care coordinators that do a very good job, I think, you know, as if there is a problem that is escalating and the person is frustrated and they just aren't getting response that they see fit from the quality care coordinator or the health region, that's when they would move on to the next step of perhaps the ombudsman.

But, you know, as far as helping people deal with the system and if they've . . . You know for most of us, we've never entered the health care system, and it can be a pretty daunting process. And hence the patient-first review to try and ease that process. But the quality care coordinator, that's what they do on a daily basis.

**Ms. Junor:** — I think there's some benefit to looking at the quality of care coordinator. I think they have one coordinator that oversees and that is lodged — where? — in the department?

**Mr. Florizone:** — We do have a position. Actually I believe there's two people that provide support for the provincial QCC [quality of care coordinator] function, so provincial quality of care coordinator.

Now just to be clear, the regional folks are responsible to the regions. There is a network that's created through our provincial QCC and some reporting that occurs, but it isn't that the regional QCCs are employees of the ministry.

**Ms. Junor:** — I guess my point is that when you're looking at establishing the ombudsman, the health ombudsman, wherever you put it or however you structure it, that you take a look at the quality of care coordinators. And there is a lower level of resolution that can certainly happen with them, but there also is progression of things, of dissatisfaction and of things that have gone wrong, that very few people that I've dealt with know about going to the Ombudsman, you know. They don't get that given to them.

So when you're looking at the health ombudsman, if you can take a look at where the quality of care coordinators would best fit and maybe another level of progression of your complaint so that we see more satisfied people and not just get . . . They just get the answer from the quality of care coordinator: this is all it is and that's all I can do. And there is a fair level of

dissatisfaction with that. But I think it's a good time to have another look at where they go and where they best report through.

And I just have one, I think, one more. The bus, the mobile bus in Saskatoon, for interest, have there been any HIV [human immunodeficiency virus] AIDS [acquired immune deficiency syndrome] patients diagnosed in the bus, by the staff in the bus?

**Hon. Mr. McMorris:** — The primary mobile health unit in Saskatoon, I guess it would be safe to say that they wouldn't have diagnosed any patients with HIV because they don't have the laboratory results or laboratory equipment right on the bus to be able to do that. I mean, they would refer.

But I think the significant piece here is that — and I can get the exact number — they track every visit into the bus as to whether it was help with medication, whether it was any number of — blood pressure — any number of things. And the largest work that the bus does is education, you know, dealing, you know, helping people with whether it's diabetes control and no doubt issues around intravenous drug use and the problems around that which then would lead to what we've heard in the media recently and know through the ministry, the issue around HIV and AIDS.

So I think it would be safe to say that people that have entered the bus, through the education, may have then proceeded to an emergency room or a doctor's office to have, you know, the appropriate tests taken. But as far as straight up diagnosing for any of the . . . you know for HIV, that would not necessarily happen in that setting. But the education piece that needs to go along that, so people understand the tests that need to be taken and the steps to be taken, that's you know been a very useful piece of the primary health bus.

**Ms. Junor:** — So following that date, there would not likely be any treatment then for HIV/AIDS done through the outreach, the mobile bus?

**Hon. Mr. McMorris:** — No. I think a large portion of the people that enter the health bus are high risk. It's a high risk. You know the bus is in areas where people that are accessing the bus are people that are, you know, in high risk, have high risk life styles I guess you could say. So you know, it's an intangible. If you've prevented somebody through the education process or you've moved somebody on to proper treatment or the proper professional, then we think it's been very successful. Dan has one more point to say.

**Mr. Florizone:** — Just to clarify, in terms of the treatment, it's to a large extent through the infectious disease clinics who are partners with that mobile service.

I did want to point out as well with respect to the draft HIV strategy proposal that's just emerging, I mean this is as of March 27, and we're still considering the various opportunities for strengthening our approach. Point-of-care testing is something that's being considered. Right now the reason why we need to be diligent with such testing, it certainly would serve us for our mobile service in terms of, as the minister has indicated, allowing them to have some quick lab test. But specificity and sensitivity of that test is something that we want



to make sure is appropriate. Specifically, we're worried about false positives and false negatives.

So when you have point-of-care testing, it doesn't have the kind of refined testing parameters that you might see with a general lab test. So we are looking at this as a possibility of enhancing our mobile and other services that are available point of care. Thank you.

**Ms. Junor:** — Before we leave, I just want to ask you if you're the appropriate minister to ask about the new nursing education program because I see you have \$4.4 million in the budget to renovations to accommodate health care program expansion. Would it be best addressed here at our next time, or would it be best addressed to AE and E?

[22:30]

**Hon. Mr. McMorris:** — Yes, we feel it would be — not because it's 10:30 — but it would be best addressed to Minister Norris.

**Ms. Junor:** — So best, he would be . . . This is the new nursing program that's going to be coming when they split up the NEPS [nursing education program of Saskatchewan], right?

**Hon. Mr. McMorris:** — Yes.

**Ms. Junor:** — Okay. That's it.

**The Chair:** — The clock . . . [inaudible interjection] . . . Certainly, Ms. Junor. You may say thank you.

**Ms. Junor:** — I may say thank you. Thank you to the minister and all the many officials for their answers tonight. And I appreciate your candour and your thoroughness.

**The Chair:** — Minister McMorris.

**Hon. Mr. McMorris:** — I too would like to first of all thank the member for her questions and also thank the government members for being here. And especially I thank the ministry staff for being here, and it's a wealth of knowledge sitting behind me. It's amazing, so I want to thank all of them — and beside me.

I guess I also would just ask the member from the opposition, in the future, if you have specific areas that you want to deal with, as opposed to on a \$4.075 billion budget, we bring a lot of officials to cover off all of that. And if in the next set of estimates when we meet again, if there are specific areas, it would be nice . . . I know when I was in opposition, we tried to try and narrow it down a little bit, so we didn't tie everybody's evening up. And I'd appreciate that in the future.

**Ms. Junor:** — Okay, I can do that right now. I want to talk about, in the future, I want to talk about the MOU [memorandum of understanding] and recruitment and retention in nursing and the SUN MOU. I want to talk about the tobacco reduction strategy. And I want to talk about infection control strategy.

And I particularly want to talk about district-specific MRSA

[methicillin resistant Staphylococcus aureus], VRE [vancomycin resistant enterococci], C. [clostridium] difficile, those sorts of things what's happening.

And I want to talk about capital infrastructure all across the piece, including long-term care and everything else. And I want to talk about some of the specifics around the community clinic. And I think that's my biggies that are left. That's good for now. That'll narrow it down some. And I want to talk about SHIN [Saskatchewan Health Information Network], so bring somebody to talk about SHIN.

**The Chair:** — The clock now reads 10:33. Before we adjourn, I'd just like to thank all committee members for their co-operation. It's been a long evening, but I believe it's been a productive one. And having said that, this committee stands adjourned.

[The committee adjourned at 22:30.]