



SECOND SESSION — THIRTIETH LEGISLATURE

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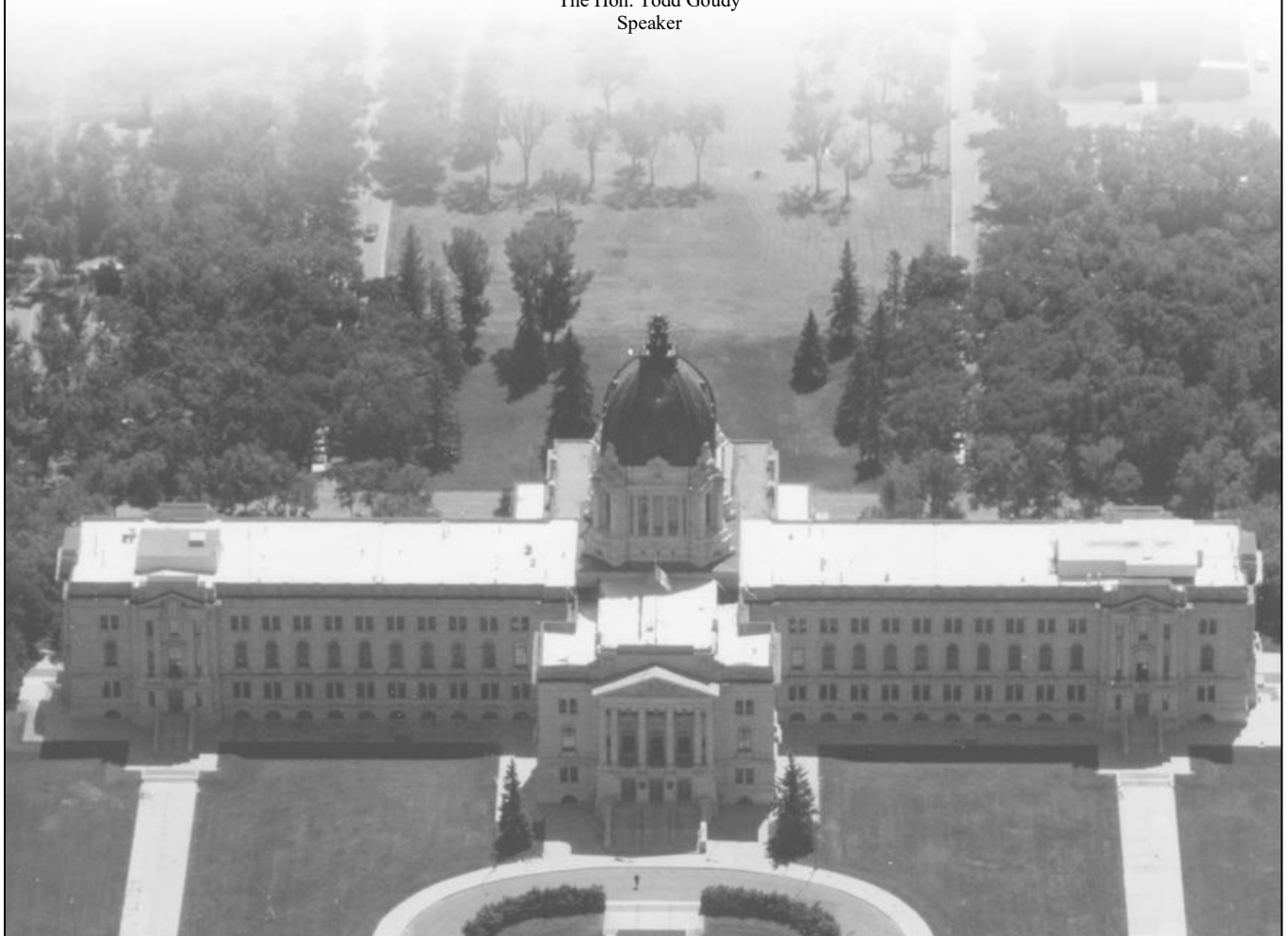
**Legislative Assembly of Saskatchewan**

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**DEBATES  
AND  
PROCEEDINGS**

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(HANSARD)  
Published under the  
authority of  
The Hon. Todd Goudy  
Speaker



**LEGISLATIVE ASSEMBLY OF SASKATCHEWAN**  
**2nd Session — 30th Legislature**

**Lieutenant Governor** — Her Honour the Honourable Bernadette McIntyre, S.O.M.

**Speaker** — Hon. Todd Goudy  
**Premier** — Hon. Scott Moe  
**Leader of the Opposition** — Carla Beck

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**Wilson**, Hon. Sean — Canora-Pelly (SP)  
**Wotherspoon**, Trent — Regina Mount Royal (NDP)  
**Young**, Aleana — Regina South Albert (NDP)  
**Young**, Colleen — Lloydminster (SP)

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**Standings**

Government Caucus: Saskatchewan Party (SP) — 34; Opposition Caucus: New Democratic Party (NDP) — 27

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[The Assembly met at 10:00.]

[Prayers]

## ROUTINE PROCEEDINGS

### INTRODUCTION OF GUESTS

**Speaker Goudy:** — I recognize the member from Cannington.

**Daryl Harrison:** — Thank you, Mr. Speaker. To you and through you, I'd like to welcome to their Legislative Assembly Saskatchewan's 2026 Outstanding Young Farmers. They're in your gallery, Mr. Speaker.

We have Jordon Lynch with us today. He's half the team that won, along with his wife, Dakota, who is not with us today. And then on the other end is Patrick Bourke, the husband of Chansi, who has to actually work today. She works at Top Notch Farm Supply in Fillmore. And as you know, with the warmer weather, they're very busy there right now. So thanks for Patrick to take the time and leave his wife at home to work. I do it often.

Interesting note about Patrick. He's originally from Australia. But 2010 I think he came to do a six-month term here and liked the farm land so much he stayed. But I think there was something else that kept him here. So welcome.

And also brother Keegan Lynch in the middle; his wife, Shelbi. They joined the family farm in 2023. So, Mr. Speaker, I'd ask all members to welcome them to their Legislative Assembly.

**Speaker Goudy:** — I recognize the member from Saskatoon Fairview.

**Vicki Mowat:** — Thank you, Mr. Speaker. On behalf of the official opposition, I want to join with the minister opposite in welcoming these outstanding young farmers to their Legislative Assembly here: Jordon, Patrick, and Keegan. I think I got all their names right.

I want to thank them for the work they're doing in our wonderful province. We know farming is so integral to our economy here in this province. And so on behalf of the official opposition, thank you for spending some time in the legislature here today.

**Speaker Goudy:** — I recognize the Minister of Community Safety.

**Hon. Michael Weger:** — Thank you, Mr. Speaker. I request leave for an extended introduction.

**Speaker Goudy:** — The minister has requested leave for an extended introduction. Is leave granted?

**Some Hon. Members:** — Agreed.

**Hon. Michael Weger:** — Thank you, Mr. Speaker. A few groups to introduce today to the House, Mr. Speaker. I'll start with an individual seated in the back row in the west gallery, Wanda Mohr. Mr. Speaker, this is Wanda's first time visiting the Chamber.

And she works with the Saskatchewan Public Safety Agency as a senior executive coordinator, and Monday was Wanda's one-year anniversary with the SPSA [Saskatchewan Public Safety Agency]. And prior to that she worked in income assistance at the Ministry of Social Services for two years, and before that, a long career with Regina Public Schools. So we thank Wanda for visiting today.

And secondly, Mr. Speaker, I have a group of four individuals coming to us from the committee that organizes the Gateway Festival down in Bengough. And I'll have more to say about that in a member's statement. But going left to right, we have Brock Tendler, Brenda Brandt, Lois Giraudier, and Delee Foley. And I'd ask everyone to welcome them to the Chamber.

And lastly, Mr. Speaker, my wife and my second-oldest daughter have decided to pop in today, and I appreciate that. My second-oldest daughter, Meaghan, just finished her last final on Tuesday at the University of Regina. So that's one year down towards a degree in social work.

And Meaghan is also very excited — she's starting her summer job. As parents we're excited as well because she'll make some money, Mr. Speaker. But she's very excited to start a job with Saskatchewan Community Foundation. And she's excited to learn this summer all about building, protecting, and honouring legacies in the province of Saskatchewan.

So with that, Mr. Speaker, I'd ask all members to join me in welcoming these guests to this, their Legislative Assembly.

**Speaker Goudy:** — I recognize the member from Saskatoon Silverspring.

**Hugh Gordon:** — Thank you, Mr. Speaker. I'd like to join with the minister opposite there in welcoming Wanda Mohr from the SPSA to her Legislative Assembly. I want to congratulate her on her one-year anniversary there and for all the fine service that she has committed to the province of Saskatchewan. So to Wanda, thank you. From a grateful official opposition, welcome. Let's welcome Wanda to her Legislative Assembly.

**Speaker Goudy:** — I recognize the member from Regina Pasqua.

**Bhajan Brar:** — Thank you, Mr. Speaker. Mr. Speaker, to you, through you it is my pleasure to introduce 25 students and their teachers, respective teachers, Shannon Johnstone and Jodi Houlden — please wave — sitting in east gallery. Mr. Speaker, some of them will definitely occupy our seats, including one on which you are sitting, in the future. After the question period I will meet them and sit with them and take . . . feeling as a student in grade 5 and remember the year 1960, when I was in grade 5.

Mr. Speaker, of course I have already mentioned many times that I am still a student and will remain a student till last breath. But now I request to all members, please join with me to welcome these lovely students and their respective teachers, to welcome to their Legislative Assembly. Thank you.

**Speaker Goudy:** — I recognize the member from Regina Coronation Park.

**Noor Burki:** — Thank you, Mr. Speaker. To you, through you it's an absolute honour and pleasure for me to welcome Dr. Amin Asfari, who is seated in your gallery. Mr. Speaker, Dr. Asfari is in the law foundation of school Chair in policy and policing study at the University of Regina.

Mr. Speaker, Asfari is a very committed, dedicated, and hard-working person. Recently he got the 2026 University of Regina Award of Excellence in Public Education and Outreach. I would request with that to all members to join me congratulating on his achievement and welcome him to his Legislative Assembly.

While I'm on my feet, I will be welcoming grade 4 students, 45 students from Gladys McDonald, which is in my constituency. Thank you for coming. Mr. Speaker, this school is a very diverse school. And this class is being accompanied by three amazing teachers, and those are Ms. Orth, Ms. Kalia, and Ms. Schappert. Thank you very much for bringing these kids to their Legislative Assembly.

And after question period, Mr. Speaker, I'm always amazed to hear their questions. Sometimes they are . . . Grade 4 is always harder for me than grade 12, but let's see what we can do. With that I will request all members to join me to welcome our future faces to their Legislative Assembly.

**Speaker Goudy:** — I recognize the member from White City-Qu'Appelle.

**Brad Crassweller:** — Thank you, Mr. Speaker. To you and through you, I'd like to join with the member opposite and welcome the students from Gladys McDonald. I was there a few weeks ago and spent a lot of time. So you're in for some trouble, Noor. They had some great questions. And with 45 of them, they were full of questions.

But one of the best questions that came to me before we even got started, Mr. Speaker, was a couple of young fellows up there cornered me and they said, "One question for you: Ronaldo or Messi?" And I broke their hearts a little bit and I had to go with Messi, because my daughter-in-law's from Argentina. So I had to do that.

But then I really threw them for a bit of a loop because I said, ultimately though as we get heading into World Cup — starts June 11th — it's Brazil all the way. All the way, because of Pelé. And that's who I grew up cheering for, Mr. Speaker. So anyways I would just ask everyone to continue and welcome these students here to their Legislative Assembly. Thank you.

**Speaker Goudy:** — I recognize the Minister of Remote and Rural Health.

**Hon. Lori Carr:** — Thank you, Mr. Speaker. Mr. Speaker, to you and through you, I would like to join with the member opposite and welcome Dr. Asfari to his Legislative Assembly and thank him so much for the work that he does in the province.

We are so proud of all of the health professionals that take up that charge and work for and work with the individuals that are in this province. So I would just like to thank him so much for the work that he does as well as congratulate him on the award that he won. So if all members could join me in welcoming Doctor to his

Legislative Assembly. Thank you.

**Speaker Goudy:** — I recognize the member from Regina Walsh Acres.

**Jared Clarke:** — Thank you, Mr. Speaker. And it's an honour to be on my feet to welcome Ms. Jodi Houlden to her Legislative Assembly. She gave me a wave when I came in, and I had to stand up and say hi.

Jodi and I worked together at Lakeview School for a number of years. She's an educational assistant, and an amazing one at that. And I always valued the work that she did helping students in my classroom and other classrooms in our school. Just an amazing human being who does amazing things for kids.

So I'd ask all members of the Assembly to join me in welcoming Jodi to her Legislative Assembly.

**Speaker Goudy:** — I recognize the Minister of Agriculture.

**Hon. David Marit:** — Thank you, Mr. Speaker. And to you and through you, I also want to recognize Jordon and Keegan and Patrick to the Legislative Assembly, but also on their Outstanding Young Farmers award. I had the privilege as well of farming with my brother for over 50 years, and there's not a better feeling in the world. And I wish you all the greatest success of your family operation.

And it's young farmers like you that are changing the agriculture landscape here in this province to where we are to be the most sustainable in the world. And I just want to take this opportunity, not only to congratulate him — I hope you have a great year in seeding and getting the crop off well, and a good one — but welcome them to this, their Legislative Assembly. Thank you, Mr. Speaker.

## STATEMENTS BY MEMBERS

**Speaker Goudy:** — I recognize the member from Dakota-Arm River.

### Fundraising Events During KidSport Month

**Barret Kropf:** — Thank you, Mr. Speaker. This month of May has been proclaimed as KidSport Month by the Government of Saskatchewan. This celebration of the children's charity will feature special events, fundraisers, and other festivities.

The KidSport program removes barriers and gives children the opportunity to participate in community sports programs. These are activities that help children develop self-confidence, discipline, and skills they need to grow into healthy adults.

The Government of Saskatchewan is proud to support the remarkable 30-year program. Proceeds from fundraisers during KidSport Month and throughout the year support children and youth from families facing financial barriers. It allows them to participate in some of the province's most popular sports, including hockey, gymnastics, basketball, soccer, and volleyball, and so much more.

The 38 local KidSport chapters across the province will host a

variety of fundraising events and activities to celebrate KidSport Month in their communities. Mr. Speaker, I'd ask all members to join me in recognizing all the amazing work that KidSport does in our communities and celebrating KidSport Month in Saskatchewan. Thank you.

**Speaker Goudy:** — I recognize the member from Regina Northeast.

#### Conditions at Melville Hospital

**Jacqueline Roy:** — Mr. Speaker, in February I toured the Melville hospital. I was with the shadow minister for Rural and Remote Health and two government members. The day before our visit, the chemotherapy treatment room hit 27 degrees. It was the middle of the Saskatchewan winter. The staff were doing everything they could. They are working in conditions no one should accept.

The chemotherapy hood has been decommissioned. It no longer meets regulatory standards. The hospital can no longer mix treatments on site. Thousands of dollars in chemo drugs brought in are wasted as they expire.

There are less flexible treatment times for patients. There is no space for privacy after long drives. Families are separated. Loved ones wait for hours in an ER [emergency room] room because you cannot squeeze in a chair beside loved ones' beds. Chemotherapy is already frightening; it should not be endured alone and in massive heat.

Staff in the community know this centre must remain open. It must. In fact it should probably have twice as many chairs. Yorkton, Regina, and other hospitals simply cannot absorb this pressure. They are full. Is this what the government means by putting patients first?

**Speaker Goudy:** — I recognize the member from Weyburn-Bengough.

#### Gateway Festival Will Celebrate 20 Years

**Hon. Michael Weger:** — Thank you, Mr. Speaker. Mr. Speaker, out in Bengough, just on the edge of the Big Muddy badlands, the Gateway Festival is set to celebrate its 20th anniversary this July. Over the last two decades, this rural event has turned into a repeat destination for folks from across the province and beyond by presenting a world-class festival. It draws approximately 10 times the population of the town of Bengough, with most folks camping on site, some of them showing up on Wednesday — 56 hours before the first act hits the stage.

[10:15]

Gateway Festival is presented by a volunteer-run, non-profit organization that has grown from a one-day local gathering into a multi-day event with a real draw. It consistently programs established acts, like Steve Earle, Tom Cochrane, Big Sugar, Ian Tyson, Nitty Gritty Dirt Band, and many more. Also celebrating Saskatchewan talent, like Tenille Arts, Jess Moskaluke, The Shepdogs, Colter Wall, The Northern Pikes, and Belle Plaine.

From a tourism perspective, Gateway's impact is clear and

measurable. Events of this scale create short-term population surges that translate directly into accommodation demand, food and beverage revenue, and local retail activity. In Bengough that means a significant annual injection into the local economy.

The Gateway Festival functions as a proven case of how cultural programming can anchor tourism in smaller communities by driving economic activity, elevating regional talent, and reinforcing Saskatchewan's broader cultural landscape without relying on urban scale. Mr. Speaker, I'll see you in Bengough on July 24th and 25th. Thank you.

**Speaker Goudy:** — I recognize the member from Saskatoon Fairview.

#### Call for Reduction of Provincial Gas Tax

**Vicki Mowat:** — Saskatchewan people are once again being hit with rising costs they cannot control or afford. In March inflation in our province surged, driven by higher fuel prices. Global instability, including conflict between the United States and Iran, is pushing gas prices even higher. And when gas prices rise, everything rises. The cost of groceries goes up. The cost of getting to work goes up. And the cost of doing business goes up. Families feel it immediately, and they feel it everywhere.

But here's the contrast: the Government of Canada has acted, reducing its excise tax by 10 cents per litre to help provide relief. Meanwhile this government continues to collect the full provincial gas tax on every litre sold. At the same time, rising oil prices are generating tens of millions of dollars every week in additional royalty tax revenues for Saskatchewan. So while families are paying more, this government is taking in more.

There is a clear choice here. A temporary reduction in the provincial gas tax would provide immediate visible relief to households and businesses across the province. Because right now, Mr. Speaker, Saskatchewan people don't need explanations; they need relief.

**Speaker Goudy:** — I recognize the member from Cannington.

#### Lynch Farm Partnership Wins Outstanding Young Farmers Award

**Daryl Harrison:** — Thank you, Mr. Speaker. At Canada's Farm Show, this year's Outstanding Young Farmers for Saskatchewan was announced. This year's winners are siblings Jordon Lynch and Chansi Bourke of Lynch Farm Partnership, a fourth-generation, 12,000-acre cereal, oil seed, and lentil farm near Osage, Saskatchewan.

The farm is jointly operated by Jordon and Dakota Lynch and their daughters Amelia and London; Chansi and Patrick Bourke and their daughters Hudson, Ivy, and Sage; and Keegan and Shelbi Lynch and their daughters Georgia and Macklyn.

Lynch Farm Partnership's mission is to honour their rich family legacy by fostering a spirit of teamwork and collaboration among all family members, ensuring every generation contributes to this shared vision.

The Lynch family partnership was formed in 2012 when Jordon

partnered with his parents, Les and Deanne. In 2018 Chansi and Patrick joined the partnership, and in 2023 Keegan joined after their parents retired. The Lynch Farm Partnership exemplifies what is at the heart of Saskatchewan agriculture: stewardship, integrity, innovation, and passion.

This national program annually recognizes producers who exemplify excellence in their profession. As the regional winners for Saskatchewan, Jordon and Chansi will represent Saskatchewan at the national competition in Vancouver this November. Mr. Speaker, I invite all members to join me in congratulating the Lynch Farm Partnership and wishing them the best of luck in Vancouver. Thank you, Mr. Speaker.

**Speaker Goudy:** — I recognize the member from Regina Wascana Plains.

### Tax Increases and Affordability Measures

**Brent Blakley:** — Thank you, Mr. Speaker. Mr. Speaker, the government continues to stand in this House and claim billions in so-called affordability measures. The families in Saskatchewan remember what actually happened.

In 2017 this government didn't just raise the PST [provincial sales tax] and expand it onto everyday goods and services. They brought in a full suite of tax increases and benefit cuts that hit families, workers, and businesses all at once.

They also cancelled education and tuition tax credits; cancelled the employee tools tax credit; suspended income tax indexing in 2017-18, quietly pushing people in to higher taxes; increased education property taxes; raised tobacco taxes; raised business taxes on banks; reduced supports like the labour-sponsored venture capital tax credit; eliminated commissions for businesses collecting provincial taxes. And today we see the result.

The PST changes alone now generate over \$1.5 billion extra every year. That doesn't include the millions more from higher property tax, fuel tax changes, and income tax impacts. So when the government claims billions in reducing affordability problems, families should ask this: how much of that is simply being recycled after being taken in the first place?

Because the truth is this, Mr. Speaker: this government created the affordability problems and now they want credit for the meagre few measures they're implementing to offset it. Mr. Speaker, you can't get credit for affordability when you caused the cost increases in the first place.

**Speaker Goudy:** — I recognize the member from Lloydminster.

### Saskatchewan Producers Export High-Quality Agricultural Products

**Colleen Young:** — Thank you, Mr. Speaker. Saskatchewan producers continue to export the most sustainable, high-quality agricultural products across the world. In just 10 years our value-added agricultural revenue has doubled to a record 8.4 billion in '24-25, and we are well on track to achieve the growth plan target of 10 billion in 2030.

Mr. Speaker, with more than 300 food processors employing

over 6,000 people, our province is providing food security to over 160 countries. The province is also on track to achieve the growth plan target of processing 75 per cent of canola grown locally with the opening of Cargill's new Regina facility and the expansion of the canola crush plant in Yorkton.

Today and tomorrow our government is hosting the Agri-Value Forum & Networking event in Saskatoon. With more than 150 people from the value-added industry attending, including food processors, suppliers, and investors, it is sure to be a great opportunity for our producers to connect.

Mr. Speaker, this government is excited about the future of our agriculture industries and the opportunities that are continuing to come thanks to our diversified trade network, in contrast to the Leader of the Opposition, who campaigned on closing our trade offices and attacked Saskatchewan beef producers by discouraging people from buying Saskatchewan beef on social media. That's why no one can take the NDP [New Democratic Party] seriously.

### QUESTION PERIOD

**Speaker Goudy:** — I recognize the Deputy Leader of the Opposition.

### Suspension of Provincial Fuel Tax

**Vicki Mowat:** — Mr. Speaker, gas prices have shot up again over the past 36 hours. We've seen at least a dozen gas stations in Saskatoon right now hike their prices to 1.89 per litre. That's up 60 cents from where they were mid-February. There are also reports of \$2 per litre in other places across the province.

How long will the Premier sit on his hands, and how high do gas prices have to go before this Premier will do the right thing, cut drivers a break, and suspend his gas tax?

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

**Hon. Scott Moe:** — Mr. Speaker, as has been said on the floor of this Assembly many times, that gas tax goes directly into the investments in our highways: the upgrades to our highways, the maintenance of our highways, the capital projects, the passing lanes, the intersection safety initiatives that have been undertaken over the last number of years, Mr. Speaker. That investment comes from that tax that is on fuel in this province, Mr. Speaker, as it has for literally decades now.

Mr. Speaker, yesterday, I find it interesting that we had one of the members stand up and say we need to increase our investment in highways, of which we have done — largely since the time the members opposite had the opportunity to govern this province — by hundreds of millions of dollars annually, Mr. Speaker.

Mr. Speaker, we continue to work on affordability measures for families, Mr. Speaker. Two and a half billion dollars — a member statement talked about that today from the members opposite — two and a half billion dollars annualized in each and every budget, Mr. Speaker, leaving the hard-earned dollars that Saskatchewan families earn right in their pockets so they can choose what to do with those dollars, Mr. Speaker.

**Speaker Goudy:** — I recognize the Deputy Leader of the Opposition.

**Vicki Mowat:** — Mr. Speaker, this Premier's gas tax costs rural households \$750 per year or more, and they can't afford it. Today our team is in Melfort, where drivers are feeling the pain at the pumps. People in Melfort have been represented by the Sask Party for almost 30 years and they're being taken for granted and asking, where is this Premier?

They want someone to have their backs. Why doesn't the Sask Party government?

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

**Hon. Scott Moe:** — Thirty years, Mr. Speaker, in the community of Melfort. The folks there have made some very good judgment with respect to how they voted. And I would suggest with the representation that they have in that community on this very day, Mr. Speaker, that the future looks very bright for the community's representation into the future, Mr. Speaker.

Mr. Speaker, I find it interesting with respect to the conversation around affordability. And what we understand is an increasingly inflationary world due to geopolitical events most recently, Mr. Speaker, and many other reasons as well, as this is a challenge across our nation and in many other countries around the world.

But to hear the members opposite, Mr. Speaker, when we reduced power bills in this province, Mr. Speaker, by 10 per cent after the 2020 election . . .

[Interjections]

**Speaker Goudy:** — Order, please.

**Hon. Scott Moe:** — We were very much criticized by the members opposite for that being a poor policy choice. Now they're asking us, Mr. Speaker, to go further with respect to the gas tax.

What we've seen over the last number of years, Mr. Speaker, is the members opposite stand in this House time and time again — and their federal leaders in the federal House, Mr. Speaker — support the Liberal government in adding the carbon tax. Adding the carbon tax, voted time and time again. When those costs come home to roost, when those . . .

[Interjections]

**Speaker Goudy:** — Member from Saskatoon Silverspring and member from Meewasin, please come to order.

Premier.

**Hon. Scott Moe:** — Mr. Speaker, when those costs then are borne on Saskatchewan families, and the families of this province start reaching out and saying, hey, we can't afford to pay this carbon tax on everything that we are buying, then the NDP very quickly say, Mr. Speaker, oh we never supported the carbon tax.

Mr. Speaker, when the NDP say something, Saskatchewan people believe them the first time.

**Speaker Goudy:** — I recognize the member from Saskatoon Westview.

### Measures to Prevent Children's Exposure to Drugs

**April ChiefCalf:** — Mr. Speaker, today we will be asking questions in memory of the babies and toddlers who lost their lives after being exposed to toxic, illicit drugs under this Premier's watch. In memory of these children who lost their lives, I urge this government to answer these questions directly, with the respect they deserve.

Now yesterday we learned from the child and youth advocate that nine children less than a year old lost their lives. It has been nearly 24 hours since this report was released. What direct and specific action has the Premier taken to ensure that not another child loses their life to this drug crisis?

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

**Hon. Scott Moe:** — Mr. Speaker, I would just answer maybe at a little higher level and allow the minister to answer some subsequent questions to the specifics of this. But we agree with the children's advocate, Mr. Speaker. Mr. Speaker, this is unacceptable. For children to be losing their life due to exposure to these poisonous drugs in our communities and our homes across this province, Mr. Speaker, is unacceptable in any society and any culture and, in particular, in this province, Mr. Speaker.

That's why it is the aspiration of this government to deal with the poisonous drugs that are in our community and to actually have an aspirational goal of removing those drugs from every community across the province of Saskatchewan, all the while offering recovery opportunities for those individuals that unfortunately are living a life of addictions, Mr. Speaker, working with and funding police officers in all of our enforcement agencies to ensure that they have the capacity to remove the drugs from Saskatchewan communities, Mr. Speaker.

There is no place for these poisonous substances in our communities, Mr. Speaker, and we're going to make every effort to get them out of here.

**Speaker Goudy:** — I recognize the member from Saskatoon Westview.

**April ChiefCalf:** — Mr. Speaker, these children deserve specifics, and they deserve answers. Their lives should not be lost in vain. Three children in their first year of life died after exposure to toxic drugs. The advocate found that there was no clear evidence of how these children were exposed. This means that more children could be at risk, and a single life lost is one too many.

What steps has the Premier taken to identify how these exposures happened and ensure that no more children lose their life or are hospitalized because of toxic drugs?

**Speaker Goudy:** — I recognize the Minister of Social Services.

**Hon. Terry Jensen:** — Thank you, Mr. Speaker. And to echo the Premier's statement, a loss of life of any child in this province, or anywhere for that matter, is unacceptable. And we

work extremely closely with the child and youth advocate; we've worked closely with the advocate in previous years. We'll continue to do that work.

[10:30]

Our ministry officials are going to be meeting and discussing this issue with the advocate. And again this is something we're extremely concerned about, you know, with children being exposed to illicit drugs, and addressing the substance use is a key priority of this government, Mr. Speaker.

We're taking the active steps to address this through our Action Plan for Mental Health and Addictions, and our ministry is going to be working very closely with the child and youth advocate in this matter. Thank you.

**Speaker Goudy:** — I recognize the member from Regina Wascana Plains.

**Brent Blakley:** — Mr. Speaker, there is no more important job for a government than protecting the most vulnerable, these 13 children lost before they even had a chance for a life because of fentanyl, methamphetamines, or cocaine. Two grains of fentanyl can kill a child.

The Premier and the ministers over there have a duty to protect the children and infants. Yesterday we called on the Premier to meet with the advocate to hear her concerns and recommendations on how to end this crisis. Mr. Speaker, people in this province want to know. Has the Premier spoken with the advocate, and on what date will he be meeting with her?

**Speaker Goudy:** — I recognize the Minister of Social Services.

**Hon. Terry Jenson:** — Thank you, Mr. Speaker. And again, with regards to the child and youth advocate, that is an office that this ministry works very closely with in the past and at present. And we will work with the advocate in the future to address something of this nature that is extremely, extremely serious, Mr. Speaker.

The loss of life of any child — or even an injured child for that matter, Mr. Speaker — is completely unacceptable. And that work through our ministry with the advocate will be taking place with the goal of getting to a place where everyone is more comfortable. And we're addressing this in a very meaningful way. Thank you, Mr. Speaker.

**Speaker Goudy:** — I recognize the member from Regina Wascana Plains.

**Brent Blakley:** — Mr. Speaker, 13 children lost their lives between 2019 and 2025. The Premier has had seven years to act to ensure that no child loses their life to a tragedy like these children experienced. These children did nothing wrong, and yet they lost their lives to a drug crisis that has spiralled out of control, while this government offers only sympathies but nothing concrete to ensure that we don't lose . . . we don't lose another infant to a drug poisoning.

What new emergency supports will the Premier offer today to ensure that no more infants lose their lives to these senseless

tragedies?

**Speaker Goudy:** — I recognize the Minister of Social Services.

**Hon. Terry Jenson:** — Thank you, Mr. Speaker. And this is precisely why this is a government that does not believe there is any place in society for illicit drugs. Mr. Speaker, in this budget we have added additional investments in terms of 24-hour, seven-day-a-week family preservation services for children and families, Mr. Speaker, to address that precise issue. So when there is a family in crisis, we have child and family workers that are available to help them.

Mr. Speaker, when it comes to the child advocate report and working with the child and youth advocate, that is something that this ministry has done in the past and will continue to do so, especially in this particular case.

**Speaker Goudy:** — I recognize the member from Regina Elphinstone-Centre.

### Provision of Addictions Services

**Meara Conway:** — Mr. Speaker, they have been in government for 20 years, and more and more people are dying from this crisis every single day. There are front-line agencies completely starved for support. They cannot keep up with the need, Mr. Speaker. And instead of funding local support providers, this government turned to an out-of-province, profit-driven, private equity-run company called Edgewood Health Network, or EHN, to provide addiction services. This government is handing over \$20 million a year to this company.

Will the Premier make public today every contract he has signed with EHN? And will he disclose every meeting with EHN by himself or his ministers?

**Speaker Goudy:** — I recognize the Minister of Mental Health and Addictions.

**Hon. Lori Carr:** — Well thank you, Mr. Speaker. Mr. Speaker, our government is focused on ensuring that people struggling with addiction challenges have timely access and effective care, Mr. Speaker. We will work with community partners like EHN who are experts in treating addictions challenges, which allows us to expand capacity faster and ensure that more individuals are connected to treatment when they most need it, Mr. Speaker.

Of note, we already have 500 beds in this province. We've already added 312 additional, and we have money in this budget to get to those extra 200 beds, Mr. Speaker. Once again, at the end of that, we'll evaluate exactly where we're at and see what other kinds of services need to be put in place and if more spaces need to be put in, Mr. Speaker.

**Speaker Goudy:** — I recognize the member from Regina Elphinstone-Centre.

**Meara Conway:** — Mr. Speaker, people are dying, and they want us just to take their word for it. Absolutely not. We want to see those contracts, Mr. Speaker.

Let's take a closer look at EHN, and specifically its business

model as described by its CEO [chief executive officer], Joe Manget. In a 2019 paper, Mr. Speaker, Manget outlined an approach to health care that draws on military strategy, including references to Korean war aerial combat and a reported 10 to 1 “kill ratio” to argue that success comes from operating quicker and more aggressively than competitors. “If you are standing still, you are a target” is the quote. That’s what the paper states.

We’re talking about people, Mr. Speaker. That’s messed up. A kill-ratio mindset has no place in a system meant to save lives. You don’t build recovery through speed, aggression, and profit. You build it through time, trust, and care.

People are so sick of watching health care, mental health addictions treatment get worse and worse and worse and see privatization and profitization go up and up and up, Mr. Speaker.

Doesn’t the Premier agree that Saskatchewan people deserve better?

**Speaker Goudy:** — I recognize the Minister of Mental Health and Addictions

**Hon. Lori Carr:** — Well thank you, Mr. Speaker. Mr. Speaker, that is exactly what we are doing with individuals, is we are putting our patients first by putting that trust in place and putting that care in place. And that is all done through the recovery-oriented system of care, Mr. Speaker . . .

[Interjections]

**Speaker Goudy:** — Order, please.

**Hon. Lori Carr:** — Mr. Speaker, and that is all done through the recovery-oriented system of care. The companies and the individuals that we’re contracting with to provide these spaces, that is . . .

[Interjections]

**Speaker Goudy:** — Member from Saskatoon Meewasin, please come to order. Allow the minister to give her response to the question.

**Hon. Lori Carr:** — Thank you, Mr. Speaker. Through the recovery-oriented system of care, it is individualized to those individuals. It is not time-limited, Mr. Speaker. Some people may need a shorter amount of time, and some people may need a longer amount of time, Mr. Speaker. They could be in there anywhere from 30 days to a year, Mr. Speaker. It is all individualized for that person.

We are not pushing anybody out before they are ready to move on to the next stage of their recovery, Mr. Speaker, and we’ll be there with post-treatment spaces at that point in time.

**Speaker Goudy:** — I recognize the member from Regina Elphinstone-Centre.

**Meara Conway:** — Mr. Speaker, they’ve handed the keys to EHN to deal with this crisis, and EHN has a very concerning track record. There are concerns all over the news out of New Brunswick, out of BC [British Columbia]. The government in

Northwest Territories has walked away from this company completely over their treatment of Indigenous clients. And it’s no wonder because EHN’s CEO preaches a “kill-ratio model” that’s focused on speed, aggression, and beating competitors to the punch. These are people suffering from addictions, Mr. Speaker.

Here’s the kicker. That minister just talked about post-bed treatment. EHN starts by offering publicly funded addictions treatment. But once people clear treatment, Mr. Speaker, they’re on the hook to pay out of pocket for any follow-up services.

Is the Premier not concerned at all about a private company that’s not based in Saskatchewan making massive profits off the suffering of Saskatchewan people?

**Speaker Goudy:** — I recognize the Minister of Mental Health and Addictions.

**Hon. Lori Carr:** — Thank you, Mr. Speaker. Mr. Speaker, I think it’s important at this point in time to actually set the record straight. When the member opposite talks about severing ties and cancelling contracts, Mr. Speaker, that’s not what happened. The Northwest Territories government sent out a request for proposals. EHN did not apply. If they don’t apply, they can’t get the contract, Mr. Speaker. It’s really quite simple.

Mr. Speaker, in fact when we talk about those people from the Northwest Territories that actually took in the services, Seann May, a firefighter in Yellowknife, said that he attended the program last year and that EHN’s counselling for addictions was “phenomenal” and that he “thought the world” of the program, Mr. Speaker. These are actual quotes out of that same article that the member opposite is quoting from, Mr. Speaker. I wish she’d tell the full story.

**Speaker Goudy:** — I recognize the Regina Elphinstone-Centre.

#### Saskatchewan Health Authority Compensation Rates

**Meara Conway:** — Brutal, Mr. Speaker. This government is privatizing addiction services to a for-profit operation, and they won’t even show us a contract. We just want basic accountability, Mr. Speaker.

Meanwhile, health care workers in our public system have gone literal years without a contract. Day after day we hear from health care workers who are working 12-hour shifts then having to sell their blood plasma, sleep in their cars, or stop by the food bank on their way home. All while the top brass at the SHA [Saskatchewan Health Authority], including the Premier’s former press secretary, earn massive salaries and get big raises, Mr. Speaker.

Does the Health minister think SHA executives should get raises while health care workers go years with zeros?

**Speaker Goudy:** — I recognize the Minister of Health.

**Hon. Jeremy Cockrill:** — Mr. Speaker, the questions from that member opposite this session show exactly why Saskatchewan people cannot take the opposition NDP seriously, Mr. Speaker.

Mr. Speaker, when it comes to addictions, we have members

opposite dragging a service provider through the mud instead of actually coming up with solutions to provide more recovery options for patients, Mr. Speaker.

Mr. Speaker, on this we have a member opposite who's talked more about a specific public servant in the Saskatchewan Health Authority than patients, Mr. Speaker. This government is going to stay focused on patients, Mr. Speaker. We're bargaining with all of our provider unions as we speak, Mr. Speaker, to get to a fair deal for health care workers in this province so they can put patients first each and every day.

**Speaker Goudy:** — I recognize the Regina Elphinstone-Centre.

**Meara Conway:** — Mr. Speaker, health care workers are fighting tooth and nail to hold our broken system together while SHA executives see big raises. It makes no sense. And I'd love to see as much care from that Health minister for those front-line health care workers than his buddy at the SHA. It's not fair, Mr. Speaker.

I think, I think that SHA executives should have skin in the game. No raises for workers at the bottom should mean no raises for the bosses at the top. What does the Health minister think about that?

**Speaker Goudy:** — I recognize the Minister of Health.

**Hon. Jeremy Cockrill:** — You know, Mr. Speaker, I will remind the House and Saskatchewan people that that's the member opposite that spent time earlier in this session encouraging people not to go into health care, Mr. Speaker. Again to say that the Saskatchewan Health Authority leadership team does not have skin in the game, Mr. Speaker, I just don't think is true.

They are working hard each and every single day to implement our patients-first health care plan, putting patients first in communities right across the province, large and small, Mr. Speaker. That's what this government's focused on, and that's what the Saskatchewan Health Authority is focused on. I wish the members would join us.

**Speaker Goudy:** — I recognize the member from Regina Northeast.

### Population Numbers

**Jacqueline Roy:** — Thank you, Mr. Speaker. So then let's look at those small and large communities, why don't we? Mr. Speaker, this week we asked about fewer babies being born in Saskatchewan. In response, that Minister of Health, he bragged about high fertility. Apparently things are great for Saskatchewan women. That's just not the case. Safe birth services close to home are not guaranteed. Women from Yorkton are travelling two to three weeks ahead of time to stay with relatives in Regina.

Why is the minister bragging to women? We're losing so many obstetrician-gynecologists, so many family doctors. Women go without a doctor to advise them for long periods of their pregnancy. That is not safe. Why is that minister bragging?

**Speaker Goudy:** — Sorry, I don't understand that question as far as how that deals with government business, about bragging. If you want to change the question, please do.

**Jacqueline Roy:** — Mr. Speaker, why is the minister bragging about high fertility rates when women are in pain?

**Speaker Goudy:** — I recognize the Minister of Health.

**Hon. Jeremy Cockrill:** — Thank you, Mr. Speaker. Again the statistic that I quoted earlier this week is from Statistics Canada in terms of Saskatchewan leading the nation or having very high fertility rates in this province, Mr. Speaker.

This is a government that has made efforts to increase access for patients to the services that they need, Mr. Speaker. I think we can be very proud of the services that we have available to expectant families in this province, Mr. Speaker. I've experienced that first-hand. So have other members, Mr. Speaker.

We have excellent teams in communities right across the province. There's always more work to do in ensuring that those services are available in more communities. That's what our patients-first plan is all about, Mr. Speaker, those 50 next steps ensuring that we have the workforce and the services in place so that patients in this province can get the right care at the right time as close to home as possible.

**Speaker Goudy:** — I recognize the member from Regina Northeast.

**Jacqueline Roy:** — Mr. Speaker, I'm sorry, but that is completely out of touch with women and with families. So let's talk, let's actually talk about the reasons women give me.

[10:45]

They can't afford to have kids when they're working two jobs, when they can't afford groceries for the kids they do have, when they have zero access to child care, when they feel anxious and depressed but cannot get the perinatal health care that minister promised. There's a lack of access to maternity clinics and fertility treatments. People are going out of province.

This minister is completely out of touch, Mr. Speaker. Will he at least accept some responsibility for fewer babies being born today because of that government's very choices?

**Speaker Goudy:** — I recognize the Minister of Health.

**Hon. Jeremy Cockrill:** — You know, for the members opposite to get up in this House and to blame the Premier and the government for the number of babies being born in the province is utterly ridiculous, Mr. Speaker. It shows why we cannot take the NDP opposition seriously, Mr. Speaker.

Mr. Speaker, to say out of touch, Mr. Speaker, my wife and I had the pleasure of welcoming a new member of our family just a couple of months ago, experiencing first-hand the excellent care that is available to patients in our province. And we thank the OB/GYN [obstetrics and gynecology] team in The Battlefords for just a fantastic service that they offered my family, Mr. Speaker, but to patients right throughout the Northwest.

As I said in my previous answer, we can be very proud of the services that we offer in this province. This government has made

additional investments in training more physicians, training more nurse practitioners, ensuring that women and families have increased access to primary care.

This is a government that implemented the fertility treatment tax credit, Mr. Speaker, to encourage more families to consider their options, Mr. Speaker. This is a government that will always put patients first.

**Speaker Goudy:** — I recognize the member from Regina Rochdale.

### Supports for Students with Diabetes

**Joan Pratchler:** — Thank you, Mr. Speaker. Yesterday we were joined by Kinsley Simmons. She lives with type 1 diabetes and hasn't been able to attend school full-time because this government hasn't established standards of care or supports for students with medical conditions attending school. And they haven't supported school boards either to ensure children like Kinsley can attend.

Yesterday the minister met with Kinsley, so I'll ask him this: when will those supports be in place in schools for children with diabetes and other medical challenges in Saskatchewan? And when will Kinsley be able to go to school like every other seven-year-old child?

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

**Hon. Everett Hindley:** — Thank you, Mr. Speaker. Great meeting with Kinsley and her mom and dad, Jennifer and Clayton, yesterday. And she's a delightful young person. She is just absolutely amazing.

I've had a great chat with her about what her aspirations are, what she does, and what she wants to learn in school, Mr. Speaker. As I said to the family yesterday — to Jennifer and Clay and said to Kinsley as well — we're going to take a look at what's happening across the province with respect to the supports that are provided to the school divisions, to ensure that every child in this province has every opportunity to succeed and to attend school, Mr. Speaker.

We had some very good discussion, myself with the family, about what's happening in other jurisdictions. I committed to the family that we'll follow up through the Ministry of Education, through myself personally as well, to make sure that we take a look at what's happening in this particular instance to see what can be implemented in this school division and in other parts of our province as well. Thank you, Mr. Speaker.

**Speaker Goudy:** — I recognize the Government House Leader.

**Hon. Tim McLeod:** — Point of order, Mr. Speaker.

**Speaker Goudy:** — And what's the point of order?

### POINT OF ORDER

**Hon. Tim McLeod:** — Mr. Speaker, during question period the member from Regina Elphinstone in questioning the Minister of Health, yet again ran down one of the public servants at the SHA

and ignored your prior rulings when she suggested that one of those public servants is receiving compensation because he's "buddies" with the minister.

Mr. Speaker, after this Assembly found her seatmate in contempt of the House for ignoring these rules yesterday, we would expect that they would avoid such behaviour. However I would ask that you ask that member to once again withdraw and apologize for this type of comment and remind the members opposite that the rules do apply.

**Speaker Goudy:** — I recognize the Opposition House Leader.

**Nicole Sarauer:** — Mr. Speaker, first of all I'm asking that you find that point of order very much not well taken. And just in case you missed what the member actually said, I wrote it down to repeat. She said, "I think he should show as much care for health care workers as he does for his buddy in the SHA," Mr. Speaker. Very much parliamentary language and acceptable use inside this Chamber, Mr. Speaker.

I think that just because this government seems to be very thin-skinned, quite sensitive and, dare I say, a little self-righteous lately, they shouldn't be requesting the Speaker to police language the way they're doing lately. And I ask that you find that point not well taken.

**Speaker Goudy:** — Okay. I noticed the "buddy" comment. I have made rulings on that in the past. You did dial it back, but it was veiled that you were insinuating that they are giving buddies these roles from the past. But I intentionally left it. I think you stayed within respectable debate. Though I would ask in the future things that lead to a big response . . . Because we understand insinuations and what's meant by actually what the words are.

So in this case I will not accept the . . . It will be not well taken.

But on the other side, with the comments from the Opposition House Leader, I think some of your comments towards the government, calling them thin-skinned and other things, we need to dial back some of our comments back and forth and do the good work of debate. Debate is the important point, not the back-and-forth that seems to make us feel a little better maybe.

So I would ask respectfully that both sides . . . the veiled comments, the innuendoes. Just a quick comment on leaving out some words that have been done also. We can't say things . . . What's the rule? You can't indirectly say something that you cannot say directly. So I think we've all been getting away with some bending of the rules, so let's just focus on true debate, good questions, good answers.

So let's move on to ministerial statements, please.

### INTRODUCTION OF BILLS

#### Bill No. 58 — *The Time Act, 2026*

**Speaker Goudy:** — I recognize the Minister of Government Relations.

**Hon. Eric Schmalz:** — Thank you, Mr. Speaker. I move that Bill

No. 58, *The Time Act, 2026* be now introduced and read a first time.

**Speaker Goudy:** — It has been moved by the Minister of Government Relations that Bill No. 58, *The Time Act, 2026* be now introduced and read a first time. Is it the pleasure of the Assembly to adopt the motion?

**Some Hon. Members:** — Agreed.

**Speaker Goudy:** — Carried.

**Deputy Clerk:** — First reading of this bill.

**Speaker Goudy:** — When shall this bill be read a second time?

**Hon. Eric Schmalz:** — Mr. Speaker, I request leave to consider all stages of Bill No. 58, *The Time Act, 2026*, and further, that the Assembly returns to introduction of bills when this is complete.

**Speaker Goudy:** — The minister has requested leave to consider all stages of Bill No. 58, *The Time Act, 2026* and Bill No. 59, *The Time Consequential Amendments Act, 2026* immediately, and further, that the Assembly returns to introduction of bills when this is complete. Is leave granted?

**Some Hon. Members:** — Agreed.

**Some Hon. Members:** — No.

**Speaker Goudy:** — Leave is not granted. When shall the bill be read a second time? I recognize the Minister of Government Relations.

**Hon. Eric Schmalz:** — Thank you, Mr. Speaker. Next sitting of the House.

**Speaker Goudy:** — Next sitting.

**Bill No. 59 — *The Time Consequential Amendments Act, 2026/Loi de 2026 corrélative de la loi intitulée The Time Act, 2026***

**Speaker Goudy:** — I recognize the Minister of Government Relations.

**Hon. Eric Schmalz:** — Thank you, Mr. Speaker. I move that Bill No. 59, *The Time Consequential Amendments Act, 2026* be now introduced and read a first time.

**Speaker Goudy:** — It has been moved by the Minister of Government Relations that Bill No. 59, *The Time Consequential Amendments Act, 2026* be introduced and read a first time. Is it the pleasure of the Assembly to adopt the motion?

**Some Hon. Members:** — Agreed.

**Speaker Goudy:** — Carried.

**Deputy Clerk:** — First reading of this bill.

**Speaker Goudy:** — When shall this bill be read a second time? I recognize the Minister of Government Relations.

**Hon. Eric Schmalz:** — I request leave to consider all stages of Bill 59, *The Time Consequential Amendments Act, 2026* immediately, and further, that the Assembly return to introduction of bills when this is complete.

**Speaker Goudy:** — Is leave granted?

**Some Hon. Members:** — Agreed.

**Some Hon. Members:** — No.

**Speaker Goudy:** — Leave has not been granted. When shall this bill be read a second time? I recognize the Minister of Government Relations.

**Hon. Eric Schmalz:** — Thank you, Mr. Speaker. Next sitting of the Assembly.

**Speaker Goudy:** — Next sitting.

**Bill No. 622 — *The Provincial Health Authority (Executive Pay Freeze) Amendment Act***

**Speaker Goudy:** — I recognize the member from Elphinstone-Centre.

**Meara Conway:** — Thank you, Mr. Speaker. I move that Bill 622, *The Provincial Health Authority (Executive Pay Freeze) Amendment Act* be now introduced and read a first time.

**Speaker Goudy:** — It has been moved by the member from Regina Elphinstone-Centre that Bill No. 622, *The Provincial Health Authority (Executive Pay Freeze) Amendment Act* be introduced and read a first time. Is it the pleasure of the Assembly to adopt the motion?

**Some Hon. Members:** — Agreed.

**Speaker Goudy:** — Carried.

**Deputy Clerk:** — First reading of this bill.

**Speaker Goudy:** — When shall this bill be read a second time?

**Meara Conway:** — At the next sitting of the Assembly.

**Speaker Goudy:** — Next sitting.

## ORDERS OF THE DAY

### SEVENTY-FIVE MINUTE DEBATE

**Speaker Goudy:** — I recognize the member from Moosomin-Montmartre.

#### Health Care System Improvements

**Kevin Weedmark:** — Thank you very much, Mr. Speaker. I rise today to speak on an issue that touches every family, every community, and every corner of our province: the delivery of high-quality health care and the strength of Saskatchewan's health care system.

From building new facilities — from hospitals to long-term care centres to urgent care centres — to delivering innovative care in so many ways, to training the health care workers of the future by expanding training seats, expanding scope of practice, and adding residency seats across the province, we are building for the future.

It was a different story under the former government, which tried to solve its fiscal deficit by creating a health care infrastructure deficit and a health care workforce deficit that hampered the health care system for years.

And, Mr. Speaker, I want to begin with a story that shows exactly what we mean when we talk about results. A story from Montmartre, right in the heart of my constituency.

Just a few weeks ago, Mr. Deputy Speaker, our government expanded the rural and remote recruitment incentive. This expansion added nine new communities, bringing the total to 82 communities now eligible. The new additions include Beauval, Buffalo Narrows, Carlyle, Creighton, Craik, Davidson, Ituna, Macklin, and Montmartre. And that expansion means that these communities can now offer incentive packages of up to \$50,000 for a three-year return-of-service commitment in high-priority health occupations, the positions that keep health care facilities running and local emergency rooms open.

This program is supported by \$8.7 million in the 2026-27 provincial budget, funding that will maintain and expand the program to support new participants. Rural and remote recruitment incentives are offered to new, permanent, full-time health care employees working in nine critical professions, the ones that are hardest to fill in rural and northern Saskatchewan communities experiencing or at risk of service disruptions.

And, Mr. Deputy Speaker, the impact of this program has been truly remarkable. Over 530 hard-to-recruit positions have already been filled directly because of the rural and remote recruitment incentive. The result: more stability in our health care system. Communities are reporting reduced reliance on contract nursing, the reopening of acute care beds that were once closed, fewer emergency room disruptions, and expanded bed capacity.

And, Mr. Deputy Speaker, these are not abstract achievements. They are the realities that matter to families, to seniors, and to patients across rural Saskatchewan. They reflect how smart, focused investments can truly make a difference.

And nowhere is that clearer than Montmartre. Within days, Mr. Deputy Speaker — not months or weeks, but within days — of Montmartre becoming eligible for the program, a vacant nursing position was filled. This change was suggested to us by a few people, but including one who had seen the success of the rural and remote recruitment incentive in other communities. She had seen the success, knew it worked, and advocated for Montmartre to be added. And the moment it was, it worked exactly as intended.

[11:00]

The morning that the announcement was made at SUMA [Saskatchewan Urban Municipalities Association], I made a short video message of the Health minister thanking one person

in our health system for the suggestion and telling her that Montmartre was added to the rural and remote recruitment incentive. The text I got back from her reads:

I just wanted to say, this not only made my day but will forever be a highlight in my career, and I'm so happy for my community. Thank you again. It's beyond appreciated.

So that job was filled. And I'm happy to report, Mr. Deputy Speaker, that the new nurse starts work in Montmartre on May 19th. And that's not a coincidence that that job was filled so quickly. That's good policy taking effect immediately. That's what it looks like when a strong provincial program touches local lives in a direct, meaningful way.

Mr. Deputy Speaker, this program is now entering its fourth year, and it's become a key component of Saskatchewan's broader health human resources action plan. Thanks to the plan, more than 7,500 health care professionals have joined our provincial system since 2022, part of a government investment of more than \$460 million to strengthen the workforce through recruitment, training incentives, and retention.

This, Mr. Speaker, isn't just rebuilding the system. It's modernizing it for a growing Saskatchewan, a province that believes that we can deliver the right care at the right time as close to home as possible.

Mr. Speaker, expanding scope is also making a difference. We're expanding and standardizing the scope of practice for LPNs [licensed practical nurse] across the province. And again I got a message from an LPN just last night who had weighed in on some of the changes and had some proposals. And her comment about the change to the scope of practice for LPNs was, "I just saw this, and on behalf of all LPNs, thank you to the Sask Party for listening."

And the numbers tell a story of a system on the rise. Since 2022 Saskatchewan has hired more than 7,500 health care workers across all designations. We've added more than 2,000 nurses into our health system. We've recruited more than 400 health care workers from the Philippines, who are now proudly working in hospitals in communities here in Saskatchewan.

We've supported more than 850 Saskatchewan nursing and health care students with \$2,000 final clinical placement bursaries in exchange for two-year return-of-service agreements. We've provided over 300 paramedic students with EMS [emergency medical services] training bursaries valued between \$5,000 and \$10,000. We've offered incentives up to \$50,000 to more than 500 professionals working in 82 rural and remote communities through the rural and remote incentive program. And we've approved over 400 physicians to receive up to \$200,000 over five years through the rural physician incentive program.

Each of these people who have benefited from these programs represents a real person choosing to live, work, and serve in Saskatchewan. And that's how you build a resilient system — one professional, one community at a time.

Mr. Speaker, I'm especially proud to say that Saskatchewan is also growing its own health care professionals. This year the

Canadian resident matching service confirmed that all 162 residency seats at the University of Saskatchewan were filled. Every single one. That's more than last year, and it means more doctors training here at home than ever before. And, Mr. Speaker, I should point out that under the former NDP government, there were never 162 residency seats filled in the province, because they had slashed the number of residency seats to only 60.

These medical residents are the physicians who will form the foundation of our health care system for decades to come. They're the product of deliberate policy investing in education, creating capacity, and ensuring that Saskatchewan students have pathways to practise in Saskatchewan.

We've expanded the residency program across the province. Med school grads can do their residency in the beautiful community of Moosomin, Saskatchewan. They can do their residency in the almost-as-beautiful community of Weyburn, Saskatchewan. As of July, they can do their residency in the somewhat beautiful community of Yorkton, Saskatchewan. And all across the province.

I remember the comments in Yorkton the day that we announced the residency program there. This is a game changer for smaller communities looking at recruitment and retention of physicians. In Moosomin we have Dr. Cara Fallis, who grew up in Toronto, practising in our community and the surrounding area after doing her two-year residency in Moosomin. And Dr. Fraser Woodside, who wasn't part of the southeast family medicine residency program but came to Moosomin as part of an eight-week rotation on a different residency program and loved the community so much that he decided to stay there and practise there.

So those are two examples of just how much of an impact residency programs can have on bringing physicians to our communities.

And it's not just doctors we're training. In the North, we're increasing continuing care assistant training seats in La Ronge and offering new opportunities for health training across the province, giving people the ability to study, work, and stay in the communities they love.

Mr. Speaker, this government does not close health care facilities; we build them. I've had the honour of visiting four health care construction sites recently, and each one tells a story of progress and pride.

First, the 33-bed long-term care facility in Grenfell. A promise kept to provide seniors with the care they deserve close to home and close to the people they love. I'm so proud of the Grenfell health care foundation for their work in moving this facility forward. And, Mr. Deputy Speaker, every time I'm in Grenfell, I stop at the site. I like to take a few photos. And every time, there's almost a parade around the site as local folks come out to check out this new facility in construction.

The second site I visited is the new 240-bed long-term care facility in Regina, one of the largest in our province's history. I was there for a construction update in a minor blizzard with a couple of my colleagues a few weeks back. And I've been back to check on progress there. And it's symbolic, Mr. Speaker, that this substantial new facility is going up in the shadow of the

former Plains Health Centre which was a beautiful and a very important hospital, closed under the former NDP government.

Third, I visited the Saskatoon urgent care centre rising right now, modelled on the Regina urgent care centre which opened in 2024 and is already relieving emergency room pressures. The Regina urgent care centre has seen more than 65,000 patients to date. I was happy to be at the Saskatoon construction site a few weeks ago when the Premier unveiled the patients-first health care plan.

And fourth and most recently, Mr. Deputy Speaker, I got to visit, with a few of my colleagues last Thursday, I got to visit the new Weyburn hospital, a state-of-the-art facility that construction has just wrapped up on, a massive upgrade that will benefit not only Weyburn but all of southeast Saskatchewan. I was there last Thursday with some of my colleagues and, Mr. Speaker, when I toured that facility I realized just how big an improvement this will be. And I'm excited for the people of Weyburn and of southeast Saskatchewan who will benefit from this beautiful, well-designed new facility when it opens this fall.

And, Mr. Speaker, I realized something that day. I realized that the Minister of Rural and Remote Health and myself have something very unusual in common. I discovered that day that we both carry our own personal protective equipment in our vehicles. We've got the hard hats, the vests, the steel-toed boots, goggles, everything. We both have those with us in our vehicles at all times because we're visiting health care construction sites so often that it just makes sense to be ready.

And, Mr. Speaker, I am proud, I'm so proud to be part of a government that is building facilities, not closing them. Mr. Deputy Speaker, this year alone, this year alone \$636 million is being invested in hospitals, long-term care homes, and health infrastructure.

And we've made it easier for communities to get projects started. Our government reduced the community share of new health care projects to 10 per cent, down from 20 per cent where we set it when our government first took office, and down from a staggering and unrealistic 35 per cent under the former NDP government. Mr. Speaker, we've made it realistic and reasonable for communities to partner in building health care infrastructure. Ten per cent is fair, achievable, and inclusive, and it empowers small communities to invest in their futures.

Mr. Deputy Speaker, the 2026-27 health budget, at \$8.5 billion, is the largest in Saskatchewan's history. It includes \$98 million dedicated to improving emergency acute and critical care, funding new beds, expanding diagnostics, and strengthening urgent care centres province-wide. We've added new diagnostic capacity, expanded community-based imaging partnerships, and our virtual health program continues to grow.

And, Mr. Deputy Speaker, we've expanded mental health and addiction supports, building capacity where it's needed, adding new recovery spaces, youth supports, and rapid-access counselling.

Mr. Speaker, Saskatchewan was among the first provinces in the country to launch a comprehensive post-pandemic human resource strategy. We're one of the only provinces with a dedicated international recruitment office. And one of the

innovative approaches we're taking in communities across the province is the patient medical home program.

Under this program, medical clinics across the province are being supported in their growth. In Moosomin, for example, there are 6.2 new full-time equivalent SHA positions for health care professionals to support the work of the Moosomin Family Practice Centre. By the way, the 0.2 position is a one-day-a-week pharmacist who's helping with chronic disease management and similar issues.

So, Mr. Speaker, in rural Saskatchewan, from Montmartre to Moosomin, from La Ronge to Weyburn, the changes are visible. We have local training seats and targeted recruitment incentives that are making a difference, and we're rebuilding the trust in the health care system one community at a time.

Mr. Speaker, Saskatchewan is once again showing that we can lead this country. I am deeply proud of what our government has done. I'm proud of the largest health budget in provincial history. And I'm even proud to keep steel-toed boots and a hard hat in my vehicle because there are so many health care sites being built that it's just part of the job. And therefore I move:

That the Assembly commend the government for putting patients first with new and innovative health care practices, hiring and training new health care workers with the nation's most ambitious health human resources action plan, and building new health care facilities, not closing them.

Thank you.

**Deputy Speaker B. McLeod:** — It has been moved by the member from Moosomin-Montmartre:

That this Assembly commend the government for putting patients first with new and innovative health care practices, hiring and training new health care workers with the nation's most ambitious HHRA plan, and building new health care facilities, not closing them.

Is the Assembly ready for the question? I recognize the member from Saskatoon Fairview.

**Vicki Mowat:** — Thank you, Mr. Deputy Speaker. I have never met a health care debate I wasn't excited to get into, so it's my pleasure to enter into debate today on this motion. And I want to thank the member opposite for providing the motion and providing us with an opportunity to talk about all the ways that this government is failing to deliver when it comes to health care across our province.

You know, they've had 20 years in government. And, Mr. Speaker, the amount of issues we hear about health care in the official opposition — and I'm assuming the amount of issues that the members opposite hear coming through their constituency offices — continues to expand.

It's a clear indicator, Mr. Speaker, that their plan isn't working. Yet for some reason we have a motion before us today that starts with, "That this Assembly commend the government," Mr. Speaker. So I think this speaks to the arrogance in the room, Mr.

Speaker, the feeling of entitlement, the feeling that they can't do anything wrong. They can do no wrong, Mr. Speaker.

And this type of atmosphere, this type of behaviour from government, you know, this is how we see governments behaving right before they topple, Mr. Speaker, right before an alternative is presented and the people of the province make a clear decision about the direction they're going to go, Mr. Speaker.

So I want to warn members opposite that, you know, patting themselves on the back while people are suffering is not a good look. And if they don't believe me, if they don't want to take my word for it, you know, ask any of your constituents how they feel about this type of language, Mr. Speaker. Because trust me, I'm going to be asking their constituents how they feel about this language. I don't imagine it's going to go over super well. So just a caution.

So I think what I'm going to do in my remarks here today is just go through the motion and talk about what the different pieces are and why — spoiler alert — I will not be supporting this motion and neither will my colleagues, Mr. Speaker. Because what we will be supporting are the patients of this province. What we will be supporting are the health care workers of this province, Mr. Speaker, the people who are working so hard day in and day out to provide health care and to honour the legacy of medicare in this province, Mr. Speaker. That's what we will be supporting today.

[11:15]

So I've already talked about how problematic the language of "commend this government" is. And it's really interesting because they refuse to denounce. You know, they're like, this and this, these words don't matter. That's what they say when we ask them to denounce things that the federal government is doing. But for some reason when they're commending themselves, then the words are important to them.

So the first sentence: "That this Assembly commend the government for putting patients first." Well, Mr. Speaker, I was elected back in 2017. At that point in time the first putting-patients-first plan had already been released from this government. In fact I went back in my notes quite a bit, did some research, and I found that, you know, as early as 2009 we can start seeing this language coming forward from this government. Mr. Speaker, two years after they formed government, they said, we're going to start putting patients first.

And you know, even to hear the language this year coming from the Premier and the minister about, you know, we're going to start listening; we're going to start putting patients first. People are so tired of hearing these talking points, Mr. Speaker. Of course the idea of putting patients first makes a ton of sense.

And that's the reason why we've seen some really serious studies come forward on this front, why we have groups such as the Health Quality Council that recommend it, why we have evidence-based practice coming from academic researchers, folks we should listen to and appreciate, Mr. Speaker, who argue that putting patients first, team-based care, wraparound services, of course these things are all wanted, necessary. Imagining

yourself in the role of the patient is critical. Good ideas, but you need the resources to back these ideas up, Mr. Speaker.

And I want to ask specifically, who are we putting first? Which patients is this government putting first? Is it our sickest newborns who have to travel to Saskatoon either by plane or by ambulance to get life-saving surgeries, Mr. Speaker? Is that who they're putting first? Is it our moms and grandmas who have to travel to Calgary for basic breast diagnostic care to make sure they don't have cancer, to receive news about whether they have cancer by themselves, without their support networks, Mr. Speaker?

Is it people who are treated while they're sitting up in a waiting room in an emergency room? Come over here, get the treatment, go back to the waiting room — Mr. Speaker, so sick that they can't stay at home sick. They need to go to a hospital, but yet, oh, they'll be fine sitting up in a waiting room.

Is it the kohkom who contracts tuberculosis in the North due to overcrowding, due to this government not having a TB [tuberculosis] strategy, Mr. Speaker? A disease that people say is gone, that we have successfully eradicated in the developed world, Mr. Speaker. This is the state of our province.

Are they putting the patients first? Our dads and grandpas who are sitting in bright emergency room hallways for days while they wait for necessary scans and treatments to show whether they are, you know, so sick that they need to be admitted into the hospital for a long period of time. Do they need a surgery? Or are they perhaps okay to get some medication and go home and speak to their family doctor?

Mr. Speaker, these are not theoretical. This is my own father, who has spent countless days in bright emergency rooms in Saskatoon dealing with an ongoing back infection. This is close to home for all of us.

Is it the mom who decides she has to get out the credit card, pay out of pocket for an online nurse practitioner when her kid is sick because she doesn't have a family doctor? Is that the patient we're putting first?

Or is it the brain tumour patient who's paying out of pocket to travel out of province because the care that she needs isn't available? Again not an imaginary patient, Mr. Speaker — Tammy O'Brien, who's joined us several times this session.

Is it the teenager who is trying not to get pregnant, trying to make sure that she can finish her education before she starts a family, Mr. Speaker, but can't afford birth control because this government will not sign on to the federal pharmacare program?

Is it one-third of our population in Saskatchewan that's diabetic or pre-diabetic that can't afford medical supplies because this government won't sign on to the federal pharmacare agreement? Mr. Speaker, is that the patient they're putting first?

Or is it the sexual assault victim who was raped outside of business hours who can't get a sexual assault nurse examiner, Mr. Speaker? Is that the patient they're putting first?

So, Mr. Speaker, you'll forgive me if I have a degree of

skepticism.

New and innovative health care practices? No. On Tuesday I was at a Day of Mourning event in Saskatoon where we heard from an ER nurse. This was the furthest thing from what we were talking about. Hiring and training new health care workers with the nation's most ambitious health human resources plan? Number one, no one is calling it that, Mr. Speaker. People are protesting on the steps of this legislature. Health care workers haven't had a raise in four years.

There is no retention plan from this government. How are we keeping people? Are we doing exit interviews now? Are we finding out why people leave the health care system, Mr. Speaker? No. Instead of doing that, we're contorting one of my colleagues' words, where she quoted a health care worker saying that she wasn't recommending people were going into the system. It's all spin these days, Mr. Speaker.

And building new health care facilities. There's a fixation with new buildings, but who is going to staff them, Mr. Speaker? People are talking about the Victoria Hospital in Prince Albert and the plan for, you know, where are these health care workers going to come from? Where are we going to house these folks? Same thing I heard when I went up to La Ronge with my colleagues and heard about the long-term care facility. There's no housing. There's no plan to get these folks there, Mr. Speaker.

Sask Hospital was never fully staffed. JPCH [Jim Pattison Children's Hospital] specialists not filled. Urgent care centre, they promised five last year I think. We still have one, and it's not fully operational, Mr. Speaker, because they can't staff it. Staffing is a huge part of this component — I can't understand how they haven't figured that out yet — and not closing them.

Well how rich is it when you're not reporting your information, Mr. Speaker? I'm out of time.

**Deputy Speaker B. McLeod:** — I recognize the member from Carrot River Valley.

**Terri Bromm:** — Mr. Speaker, it is my pleasure to rise and be part of the 75-minute debate. Health care is about the people who need care, our patients, and those who provide the care, our health care providers. There has been opportunity to hear from dedicated health care professionals across the province that provide care, as well patients and families across the province who are receiving care or have received care.

We have heard that there are many challenges and priorities in health care. With renewed focus, we are working to address those challenges and improve care, creating a better, more accessible health care system for everyone. We are putting patients first with new and innovative health care practices, hiring and training new health care workers with our health human resources action plan, and building new health care facilities. Many of these actions are just part of the 50 actions included in our patients-first health care plan.

Saskatchewan is hiring and training workers through the nation's most ambitious health care human resources action plan. Strengthening the health care workforce is the foundation of Saskatchewan's patients-first approach.

The plan outlines four pillars to build a more sustainable health care workforce: recruitment, training, incentives, and retention. The province continues to invest almost \$200 million to advance the health human resources action plan and strengthen the health care workforce.

We are streamlining recruitment by strengthening the mandate of the Saskatchewan health recruitment agency, and Saskatchewan is one of the only provinces with a dedicated international recruitment office. Our work, facilitated by the action plan and steps taken to date, have delivered measurable progress in health care systems.

The HHR [health human resources] plan has attracted specialists, family physicians, registered nurses, and other high-demand professionals. Since its launch in 2022 more than 7,500 health care professionals have joined the provincial health care system, adding more than 2,000 nurses. This plan reflects the government's ongoing commitment to expand the health care workforce and stabilize services in rural and northern communities.

We are investing in permanent full-time nursing positions and rural paramedic expansion. There are new paramedic positions and expanded EMS coverage in rural communities. More than 300 paramedic students have received the EMS training bursary. Over 390 new and enhanced full-time positions across more than 50 rural and remote communities are nearly 80 per cent filled.

The Canadian resident matching service, CaRMS, has released the final results for 2026, confirming that all 162 residency seats at the U of S [University of Saskatchewan] have been filled, including the 10 new residency seats. This includes the new rural and family medicine training seats in the Northeast — two in Nipawin, two in Melfort, and one in Yorkton.

I quote: “Where learners train strongly impacts where they practise,” said Dr. Sarah Forgie, dean of the University of Saskatchewan College of Medicine. “Continuing to grow training opportunities across the province is a priority for our college, and these new resident doctor positions will strengthen health care supports for people in the area.”

We are expanding the rural physician incentive program and maintaining and expanding the rural and remote recruitment incentive, RRRI. In its fourth year the RRRI has been a key component of the action plan. Over 530 hard-to-recruit positions have been filled as a direct result of the program, which is key to stabilizing and strengthening health care services in rural and northern communities. Hudson Bay, Edam, and Battleford were added to the list of communities eligible in December, and nine more communities were added here in April.

We are adding 20 more medical school seats at the University of Saskatchewan College of Medicine, now 128 in total. Twenty-six more nurse practitioner training seats have also been added, increasing training capacity by 45 per cent. New budget funding is also available to support a unique Indigenous continuing care assistant pilot program at La Ronge to better meet future staffing needs in northern Saskatchewan.

New funding will introduce the transformative career-laddering program for Saskatchewan registered nurses from select

communities to train to become nurse practitioners. And a new incentive will be made available to support them while learning.

We are also increasing awareness of programs currently available for students interested in health care. High school students have a new pathway to explore careers in health care with the launch of health careers 20L, an innovative course giving high school students that exposure. And it will allow them to make informed decisions about future post-secondary education options and career plans.

Saskatchewan continues to make steady progress on the multiple initiatives to recruit, train, incentivize, and retain. These measures, along with increasing the number and expanding the scope of practice for health care professionals, expanding access to primary care and virtual care, and building new health care facilities throughout the province, are just a few actions included in the new patients-first health care plan.

We have this year a record investment in the health care system of 8.5 billion. And we are investing to expand emergency, acute, and critical care — more beds, more diagnostic capacity, and urgent care centres.

The practice of medicine has been evolving, creating new opportunities to deliver care in ways that were not previously available. Our patients-first health care plan includes implementation of virtual primary care and remote monitoring tools. Also we will, through integrated virtual and in-person care networks, improve patient navigation. The ability to provide services virtually will also decrease the need for travel for residents and lessen the demand on services in regional and urban centres.

Virtual care and community-based services are helping residents receive care closer to home. The government has partnered with Whitecap Dakota First Nation to establish the Virtual Health Hub, the first of its kind in Canada, using advanced technology to support health care in northern communities.

The province has launched the Virtual Access to Addiction Medicine, VAAM, as an option for addiction treatment in January of 2026. It provides timely access to physicians, nurses, and counsellors who specialize in addiction medicine. VAAM has now expanded in the northeast area of the province.

The province will support the continued availability of rapid-access counselling services. Free walk-in mental health counselling without referral is provided, both in person and virtually, in more than 30 communities.

We are expanding access, strengthening teams, modernizing facilities, and removing barriers so health care providers can practise to their full scope. Some steps for modernizing care delivery and scope of practice include broadening roles for nurse practitioners, pharmacists, speech language pathologists, dietitians, optometrists, and others.

[11:30]

Our government will fund additional independent nurse practitioner contracts, supporting nurse practitioners to hire allied health professionals for nurse practitioner-led primary care

teams to increase further access for patients.

Our government is also expanding diagnostic capacity: CT [computerized tomography], MRI [magnetic resonance imaging], PET/CT [positron emission tomography/computerized tomography], and adding thousands of scans annually. This will support earlier diagnosis, better treatment planning, and improved outcomes for patients across the province. Of note, the Regina breast health centre is celebrating its first anniversary, marking one year of significantly improving breast health care for Saskatchewan patients.

Saskatchewan has been forming some of the highest surgical volumes in its history. We will launch an improved online surgical specialist directory, and we have established a robot-assisted surgery program with four systems operating in Regina and Saskatoon.

Saskatchewan is building new health care facilities, not closing them. 636 million is allocated for hospitals, long-term care facilities, and other health infrastructure. Saskatchewan is one of the top provinces per capita for health care spending. We will continue momentum in health infrastructure, Mr. Speaker, with new modern builds, facility upgrades across the province, including hospitals, long-term care facilities, and urgent care centres.

Funding includes ongoing construction of the Prince Albert Victoria Hospital acute care tower; construction of a new specialized beds long-term care facility in Regina; the Grenfell, the La Ronge long-term care projects; and completion of the Weyburn General Hospital replacement and Saskatoon urgent care centre. Other investments include Regina General Hospital NICU [neonatal intensive care unit] expansion and 60 new permanent acute in-patient beds between Royal University Hospital and St. Paul's.

In addition to the complex-needs facilities in Moose Jaw and North Battleford, there's funding for a complex-needs facility in the city of P.A. [Prince Albert] this summer. Additionally there is funding for new addictions treatment spaces across the province. We will add approximately 200 more addictions treatment and recovery spaces across multiple communities throughout Saskatchewan, resulting in a total of almost 800 addictions treatment and recovery spaces.

We will keep providing and investing. We are committed to accelerate change with improvement and innovation. We continue to put patients first with new and innovative practices, hiring and training health care workers, and yes, building new health care facilities, not closing them. Our government will continue to listen to the people of Saskatchewan so they receive the right care, right place, right time. Thank you.

**Deputy Speaker B. McLeod:** — I recognize the member from Regina Northeast.

**Jacqueline Roy:** — Thank you, Mr. Deputy Speaker. It is indeed an honour to get on my feet today to talk about . . . What is it that we have before us? Sorry, Mr. Deputy Speaker, I have run out of sticky notes here because I have much to say in response to this Assembly commending the government for putting patients first and having the most ambitious health and human resources

action plan anywhere in the nation.

All right, so let's get to it shall we? I think we are on the fourth edition right now. Is it fourth edition? Okay, thanks. Just checking with my colleague. So we've had a reprint since 2009. I'm just looking back here. In 2012 under Brad Wall, the Sask Party promised family doctors for all. Well that's great except that now we have the worst record in Canada for all the provinces. Yet somehow we're supposed to congratulate the government on this.

Under Brad Wall, they promised in 2012 — the 2012 edition, which was the second edition of this — eliminating surgical backlog and surgical wait times. Those seem to have gone up. At least there's some admission in the 2026 edition where they actually said, wait, let's put higher wait times. And then we have sending women out of the province to Alberta at 10 times the price, to a Sask Party donor. Hmm. Apparently things have gotten worse since Brad Wall's 2012 plan.

**An Hon. Member:** — Times are changing.

**Jacqueline Roy:** — Times have indeed changed. Times have indeed changed. Diagnostics and appointments with specialists within one week in 2012 under Brad Wall.

In 2026 under our current Premier, we have women telling me that they cannot get the perinatal care that they need, that they are not able to get in to see their family physician. They are not able to get in to see an obstetrician-gynecologist for the first three months of their pregnancy. I don't even know if the government understands how dangerous that is. But let's keep bragging about fertility rates over there, why don't we?

Local supportive housing for complex-needs individuals promised in 2012, once again under Brad Wall. Yet somehow mysteriously in 2026 — and we very well know the link between housing and health care — we have some of the worst point-in-time counts in history for homelessness. They've in fact tripled.

So at this point in time, Mr. Deputy Speaker, I think I should just darn well sit down because I think I've sort of proved my point. But if that does not prove the point, how about the fact that 80 per cent of Sask residents, 80 per cent of Saskatchewan residents agree that the Sask Party government is not doing well with health care and that this is a problem? Mr. Deputy Speaker, this fact alone should be enough to win this debate. I don't understand the spirit and intent of the debate brought forward by the government when 8 out of 10 residents in Saskatchewan disagree with the very premise of the debate in the first place.

Oh, my word. All right. But let's keep talking about your most ambitious plan for health care in the province. Fertility, Mr. Deputy Speaker. I'm not quite happy with these comments, as they do come a week after Fertility Awareness Month. So why fertility was brought up in the House, I'm not sure.

But just last week during Fertility Awareness Week, women and couples and families mentioned the challenges that they were facing. One of them, of course, being a strong, strong lack of fertility treatment options and them having to spend tens of thousands of dollars and going outside the province. Another being a plan for fertility treatment in the province that doesn't

allow people to pay up front and therefore creates gaps as to whether or not you're rich enough to have a child.

So I brought this all up and I brought up legitimate challenges that women were having. But the best argument that the Minister of Health had for those legitimate questions brought up by women and families about fertility and about problems with labour and delivery was that things were great for him and his family.

Mr. Speaker, I don't understand. If this is your best argument and you're on the government side, maybe you need to do a little bit more research and at least acknowledge that these problems exist. Because saying this is the most ambitious plan ever in the face of so much evidence to the contrary is digging yourself into a hole. And it's not working. It is clearly not working.

And am I surprised that people are sending you "thank you for finally listening to me" texts and messages to the government? "Thanks for finally listening to me after 20 years and implementing something." Mr. Deputy Speaker, no, I'm not — that's actually not a compliment. It is not a compliment when somebody says, good gosh, thank you for finally noticing that health care workers need help, that it's been four years without a raise. In fact those thank-you notes should maybe be taken as a warning of a lack of trust in the system that you have created.

Yeah, okay. Here's the part of my speech where we are now talking about profits before patients — the profits-before-patients part.

Let's look at EHN. So we're bringing in EHN to deal with mental health and addictions, which is great because when I look at their parent company here, it says their mission is to find gaps in the health care system and then to swoop in combat-style to fill those gaps with privatization of public services. Now, Mr. Speaker, yes, the free market is great. We're not arguing against that. But don't bring it into the health care system. My gosh, this is Canada. This is Saskatchewan. Leave that behind. Finding gaps in the health care system, that is the mission of the parent company of EHN.

You've seen this fail in other provinces. Why are you bringing it here? We are not talking about a new waffle chain taking advantage of a lack of waffle houses in Saskatchewan, Mr. Deputy Speaker. We are talking about health care. We are talking about patients. We do not put profit before patients in this province — full stop. We will continue to speak up every single day that you bring this to the House, in favour of public, quality health care.

Let's talk about the urgent care centre. Still two minutes left. Okay, let's hope I can get through this all. The half-closed-down urgent care centre, as my 80-year-old dad referred to it yesterday when he was talking to me, and the half-closed-down ERs that we have across the province. So we're talking about closing and opening and opening and closing. Well I would argue, Mr. Speaker, just because you have a building does not mean that that building is open.

So you have ER beds right now, and as we speak in Regina at this very moment, we have constituents reaching out, telling us there are beds in the hallway. There's code blues going off

everywhere. There are stroke alerts because there was an overdose crisis, and now we have nowhere for anyone to get treated.

The government seems to have a "build it and they will come" manifesto over there. But quite frankly, Mr. Speaker, this is not the set of the movie *Field of Dreams*. Okay? Can the government please come back down to earth here for a moment? "Build it and they will come" doesn't work if you don't do consultation with the health care sector. Doesn't work if you are not talking to health care workers about why they are not staying. Doesn't work when you're bringing in third-party private companies headquartered in Toronto that make over \$500 million a year that say, "Hey, I can fix that. I'm going to charge you three times the price and provide half of the services."

So, Mr. Deputy Speaker, in closing I could go on and on, but I have indeed ran out of sticky notes. And I believe my hon. colleague the Deputy Leader of the Opposition has done a fantastic job as well. I will not be voting in favour of this — heck no.

**Deputy Speaker B. McLeod:** — I recognize the member from Moose Jaw Wakamow.

**Megan Patterson:** — Thank you, Mr. Speaker. It's a great privilege to rise in this Chamber and enter into this debate. I am also privileged to sit on this side of the Chamber with a government focused on key priorities, including keeping our economy strong, our communities safe, and our future secure. A strong, accessible health care system is a core component of a secure future.

That is why in this budget we chose to honour our campaign promises, continue with promised tax reductions, and not cut services that the people of this province depend on, including health care. Because health care touches everyone in this province. Strong communities depend on strong health care. Good health care is the most important thing that we possess, and this government understands how critical health care is.

This government is also rooted in reality versus ideology. And we understand the dynamics of the province are changing so new, innovative solutions are needed to address the challenges of today.

Mr. Speaker, choices matter. Every choice we make sends a signal about who we are and the kind of province that we want to build together. We have been listening to Saskatchewan residents, and the two concerns that we've heard from the people of Saskatchewan were around affordability and health care. And our most recent budget addresses both of these and puts patients at the heart of the choices and strategies that we are using to address them.

[11:45]

In this budget our government had a choice, as I said: to cut services, raise taxes, or protect Saskatchewan. We chose to protect Saskatchewan.

The '26-27 budget for health care is \$8.5 million. This is the largest budget for health care in Saskatchewan history. This

increased investment will help us address the challenges facing health care and improve access and outcomes for all people in the province.

Today provinces across the country are struggling to find health care providers. Our population has increased 28 per cent in the last 20 years. People are living longer, and health care is more complex. These realities require the thoughtful and innovative strategies laid out in the patients-first health care plan. With this plan we are working to address the challenges facing the health care system and to improve access and outcomes for everyone.

We have heard that people want access to a health care provider and they want diagnostics and surgeries in a more timely manner. The patients-first health care plan addresses these concerns. It outlines 50 actions to ensure patients are receiving the care that they need in the right place at the right time.

Our patients-first care plan is based on five key pillars: expanding access to care, growing the health care workforce, modernizing care delivery and scope of practice, improving safe and quality care, and improving and building facilities. In the interest of time, I'm just going to focus on the top three.

Expanding access to care. This is about connecting people to the right care at the right time in the right place, as close to home as possible. We have expanded the role of nurse practitioners, launching new primary care teams. And we have committed to building new urgent care centres. In Moose Jaw we have three new nurse practitioners who will be providing care for at least 2,400 additional patients. This will mean more patients attached to a health care provider, less pressure on the emergency department, and care that's consistent and close to home.

I am so proud of the steps we are taking to increase nurse practitioners in our province and to expand their scope of practice. Traditionally many nurses have been female, and increasing the ability for females to take a leadership role in our health care system is good for patients. It's good for families, communities, and our province.

Our government is also committed to building an urgent care facility in Moose Jaw. This is another example of our government's commitment to building health care facilities, not closing them, unlike the opposition did when they were in government.

So pillar two is growing the health care workforce. This pillar focuses on continuing to recruit, train, and increase the number of doctors, nurses, and nurse practitioners in the province. The work through the Saskatchewan Healthcare Recruitment Agency and the most ambitious health care human resources plan in the nation has been working. There are thousands more health care providers in our province today. We've added 7,500 health care workers since 2022.

We've expanded the rural and remote incentive program bringing the total number of communities eligible to 82. This program alone has helped to fill over 500 hard-to-recruit positions. We've added training seats, medical residency seats, and we are expanding rural pathways in creating new positions, such as the physician assistant role, to expand team-based care. Through these actions and others, we are increasing the supply of health

care providers in our province.

Pillar three: modernizing delivery and scope of practice. This pillar is critical, and it's about using new technologies, approaches, and common sense for better care in today's environment. We are using strategies that include expanding the scope of practice for all health care professionals to the top of their scope. This will allow professionals to work to their full training and expertise.

This will allow us to better use the people already in our health care system. Patients will receive faster care with fewer hand-offs. Expanding the scope of practice will also likely improve the workplace experience for health care providers and improve retention because professionals will be empowered to do the work that they are trained to do.

Available incentives to upgrade their skills and positions are a benefit to all workers everywhere in all industries. We are also improving career pathways available and incentivizing moving ahead and getting additional training. This will also improve workplace satisfaction and is a key pillar in improving retention.

Another key action in this pillar is expanding access to care through the virtual care physician program for rural doctors and unattached patients; reduce unneeded visits, travel; and to provide better access to care. So planning is under way for new urgent care centres not only in Moose Jaw, but Prince Albert, North Battleford as well, further demonstrating our commitment to increasing access.

In this budget, Mr. Speaker, we had a choice. We could increase taxes or cut services or protect Saskatchewan. We chose to protect Saskatchewan. And in fact in important services like health care, we are making significant investments in the patients-first health care plan to ensure everyone has access to the right care at the right time as close to home as possible.

In our patients-first health care plan we are building on the commitments that we made in the election, ensuring that every resident will have access to a primary care provider, and ensuring timely access to surgery. This patients-first plan will ultimately transform Saskatchewan's health care system. It's our commitment to put patients first and improve outcomes for everyone.

With that, I will be supporting the motion put forth by the member from Montmartre-Moosomin.

**Deputy Speaker B. McLeod:** — I recognize the member from Saskatoon Churchill-Wildwood.

**Keith Jorgenson:** — Thank you so much, Mr. Speaker. Thank you, thank you, thank you, Mr. Speaker. You know, it's funny, Mr. Speaker. When I read this motion, I started hearing the words to the old song, "I Got You Babe" by Sonny and Cher. You know, many folks will remember that this iconic song is from an even more iconic movie, *Groundhog Day*. And in this movie, Bill Murray wakes up every single day and he hears that song on the radio. And then the same day happens over and over and over again, Mr. Deputy Speaker.

And honestly I feel like I'm caught in a *Groundhog Day*-like

situation here, Mr. Deputy Speaker. You know, it's Groundhog Day, the Sask Party health edition. Just like Bill Murray I wake up, but instead of going to see a giant rodent, I come here to see the ministers of Health re-present and talk about the same failed health care plan over and over and over again.

And honestly, Mr. Speaker, it's sad. They can't even come up with a new name for it. I mean, what is this, patients-first 4.0 or 5.0 now? I've lost track, you know. And each day I come here not to see if the giant rodent will see a shadow, but if these ministers will see the shadow that their horribly, miserably failing health care plans are casting over the lives of hundreds of thousands of Saskatchewan people.

And every day I hear about this minister's most ambitious health care plan. Every day. First it was his most ambitious, and then it was the extra ambitious, and now it's the super-duper ambitious plan. And all the while our ERs and ICUs [intensive care unit] go on bypass and people wait longer and longer for care, Mr. Speaker.

And then every day I hear the Minister of Mental Health and Addictions say that she is committed to a recovery model of addictions. And every day more people die and our streets become less and less safe, Mr. Deputy Speaker.

Long waits, more dead young people, and chaos in the emergency rooms, and chaos in our streets. And then every day starts the same way: same promises, same plan, same failures, Mr. Speaker. So I have the song from *Groundhog Day* stuck in my head, and I wish this government would honestly try something new for a change.

You know, let's talk about the motion before us, Mr. Deputy Speaker. The motion talks about a patients-first health care plan, but really this is a patients-last health care plan. This Premier, this minister has driven health care into absolutely last place in the country, Mr. Deputy Speaker.

So the motion before us talks about the patient-first health care plan. And my first question really for the member opposite is, which one are we voting on? Is it the first one? The second one? The third one? The fourth one? I would honestly like to know.

And so their plan talks about putting patients first. So I want to talk about some real concrete examples of people that have not been put first by this government in the health care system. First of all, I travelled to the beautiful city of Weyburn and I watched a dying man get evicted from long-term care. And so my question to the members opposite: were they putting him first?

And then I visited a 101-year-old war veteran in Saskatoon who was told that he needed to soil himself three times a week for three weeks in a row before he could get a long-term care bed. Was he put first by this government? I think not.

And then I went to the home of a man who was treated in RUH [Royal University Hospital] for complications from cancer treatment, who was treated in a laundry room, Mr. Speaker. Was he put first in this health care system? And then I met somebody that had had fluid removed from their brain in a hallway at RUH. Was he put first?

And then we had Tammy Robert who was here recently who . . . Sorry, Tammy O'Brien — Freudian slip — who was told she had to start a GoFundMe page to have a brain tumour removed. I mean these people were not put first in this health care system.

And I briefly want to touch on Bill 606. You know, Bill 606 is going to be before us again today, and I want to repeat my solemn promise to the members opposite. If they vote to amend this or to delay this bill further, and if someone dies as a result of this, I will make it my personal mission to remind everyone in your constituency how you voted on this.

So the motion talks about the government's most ambitious plan, and I've honestly found the Minister of Health's claims on this to be a bit odd, to be honest. Like to talk about how ambitious you are, and it's part of the reason why I've repeatedly mocked the claim. You know, it's like saying I have the most ambitious workout plan but I never go to the gym. Or I'm a heavy smoker and I have the most ambitious plan to quit smoking. You know, it's silly, Mr. Speaker.

But there's something else that's bothered me about this claim. And I couldn't put my finger on it until last night, and then it suddenly occurred to me. I mean, Mr. Deputy Speaker, I was raised by my grandmother after my mother passed away, and she would always say to me, "Keith, make yourself useful." I guess in this case, member for Churchill-Wildwood, make yourself useful. And that's always been kind of my guiding principle, my north star.

And on its surface it seems like a simple directive. You know, greet each day, each person, each challenge with an open hand and open heart. And last night it occurred to me what my grandmother would say to the Minister of Health about his ambitious plan. She would tell him that he was taking credit for a job that he had not started nor that he had completed. She would tell him to go to a hospital and make himself useful. Go to a hospital on a bad day. Talk to the staff on a bad day. See what they're dealing with. Find the most angry person in the hospital and talk to them before they quit. Most ambitious plan. Please. How about a useful plan?

You know, the motion talks about building new health care facilities and not closing them. So let's explore that statement. First of all, I would ask the people in Yorkton how they feel the government is doing on that. My guess is that they would have some interesting things to tell us, Mr. Speaker.

Mr. Speaker, I want to talk about closed health care facilities and open health care facilities. The members opposite like to talk about ones that were supposedly closed in 1993, and in fact virtually all of these facilities are still open. And if you don't believe me, I would suggest you talk to the member from Moosomin who moved this motion. He toured the Long Lake integrated health care facility with me. He proudly took a picture of himself in front of the facility extolling the care that people received in a facility that he says was closed for 33 years. Crazy times, Mr. Speaker.

[12:00]

And it gets even weirder. Last summer when health care closures rocked the Southeast, this government directed people to an ER

that they claimed has been closed for 33 years, Mr. Speaker. Crazy times, Mr. Speaker, crazy times. You know, under this Premier we've had 15,000 disruptions. That's 15,000 times that this government did not put patients first.

So the last part I want to talk about is actually the first part of the motion, where they say they want to commend themselves. And first of all I think that's a little bit weird, Mr. Speaker. It's like giving myself a compliment and saying like, I'm looking pretty good today, Mr. Speaker. It . . . [inaudible interjection] . . . Thank you.

It is a weird thing to say. But also when you look at the chaos that we see in our hospitals and our street, and every day we hear tragedy and heartache that people come to this Legislative Chamber to tell us about. And they want to be commended for that. They want to be commended for the mess that they've created in health care. It's such a weird thing to do.

And I'll close by quoting my grandmother again. My suggestion for the members opposite is to make yourself useful. Go to the hospitals in your community, see what they need to make health care better, and stop trying to compliment yourself. Thank you, Mr. Deputy Speaker.

**Deputy Speaker B. McLeod:** — The 65-minute period has expired and the 10-minute question-and-answer period will begin. I recognize the member from Saskatoon Fairview.

**Vicki Mowat:** — Thank you, Mr. Speaker. How does the member for Moose Jaw Wakamow think that the lack of a contract or raise in the last four years will impact recruitment and retention of health care workers?

**Deputy Speaker B. McLeod:** — I recognize the member from Moose Jaw Wakamow.

**Megan Patterson:** — Thank you for the question. So, Mr. Speaker, our government believes in the efficiency and the fairness of collective bargaining. We are hoping for a fair deal, and we hope that it comes sooner than later. But agreement is best made at the bargaining table, not here in the Legislative Assembly. Thank you.

**Deputy Speaker B. McLeod:** — I recognize the member from Cannington.

**Daryl Harrison:** — To the member from Regina Northeast: would you echo the member from Regina Elphinstone-Centre and tell the 162 Canadian medical students who have filled a residency seat in Saskatchewan to not go into a health care career?

**Deputy Speaker B. McLeod:** — I recognize the member from Regina Northeast.

**Jacqueline Roy:** — Thank you, Mr. Deputy Speaker. What I will tell the member opposite is that bragging about having additional medical student places in place when researchers at the university are telling you to open up more seats because we don't have enough is perhaps not a good track record on your part.

**Deputy Speaker B. McLeod:** — I recognize the member from

Saskatoon Churchill-Wildwood.

**Keith Jorgenson:** — Thank you so much, Mr. Deputy Speaker. My question is for the member from Moose Jaw Wakamow. I'd like to ask the member from Moose Jaw Wakamow why she has never once posted a health care disruption or notice on her personal social media? Does she not want people in her community to know when the hospital is closed?

**Deputy Speaker B. McLeod:** — I recognize the member from Moose Jaw Wakamow.

**Megan Patterson:** — Thank you. Thank you, Mr. Deputy Speaker. The Saskatchewan Health Authority has a process to inform people in this province when there are disruptions. So it is on their website.

And we recently actually just issued a press release. In the press release it says, as of May 19th, 2026 the frequency of updates on the website will double, occurring twice a day, at 9 a.m. and 4 p.m.

This in addition to live updates being available online, like when people call 811. Thank you, Mr. Deputy Speaker.

**Deputy Speaker B. McLeod:** — I recognize the member from Lloydminster.

**Colleen Young:** — To the member from Regina Northeast, how can Saskatchewan take the opposition seriously when it comes to health care when their four different health care critics have been unable to come up with a single cohesive health care idea? Did their out-of-country consultant run out of ideas? And when will the opposition release her plan?

**Deputy Speaker B. McLeod:** — I recognize the member from Regina Northeast.

**Jacqueline Roy:** — Thank you, Mr. Deputy Speaker. It's really interesting for a government that has had a Minister of Health in place for 16 months, and literally has proposed a fourth edition of the same plan, to be criticizing us. You have secretaries over there. You have the same amount of people on health care.

I have proposed at least 10 ideas this session, which I will be glad to show to the member of Lloydminster.

**Deputy Speaker B. McLeod:** — I recognize the member from Saskatoon Fairview.

**Vicki Mowat:** — Mr. Speaker, the Sask Party also announced patient-first health plans in 2009, 2012, and 2015. To the member from Moose Jaw Wakamow: how can people trust that it's real this time?

**Deputy Speaker B. McLeod:** — I recognize the member from Moose Jaw Wakamow.

**Megan Patterson:** — Thank you, Mr. Deputy Speaker. I would just like to read some quotes from some experts in the industry.

According to the Canadian Institute for Health Information: "Saskatchewan's recent investments are making a difference.

Saskatchewan is one of the strongest health care workforces in Canada with staffing levels that surpassed the national average.”

And, Mr. Deputy Speaker, I'd like to also add another quote from an expert in the industry. This is a quote from Dr. Mike Kelly, our provincial head of surgery:

I appreciate the clarity and the structure provided in the patients-first health care plan. The focus on coordinated system improvements and enhanced surgical access will help guide our teams as we work to deliver consistent, high-quality care across the province.

Thank you, Mr. Deputy Speaker.

**Deputy Speaker B. McLeod:** — I recognize the member from Lloydminster.

**Colleen Young:** — To the member from Regina Northeast: I wonder, which hospital or health care facility that this government built would your party close?

**Deputy Speaker B. McLeod:** — I recognize the member from Regina Northeast.

**Jacqueline Roy:** — Thank you, Mr. Deputy Speaker. Zero. But I would also retort with: let's see, how many ERs are you keeping half-closed right now and not notifying the public about? . . . [inaudible interjection] . . . Don't shush me, please, Member.

**Deputy Speaker B. McLeod:** — I recognize the member from Saskatoon Fairview.

**Vicki Mowat:** — Mr. Speaker, one of the ideas we brought forward in our two pages of private members' bills that exist on the bills that are currently before the Assembly is Bill 606, which my colleague from Walsh Acres brought forward on reporting ER closures.

To the member for Moose Jaw Wakamow: do you believe in transparency? And will you be supporting this bill?

**Speaker Goudy:** — I recognize the member from Moose Jaw Wakamow.

**Megan Patterson:** — Thank you, Mr. Deputy Speaker. Of course transparency is important. And that's why our Saskatchewan Health Authority has a process to let people of the province know when there are disruptions.

On November 10th, 2025 the SHA launched a new process to provide patients, families, and communities with accurate and reliable information about emergency room availability. All emergency room service disruptions, regardless of their length, are now posted publicly on the SHA website with updates occurring daily at 4 p.m.

And as of today the frequency of updates to the website will double, occurring twice a day, at 9 a.m. and at 4 p.m. Thank you, Mr. Speaker.

**Speaker Goudy:** — I recognize the member from Cannington.

**Daryl Harrison:** — To the member from Regina Northeast: why has the opposition not commented on this government's opening of new medical residency seats in rural Saskatchewan, which gives the ability for more students to train in the medical field right here at home and provide care for rural communities?

**Speaker Goudy:** — I recognize the member from Regina Northeast.

**Jacqueline Roy:** — Thank you, Mr. Speaker. What a glorious day to be the member from Regina Northeast. The reason we haven't commented on this is because we have heard from health care workers that this is simply too little, too late and you're not going to enough communities.

**Speaker Goudy:** — I recognize the member from Saskatoon Churchill-Wildwood.

**Keith Jorgenson:** — Nice to see you back, Mr. Speaker. So I have a question for the member from Moose Jaw Wakamow. Recently the SHA board had a two-minute meeting. And so I would just like the member from Moose Jaw Wakamow to explain to me why on earth a board for an \$8 billion organization only meets for two minutes.

**Speaker Goudy:** — I recognize the member from Moose Jaw Wakamow.

**Megan Patterson:** — Thank you, Mr. Speaker. On this side our government has great admiration and respect and confidence in our public service, including the SHA.

Thank you.

**Speaker Goudy:** — I recognize the member from Lloydminster.

**Colleen Young:** — Mr. Speaker, does the member from Regina Northeast support the use of innovative health care solutions like virtual physicians? If so, why did they vote to deprive rural and remote residents of this innovative service?

**Speaker Goudy:** — I recognize the member from Regina Northeast.

**Jacqueline Roy:** — Thank you, Mr. Speaker. I love it when misinformation comes into the House, because that is not what we said. As a matter of fact, what we did say . . .

**Speaker Goudy:** — Move on and apologize for that one quick.

**Jacqueline Roy:** — I withdraw and apologize. I would like to mention that pregnant women would perhaps like to know though, if there's going to be a doctor there in person and not just at 9:00 and at 4:00. Thank you.

**Speaker Goudy:** — The 75-minute debate period has expired.

#### PRIVATE MEMBERS' PUBLIC BILLS AND ORDERS

**Deputy Clerk:** — Committee of the Whole on Bills.

**Speaker Goudy:** — I do now leave the Chair for the Assembly to go into Committee of the Whole on Bills.

## COMMITTEE OF THE WHOLE ON BILLS

**Bill No. 606 — *The Provincial Health Authority (ER Closure right-to-know) Amendment Act*****Clause 1**

**Chair B. McLeod:** — The item of business before the committee is Bill No. 606, *The Provincial Health Authority (ER Closure right-to-know) Amendment Act*. By practice the committee holds a wide-ranging debate during consideration of clause 1. The debate may include the principle and details of all clauses of the bill. Once clause 1 is voted on, the debate is limited to the clause under consideration.

Clause 1, short title. MLA [Member of the Legislative Assembly] Clarke, would you like to make an opening statement? I recognize the member.

**Jared Clarke:** — Thank you, Mr. Chair. And thank you to all the members here this morning. I'll keep this brief so that we can get through any questions that the committee may have and get to voting on this important bill.

Up until this morning, the SHA was reporting these closures only once per day, at 4 p.m. As of this morning, we've heard government is moving to reporting these at a 9 a.m. and at 4 p.m. But honestly, Mr. Speaker, that simply isn't good enough still. People need real-time information as to whether their ER is open or closed, and that is why I brought forward this bill.

[12:15]

The bill will save lives, and it will require the SHA to post an ER closure on their website within one hour of that happening. I think folks in rural Saskatchewan deserve that transparency. They deserve to know whether their local emergency room is open or if it is closed right now — not at 9, not at 4.

And that's it. I am grateful to have the House vote on this bill at second reading, and I hope that we can pass this through committee quickly and make it law here in Saskatchewan.

So with that, Mr. Chair, I'll take any questions the committee might have.

**Chair B. McLeod:** — Thank you, MLA Clarke. Are there any comments or questions on the bill? Seeing none, we will proceed to vote on the clauses.

Clause 1, short title, is that agreed?

**Some Hon. Members:** — Agreed.

**Chair B. McLeod:** — Carried.

[Clause 1 agreed to.]

[Clauses 2 to 4 inclusive agreed to.]

**Chair B. McLeod:** — His Majesty, by and with the advice and consent of the Legislative Assembly of Saskatchewan, enacts as follows: Bill No. 606, *The Provincial Health Authority (ER*

*Closure right-to-know) Amendment Act.*

I recognize the member for Regina Walsh Acres.

**Jared Clarke:** — Thank you, Mr. Speaker. I move that the committee report the bill without amendment.

**Chair B. McLeod:** — It has been moved that the committee report Bill No. 606, *The Provincial Health Authority (ER Closure right-to-know) Amendment Act* without amendment. Is that agreed?

**Some Hon. Members:** — Agreed.

**Chair B. McLeod:** — Carried. MLA Clarke.

**Jared Clarke:** — Chair, I move that the committee rise, report progress, and ask for leave to sit again.

**Chair B. McLeod:** — It has been moved by the member from Regina Walsh Acres that the committee rise, report progress, and ask for leave to sit again. Is that agreed?

**Some Hon. Members:** — Agreed.

**Chair B. McLeod:** — Carried.

[The Speaker resumed the Chair.]

**Speaker Goudy:** — I recognize the Chair of the Committee.

**Blaine McLeod:** — Mr. Speaker, I'm instructed by the committee to report Bill No. 606, *The Provincial Health Authority (ER Closure right-to-know) Amendment Act* without amendment.

**Speaker Goudy:** — The member may proceed to move third reading.

**THIRD READINGS****Bill No. 606 — *The Provincial Health Authority (ER Closure right-to-know) Amendment Act***

**Jared Clarke:** — Thank you, Mr. Speaker. I move that Bill No. 606 be now read the third time and passed under its title.

**Speaker Goudy:** — It has been moved that Bill No. 606, *The Provincial Health Authority (ER Closure right-to-know) Amendment Act* be now read the third time and passed under its title. Is the Assembly ready for the question?

**Some Hon. Members:** — Question.

**Speaker Goudy:** — Is it the pleasure of the Assembly to adopt the motion?

**Some Hon. Members:** — Agreed.

**Some Hon. Members:** — No.

**Speaker Goudy:** — Call in the members.

[The division bells rang from 12:20 until 12:23.]

**Speaker Goudy:** — Would all those in favour of the motion please rise.

[Yeas — 17]

Ritchie	Burki	Mowat
Clarke	McPhail	Conway
Sarauer	Breckner	Blakley
Grewal	ChiefCalf	Jorgenson
Brar	Gordon	Pratchler
Roy	McBean	

**Speaker Goudy:** — Would all of those opposed to the motion please stand.

[Nays — 31]

Moe	Gartner	Kaeding
Marit	Cockrill	Reiter
Hindley	Harrison, J.	Schmalz
Jenson	Weger	Keisig
Martens	Wilson	Rowden
Ross	McLeod, T.	Carr
Crassweller	Steele	Young, C.
Harrison, D.	Weedmark	Kropf
McLeod, B.	Patterson	Bromm
Hilbert	Chan	Thorsteinson
Kasun		

**Clerk Assistant:** — Mr. Speaker, those in favour of the motion, 17; those opposed to the motion, 31.

**Speaker Goudy:** — I declare the motion defeated.

[Interjections]

**Speaker Goudy:** — Order, please. Order, please. I recognize the Government House Leader.

**Hon. Tim McLeod:** — Thank you, Mr. Speaker. I move that the Assembly do now adjourn.

**Speaker Goudy:** — It has been moved that the Assembly does now adjourn. Is it the pleasure of the Assembly to adopt the motion?

**Some Hon. Members:** — Agreed.

**Speaker Goudy:** — Carried. This Assembly stands adjourned until Monday afternoon at 1:30 p.m.

[The Assembly adjourned at 12:26.]

# GOVERNMENT OF SASKATCHEWAN CABINET MINISTERS

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**Hon. Scott Moe**  
**Premier**  
**President of the Executive Council**  
**Minister of Intergovernmental Affairs**

**Hon. Chris Beaudry**  
Minister of Energy and Resources

**Hon. Lori Carr**  
Minister of Mental Health and Addictions,  
Seniors and Rural and Remote Health

**Hon. Ken Cheveldayoff**  
Minister of Advanced Education  
Minister of Labour Relations and Workplace Safety  
Minister Responsible for the  
Saskatchewan Workers' Compensation Board

**Hon. Jeremy Cockrill**  
Minister of Health

**Hon. Kim Gartner**  
Minister of Highways

**Hon. Jeremy Harrison**  
Minister of Crown Investments Corporation  
Minister Responsible for the Public Service Commission  
Minister Responsible for SaskEnergy Incorporated  
Minister Responsible for  
Saskatchewan Government Insurance  
Minister Responsible for  
Saskatchewan Power Corporation  
Minister Responsible for  
Saskatchewan Telecommunications  
Minister Responsible for  
Saskatchewan Water Corporation  
Minister Responsible for  
Lotteries and Gaming Saskatchewan Corporation

**Hon. Everett Hindley**  
Minister of Education

**Hon. Terry Jenson**  
Minister of Social Services

**Hon. Warren Kaeding**  
Minister of Trade and Export Development  
Minister Responsible for Innovation  
Minister Responsible for  
Saskatchewan Liquor and Gaming Authority

**Hon. David Marit**  
Minister of Agriculture  
Minister Responsible for  
Saskatchewan Crop Insurance Corporation  
Minister Responsible for  
Saskatchewan Water Security Agency

**Hon. Tim McLeod**  
Minister of Justice and Attorney General  
Minister Responsible for the Firearms Secretariat

**Hon. Jim Reiter**  
Deputy Premier  
Minister of Finance

**Hon. Alana Ross**  
Minister of Parks, Culture and Sport  
Minister Responsible for the Status of Women  
Minister Responsible for Tourism Saskatchewan

**Hon. Darlene Rowden**  
Minister of Environment

**Hon. Eric Schmalz**  
Minister of Government Relations  
Minister of Immigration and Career Training  
Minister Responsible for  
First Nations, Métis and Northern Affairs  
Minister Responsible for the  
Provincial Capital Commission

**Hon. Michael Weger**  
Minister of Community Safety  
Minister Responsible for the  
Saskatchewan Public Safety Agency

**Hon. Sean Wilson**  
Minister of SaskBuilds and Procurement  
Minister Responsible for the  
Global Transportation Hub Authority