STANDING COMMITTEE ON HUMAN SERVICES

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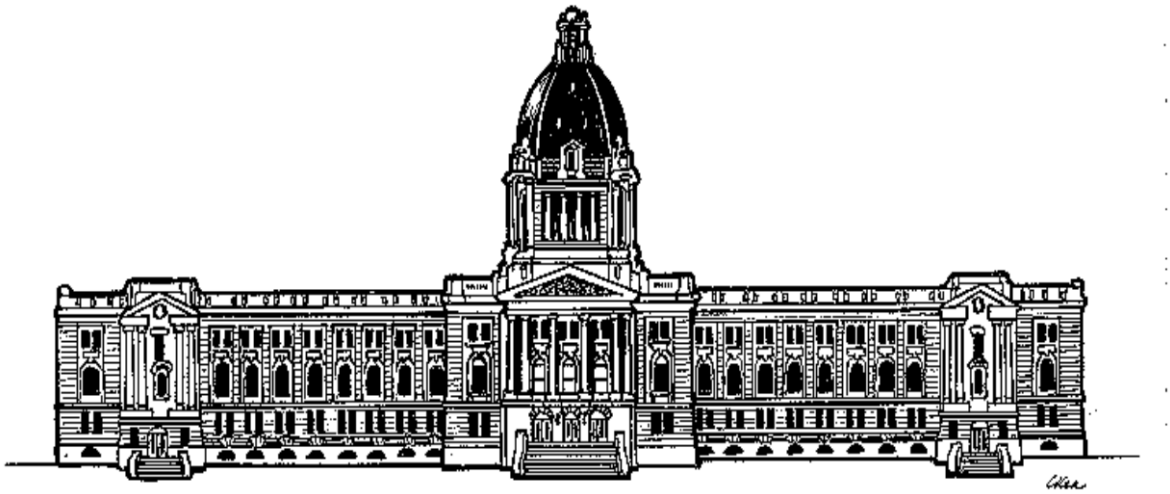

Legislative Assembly of Saskatchewan

Twenty-Eighth Legislature

STANDING COMMITTEE ON HUMAN SERVICES

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Hon. Nadine Wilson
Saskatchewan Rivers

Published under the authority of The Hon. Corey Tochor, Speaker

[The committee met at 14:00.]

The Chair: — Well good afternoon, everyone. Thank you for attending the meeting of the Human Services Committee. Today we are looking at the estimates of vote no. 32, Health. And we have the two ministers with us.

With us as well today we have MLA [Member of the Legislative Assembly] Nerlien. Substituting for MLA Buckingham, we have MLA Carr. We have MLA Fiaz, MLA Wilson, and MLA Docherty.

And on behalf of the opposition, substituting for Ms. Rancourt is Ms. Chartier.

General Revenue Fund
Health
Vote 32

Subvote (HE01)

The Chair: — So, Minister, we will be considering vote no. 32, Health, and central management and services, subvote (HE01). If you would like to introduce your staff and your co-minister and do your presentation, please.

Hon. Mr. Reiter: — Thank you, Mr. Chair. I have with me, as you indicated, my friend and colleague, the Hon. Greg Ottenbreit, Minister of Rural and Remote Health. I also have with me the deputy minister of Health, Max Hendricks. And behind me I have a number of assistant deputy ministers. I have Kimberly Kratzig, Tracey Smith, and Karen Lautsch. I welcome them, and there's a number of other senior officials from the ministry as well that may participate in the presentations. And I'll ask them to introduce themselves at that time.

Together we look forward to answering . . . Again, Mr. Speaker, or Mr. Chair, I have some opening comments that I'd like to get into the record and then we'll take the questions. Together we look forward to answering questions from the committee about the ministry's 2017-18 budget. Our government's focus in health care is driven by our patient-first agenda, where we concentrate on better health, better care, better value, and better teams for Saskatchewan people. Every day there are employees in the health sector making a difference in the lives of their patients and clients.

Saskatchewan residents continue to benefit from better access to physicians with the addition of more than 750 new doctors over the past 10 years. This represents a 44 per cent increase in overall physician numbers compared to 2007 and includes a 53 per cent increase in specialists and a 37 per cent increase in general practitioners. In total, more than 2,500 physicians are licensed to practice in Saskatchewan.

The nursing workforce has also increased. More than 3,000 additional nurses of all designations have been added to the health care system since 2007. The health system as a whole employs more than 42,000 people across Saskatchewan, who provide a broad range of services. We appreciate the work done by employees across the health sector.

Saskatchewan continues to face fiscal challenges. The provincial government is focusing on meeting those challenges by investing in core services while controlling costs to support efficient, sustainable services in the long term.

Once again, the health budget is the largest of all the ministries at $5.2 billion. That's a $38.6 million increase over last year. Even with the modest increase, we've had to make some hard choices among many competing needs. This year's health budget supports investments in core health services, infrastructure, and initiatives that will improve access to timely care for Saskatchewan people. We're investing in health services that support Saskatchewan patients and families by focusing on important front-line services. We are committed to controlling costs and finding ways to provide more efficient, sustainable services.

To the specifics of the '17-18 budget. As I mentioned, a record $5.2 billion investment in health care will help Saskatchewan meet the challenges it's facing. This represents an increase of $38.6 billion or point seven per cent over last year. Health's budget has increased 51 per cent since 2007. The bulk of this funding will go toward the regional health authorities' global budgets. In the past nine years, our investment in regional health authorities has increased nearly 58 per cent. This year's funding to RHAs [regional health authority] is an overall increase of 1.2 per cent and includes $12 million to support over-capacity pressures and reduce emergency department wait times in Regina and Saskatoon; $24.4 million for operating funding and services pressures; and $4.4 million in operating funding for the Children's Hospital of Saskatchewan.

The 2017-18 budget also meets our commitment to provide additional funding to the Canadian National Institute for the Blind. We are providing CNIB [Canadian National Institute for the Blind] with a $250,000 funding increase.

Our budget also invests more than $170 million in the Saskatchewan Cancer Agency, a $3.3 million increase in funding to help care for more patients. It will also improve the timeliness of patients' access to care.

We know good health is not only about treatment but also prevention. The province will provide three-quarters of a million dollars to begin an HPV [human papilloma virus] vaccination program for boys. This expands the availability of the HPV program that began in 2008 for grade 6 girls. This decision is based on recent scientific evidence indicating that the HPV vaccination is an effective cancer prevention strategy for boys. The program will be rolled out this fall as part of the routine school immunization program.

Investments in health care infrastructure remain a priority for our government. This year's capital investment totals $83.7 million, a significant increase of 17.2 per cent or $12.3 million.

A couple of examples: the Leader integrated facility will receive $6.7 million for continued construction scheduled for completion in the spring of 2018. And for the children's hospital of Saskatchewan, scheduled to be completed mid- to late 2019, 15.5 million for capital and $8 million for their IT [information technology] needs. In the coming months we will

also see a significant milestone in the construction of the new Saskatchewan Hospital in North Battleford.

Another continuing priority for our government is addressing emergency department wait times. Wait times for emergency department care or other care can negatively affect the health and safety of patients and drive up the cost to providing care. As outlined in the budget, we have committed $12 million to help reduce hospital over capacity and improve patient access to the right care at the right time by the right teams.

On March 28th I was pleased to announce that a portion of this funding will be used to expand the innovative accountable care model of in-patient care. This model uses hospital-based physicians working on an interdisciplinary team with nurses, occupational and physical therapists, dietitians, social workers, and other staff to meet the needs of patients.

This approach first started at Regina's Pasqua Hospital. Patients in its accountable care ward have been able to return home 15 per cent sooner, thanks to improved communications and collaboration among health care teams. The unit also reports reduced mortality and significant improvements in patient and staff satisfaction. The second ward in Regina has adopted this team-based approach with additional wards making preparations. Saskatoon Health Region is also planning the creation of collaborative teams in its major hospitals based on what has been learned in Regina.

The remainder of the 12 million in funding for reduced emergency department wait times will be used to create community supports in Regina and Saskatoon. The $12 million in new funding is in addition to the $4.7 million the government has provided annually to RHAs in support of the police and crisis team program, paramedics and nurse practitioners working in long-term care, and emergency room initiatives.

The 10-year mental health and addictions action plan remains a priority. The recommendations in the plan are guiding our efforts to improve mental health services and supports, paving the way for a healthier future for all Saskatchewan residents. Over 35 recommendations and recommended actions are being addressed through 30 initiatives being led by the Ministry of Health, partner ministries, or through inter-ministerial efforts. This includes 15 recommendations addressed in 2015-16 and 20 more recommendations being addressed in '16-17 in this budget year.

Among other initiatives, as part of our efforts to increase access to mental health services, in the '17-18 budget we have provided 356,000 to the University of Regina for internet-based, online cognitive therapy. This innovative approach is an effective and convenient way to receive treatment for anxiety and depression, and addresses recommendations in the mental health and addictions action plan. Funding for mental health and addictions was about 300 million in '16-17, and overall spending in mental health and addictions has increased by 43 per cent since 2007-08.

The 2017-18 budget also includes a continued investment of $500,000 to further expand medical robotic technology in northern communities. RPT [remote presence technology] is an advanced telemedicine technology that allows an expert — a physician, nurse, or pharmacist, for example — to be virtually present in the community. This provides increased patient access to health services right in their community. Early evidence shows it can reduce health system costs. It also reduces travel for patients, reducing their expense and inconvenience. RPT allows health providers to manage patients' care right in their home community. The result has been a sizeable reduction in the number of specialized medical transports out of the North.

I was honoured to attend an event in Saskatoon on April 13th to announce that the first RPT location will be in the community of La Loche. Other communities where RPT will be located will be announced in the coming months.

A very significant item in health care is of course the move to a single provincial health authority. I won't elaborate on that in opening comments because we will be discussing the legislation very soon in committee.

The challenging economy means that some difficult decisions have to be made. We must manage our limited resources responsibly. Some of the programs to be phased out by RHAs include: first, the hearing aid plan will be discontinued as of July the 1st. The elimination of this program will generate approximately $3 million in savings annually. Hearing and hearing aid services are available through private clinics in more locations than the hearing aid plan was able to offer, including 32 principal locations and 68 satellite locations. To ensure protection for the low income, hearing services and hearing aids will still be covered for eligible individuals under family health benefits or the supplementary health programs. They will therefore not be affected by this change.

Cochlear implant, bone-anchored hearing, and specialized children's hearing services will continue to be provided in our health regions. Further, hearing screening for newborns will also continue to be provided. The possibility of providing universal hearing for newborns will be considered going forward.

Pastoral or spiritual care services in health regions will end, saving 1.5 million. However, as many affiliates' health care facilities are faith based, the decision has been made to maintain funding for pastoral care services in the affiliates. In many health regions and communities, pastoral or spiritual care is provided by local religious organizations. Our government values spiritual care and believes it's a core service, but it's a core service to the faith community, not of the health care system.

I also want to mention some fee increases that are part of our 2017-18 budget. Saskatchewan has always provided strong support to long-term care services. Among provinces, we have the third-highest number of long-term care beds per 1,000 population over age 75. As of July 1st, long-term care fees will increase for some residents, based on income. This recognizes the growing costs of providing these important services. It's the first change in 17 years and only the second change in 34 years to the way long-term care fees are calculated.

Lower income residents will be sheltered from the fee increase. About half of residents will continue to pay only the minimum

monthly fee, and only one-quarter of all residents will see an increase of more than $44 per month. Only 4 per cent of residents will see the maximum increase. Overall our government will continue to subsidize 83 per cent of the overall cost of long-term care, even though it's not considered an insured service under the *Canada Health Act*.

I want to thank the committee for giving me the opportunity to outline some of the elements of the 2017-18 Ministry of Health budget. We know how important the health care system is to the people of this province, and it continues to be a priority of our government. As I mentioned at the beginning of my remarks, this year's health budget supports investments in core health services, infrastructure, and initiatives that will improve access to timely care for Saskatchewan people.

With that, Mr. Chair, the officials and I would be happy to entertain any questions. Thank you.

The Chair: — Okay, thank you, Mr. Minister. So our consideration of vote no. 32, Health, central management and services, subvote (HE01), do we have any questions? I recognize Ms. Chartier.

Ms. Chartier: — Thank you, Mr. Chair, and thank you to the ministers and all the officials here today. I look forward to the next 12 hours we'll be spending together over the course of the next few days.

Hon. Mr. Reiter: — Not all today, though.

Ms. Chartier: — Not all today. This is the high point of my legislative calendar, so I'm happy to be here. And we've got, I've got lots of questions, and I'm looking forward to the answers.

But getting going here, in light of the fact that this is organ donation and tissue awareness week, I'd like to start off with a question around the committee that . . . Actually it was Human Services Committee, and many of the members here today had the privilege of sitting on that committee as well.

So I'm wondering with respect to the recommendations . . . There were 10 government recommendations and eight additional recommendations in a dissenting opinion from the two opposition members. And I know in the fall, when that report was finally tabled, the Premier said he was . . . didn't mention any of the other recommendations but, in fact, said he was more interested in presumed consent, which is something the committee wasn't sure that we wanted to go there because the evidence didn't show that is the best way to improve organ donation rates. So I'm wondering where you're at with respect to these recommendations.

[14:15]

Hon. Mr. Reiter: — Sure. First of all, I would like to once again thank all committee members that served on that committee for the good work that was done. The comments the Premier made in that regard, as you said, I'm paraphrasing now, but he said something along the lines of wanting to see how far down that road we could go to presume consent while still staying within the parameters of the law.

So since the committee did their work, where it's been at is there's been some discussions between the Justice minister and I. There's been some discussions between Health officials and Justice officials. And that's kind of the stage it's at right now, where we're looking to see how far down that road we could go. We obviously will keep in mind the committee's recommendations. I would expect you'll be hearing more about that in the coming weeks and months.

Ms. Chartier: — Okay. Well I'm glad we'll hear more because obviously the committee was struck about a year ago in the beginning of May because we have an abysmal track record when it comes to organ donation, one of the worst of all the provinces and far behind the country. So if I were to, say, do an FOI [freedom of information] on communications between Justice and Health around seeking a legal opinion around presumed consent, would something come up?

Hon. Mr. Reiter: — I'm not sure. I'd have to check with my officials whether it's just been verbal discussions or . . . I'm not sure. I know the discussions I've had with the Justice minister, it's been verbally. So I can certainly follow up with you that. I would just point out that, you know, your points about the abysmal record in Saskatchewan are absolutely right. That's why the committee was struck. That's why the Premier made the comments he did about trying to move down that road to rectify the situation.

In my own life, I have a couple of close friends, and in their instances, in both instances, it was a liver transplant. And in one instance in particular, we were all extremely concerned because we didn't know if the possibility, if a donor was going to be available in time to save his life. You know, that certainly resonated with me. I know I'm not unique in that regard. Many people have people that they're close to that that's been the experience. I would say to you that we're going to continue to work down that road. We're going to certainly keep all recommendations of the committee in mind, but we want to see how far down that presumed consent road we can go.

Ms. Chartier: — Do you have some officials here — obviously, you said you can connect with your officials — do you have some officials here who could elaborate on whether or not that there's been any discussion about the possibility of a legal challenge?

Hon. Mr. Reiter: — You know, I'll follow up with the officials, but I just want to clarify it certainly wasn't my intent to allude that the discussions were about the legal challenge. The discussions were about how far legally we can go down the presumed consent road. So I'll have the discussion now and I'll let you know.

So I think it's fair to say from discussions with officials there has been lots of communication between the two ministries. I think your exact question, though I don't want to skirt the question, I think you had said if you FOI'd it, would you get information. There's been lots of communications on the FOI side, though at the political level we don't deal with that. So I don't know what would be considered appropriate to release under an FOI and what wouldn't. That would certainly be your prerogative to attempt that though.

Ms. Chartier: — There has been emailed exchanges. Do you have any officials here who could say what kind of discussions have gone forward? So you've said it's not about the legal challenge, but how far down the presumed consent road you could go?

Hon. Mr. Reiter: — I wasn't clear what you meant on a legal challenge.

Ms. Chartier: — Well the organ donation . . . And the Human Services Committee had received some advice from our legislative lawyer in fact at an in camera meeting, but that is the reason why that recommendation, I think that there was a will by some committee members that presumed consent was the way to go, but we had heard that it would be difficult to pursue that.

So the Premier in his comments in the fall, I'm just reading from a news article. Sorry I don't have, I printed it off without the date, but a quote here. The Premier says, "As a government . . ." It was a CBC [Canadian Broadcasting Corporation] article:

> "As a government we're thinking we'd like to move towards presumed consent," said Wall.
>
> "This committee is going to make recommendations but there might be other initiatives that we want to look at that aren't part of recommendations."

And then there was the conversation about taking . . . It could be open to a legal challenge; presumed consent, under some aspects of our constitution, could be open to a legal challenge. So is that the conversations? I believe at SARM [Saskatchewan Association of Rural Municipalities] you had said the rest of this is on hold until you have those discussions. I'm wondering what those discussions with Justice have given back to the Ministry of Health?

Hon. Mr. Reiter: — I think the best way I can say this is, you know, we're still at the stage where our officials are dealing with Justice. There's going to be a number of issues to consider, including legislative which you mentioned. And more work needs to be done.

And again to, you know, to your question about if it was FOIP'd [freedom of information and protection of privacy], I'm not in a position to tell you that. I guess certainly you can do a request and officials determine that, not the minister.

Ms. Chartier: — So now that we've determined though some discussion has been going on with Justice, so the FOIP is irrelevant. I just am wondering what has gone on in that discussion with Justice or what the ministry is being advised by Justice.

Hon. Mr. Reiter: — What I can tell you is that, you know, the individual discussions between officials in the two ministries, you know, I'm not briefed on every detail, anything like that. My understanding of it right now from discussions I've had is, they're doing their due diligence on it. They're saying, look, if we do proceed down the presumed consent road, how would we proceed? So you know, they're having discussions. They're having, I would say, putting together legal advice.

And at some point when that's finished, when that's prepared, I'll be briefed on it. Minister Ottenbreit will be briefed on it, and we'll decide where we go from there, whether it's a discussion with cabinet or otherwise.

Ms. Chartier: — When are you expecting . . . So this was in the fall that the Premier had thrown this notion out. It's been a year since that committee was first struck and, really, lives are at stake here every day that we don't improve our organ donation rate.

You have a friend. I lost a friend who had a lung transplant too late. She was fortunate enough to receive one, but it should have happened a little bit earlier than it did. So this really is a matter of life and death.

So I'm wondering when are you expecting, in terms of a timeline . . . So it was important enough to task the Human Services Committee with doing this work, so I'm wondering if you've got a timeline for that.

Hon. Mr. Reiter: — You know, I've asked officials certainly to work with Justice and to expedite it, to do it as quick as they can. I appreciate your comments about the timelines.

I would also point out though, you've said on a couple of occasions about that the committee was appointed almost a year ago. That was true, but the report was released in the fall. So I've asked them to expedite it. But again, we not only want it to be done quickly, we want it to be done properly.

Unfortunately sometimes in our system, legal work takes longer than I would like to see it happen. But I can't give you a timeline because we want them to do the due diligence. I've just asked them to do it as quickly as possible.

Ms. Chartier: — Thank you for that. So we have the one idea that's been floated out there that, I would argue, that the evidence that was presented to the committee actually didn't show presumed consent was going to be the one tool to improve organ donation rates.

So we're spending effort and time. So this is . . . And you know what? If this is the path the Premier and you as the minister want to choose, that's great. But there's a whole bunch of other pieces, if you look at a jurisdiction like Spain, that you need to actually improve organ donation rates. And those are listed in the reports, those factors that, or those features that create a high-functioning system.

So Spain has presumed consent, but it wasn't until they built a system of donor physicians or until they put in place donation after cardio-circulatory death program and mandatory referral and all those pieces . . . is when their donation rates increase. So I'm wondering what you're doing with the recommendations in the meantime, while we wait for this opinion back from Justice, which may or may not yield any benefit. So with respect to the 10 recommendations, plus the eight dissenting opinion, what has your ministry done with these?

[14:30]

Hon. Mr. Reiter: — You know, you mention about the work

the committee did and then the report being released in the fall. I want to make it clear — and maybe I didn't at the start — you know, the Premier made the comments. I've made comments publicly about looking at how far down the presumed consent road we can go.

But I didn't want to give you the impression that nothing's been done on the work that the committee has done so far. The ministry has been working on that, and I'm going to get Deb Jordan from the ministry, first to introduce herself and her title, and then to walk through what's been done since then.

Ms. Jordan: — Thank you, Minister Reiter. My name is Deb Jordan, and I'm the executive director of acute and emergency services branch, and the work on organ and tissue donation falls within our area of responsibility.

So in addition to the pursuing, you know, and discussions about the presumed consent model, the other prioritized work for us is the pursuing donations after cardio-circulatory death because that was recommendation no. 6 in the report. Donations after cardio-circulatory death and increasing the number of living donors are strategies to make more transplants available. And so DCD [donation after cardio-circulatory death] programs — as we know from the presentation we made to the Human Services Committee and learning from other jurisdictions, both internationally and within the country — so the work that we would do with the Saskatchewan Transplant Program will be looking at what changes need to be made to allow for donation after cardio-circulatory death as a means to increase organ donation.

In April of 2015, there was an updated human tissue gift Act that had received third reading, and we want to pursue whether moving ahead in the meantime with proclamation of that. One of the challenges in the current legislation was if we're looking at purchase of corneas, for example. The current legislation had not provided any ability to make regulations to stay current with evolving practice in different areas of organ and tissue donation. So moving ahead to proclaim and to, in the near term where possible or where needed, enact regulations to support improved practice is another avenue that we're looking to pursue.

And it would be a combination of regulations and policy in support of recommendations no. 4 and 8 in the report, and that was with respect to required referral. And while making regulation and policy is one aspect of that, the importance of engaging health care providers in the discussions . . . Because as members of Human Services Committee would know from some of the presentations that were made during its work, there are varying opinions among health care providers with respect to some aspects of organ and tissue donation.

So it's important that we engage providers because they are really key to making referrals and ensuring increased donation.

Ms. Chartier: — Thank you, Ms. Jordan. I appreciate your comments, but just a clarification here. So I was well aware of the 2015 bill. I didn't realize it hadn't been proclaimed, so this isn't new work. Like, the donor after cardio-circulatory death program and mandatory referral, Saskatoon Health Region, because the transplant program is there, has done that work, and it's now a matter of broadening it out to the rest of the province.

So although those recommendations are in there, the recommendation is to broaden out to the province. But the people who presented to us said the linchpin of that system — you talked about working with health care professionals — are hiring donor physicians who are really the champions of building a system and building those programs, working with their colleagues because the issue isn't consent.

I'll just take you back to the report and page 12 of the report around improving consent. And this was a common theme that we heard. This is page 12 under the heading "Improving Consent" from the report summarizing some of the evidence that we heard:

> The Kidney Foundation of Canada conducted a study in Alberta to understand the potential for organ donation. According to Ms. VanDeurzen, the study shows a high public willingness to donate, and only 10 to 20 per cent of potential donors are lost due to lack of consent. The remaining 80 to 90 per cent . . . [are missed opportunities] missed opportunities are systemic failures that could be fixed within the health care system. She indicated that these statistics are consistent with other jurisdictions surveyed in the US.

So back in 2015, when the bill was, *The Human Tissue Gift Act* . . . Was that the name of it? Yes. At that time, the transplant program had put in a request for donor physicians. They believed that that . . . If you look at other provinces that have had huge success, it's been because they've had donor physicians who've built out these programs of DCD, donation after cardio-circulatory death, and mandatory referral. It's been the donation physicians who do the work with their colleagues. So other jurisdictions have this, and they asked in 2015 the Ministry of Health to go down this road, and that hasn't happened.

So I was excited when this committee got called, and I knew that that would be something that would come up again and again. It wasn't just the transplant program; there were multiple witnesses who pointed to high-functioning systems who said donation physicians are really the key. So all they were asking in their ask . . . So taking you to the dissenting opinion, page 5 of the appendix here, recommendation no. 3:

> Opposition members recommend that the government create and fund two part-time donor physician positions — one in Saskatoon and one in Regina — to be tasked with building a made-in-Saskatchewan donor physician program to ensure, in time, there are donor physicians across the province.

So that's two part-time donor physicians, so people who are already intensivists, who are just . . . They're just asking to have some of their time carved out to be able to do this. So I'm wondering where the ministry stands on this very important part of improving our donation rate here in Saskatchewan.

Ms. Jordan: — So we've had some very recent meetings with colleagues from Canadian Blood Services obviously who have . . . and presented to the committee and have expertise in this

area, knowing both the time demands on our intensivists and some of our physicians, also knowing that we have very strong organ donor coordinators in each of Regina and Saskatoon, trying to look at more of a team approach to this so that a physician, being part of that, may be well part of the mix . . . but appreciating that with respect to organ donor coordinators they're on call 24-7. So we need to ensure that that expertise is there when needed but also ensuring that the role of the organ donor coordinators, who are available on call 24-7, is really a part of that mix.

Ms. Chartier: — For sure, and we have organ donation coordinators, as you said, on call all the time. They're very different roles. They are incredibly different roles. The coordinator is the person who is working with the patient, connecting . . . To be fair actually, organ donation physicians are the donor's physician as well.

But I'm curious why the ministry for several years now seems to be rejecting the notion of the need for organ donation physicians or donation physicians. This is a model that has worked across jurisdictions in Canada where they've really ramped up their donation rates. The transplant program, which is funded by the ministry, says this is what we need to get to, where we need to be when it comes to donation rates. So I'm not quite sure what the reluctance is around supporting carving out time of two intensivists to do this work which will save the system costs down the road and will help build a much better system here.

Hon. Mr. Reiter: — What I would say, obviously in the next while, a number of decisions are going to have to be made. We're waiting for the two ministries to do their due diligence and their work and see where we decide to proceed from there.

I can tell you're passionate about it, and that's very good. But you know, you kind of alluded to earlier that somehow I, you know, ignored the work of the committee. But you said yourself those are dissenting opinions. That wasn't the opinion of the committee. There's a myriad of opinions on this topic, not just across the province, across the country and around the world on what the appropriate way to proceed with this is. We take this very, very seriously. We're waiting for the ministries to finish their work and come back to the three respective ministers. We'll make some decisions. We'll move forward. At that time a lot of decisions will have to be made.

Ms. Chartier: — With all due respect, it's not my opinion. It is the evidence that was presented by multiple stakeholders over the course of those meetings that said the key component of a high-functioning organ donation system are donor physicians. So just to be clear, all these folks here heard that too from that evidence as well. We heard people who were impacted by donor . . . or the need for transplants talking about presumed consent. We heard about that as well.

But organizations who work in this area, who've studied it worldwide, this is a key part of the system, and they've been asking for years now with the bill that has yet to be proclaimed. I didn't realize that had been done. And you know what? They've done some really great work in the Saskatoon Health Region that should be broadened out around the province, across the province, so all citizens benefit. But I will leave it at that.

It's disappointing. I have to say it's disappointing to me and to many people in the province who are waiting and languishing on lists waiting for a transplant. It really is a matter of life and death, but I will look forward to hearing you report out when you hear back from the Ministry of Justice whether or not you should pursue presumed consent, but I hope there's a much more robust look at these recommendations either because presumed consent is fine but not unto itself. You need a whole bunch of other things in place to really increase our donation rate, and evidence shows that.

I'd like to move on to the children's . . . Thank you, Ms. Jordan, I appreciate your time. Moving on to the children's hospital. So the children's hospital, Minister Reiter, you said will be complete mid- to late-2019. The cost, are we still expecting a $285.2 million price tag?

[14:45]

Hon. Mr. Reiter: — Officials tell me that is the right projected cost and as of right now we're basically on time, on schedule, on budget.

Ms. Chartier: — So we're thinking, you said mid- to late-2019?

Hon. Mr. Reiter: — Yes, that's right.

Ms. Chartier: — Thank you. So just in terms of the timeline just for my own sake here, so the province's share will be . . . I think from conversations last year, so the Children's Hospital Foundation has a small capital component of 28.3 million. So the province's share is 256.9 million?

Hon. Mr. Reiter: — The total project cost is $285.2 million; 235.5 is coming from the provincial government. As you mentioned, 28.3, which I would say is a significant amount of money, funded through the Children's Hospital Foundation of Saskatchewan, and there's 21.4 million from the Saskatoon Health Region.

Ms. Chartier: — Okay. So just let me . . . So 235.5 from the province, 21.4 from the Saskatoon Health Region, and 28.3 from the Children's Hospital Foundation. Is that right?

Hon. Mr. Reiter: — That's right.

Ms. Chartier: — Is the Saskatoon Health Region portion the interest that was . . . So that was expected to be accrued. Is that what that is?

Hon. Mr. Reiter: — It's interest, yes.

Ms. Chartier: — Okay. The 21.4 is the interest and that'll be the health region's contribution. Has the province's entire 235.5 flowed to the Saskatoon Health Region?

Hon. Mr. Reiter: — Officials tell me so far there's been $215.5 million moved from the province to SHR [Saskatoon Health Region] for it.

Ms. Chartier: — Okay, and was any of that in this year's budget? The 15.5 is for information technology and operating, it said in your communication notes — and not in these notes but in budget communication notes. So I'm just wondering if any of that capital money, outstanding capital money, is in this budget.

Hon. Mr. Reiter: — Sorry. Just to clarify, your question then was how much will flow in this budget year?

Ms. Chartier: — So 215.5 million has flowed to the Saskatoon Health Region — 215.5 — so that leaves 20.5 million in capital still outstanding. So I'm wondering two questions: Is there any of that money, the 215.5, that has flowed in this budget?

Hon. Mr. Reiter: — In this . . .

Ms. Chartier: — In the '17-18 budget.

Hon. Mr. Reiter: — In this budget, in the '17-18 budget, there's 15.5 million for capital, and then 8 million for IT.

Ms. Chartier: — Okay. So in your budget communication notes that came out with the budget, it said that there was a 15.5 million . . . Sorry. In the budget communication document that came out, or like one of the news releases, it said that there's 15.5 million for the children's hospital, and it said there was 8 million . . . Actually I didn't even . . . That would make sense. It said 8 million for information technology and 4.4 for operating. So what's . . . Well that's only 12.4 million. So I'm wondering if I wrote something down wrong here.

Hon. Mr. Reiter: — No, those are all incremental.

Ms. Chartier: — Okay. So I just want to make sure that I'm . . . Let's walk back here a minute. So in this budget, of the 215.5 that you're saying . . . Or as of April . . . How about as of this date, April . . .

Hon. Mr. Reiter: — The officials had included the 15.5 in the number I just gave you, the 215.5.

Ms. Chartier: — Yes. Okay. And I just heard, so 200 went out in 2009, or 2010. So 200 million was in 2010. Then there was an additional amount just a couple years ago, which was how much? When the design changed.

Just for simplicity's sake here, so I'm just wondering . . . So the total cost is 285.2 million. The province's share is 235.5 million. I'm wondering what has flowed so far of the province's capital commitment, and is any of that for the capital in this budget. So how much has flowed so far? And what in this budget?

Hon. Mr. Reiter: — We also have the breakdown you asked for in the initial question. I'm going to ask my deputy minister, Max Hendricks, to answer that.

Mr. Hendricks: — So the funding that flowed in 2010 was the $200 million. An additional $15.5 million would flow to the Saskatoon Health Region if this budget is approved in this fiscal year. And so then there would be some outstanding amounts, and we don't really fund those until we reach certain milestones in the project. So in '18-19, there would be another amount that would flow to make up another portion. Then in '19-20 would be the final instalment.

Ms. Chartier: — Okay. Thank you for that. So that 15.5 million then wasn't just capital, though. Like it was referenced as operating costs in the communications, and I don't have it with me here, the news release. But the news release said 4.4 for operating, which I was wondering how or what would that entail in a building that's not complete yet.

Mr. Hendricks: — Okay, to be clear, there was $15.5 million in capital funding, $8 million additional for IT, and then 4.2 million for operating. And the operating is related to the scaling up that they're already doing in anticipation of moving into the children's hospital. So certain service lines are changing. They're expanding maternal. They're adding new physicians to get ready for the opening of the new hospital. So already they're starting to incur operating costs related to the opening in 2019.

Ms. Chartier: — Okay, and those operating costs are additional staff who are being taken on? Am I understanding that correctly?

Mr. Hendricks: — Correct, yes.

Ms. Chartier: — Okay. So how many . . . So I'm going to go back to that. It was 4.4 in the communications, but it's 4.2 million you're saying here.

Mr. Hendricks: — 4.4, sorry.

Ms. Chartier: — 4.4, okay. I just have a couple questions about that in a moment. And you said 15 million for operating this year?

Mr. Hendricks: — No, $15.5 million for capital.

Ms. Chartier: — Sorry, sorry, sorry. 15.5 for capital. And some of that is IT?

Mr. Hendricks: — No, $8 million additional for IT.

Ms. Chartier: — Okay. And what is being . . . what IT? Can you tell me a little bit about what that looks like?

Mr. Hendricks: — So this is actually to start making the investments to create the base infrastructure that the children's hospital will need to support its IT. So it's going to be much more advanced from an IT perspective. And so this is installing, you know, making sure that there are workstations outside of the rooms, that sort of thing, so wiring the building, doing all of that as they are going along. So they're investments that coincide with the construction, and some of it's also bringing up Saskatoon's system so they can link with the new children's hospital.

Ms. Chartier: — Well that is helpful. That clears that all up for me. Thank you for that. The 4.4 million for operating and the scaling up, so what positions . . . Can you tell me a little bit more in detail about that 4.4 million and what that looks like?

[15:00]

Mr. Hendricks: — Okay, 2.8 million of that 4.4 million operating, or sorry, 1.6 of that 4.4 million operating is to hire new pediatric specialists. So we've been increasing incrementally the number of pediatrician sub-specialists in Saskatoon for the last few years in anticipation of this. And then $2.8 million is for operating, including lab services, processing, procurement.

So one of the things that the region has to do is they have to actually have folks on the ground that are engaged in the business of buying furniture, buying equipment, that sort of thing, so letting all of the RFPs [request for proposal] so that they can actually furnish and have the equipment that's ready to go in the hospital once it's complete.

Ms. Chartier: — Some of that is wages, or like the cost of having people to be able to do that.

Mr. Hendricks: — Yes, you'd have folks that are experts in procurement and they would be taking care of those and managing those contracts.

Ms. Chartier: — Okay. Thank you. In terms of recruiting, so you said you've been ramping up the number of pediatric specialists. Can you tell me where you're at with respect to the complement of pediatric specialists now in Saskatoon?

Mr. Hendricks: — Okay, this is going to take a minute. So in 2011-12 we provided incremental funds of $100,000 to recruit a pediatric neurologist; 100,000 for a pediatric nephrologist; 152,000 for general pediatrics; and $420,000 for pediatric respirologists. In '12-13 we added a hematologist at 375,000; a gastroenterologist for 226,000. These are partially paid. I'm not disclosing their full income because it's College of Medicine, that sort of thing. And then we added another one for pediatric endocrinology.

In '13-14 we added a rheumatologist, a neonatologist, a pediatric intensive care unit specialist, another respirologist. In '14-15 another nephrologist, developmental pediatrics, and then pediatric endocrinology. In 2015-16 we've recruited another pediatric cardiologist, a gastroenterologist, a medical geneticist. And we're recruiting a second medical geneticist, or we're going to start in '17-18, pediatric general surgery, and a pediatric intensivist. And then in '16-17, 1.3 general pediatricians have been recruited and we're looking at hematology as well. So in '17-18 we've committed 1.6 million to recruit other prioritized pediatric specialists. So a fair number over the last few years in anticipation of this.

Ms. Chartier: — So you've recruited those positions, and have those positions remained filled? Like are those folks who've been recruited . . . Are those people who are all still in the Saskatoon Health Region practising, or in Saskatchewan if not Saskatoon Health Region?

Mr. Hendricks: — Yes, to the best of our knowledge they're still here, but I did know that a couple are still under recruitment. We're recruiting a second, right, and so . . . But the majority of those are recruited, almost all of them, and are still here.

Ms. Chartier: — Okay. I asked written questions about this in the fall, and haven't asked this spring, but I understood in the Saskatoon Health Region last year, there's been kids in Saskatoon who were in need of a pediatric surgeon, had to be flown outside of Saskatchewan, or come to Regina, because there are only two pediatric surgeons in Saskatoon. So the on-call rotation for work-life balance is a 1 to 3 schedule, I believe, so I understand that . . . I'm curious. How many kids in this last year have been sent out of province or away from Saskatoon because of that lack of a pediatric surgeon?

Mr. Hendricks: — To the best of our knowledge, there haven't been any transfers in recent months. However, we will check to see whether there have been transfers kind of before that. Currently they have two pediatric general surgeons, as you mentioned. They also have an adult general surgeon who's providing coverage when those two are away.

The key challenge, and you know it's something we're talking to the Saskatoon region, is how we cover that service. Ideally it would be with pediatric general surgeons, but the real challenge — and it's the same in Regina — is that the volumes aren't there for pediatric general surgeons to maintain their, I guess, skills. And so, you know, I think we have had some challenges, you know, keeping three and keeping them busy. So right now we're relying on a model with two pediatric surgeons and one general surgeon.

Ms. Chartier: — And from my understanding, general surgeons generally don't want to do pediatric. I know that the general surgeon has been filling in on that third week on call, but I understand that that's something generally they're not comfortable with. So what surgeries would someone have to be transferred, would a child have to be transferred out of the Saskatoon Health Region, whether it's in Saskatchewan or out of province?

Mr. Hendricks: — So the only time . . . Well first of all, maybe focusing on the adult general surgeon, I think you're correct that typically adult general surgeons aren't as comfortable operating on children. And you know, I suspect that were an emergency to occur that was outside of the scope of that general surgeon, that would necessitate a transfer.

That might be, you know . . . There might be issues with the complexity of the surgery — children aren't just little adults, right — with the complexity of the surgery, the age of the child, that sort of thing. But you know, that would be in emergency situations where you'd have a transfer. Emergent situations you would have the pediatric surgeon in the next day to perform the surgery.

So it would be those emergency, have to be done right away, that would necessitate a transfer if that physician, that general surgeon wasn't comfortable.

Ms. Chartier: — So I'm just reflecting back to a few years ago. I worked with a family who had an ambulance bill in the Saskatoon Health Region because they had a child who had appendicitis and had to be transferred to Regina because there was no pediatric surgeon. So that was probably three, maybe four years ago already.

But I had understood last year from my answers to my written questions that there were three children transferred out of province. I don't know. I didn't ask the question about transferred to Regina.

So when we talk about emergencies, we're talking about what kinds of . . . Appendicitis obviously is an emergency because there was a child transferred to RQHR [Regina Qu'Appelle Health Region]. What other . . . So things that are normally performed if they had a pediatric surgeon are ending up elsewhere. So I'm just wondering what some of those conditions might be.

The Chair: — Okay, before we proceed further, I wish to inform the committee that Mr. Glen Hart has substituted in for Ms. Wilson.

[15:15]

Mr. Hendricks: — Okay. To answer your last question first, an appendectomy would typically be within the range of a general surgeon or of this general surgeon probably, but that would depend on the age of the child. You know, our guess is that the more complex ones that would be moved quickly, would have to be moved quickly, would be the traumas, that sort of thing.

Between July and September, to give you an idea, we moved three cases out of province, and since September we haven't moved any. And so the frequency with which we transfer these children outside of Saskatoon is quite low.

One of the things that, you know, we're trying to look at too is we have two in Regina as well and, you know, whether there's coordination that can happen there. But again, that might require movements on certain evenings when there was, you know, Regina was covering for Saskatoon or vice versa. So right now Regina covers its schedule. So you know, it's something that we'll continue to monitor, but again we've got what seems to be a situation that's working in Saskatoon.

Ms. Chartier: — Okay. So you gave me just between July and September. So what would be a good . . . Just in terms of me phrasing my question, is it better to ask a calendar year or a fiscal year? Which, in terms of the stats that you keep, which one is an easier one?

Mr. Hendricks: — A fiscal year.

Ms. Chartier: — A fiscal year. Okay. So in the '16-17 fiscal year in total, so you said three between July and September and none since. That would have left April, May, June. So I'm just curious: that's out of province, so how many out-of-province transfers in the last fiscal year?

Mr. Hendricks: — If it's okay, because we'll have to get those numbers, if we can bring that number back on Monday? And just to clarify, out-of-province transfers related to pediatric general surgery?

Ms. Chartier: — Out of province, and I'm interested in the number of kids being transferred to Regina as well, to see if they needed to see a general surgeon here. So for the 2016-17 fiscal year and the 2015-16, both the last two fiscal years, how many children for pediatric who needed a pediatric surgeon in Saskatoon, how many were transferred out of province and how many were transferred to Regina?

Mr. Hendricks: — Okay, we'll get that for you.

Ms. Chartier: — That would be great. Thank you very much. So is there a desire to have a third . . . Did I see something posted months ago around the hiring of a third pediatric surgeon in Saskatoon Health Region?

Mr. Hendricks: — As I mentioned earlier, the key issue is that there really isn't enough work for three in either city. What you likely did see is Saskatoon has been doing some exploratory work to see if there are folks out there with pediatric surgery training that might be willing to come to Saskatoon, you know, so kind of doing a little bit of headhunting. And so the thought would be, from the ministry's perspective, if there were other things that that physician could do, be it academic or whatever, if they had research interests, that might be a workable situation that we would be willing to consider funding.

Ms. Chartier: — So that was several months ago. So nothing has . . . What's the challenge there? So that position hasn't been . . . Or you said, there's been some headhunting, but nothing. I know it's been in the last six months, like since I asked these written questions, that I saw something somewhere, but can you . . . When would I have seen that?

Mr. Hendricks: — We're not exactly sure right off the top of our heads when that went out. We can check into that. Nor do we have any idea whether there was any interest in it. The process usually takes a fair amount of time to generate interest and recruit a pediatric subspecialist.

One of the barriers here though, quite frankly, and it's been this way in a couple of these subspecialties, is that again it's not just that we don't want to fund, you know, or there's not enough work from a funding perspective for three. Physicians don't want to come where there's not enough work because they can't keep up their skills. And so that makes it all that much more challenging. So we can check with the region and see what activity they've been undertaking.

Ms. Chartier: — Okay. So it's interesting to me though, I guess, that challenge. I have some concerns with the children's hospital opening up in two years and the fact that we still might be transferring children. We might have a children's hospital open and not enough pediatric surgeons to cover an on-call rotation.

Mr. Hendricks: — We've approved two and a half positions. Right. And so again it's between the three of them finding the right mix of academic research and clinical work. So you know, they can look around and try and find whether they can find a person that will fit that within that group and meet the needs of the group because purely from a clinical perspective, if that's a person's interest, that's going to be hard to recruit somebody. So we'll check with them on the recruitment efforts. The goal is to have two and a half there when it opens.

Ms. Chartier: — Okay. So the goal is to have two and a half, and so the half would be, the other half would be funded by the

College of Medicine, you're thinking?

Mr. Hendricks: — By the Ministry of Health, but the . . . [inaudible interjection] . . . Oh yes, from the College . . . [inaudible].

Ms. Chartier: — Up to the three full to make him or her a third.

Mr. Hendricks: — The other possibility too is that it doesn't necessarily . . . Like you could have an arrangement for a locum or something to provide coverage from elsewhere too as well, you know, like to come into Saskatoon for periods of time too. So you know, we'll explore other possibilities as well.

Ms. Chartier: — So the goal though is by the opening of the children's hospital to ensure that there are . . . It's a case where we're not having to transfer children to any other location other than in Saskatoon. So we have now centralized intensive pediatric care in Saskatoon. We are building a children's hospital. I'm just wondering what the end goal is to ensure that kids don't get transferred out.

Mr. Hendricks: — So our goal is that by end goal . . . So "goal" and "ensure" are two different things because we don't control everything. But by the time the hospital opens we would have the two, two and a half full-time equivalents that could provide the coverage so that we weren't moving general pediatric surgery cases out of the province.

Now we have to keep in mind with all this that there are still cases that are going to have to move out of province because, for example, in the case of cardiovascular surgery, it's been decided to have that service centrally located in Western Canada in Edmonton, right? But this would be pediatric general surgery.

Ms. Chartier: — And that those things that we normally would do, we have the people here in Saskatchewan. And you would assume you'd be able to get an appendectomy at a place where you've got a children's hospital. Just making sure that that's the end goal. How long has it been an issue around a shortage of pediatric surgeons in Saskatoon?

[15:30]

Mr. Hendricks: — It really has been a long-standing issue and, you know, to maintain two in Saskatoon has been challenging — let alone three — again because of the volumes. And so I used to work in this area when I was an analyst, and I recall it being an issue back then. So it's something that we continually, I guess, are working on, but again, it's a challenging area. You know, the number of times, you know, I guess, a child is actually shipped out of province is, as you've heard, quite low. So you know, that gives you an indication of how frequently or infrequently that happens. But having said that, that's probably not much solace to the parents of those children, so it's something that we will work on with the college.

Ms. Chartier: — I am curious, as I've said, not just out of Saskatoon or out of province because again, a family was faced with an ambulance bill that they couldn't afford and they live in Saskatoon and had to get . . . one of them had to ride in an ambulance, and another one had to drive in a car. Anyway I'm wondering if this is an issue with other specialities then. What other pediatric specialities are you running into any trouble with?

Mr. Hendricks: — So the one area that we . . . You know, a couple of areas are continuing to be challenging. In that list that I gave you earlier, one of the ones that we're still recruiting is a pediatric gastroenterologist. And there are two positions that are currently both vacant. That work, you know, is being provided by pediatric generalists, but however I suspect more complex cases would be referred out of province. The goal is to recruit someone there.

We have to keep in mind, though, in terms of your sub-specialties, you know, those ones that require emergency services are much fewer, so you would have, you know, your pediatric intensives, pediatric emergency room, and then your generalists as well as your surgeons who are kind of that core that might be involved in after-hours work. Usually the rest, you know, can wait for a period of time. So gastroenterology would be the one that we're having some issues with.

Ms. Chartier: — So they're both vacant. And have we ever had a pediatric gastroenterologist here?

Mr. Hendricks: — Yes, we did have one for a period of time.

Ms. Chartier: — And how long?

Mr. Hendricks: — There was a gastroenterologist, a pediatric gastroenterologist in Saskatoon who retired a few years ago. We don't know exactly when. We think he was winding down his practices. He kind of led up to retirement, and I don't know the exact date, but that was the one.

Ms. Chartier: — Okay, thank you. Just with respect to the specialist . . . I know and we've talked about it. You read me a list here today, and I know I've asked you a couple of years ago about that as well. But I'm wondering if you would . . . Do you have like a handy spreadsheet list that lists the pediatric specialists our goal is to have by the time the children's hospital has . . . Like do you have a list that you could table just for easy reference?

Mr. Hendricks: — Not one that I can table today. But I think there is one, that we could provide what our goal is, yes.

Ms. Chartier: — Yes, so the goal and where we're at would be great. So if you could table that some time next week, that would be fabulous.

Mr. Hendricks: — Yes.

Ms. Chartier: — Thank you. Just moving on here, I'm just going to cast our minds back to the last budget and to the election where the government committed to $7.5 million being diverted from administration to long-term care. We had a very lengthy conversation here where it was expected that it was coming out of the base budget of the regions to find what they were already spending in terms of that amount of administration and make changes to their operations to be able to redirect those dollars into adding front-line staff.

So that came out of our conversation in estimates, and it was to mirror the RHA's proportion of long-term care beds. So if a region had 20 per cent of long-term care beds of the overall provincial numbers, then they'd be responsible for funding 20 per cent of the 7.5 million in savings. And roughly two thirds of that, I was told by the former minister, that would come from administrative positions. And a third of that would come from areas like reducing travel and supplies or other types of overhead costs.

And you were asking regions for proposals of where they will find their percentage of that $7.5 million. So I'm wondering how that worked out.

Hon. Mr. Reiter: — So the seven and a half million administrative savings you're talking about, that's largely been achieved by the regions. Because of the fiscal situation though, you know, the intent was to move that to front-line resources. That's still the long-term goal. That hasn't been achieved yet. But again we're going to continue to work to that direction.

Ms. Chartier: — Okay. So how much of that 7.5 per cent did get moved to the front line?

So last year, I was told that it would be . . . Keeping in mind that it would be a various complement of CCAs [continuing care assistant], LPNs [licensed practical nurse], like, it would be a mix of staff, and RNs [registered nurse], sorry. So I was told it would be about 120 positions that would end up back on the front line.

So you did say that 7.5 million target was achieved, but I'd like to know how much of that 7.5 per cent target was?

[15:45]

Hon. Mr. Reiter: — So first just to clarify, I had intended to — I'm not sure if that's what I said — I intended to say it had largely been achieved. We don't know for sure if it's all been achieved because that would have been as of the fiscal year-end, and that just ended. So the bulk of it, we believe, has been. But I don't know if 100 per cent of it has been or not. We'll know in the coming weeks and months.

And as far as the reallocation, the vast majority of it did not go to the reallocation. Some did. I don't have the number; again fiscal year-end just ended, so we can provide that for you at a later date. But I don't want to mislead you: the vast majority did not because of the fiscal situation we are in. The target's going to be to do that in later years.

Ms. Chartier: — So this was a campaign promise, recognizing that we have a crisis in our long-term care facilities where the number of staff per resident is a huge problem, where people don't get toileted. They don't get their teeth brushed. They don't get to eat or don't have someone feeding them. So this was a campaign promise.

So if you've reached the target, or you said you don't have the exact numbers but you believe that the bulk of 7.5 million cut from administration was supposed to be redirected to the front lines, how is it that you can say that that hasn't happened? That was a campaign promise.

Hon. Mr. Reiter: — It was. But because of the fiscal situation, as I said, unfortunately there's been some campaign promises we've had to defer.

You know, I recognize the politics, Ms. Chartier. And I recognize that you want to embellish it and make it seem as dramatic as you possibly can. But the fact of the matter is you constantly criticize that there's a lack of resources in long-term care, and you embellish all the deplorable conditions, as you've put it, that are out there.

The fact of the matter is there's a lot of people working very hard in long-term care that day in and day out provide great long-term care for the residents. And there are hundreds more staff working in long-term care today for approximately the same number of beds as when your party was in government. So I guess I would ask you, if conditions are as bad as you insist they are, then with that many more resources, what were the conditions when your party was in government?

Ms. Chartier: — Just to be clear here, Minister Reiter, how many hundreds of millions or billions of dollars has this government had afforded to it?

So we have conditions in long-term care homes where in the evening you've got two continuing care aids for 55 residents who aren't in locked units, some of them who wander. You have your own CEO [chief executive officer] tour reports. This isn't me; this is the work that you and your ministry have done outlining and recognizing that there are huge issues on the front lines.

So just a few short years ago your ministry did a . . . put together $10 million for an urgent action fund. Just for example here, in Saskatoon, I believe Saskatoon identified a need of 440 continuing care aids that they needed. They scaled that back. They asked for 38; they got 19.

Of the 7.5 million that was to be taken off of administration and directed on to front lines, which you took to the people of Saskatchewan and said you were going to do in this last election, that would have only still translated into about 60 positions between Saskatoon and Regina. So this isn't me embellishing anything; this is cold, hard reality that this is what's happening in 2017 in our long-term care homes.

So I know that there are many people who work incredibly hard in long-term care homes. I don't dispute that and I don't disagree. And they're working harder. Then they go home at the end of a shift feeling like they couldn't do all that they could do. So I am wondering when this money that you've said the bulk of it has been achieved in savings . . . And I look forward to you reporting next week what percentage or what amount of that 7.5 million was achieved. And I know that . . . I'm wondering what you say to those families and those residents who don't have the staff that you committed to a year ago.

Hon. Mr. Reiter: — I would say to those people that certainly we share their concerns. I would point to the improvements we have made in long-term care. You spoke to the dollars that our government has spent and absolutely we have, and we're proud of that.

I look at my own community, the community of Rosetown. The long-term care . . . For a facility that incidentally was announced decades ago, was never built when the NDP [New Democratic Party] was in government, we built it. We built it along with 12 other long-term care facilities around this province. We've added more resources into long-term care.

Can we do better? Absolutely we can. We're going to continue to work hard at doing that. And I stand on the record of this government. We absolutely want to do better but we're pretty proud of the record we had. And I just still find it difficult . . . I notice you didn't answer the question that I asked. If conditions are as bad as you say today, with all the extra resources that have been put in, what were they like under the NDP?

Ms. Chartier: — The reality is, Mr. Minister, this is 2017. You have more money at your disposal, more than $14 billion budget compared to a $7 billion budget or 7.6. I don't know what that final number was. But just to be clear, you've had far more money at your disposal to make improvements.

But this is your government who's identified these holes. And just for clarity's sake, it actually is your long-term care facility that at night, when I toured it about a year and a half ago, had two continuing care aids for 55 residents. So it is a lovely facility with not enough staff, and staff who work really darn hard to make sure that seniors get what they need, the basics in life.

We had the dental hygienists here just a few weeks ago, where I believe you brought greetings. The reality is they point to the work that gets done in long-term care where they come in. They've been able to arrange a contract with the Saskatoon Health Region — not paid by the Saskatoon Health Region, but coming in and trying to teach CCAs to brush teeth. But there's cases where they come in and help clean teeth, and three months later they come back and those residents haven't had the opportunity to have their teeth cleaned again because staff don't have the time.

That is the cold, hard reality in your government. Through your CEO tours, have continued to illustrate that. That's not me. That's your own work, Mr. Minister, so . . .

Hon. Mr. Reiter: — I would like to respond to that.

Ms. Chartier: — Fair enough. Yes.

Hon. Mr. Reiter: — What you've neglected to mention is those CEO tours were initiated under this government. No such thing ever happened under the NDP government because, I would suggest, you certainly wouldn't have been proud of your record.

So to somehow again embellish that somehow we're miserably failing is just simply wrong. It's false. We have made huge, huge improvements in long-term care in this province. We're going to continue to make improvements. We can always do better. But if you want to hold your record up against our record, I will gladly do that any day.

Ms. Chartier: — You were dragged kicking and screaming to those CEO tours. That spring . . . [inaudible] . . . there was . . . Carrie Klassen came in here time and again and the former minister said, nothing to see here, no problem here. Finally that summer, those CEO tours were initiated and completed. It was after an FOI and that report was finally released the day that that FOI, the extension was . . . the day when the extension was due. Just to be clear about that.

So you've managed to save $7.5 million in administration, so I'm wondering where that money has gone then. So you've said the bulk of that 7.5 million from administration has been saved. So where would it have gone if it didn't go to the front lines in long-term care?

Hon. Mr. Reiter: — Operating costs in the RHAs.

Ms. Chartier: — Operating costs. So just covering basic, basic . . .

Hon. Mr. Reiter: — It covers all operating costs in RHAs.

Ms. Chartier: — Which includes funding long-term care. So going to this year's budget and the 3.5 per cent that you are expecting to shave off of wages. Of the budget this year, the 5.2 billion, how much of this is salaries?

Hon. Mr. Reiter: — So you asked how much of the 5.2 billion was wages, and yes it's . . . I'm told it's just a bit over 3.6 billion.

Ms. Chartier: — Thank you for that. So what per cent . . . I don't have a calculator here, so the 3.5 per cent of 3.6 million. Do you have a number? So what's the expectation of your ministry . . .

A Member: — Billion.

Ms. Chartier: — Sorry. Billion, yes, "b." Of the 3.6 billion, what . . . Does someone, one of your staffers . . .

Mr. Hendricks: — So the direction that we have been given as the Ministry of Health . . . As you know we have a number of unionized providers, as well as a number of professional associations — physicians, dentists, optometrists — that we deal with. Our instruction is to go out and talk to the unions and have a conversation with them about what is possible in terms of achieving the 3.5 per cent savings level.

[16:00]

We've initiated those conversations already. They're ongoing. And, you know, it's something that we can't comment on at this point. But certainly we're having the conversations with not just our unionized providers but with every health sector employee and/or professional within it.

Ms. Chartier: — Okay. So $3.6 billion in salaries and wages is Health's number, so 3.5 per cent of that is $126 million. Just had a staffer calculate; she had her calculator. So $126 million, have you been given direction to come up with $126 million in savings from wages and salaries and fee-for-service?

Mr. Hendricks: — So while there have been no specific targets given to ministries or sectors, you know, I think we can all do

the math and figure out that, you know, health sector, approximately 70 per cent of our budget is labour, and our share of the three and a half per cent would likely correspond with that. But I said, you know, as I said, we're still having discussions with the unions. This presumes that we'll have fruitful CBA [collective bargaining agreement] discussions and, you know, a lot of good will on the part of our health professions. And so we want an opportunity to have those discussions and see where they go over the next couple of months.

Ms. Chartier: — So there's a number in the overall budget though that is expected to be, like, in the general budget that the Finance minister has expected across government. So you haven't been given . . . I heard your staffers say that 3.5 per cent was across all government and isn't necessarily for Health. But I'm wondering what the expectation is of Health.

So it's nice to go out and say we're going to work with our partners, work with our unions, work with SMA [Saskatchewan Medical Association], all kinds of folks, but you must have some idea as to what you need to come up with to meet the Finance minister's target.

Hon. Mr. Reiter: — You know, as Max had just said, it's pretty simple math. We've targeted three and a half per cent across the board. Health is the largest ministry; therefore, it would be the largest amount, and the math is pretty simple. I'm not really following what your question is.

Ms. Chartier: — So I couldn't help but overhear what your staffers say when I asked what your . . . I was assuming that three and a half per cent, Health would have to come up with three and a half per cent as would every other ministry. So you have to come up with three and a half per cent of 3.6 billion, which is 126 million. But what I hear is that your target may not be three and a half per cent. Or is your ministry's target in fact $126 million? Is your direction to save $126 million?

Hon. Mr. Reiter: — The direction is the three and a half across the board to enter the discussions with the various unions. I think maybe where the miscommunication is here is, where we're reluctant to say it's exactly this amount of money, is because of the . . . You asked how much of the total Health budget, the 5.2, is wages. Our staff just now did the rough calculation. It's approximately 70 per cent. So that's where those numbers have come from as we worked our way down. It will be in that range. But if you're trying to hold us to an exact dollar amount, it's going to vary because these are estimates that we're using.

Ms. Chartier: — Of course they're estimates, but . . . Sorry. I should wait until my light comes on. Of course they're estimates but what I'm asking is, is the Ministry of Health to come up with not . . . So I'm wondering if Health is supposed to come up with three. Social Services is supposed to come up with point two. I'm just pulling those numbers. So Health is supposed to come up with 3.5 per cent savings.

Hon. Mr. Reiter: — The point that my staff person was making that you overheard was that the three and a half is across the board, across all ministry, in HR [human resources] costs. So it's not a higher percentage in one ministry than a different ministry. It's across the board.

Ms. Chartier: — So three and a half per cent. So 70 per cent, as you've pointed out, of your budget is salaries. So you need to save . . . And I'm not holding you to a number. I can assure you that in six months from now, when we're back in the fall session, if you haven't saved $126 million, but I'm . . . thereabouts. I'm just doing the calculation here myself. So 3.6 billion, 3.5 per cent of that is 126 million. So is the expectation you come in around trying to save $126 million?

Hon. Mr. Reiter: — Officials are having discussions with unions to find ways to achieve that, and it's . . . The target to achieve is three and a half per cent, and your numbers that you just said would be in the vicinity, yes.

Ms. Chartier: — Okay. So you said you're having fruitful discussions.

Hon. Mr. Reiter: — No, I . . .

Ms. Chartier: — No, I think Mr. Hendricks. Or hoped for fruitful discussions. Hopeful for fruitful discussions. Perhaps not having them. I would suspect probably not, actually.

But are you hopeful that you will have that money in this fiscal year? I mean that was the target. But realistically speaking, in the 2017-18 fiscal year, do you think you can come up with that approximately $126 million?

Hon. Mr. Reiter: — We're certainly hopeful. That's the target.

Ms. Chartier: — So obviously, when you embark upon this kind of endeavour . . . So you don't go with a blank slate. It's good to go into conversations with folks having . . . You want to hear what your partners have in mind, if they have any room to move, but you must have . . . You can't have a goal without having some sense of what your plan might be. So I'm wondering where you're thinking some possible places might be to get that three and a half per cent.

Hon. Mr. Reiter: — I'm leaving that to the discussions with officials and union officials. As you know, as the deputy said, if those were his words, we're hoping for fruitful discussions, and we'll see where that goes. I don't want to presuppose anything.

Ms. Chartier: — But you must have . . . That's a good chunk of change that you need to save here in this fiscal year, and you must have some idea or some . . . I don't think you're expecting your partners just to come up with proposals. I think you're probably . . . When you have dialogue with someone, like it should be a give-and-take. Do you have some ideas as to where you might get this?

Mr. Hendricks: — So the idea here is that we don't go in with any hard and fast ideas. Like, it is a discussion. And so, you know, with our unions in the health sector, we do have mechanisms and relationships where we are able to have those discussions, and not just at a collective bargaining table, but kind of in an ad hoc way.

You know, as a deputy, I've sat down with the provider unions, with SUN [Saskatchewan Union of Nurses], that sort of thing.

We have a very good relationship with the physicians. And so to be respectful to those groups, we're going to sit down and they'll have ideas. They know it's a very public sort of mandate, and so they'll know what my marching orders are. And we'll have the discussion with them, and we would welcome any ideas that they have.

Obviously, the goal here is to have the least impact on employees, to have the least impact on patients, that sort of thing. So you know, approaching it from that, but noting that we have a real, we have a real economic target here to meet. So we're going to respect what they have to say and have those discussions, and I wouldn't want to prejudge where they're going.

Ms. Chartier: — So no hard and fast ideas, but any ideas? So obviously you don't go into discussions saying . . . Well I hope you don't go in saying this is what we're doing. But do you have any ideas what you'd like to see happen?

Mr. Hendricks: — I have ideas, but I wouldn't share them at this table. That's privileged information, I would say. It's related to bargaining.

Ms. Chartier: — How many of your collective agreements will be open this year?

Mr. Hendricks: — The Saskatchewan . . . The agreement with the Saskatchewan Medical Association is now open as well as the agreement with the provider unions. There are probably a couple of other smaller ones. I would have to confirm.

Ms. Chartier: — For Monday, is that possible to get? That would be great. Thank you.

Mr. Hendricks: — Okay, as I said, the provider unions, so SEIU-West [Service Employees International Union-West], CUPE [Canadian Union of Public Employees], and SGEU [Saskatchewan Government and General Employees' Union] are open. The Saskatchewan Medical Association is open. PAIRS [Professional Association of Internes and Residents of Saskatchewan] remains open. The College of Dental Surgeons remains open. The Saskatchewan Association of Optometrists is also open.

Ms. Chartier: — I know this might take a little calculation here, but what percentage . . . So those open contracts, what percentage of the $3.6 billion do they make up?

Mr. Hendricks: — You would have to give us a while. I don't have that calculation exactly in front of me.

Ms. Chartier: — If you want, that would be great. Perhaps how long is a while?

[16:15]

Mr. Hendricks: — So our quick calculations . . . And they are just that, so accept that. And they are based on '15-16 compensation, so we would obviously look towards the newer numbers in the coming days, which would reflect our '16-17 base level amounts.

I also forgot when I was going through, was pharmacy is another agreement that's open. So you know, I would put this in kind of the 2.6 to $2.9 billion range. And the reason I'm giving you a range is because there are other elements. This is pretty high level included in those contracts, for example, SMA programs and such and with optometrists there's some programming in there as well.

And so I wouldn't want to pin down a number. We would have to kind of . . . You know, that's part of our reluctance, I think, to give numbers, you know, very specific is because when we . . . With some of these professions in particular and with unions, there are amounts that are sequestered for certain purposes and might not be compensation. So we have to sit down and talk about kind of what's open for discussion with the unions. But it would be in that range.

Ms. Chartier: — But 2.6 to $2.9 billion. Okay.

Mr. Hendricks: — Based on our very quick calculations.

Ms. Chartier: — You bet. Oh, for sure. The '15-16 compensation. So this will . . . Obviously you've mentioned SMA being open this year. So you're expecting 3.5 per cent from everybody. Or everybody will be contributing whether it's out-of-scope, whether it's any collective agreements, you're looking across the board to find this 3.5 per cent.

Mr. Hendricks: — Yes, this three and a half per cent is being applied to the entire public sector and to the third party sector. So yes, we're going to have discussions with physicians, out-of-scope employees, everybody in the health system. And I just need to be clear that we will be having discussions regardless of whether the agreement is closed or open. So we will be asking those unions that are currently, currently have collective agreements, whether they're willing to bring anything to the table. And you know, obviously within the collective agreement context, with a closed agreement, you know, that's a different type of discussion, but we're going to have it to see if they have ideas to lower costs across the system. So we're engaging in those discussions with everybody.

Ms. Chartier: — Okay. Just a quick note here under central management and services on page 76. When it comes to executive management, there was $2.349 million estimated last year and this year. So I'm just wondering how that number escaped the 3.5 per cent. So on page 76 of the estimates under central management and services.

Mr. Hendricks: — So to be clear, the overall target of $250 million for government hasn't been put into the individual ministry's estimates. That'll be allocated by Finance later. And so that's included in a different place, and once we have the information in from all across government and all the ministries and everything, that allocation of that 250 million will be determined by the Ministry of Finance.

Ms. Chartier: — Just out of curiosity in terms of equity, is there the expectation . . . Obviously 3.5 per cent of a CCA's earnings, whether it's like thinking about benefits, or versus someone who makes 250,000 in another role, is very different. Is the expectation when we think about equity, is the expectation 3.5 per cent for everybody?

Hon. Mr. Reiter: — So just a couple of points. There's the target, but we need to remember this isn't necessarily just going to be wages. That's going to be part of the discussion is . . . Well first of all, it's the whole compensation package. But that's why we're doing discussion. That's not why we're coming and saying, here's how it's going to be calculated, you know. To your question, that's going to be part of the discussions that our officials are having with union officials.

Ms. Chartier: — I know, fair enough that wages . . . But the rest of compensation, whether it's an EDO [earned day off] or health benefits, any of those things that are all part of compensation, still if you make, if you're a CCA versus someone who is making $250,000, 3.5 per cent has a different impact in that world. So I'm wondering if that lens is being applied in these discussions.

Hon. Mr. Reiter: — No, I understand your point about the, sort of the differences in income levels. But again that'll be part of the discussions, that we're not going to prejudge anything or dictate anything. That'll be part of the discussions.

Ms. Chartier: — So you will be applying that sort of socio-economic lens in these discussions?

Hon. Mr. Reiter: — Well I would say, depending on . . . I'm not going to interject at all in the discussion. So if that topic is brought up, it obviously would be discussed in those individual negotiations.

Ms. Chartier: — I do hope . . . I mean I don't like to see this happening to anybody in the public service and I don't think we should be at this place, but I just want to weigh in and say my piece that equity is really, really important in this discussion.

Last year, our conversations here, we learned that there was a $40 million expectation and there were some discussions that were going to happen with provider unions. A $40 million target for reductions, and I'm wondering how that played out?

Mr. Hendricks: — So over the last year, we had had several discussions with the provider unions and with SUN regarding the extended health benefits holiday. Those discussions actually were happening as recently as February, March. We had actually agreed with the unions and were making . . . on some elements of that. And again I can't discuss that because that's confidential. It's bargaining, to some extent. And you know, we were making pretty significant progress on that.

I would say that it's fair to say that the unions have sent a letter to me expressing some frustration on the lack of progress and have said that those negotiations are concluded. There are certain reasons why there was a lack of progress, which I think are legitimate on the ministry's part, just given where we were at with budget development. And so the bottom line is, our intent is to re-engage those unions in further discussions around that issue.

[16:30]

The Chair: — So just refresh my memory, was it 40 or 42 million that was the target?

Mr. Hendricks: — 42.

Ms. Chartier: — Forty-two million was the target and you . . . Sorry, forgive me here, but you said extended health benefit holiday?

Mr. Hendricks: — The extended health benefits plan is a premium holiday, yes.

Ms. Chartier: — Okay. Can you tell me what a premium holiday is?

Mr. Hendricks: — This is a plan which employers contribute into. And over the years, the plan has amassed a surplus. So each health region employer pays a premium, a monthly premium into that plan on behalf of its employees for extended health benefits: dental, whatever, right?

Ms. Chartier: — Okay. That 42 million, so what I'm hearing you say and please correct me if I'm wrong, so that $42 million target that we discussed last June, you didn't achieve that target.

Mr. Hendricks: — We did not.

Ms. Chartier: — You did not. Did you come anywhere in the ballpark?

Mr. Hendricks: — Zero and 42 million, no.

Ms. Chartier: — No. So nowhere, not even in the same game. So I just want to point out that these are the same kind of discussions that . . . So you were trying to . . . You had a $42 million target last budget and you've got a $126 million target doing much the same thing actually. And so I'm not holding out a lot of hope that you'll be able to reach that 126.

So it was a similar kind of discussion, was it not, you said you were going back to work with provider unions?

Hon. Mr. Reiter: — I guess I would say . . . You know, I can understand why you're drawing the comparison, but I would say it's somewhat different as well. That was a premium holiday, as Max described it. Premium holidays are when the employer is paying all or some of the contributions, and if it's in an instance where there's more than enough money to provide whatever levels were agreed upon, that for a period of time the employer won't pay it anymore. This is a province-wide initiative on HR costs, so I would say the onus is very different and the scale of it is very different.

Ms. Chartier: — Well the scale is certainly different. But you had a $42 million target last year to save money through dialogue with employees or employee unions, and you've got $126 million target this year, not just with unions but across the board here. So you have a big hole to fill, and I'll be interested to see how that develops along the way. The RQHR CEO, Keith Dewar, stated there will be job losses coming out of this budget. So do you have any sense . . . Well I'd like to talk a little bit about the programs that you've cut and, aside from those programs, what the job losses are looking like across the province.

Hon. Mr. Reiter: — So to your question on the number of

layoffs, the regional health authorities have until June to submit their budget to the ministries, and at that time the minister will evaluate what their proposals are, and decisions will be made. So we can't give you definitive numbers on that right now.

Ms. Chartier: — I'd like to at some point here . . . We only have 25 minutes left today, but we'll go sort of program through program and talk about those. But aside from these programs, as the minister responsible, are you anticipating . . . So we have the CEO of the second-largest health region saying that there will be layoffs in the Regina Qu'Appelle Health Region although he couldn't say how many. Just I'd like to read his quote:

> "My sense is as these changes get bigger, there will be layoffs, and with the program changes that were just announced, there will be layoffs with those," said Dewar.
>
> "Not knowing how the 3.5 per cent will be found, but I assume that there will be some layoffs with that."

As the Minister Responsible for Health and with that 3.5 per cent, is that your expectation too that there will be job losses over and above outside of the program cuts?

Hon. Mr. Reiter: — Because of the 3.5? I'm hopeful that it wouldn't be. I'd be hopeful, but it's going to depend on how the negotiations go with the unions.

Ms. Chartier: — Okay. Well let's start program by program: the parent support program or the parent-to-parent program?

Mr. Hendricks: — Sorry. We just had to add up the numbers quickly because some of them were CBO [community-based organization] contracts which we don't specifically know the numbers of FTEs [full-time equivalent]. And so it's about 10 FTEs.

Ms. Chartier: — Ten FTEs. And where were these parent support programs? I know there was one in Saskatoon, so I'm just wondering where these positions were all located.

Mr. Hendricks: — One was located in the Cypress Health Region, Five Hills, Heartland Health Region, one in Biggar, one in Unity. Keewatin Yatthé, oh sorry that was a CBO contract. Kelsey Trail, Prairie North in North Battleford, Meadow Lake, and Lloydminster. There's one in Spiritwood, RQHR, Saskatoon, Sun Country in Weyburn. Sorry, Saskatoon's was in Rosthern. And there was a CBO contract in Yorkton. And all varying numbers of FTEs, not one for each.

Ms. Chartier: — So some of them might be three-quarter or point five.

Mr. Hendricks: — Yes, like there's point six five in Moose Jaw, point seven five in Biggar. That's why.

Ms. Chartier: — Okay so a total of 10 in the parent support program. Okay, I just want to go back here. I know we've got lots of programs here. I'm just mindful of the time here. And I still am thinking about job losses over and above these cuts that we know about and we'll get to.

So obviously I know, Minister Reiter, you told me that health regions are still finalizing their budgets and you won't know until the end of June. But obviously . . . I think it was in Cypress a couple weeks ago that I read they were anticipating a $9 million deficit. So obviously they have some sense. They haven't finalized their budgets yet, but they have some sense of what their budgets are looking like.

And so I'm wondering, in conversation with the ministry, if you can give me a ballpark of what the regions are telling you it might look like in terms of job losses. I don't need a hard and fast, unequivocal number, but do you have some sense from the regions and what they're sharing with you about their challenges?

[16:45]

Hon. Mr. Reiter: — Yes. You know, I'm certainly not trying to be coy about this. I understand what you're saying, but I think it's just too early to tell. I haven't had those discussions with the health regions.

You know, I'm sure ministry officials periodically are having discussions with individual RHAs, but they're still going through their own budget process, and it would just be very premature for me to start estimating those kinds of things until we see what's actually submitted.

Ms. Chartier: — Can you tell me who has all flagged for you . . . So obviously these things are in the news. Can you tell me which regions are having fiscal challenges and who will be running deficits? Have there been those communications?

Obviously there's been communications in the public because I just read a news story. There's always those kinds of communications, but have there been communications with the ministry about the challenges that regions are facing with this budget?

Hon. Mr. Reiter: — I would think it's fair to say — I mean these are challenging times for health regions — so I would think, you know, they're all . . . Budget times are difficult times at the best of times, so they'd all be grappling with their budgets. But again I haven't had those discussions. You know periodically some things do come out in the news, as you mentioned, but it's just too preliminary for that right now.

Ms. Chartier: — To give a hard and fast number. But I'm wondering in terms of conversations and with your officials, who you have a room full, if we could hear who and which regions are having some challenges.

Hon. Mr. Reiter: — I'm not trying to be argumentative, but like the discussions that those regions are having with our officials, that's all part of the budget process. And you know, no final decisions have been made. It's too early in the process.

Ms. Chartier: — Of the existing health regions, have any of them said we're okay; we're going to not have a deficit?

Hon. Mr. Reiter: — Well I haven't had those conversations. Again I don't at this stage in the process. But certainly we would expect them all to make every attempt to come in

without a deficit.

Ms. Chartier: — I'm wondering though. I see that there clearly have been conversations. And obviously budgets will be finalized at the end of June, and we'll have a hard number at that point in time. But it's April now, and I'm curious to know who has flagged concerns about their budgets and how they . . . They will undoubtedly do their very best to get to a place of balance; I have no doubt about that. But at this point as they're grappling to get to that place, how many of the regions have said they have some serious challenges getting there?

Hon. Mr. Reiter: — Well I guess the thing is, as I said, there's always communications between ministry officials and health region officials, and that's part of the budget process. I don't think it's helpful or appropriate for us to ask officials, did you have a discussion yesterday with the health region and what did they say in your discussion on the telephone? That's the kind of communication that we encourage officials to have with health region officials.

And as I said, you know I understand what you're doing and that's fine. Like you're wanting us to say X number of health regions are saying that there're having a difficult time. These are challenging times in health regions, so I assume they're all having difficult decisions to make.

Ms. Chartier: — I'm asking you questions, is what I'm doing in my role as the opposition Health critic. Just to be clear, that's what I'm doing. So . . .

Hon. Mr. Reiter: — And I answered the question.

Ms. Chartier: — Yes. You didn't actually. I asked how many regions, if there were any regions who said everything was A-okay and they weren't going to have any budget challenges, like by the end of budget finalization in June they're perfectly happy.

Hon. Mr. Reiter: — And I said that I would expect all the regions are having challenging decisions to make right now.

Ms. Chartier: — Mr. Hendricks, do you have anything to add?

Hon. Mr. Reiter: — I've answered your question.

Ms. Chartier: — Actually you haven't, but that's as per . . . That isn't always expected. I'd like to move on . . . [inaudible interjection] . . . Yes. I get so many answers, so many answers.

Hon. Mr. Reiter: — Well ask a relevant question.

Ms. Chartier: — A relevant question. Yes, a relevant question. When we're talking about people's livelihoods, people's health and well-being, I think they're all relevant questions.

But moving on here. So we heard there were 10 FTEs being cut with the parent support program. This won't . . . I won't have time to cover all of this in the next 10 minutes, but I'd like to talk a little bit about the hearing aid plan and the number of audiologists or the number of positions that will be cut there.

Hon. Mr. Reiter: — So to your question on the hearing aid program. Right now there's 12 audiologists in Saskatchewan. There's seven in the Saskatoon region and five in the Regina region.

Now the hearing aid program, there's a portion of the program that handles actually the hearing aids, the part of the program that's going to be eliminated. And then there's a number of other programs that they run as well: the cochlear implant, the bone-anchored device. There's a number of programs and service programs around those that are going to continue.

So the ministry officials are working with officials in the health region now to firm this up so this is . . . It's a small number, but I'm still giving you an estimate here, right, because they're going to ensure that those programs have the appropriate audiologists in place. So it's anticipated that about, out of the 12, about five of the audiologist positions will be eliminated and seven will be retained. That could change a bit, depending on how those discussions go, but that's where it's at right now.

Ms. Chartier: — I think I just want to clarify. I think . . . Like we're working with different numbers here. So talking to people who work in HAP [hearing aid plan], I've been told that there are in fact 10 HAP audiologists. So there are four in Saskatoon Health Region and six in RQHR. And then there are four public audiologists outside of HAP, including three in the Saskatoon Health Region and then one with SPARC [Saskatchewan Pediatric Auditory Rehabilitation Centre] that share funding between the U of S [University of Saskatchewan] and Elks. So I just want to make sure we're talking the same language here.

Hon. Mr. Reiter: — Can I clarify, are you talking audiologists, or you're talking all the FTEs in HAP?

Ms. Chartier: — Well I . . . No. Audiologists in HAP. So I've been told that there are . . . So there are 14 public audiologists in Saskatchewan, is the number that I have. And 10 of them are HAP audiologists — four in Saskatoon Health Region and six in RQHR. And then there are four publicly funded audiologists — three in the Saskatoon Health Region outside of SPARC, like the pediatric audiologist, like the ones who work out of RUH [Royal University Hospital], and then one with SPARC that's funded between the U of S and the Elks.

So I just want to . . . And so that . . . You know what, I'll let you gather that information. I will have a much longer conversation, I think, on Monday about HAP. I see we've only got four minutes left. So if you could confirm those numbers, and I'll double check with . . . But I think that there's some blending here of the Saskatoon Health Region audiologists and the HAP audiologists.

Hon. Mr. Reiter: — We can certainly follow up. This may speak to the issue that I was trying to just a few minutes ago, is that there is a number of services and programs that are provided around that, and HAP is kind of interwoven into many of those . . .

Ms. Chartier: — Exactly, yes.

Hon. Mr. Reiter: — Which is the reason, like I said, you know, our folks are being cautious about giving the exact FTEs now

because they're working through that with the health regions. But we can certainly follow that up on Monday.

Ms. Chartier: — Yes, and then we'll have a longer discussion. But I just want to, while we just have a few minutes left . . . So I'm just going back to the question about job losses across the province.

So the Premier at SUMA [Saskatchewan Urban Municipalities Association] floated a number of potential job losses. Pre-budget, he had given a number. So I'm wondering if he has information different than your information, or how he came up with that number that he used at SUMA.

[17:00]

Hon. Mr. Reiter: — I think, you know, you're alluding to the speech the Premier gave at SUMA. And I think what he was doing at that time was, you know, he was saying as we look at ways to balance the budget . . . And if we balanced it all at one time, you know, doing the math, there's a number of options that could be in the mix. And I think that was one of them.

I think it's important to remember that's not what we did. We took a more measured approach and are going to balance it over a period of time instead of all in one year. And you know, I think two points you made earlier today on the three and a half per cent, that's the direction we're trying to go to prevent those kinds of numbers of people being laid off.

Ms. Chartier: — Just to be clear, so how did he . . .

The Chair: — We're past our time of adjournment. Ms. Chartier, do you have any really quick comments you want to make? Or just . . .

Ms. Chartier: — I just wanted to finish that line of . . . It wouldn't be a very long line of questions.

The Chair: — Sorry. No, we're done. You can do a little wrap-up, but . . .

Ms. Chartier: — There's nothing. We'll come back to it on Monday.

The Chair: — Either of the ministers wish to have anything to say before we depart?

Hon. Mr. Reiter: — I think we've got quite a few more hours ahead of us, so I think we'll have lots of opportunity.

The Chair: — Okay. Would one of the members of the committee move that the committee do now adjourn? Mr. Nerlien has moved it, that we adjourn. All in favour?

Some Hon. Members: — Agreed.

The Chair: — Carried. This committee stands adjourned to next week.

[The committee adjourned at 17:02.]