STANDING COMMITTEE ON HUMAN SERVICES

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STANDING COMMITTEE ON HUMAN SERVICES

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Barret Kropf
Dakota-Arm River

Hon. Colleen Young
Lloydminster

[The committee met at 16:59.]

Chair Weger: — Welcome to the Standing Committee on Human Services. My name is Mike Weger; I am the Chair. To my left I have Mr. Noor Burki, Ms. Vicki Mowat, and Ms. Kim Breckner. And on my right I have Mr. Barret Kropf, Mr. Kim Gartner, and Ms. Colleen Young. Thank you all for being here this afternoon.

Today the committee will be considering the estimates and supplementary estimates no. 2 for the Ministry of Health. We will take a half-hour recess at 7 p.m.

General Revenue Fund
Health
Vote 32

Subvote (HE01)

Chair Weger: — We will now begin with consideration of vote 32, Health, central management and services, subvote (HE01). Minister Cockrill and Minister Carr are here with officials from the ministry. I would ask that officials please state their names before speaking and please don't touch the microphones. The Hansard operator will turn your microphone on when you are speaking to the committee.

Minister, please introduce your officials and make your opening remarks.

Hon. Jeremy Cockrill: — Thank you, Mr. Chair and members of the committee, for spending another evening with us here reviewing the estimates of the Ministry of Health. Before I get into my comments, I'll just go through my officials. And again, I was noting last night to many of them that it's kind of unique to have all the combination of these specific officials in one room at the same time. So appreciate everybody taking time out of their schedules to be here and assist with these estimates.

Sitting to my left, deputy minister Tracey Smith. To her left is Minister Carr, of course. Also joining us, Norman O'Neill, assistant deputy minister; Chad Ryan, assistant deputy minister; James Turner, assistant deputy minister; Ingrid Kirby, assistant deputy minister; David Matear, assistant deputy minister; Heather Murray, executive director, continuing care branch; Erin Jennings, acting executive director, drug plan and extended benefits branch; Jamie Ash, executive director, mental health and addictions branch; Jillian Code, the executive director, population health branch; Tami Denomie, executive director of partnerships, privacy and legislative services branch; Monica Field, executive director, health informatics branch; Melissa Kimens, executive director, primary care branch; Dave Morhart, executive director, acute and emergency services branch; Deborah Moynes-Keshen, executive director, health human resources branch; Kim Statler, executive director, medical services branch; Joy Vanstone, executive director, financial services branch; Jeff Marshall, director of finance with the Ministry of Health; Sheldon Brandt, executive director, strategy and innovation branch; Morgan Bradshaw, executive director, strategic operations; Stacey Rennebohm, executive advisor to the deputy minister.

Also joining us, Terri Strunk, CEO [chief executive officer] of the Saskatchewan Healthcare Recruitment Agency; Andrew Will, CEO of the Saskatchewan Health Authority. And also joining us from the Saskatchewan Health Authority, we have Brenda Schwan, the vice-president of integrated rural health, and Mike Northcott, the chief human resources officer. We also have Deb Bulych, the CEO of the Saskatchewan Cancer Agency, and Mark Anderson, CEO of 3sHealth [Health Shared Services Saskatchewan].

So I appreciate the opportunity to talk about the health budget for the 2025-2026 fiscal year. As you heard from the Minister of Finance recently, the theme of this year's provincial budget is *Delivering for You*. Whether it's about affordability, education, or health care, this budget reflects the priorities and delivers on what Saskatchewan residents told us is most important to them.

Now for health care the focus is on delivering better access and improved care to Saskatchewan patients and their families. The Ministry of Health and the health partner agencies play a crucial role in fulfilling this mandate. I want to extend my appreciation for their commitment to our shared goal of delivering high-quality, patient-centred care to the people of this great province. Working in partnership, we are dedicated to achieving a responsive and integrated health system that puts the patient first.

Most importantly though, I want to thank the physicians, the nurses, and all of our front-line health care providers across the province for the work that they do every day to improve and save lives of our family and friends. I'd like to assure them directly that our government is fully behind them, and we are working hard to alleviate the pressures they are currently facing across the system.

Now investments in this year's budget demonstrate our government's commitment to improving lives through a strong and responsive health care system. A record investment in health care in 2025-2026 of nearly $8.1 billion, which is an increase of $485 million, or 6.4 per cent over last year's budget.

This investment will deliver on key commitments, including better and more timely access to acute and emergency care; team-based primary care and continuing care services; progress on the mental health and addictions action planning; accelerating health care workforce hiring; and infrastructure projects, including new hospitals, long-term care homes, and additional urgent care centres. And I'll go through that list a little bit later on in my remarks.

We're also making significant investments in our health partner agencies to support them in delivering the important care that Saskatchewan patients need. The Saskatchewan Health Authority's operating budget will receive a $261.1 million increase, or 5.6 per cent, for a record $4.94 billion total budget.

The Saskatchewan Cancer Agency's total budget will increase by 30.4 million, or 12.2 per cent, for a total record investment of $279.3 million to ensure that Saskatchewan patients have access to the most current and effective oncology drugs, therapies, and cancer treatment options.

eHealth Saskatchewan will receive an increase of $9.3 million,

or 6.1 per cent, for a total record budget of $161.2 million to support both health care providers and patients.

Now this budget includes an $88.1 million total increase to provide better patient access to acute care and emergency services and safer, more responsive patient care.

Now before I provide more details of this year's investment in this area, I'd like to take a moment to reflect on some of the accomplishments over the last year, as they help to set up some of the investments made in this year's budget. We have expanded capacity in Saskatoon by adding more acute care, ICU [intensive care unit], and emergency department beds. And as part of a multi-year strategy, we are working towards expanding ICU capacity across the province to a total of 110 beds.

For emergency medical services, 56 new full-time equivalent paramedic positions have been added this past year, for a total of 270 new full-time equivalent paramedic positions since 2020-2021 budget.

In Regina the urgent care centre opened in July and has seen more than 30,000 patients as of this morning, providing greater access to urgent care. And in Saskatoon construction of an urgent care centre is under way in partnership with Ahtahkakoop Cree Developments. We are also on track to open the breast health centre here in Regina in just a few days.

So now moving to this year's budget, 2025-2026, a $30 million increase is provided to realign services at Saskatoon City Hospital with a multi-year plan that will add more than 100 acute care beds to further mitigate capacity pressures in Saskatoon. This is in addition to the $15 million we recently invested to begin this work and accelerate capital renovations, equipment upgrades, and operations to expand those acute care services at City Hospital.

I can't understate how important this investment is to the city of Saskatoon. Not too long ago Andrew Will, CEO of the Saskatchewan Health Authority, talked about how this is essentially adding another hospital facility to the city of Saskatoon, so very important.

Efforts are ongoing to ensure Saskatchewan hospitals have the resources they need to provide high-quality care to every patient. The investments we make today will have a lasting impact on the provincial health care system.

We also have plans in this year's budget to ramp up surgical volumes this year through a $15.1 million investment increase. And this will kick-start ambitious plans to perform 450,000 procedures over the next four years and reduce surgical wait times for patients. Funding in this year's budget will support a minimum of 100,000 surgeries in this province. The objective is that by the end of the year, no patient will have to wait longer than 12 months for surgery, and 90 per cent of surgeries will be offered to patients within six months.

To support this effort, this year's budget also includes an expansion of the robot-assisted surgical program at Pasqua Hospital, clinical pathway enhancements, and full implementation of the O.R. [operating room] manager system across the province.

Pediatric programs will receive a $7.6 million increase this year to build further capacity to care for our young patients in Saskatchewan. Pediatric programs are so important, and they provide complex, comprehensive care to children. This additional funding will ensure specialists and program staff are in place to serve an increasing number of young patients requiring specialty care. This investment will support two pediatric endocrinologists, a pediatric palliative care specialist, a pediatric respirologist, and a pediatric rheumatologist.

It will also add multidisciplinary staff and physicians from pediatric programs within the Jim Pattison Children's Hospital, including pediatric gastroenterology, allergy, immunology, and pediatric cardiology, as well as program funding for specialized neonatologists within the Prince Albert neonatal intensive care unit.

Emergency medical services across the province will benefit from a further investment of $6.6 million in this year's budget in an effort to support multi-year stabilization initiatives. This investment will add one new 24-7 ambulance in Regina to improve response times in the city and surrounding communities. It also provides funding to support approximately 65 rural and remote paramedic positions previously added through the rural EMS [emergency medical services] stabilization initiative.

An increase of $6 million will provide additional capacity for CT [computerized tomography], MRI [magnetic resonance imaging], and PET/CT [positron emission tomography/ computerized tomography] scans to increase access to these specialized medical imaging services and reduce wait-lists for patients. More than 10,000 additional procedures will be performed, supporting our goal of achieving a 60-day wait time by the year 2027-2028.

Now this year's budget also includes a $3.1 million increase in capital funding to replace or retrofit medical imaging equipment including the replacement of an MRI and CT scanner at Regina General Hospital, replacement of a CT scanner and retrofit of an MRI at Royal University Hospital in Saskatoon, and replacement of medical imaging equipment in various rural health facilities across the province.

A $4.3 million increase will boost kidney dialysis capacity in the province by adding nearly 30 full-time positions in Regina and Saskatoon as well as Moose Jaw, Fort Qu'Appelle, Tisdale, North Battleford, and Meadow Lake. This investment means more kidney patients will receive timely, safe care as close to home as possible. Bringing services closer to patients' home community allows them to remain close to their families and improves their health outcomes and their quality of life.

The Saskatchewan Health Authority will receive increased funding of $1.1 million this year to support additional minimally invasive cardiology procedures and additional respiratory therapists for Saskatchewan's hyperbaric oxygen therapy service located in Moose Jaw.

In the areas of testing and laboratory medicine, a $2 million increase, along with $4.5 million in new funding for capital equipment, will support additional pathology staff in Regina as well as additional lab staff and operational costs for rural and remote labs to mitigate emergency department disruptions.

Increased annual funding at $1.7 million will support 14 full-time positions at the provincial genetics and metabolic program located at the Jim Pattison Children's Hospital in Saskatoon. This program provides medical diagnoses, care planning, and treatment pathways for patients with complex medical diagnoses.

Now in terms of facility operating funding, this year's budget includes a $1.9 million increase to complete and fully staff the new breast health centre in Regina. We look forward to our grand opening of that facility in earlier . . . later on this month, I should say. Also another $1.9 million will support operational costs for the Regina Urgent Care Centre, which again, as I mentioned earlier, has seen great success so far.

It's important that patients and staff feel safe when they go to the hospital, and a $2.5 million increase for more protective services and increased security presence at provincial hospitals and acute care sites will improve that safety for patients, visitors, staff, and physicians.

Now as mentioned earlier, the Saskatchewan Cancer Agency will receive a significant budget increase of $30.4 million to support important programs and services for those living with cancer here in Saskatchewan. This includes $19.2 million for oncology drugs and therapeutics, providing cancer patients in Saskatchewan with access to world-class care and the latest treatment options right here at home. This is a priority for our government.

Also a $545,000 investment is provided for the expansion of the COPS [community oncology program of Saskatchewan] program, otherwise known as the community oncology program, that will ensure more cancer patients will be able to receive treatment close to home.

Now this budget will also deliver better access to team-based primary and preventative care to meet the health care needs of Saskatchewan people, with a $42.4 million increased investment. This includes investments in programs that will work towards the goal of connecting all residents to a primary care provider. This is a commitment that we made in the last fall's Throne Speech, and one we intend to deliver on.

Now among the successes we've seen in primary care I would like to mention the Saskatchewan Health Authority's nurse practitioner-led clinics in Warman and Martensville, as well as the pharmacy care pilot project in Swift Current. The pharmacy pilot is offering a variety of medication management services for chronic disease and mental health, which is significantly increasing access to care for people living in Swift Current and the surrounding area.

[17:15]

In addition, expanding the scope of practice for pharmacists to include strep throat and ear infection testing and treatment has shown very positive early results. With nearly 50 sites across the province, this pilot project has already provided care to nearly 1,400 patients since January, improving access and offering more services that we expect closer to where we live.

In the area of preventative care a $3.9 million increase will support the transition to HPV [human papilloma virus] self-screening for cervical cancer, progress on a provincial lung cancer screening program, lower breast cancer screening eligibility to age 43 by March of 2026, and support a second mobile mammography bus to increase access for women in rural and northern Saskatchewan.

We will continue efforts to reduce sexually transmitted and blood-borne infections by investing $1.1 million in additional staffing at the Saskatchewan Health Authority, and supports for expansion of the prenatal outreach resource team, or PORT. This team is located in Saskatoon and the Northwest.

In addition a $7.1 million increase will support our provincial immunization programming, and this includes a $4 million utilization increase to support the delivery of the provincial immunization programs as well as enhance coverage for the HPV immunization for young males, the shingles vaccine for adult transplant recipients, and a single-dose RSV [respiratory syncytial virus] antibody for high-risk infants.

The 2025-2026 budget also delivers on our government's commitment to expand glucose monitoring coverage through a $23 million incremental investment. This change has come into effect today, April 1st, and will provide a 100 per cent coverage of continuous and flash glucose monitoring systems to young adults up to the age of 25 and seniors age 65 and over. This expanded coverage will benefit nearly 10,000 Saskatchewan residents, leading to a better quality of life and reduced financial impact to those families.

2025-2026 budget also delivers on our government's commitment to provide a fertility treatment tax credit to make it more affordable for individuals and couples in our province to access fertility treatments and grow their family. A $3 million investment will provide a 50 per cent refundable tax credit for the 2025 tax year for the cost of one round of IVF [in vitro fertilization] fertility treatment to a maximum of $20,000 of eligible expenses.

All of these initiatives to deliver improved patient care to residents in communities right across the province are supported by our province's health human resources action plan, the most ambitious plan in our nation. I am pleased to see steady progress being made on multiple initiatives to recruit, train, incentivize, and retain more health professionals and strengthen health care teams. Since the launch of the HHR [health human resources] action plan in September of 2022, Saskatchewan has seen impressive recruitment results, with 488 physicians establishing practice in the province, which includes 38 from outside of Canada. These efforts resulted in 243 family physicians and 245 specialists establishing their practices here in Saskatchewan.

Now to support the province's efforts to recruit and retain doctors, this year's budget includes an additional $94.6 million increase for physician services. This includes funding for negotiated fee increases with the Saskatchewan Medical Association, increased utilization of services, and additional physicians.

We've also seen great success in hiring nurses and health professionals from abroad. Nearly 1,880 nursing graduates from in and out of province were hired between April 2023 and December 2024, and more than 400 internationally educated health care professionals from the Philippines are working in

communities right across our province. And we have delivered on our commitment to fill 250 new full-time positions at the SHA [Saskatchewan Health Authority] in rural and remote communities.

A range of attractive incentive programs are available to students and recent graduates. And since the launch of our HHR action plan, the province has disbursed over 600 final clinical placement bursaries, nearly 150 paramedic bursaries and other scholarships and grants to encourage students to pursue a career in health care.

In addition many graduates are eligible for the graduate retention tax credits and the student loan forgiveness programs. Now continued investment into our ambitious HHR action plan ensures Saskatchewan remains an attractive place for health care professionals to live, work, and build their career.

This budget continues building on the success of the HHR action plan with a total budget of $88.6 million for health to accelerate hiring and growth of the health care workforce. This includes previously committed funding of $10.7 million to support ongoing work on established recruitment initiatives such as the Saskatchewan international physician practice assessment program, or SIPPA, and recruitment of internationally educated health care workers.

These funds will also advance hiring of physician assistants and clinical assistants and support the Saskatchewan Healthcare Recruitment Agency. A total of $17.1 million, which is an increase of $7.4 million in this year's budget, will enable the University of Saskatchewan's College of Medicine to expand family medicine and specialty residency seats, recruit additional academic physicians, expand enhanced skills programs to regional sites, and support their operations.

An additional 10 residency seats will be added for family medicine, anesthesia, plastic surgery, and other specialties. And this brings our total number of seats in the province of Saskatchewan to 150 residency seats in our province.

The province continues to fund eight undergraduate medical education seats that were part of previous expansions over the last two years, and now we have a total of 108 undergraduate seats every year at the College of Medicine.

Now this budget also supports the advanced training of 20 pharmacists through the University of Saskatchewan's continuing pharmacy education program to provide chronic disease management for approved conditions.

This year's health budget provides a total of $13 million for a range of attractive incentive programs such as the rural and remote recruitment incentive, rural physician incentive program, and other incentives for specialists. This includes new funding of $1 million to support recruitment of specialist physicians in high demand for areas experiencing shortages, such as anesthesia, psychiatry, breast and interventional radiology, emergency medicine, and targeted pediatric subspecialties.

Now retention of health care staff has been a key area of focus, particularly in rural and remote communities. And to support those efforts the 2025-2026 health budget provides a total investment of $44.7 million for retention initiatives, $600,000 of which is through Advanced Education's budget.

Now, Mr. Chair, I'll move on to infrastructure. And this year's infrastructure budget will advance progress on key projects with another record level investment of $656.9 million, which is $140.1 million higher than last year. Now this includes $322.4 million for Prince Albert Victoria Hospital to construct a new multi-level acute care tower; $40 million for Regina long-term care specialized bed construction; $33.8 million for the construction of the La Ronge long-term care facility; $24.4 million to finish the construction at Weyburn General Hospital; $10 million for the Grenfell long-term care project construction; $6 million for new complex-needs emergency shelters; $3 million for the development of Saskatoon's urgent care centre, again in partnership with Ahtahkakoop Cree Developments; and $1 million to support planning of five new urgent care centres in Saskatoon, Regina, Prince Albert, Moose Jaw, and North Battleford.

This year's funding will also support ongoing projects under planning, including the Yorkton Regional Health Centre, the Rosthern Hospital, the ICU expansion at Royal University Hospital, the Saskatchewan Cancer Agency's Saskatoon patient lodge, the Esterhazy integrated care facility, and long-term care projects in several communities, including Regina, The Battlefords, Watson, and Estevan.

Our government continues to make strong investments in infrastructure, technology, and innovation to support better patient care. Since November 2007, we have invested $3.7 billion into facilities and equipment to meet the needs of a growing province.

In closing, I want to thank the committee for the opportunity to outline really the significant investments being made by the Ministry of Health in this year's 2025-2026 budget. I look forward to continuing serving in my capacity as Minister of Health alongside my colleague Minister Carr. I look forward to working with the ministry and our health system partners to continue delivering high-quality care for Saskatchewan people. My officials and I will now be pleased to answer any questions. Thank you.

Chair Weger: — Thank you, Minister. I will now open the floor to questions. We'll start with Ms. Mowat.

Vicki Mowat: — Thank you, Mr. Chair. Minister, officials, other committee members, thanks for being here this evening. I want to thank the minister for his opening remarks and also take some time to acknowledge the front-line workers who do so much throughout this vast system of health as well. And that is, after all, why we're all here. So thank you for that.

I'll start with the global health budget. Looking at page 27 of the budget document, it shows that in '25-26 the budget is 8.0049 billion while the forecast for '24-25 is 8.022 billion, which is $17.1 million less. How does the ministry expect to spend less money on health next year than it did this year?

Hon. Jeremy Cockrill: — So you know, I'll make a couple comments. You know, number one, today's April 1st, so the fiscal year just ended yesterday. And what's published in the budget documents is a forecast. So again that number, as you well

know, will likely see some fluctuation.

You know, I'll say there are several things included in that last year forecast update that won't repeat, for example, into this year. So you know, I think about the $10 million investment made into Ronald McDonald House Charities of Saskatchewan. That's a one-time expense to support the construction of a 20-room facility in Regina and a 12-room facility in Prince Albert. And really, I mean, that in itself is a very significant investment to support the children and families in this province, both in southern Saskatchewan but then also in the North as well.

You know, in terms of other things that won't be repeated, you know, there's also retroactive pay based on settlements that were made in the Ministry of Health. So again that's an expense that won't be repeated in this year's budget.

[17:30]

We also saw some utilization pressures in last year . . . and you know, and again, specific utilization pressures that are above our three-year average in those categories and utilization that we expect to see lower in this year. I'll mention two of those.

Number one, our out-of-province category in terms of needing to send patients out of province for different procedures. Obviously again, once we start getting more stabilization in several specific services around the province, we're expecting that we would come back to a more reasonable number on that line item. The other utilization pressure that was higher than our three-year average was in our work with the Canadian Blood Services. And again, we expect that volume to normalize.

I'd also point to, you know — and Mike Northcott from the Saskatchewan Health Authority spoke to it yesterday — but the reduction in the use of contract nurses. You know, obviously in the 2024-2025 year, we expect to see a 30 per cent reduction. We expect to see another 30 per cent reduction in this year's budget. And again, as we see more people taking full-time positions, taking advantage of the many incentives available to them, as I outlined in my opening comments, again it's our goal to reduce the reliance on contract nurses, you know, specifically in some of the more challenged departments around the province.

So again, you know, that just goes to show that some things are dropping off in the '24-25 budget. But again, and, Ms. Mowat, I would even point to your colleague who was here last night asking questions who herself said that, you know, the health care spending in this year's budget is going up. It's a 6.4 per cent increase over last year's budget. Obviously throughout the year different expenses come up. You have to make good on that, because we're delivering patient care to the people of this province. But again we're comfortable with the budgeted numbers that we have heading into this fiscal year.

Vicki Mowat: — With regards to the retroactive pay for settlements that the ministry doesn't believe will be repeated, considering the current climate of collective bargaining and the fact that we have folks who have been without a contract for two, three years, why would it be reasonable to expect that something like that wouldn't happen again? Like do we not expect that there would be some settlement in the collective bargaining in this fiscal year that would have to be factored in? And if that were the case, certainly it's not budgeted at this point, right?

Hon. Jeremy Cockrill: — Yeah, I'll just make a comment to that right away, you know, because I spoke with . . . I've had the opportunity to speak with SGEU [Saskatchewan Government and General Employees' Union] and CUPE [Canadian Union of Public Employees] members over the last couple of days who have had the exact same question — if a settled contract or, you know, where we hope to get to within the terms of a settled agreement is accounted for in the 2025-2026 budget, obviously we don't account for that until we have a settled contract. But I want to be very clear with front-line health care workers in the province that just because there isn't maybe a specific line item for contract settlements in the 2025-2026 budget, the direction still exists from the Ministry of Health and myself and the Saskatchewan Health Authority to SAHO [Saskatchewan Association of Health Organizations] to be working with our union partners to get to settled contracts as soon as we can.

Vicki Mowat: — You also referred to the out-of-province category being inflated last year. Can you speak to why there's an increase in the budget line item for out-of-province — I'm looking at (HE06) — an increase of about 11.57 per cent for out-of-province, if that is not expected to be a continued pressure in the upcoming year?

Hon. Jeremy Cockrill: — So thanks for the question. Appreciate the opportunity to clarify here. So what you're seeing in the (HE06), that's a budget-to-budget number. So last year budgeted $138.332 million; this year's budget has $154.332 million. However our 2024-2025 forecasted number of what we expect to actually spend in this fiscal year that just ended yesterday is about $157 million. And again, our three-year average on that has been about $150 million. So we feel again, in this year's budget, budgeting a reasonable amount, but obviously we expect to see a bit of a decrease from last year.

And I should clarify as well. I think it's important to note that . . . and again, we have lots of discussions in this House about, you know, specific procedures or specific categories where people may need to be sent somewhere else to receive care, where we might be having disruptions or we might not offer a procedure. Keep in mind that this line item would also count, I mean, for folks that live close to the Alberta or Manitoba borders that may go see a practitioner in a different province; that visit then gets billed back to the Ministry of Health. Or if you or I were in a car accident in a different province and needed to seek medical attention, again the cost of that would be billed back to our province and would fall under this out-of-province line in (HE06).

Vicki Mowat: — Can you clarify something, Minister? You said the three-year average is 150 million. Do you mean that over the past three years it has floated around 150 million, that line item?

Hon. Jeremy Cockrill: — Correct. The three-year average — again that accounts for the 2024-2025 forecast, which again we haven't seen the final number on — our three-year average in that category is about $150.6 million.

Vicki Mowat: — Of those dollars, what's the breakdown between . . . like I certainly think some of the more expensive items would be sending people out of province for knee and hip

surgeries as well as breast cancer care. Do you have the dollar figures of what those have looked like last year versus this year? And where do you expect to see savings in that portfolio?

Hon. Jeremy Cockrill: — Sorry, can you just for clarity's sake, just so we can try and get as clear an answer for you as . . . Are you asking specifically about breast health and orthopedics, or are there other categories that you're asking about as well?

Vicki Mowat: — I guess those categories and then anything else that amounts to something similar. I would expect that those would be the largest categories, but I'm wondering if there's something else as well.

Hon. Jeremy Cockrill: — Okay, we'll endeavour to find something for you.

So again, just . . . I appreciate the opportunity to provide clarity on the out-of-province line item here. So really in this line item there's really three categories. So there's the out-of-province hospital reciprocal bucket, which would be the largest bucket out of this line item. And again I should say just off the top, you know, again the numbers for 2024-2025 are not yet final. So again, as per answers last night, those will likely be final sometime this summer.

[17:45]

But so three major buckets in the out-of-province: hospital reciprocal, which is really . . . It's providing payment to other provinces for services provided in hospital to Saskatchewan residents. That's the largest bucket.

Then there's the out-of-province medical, which is payment for physician services to Saskatchewan residents. You know, so an example of this would be funding for medical reciprocal agreements with other provinces and territories, excluding Quebec, obviously. And again, these physician rates are based on the rate negotiated with every province.

And then the smallest of the three major buckets is out-of-province non-reciprocal. So you know, like again this would include payments specific for, say, residents in the Creighton-Denare Beach area that would be accessing services through Manitoba Health at the Flin Flon General Hospital or at hospitals in the United States for insured services that are approved prior to them . . . folks leaving the province.

I should also note starting this last fiscal year, '24-25, there's a very small . . . or it's a fairly new program because we've just announced it last year, was the pediatric travel allowance program. So that would also fall under the out-of-province line item. Again we expect the total for that program in the '24-25 fiscal year to be about $400,000.

I guess if you want more specific information on kind of which services are being accessed out of province, I would point you to the Ministry of Health's medical services branch *Annual Statistical Report* 2023-2024, page 29, table 13b. And really that outlines all the different, you know, services or in-patient and out-patient treatments and which provinces those are occurring in.

Just on the breast and orthopedic side, the money spent to make sure that Saskatchewan patients have access to those services, albeit out of province, those line items are actually not in this out-of-province. They would fall under our surgical line items.

Vicki Mowat: — Okay. In that case, how many women have been sent out of province for breast health diagnostics to date? And what was the price of those expenses?

Hon. Jeremy Cockrill: — Okay, so I'll provide the most up-to-date numbers that I have access to. So as of January 22nd, 2025 a total of 539 patients have been referred to the clinic in Calgary. Of those 539, 472 patients have already had these procedures completed in Calgary. So to date the Ministry of Health, you know, has spent . . . Or to that date the Ministry of Health has been invoiced by Clearpoint, Beam about $376,000 for the direct cost of the procedures, and then obviously about another half million dollars for travel expenses for patients. Now just to be clear on the math, to save you a question, Clearpoint, Beam hasn't invoiced us yet at that date for all the procedures completed.

So the cost of the procedure as per our contract with Clearpoint in the 2024-2025 fiscal year was $2,000 per patient. You know, every woman that's going is getting a biopsy and potentially a diagnostic mammogram as well. I think it's really important to note a couple of things, and maybe I'll just take issue with some of the kind of back-and-forth on this issue over the last several weeks. It's very important to communicate and have Saskatchewan women know that the only reason that they would be referred to Calgary is for a biopsy or a diagnostic mammogram. These are not screening mammograms.

The screening program in Saskatchewan, you know, is something that we continue to invest in so that the women of this province have it available to them in the province. You see that as well in this budget with the investment into a second mammography bus for screening mammograms. I think we're quite proud of the work that's being done there and the work on improving access to better screening, especially as we lowered the age to that over the years.

The other thing I'll just maybe point out is, you know, there's also been some comments made out there that this agreement with Clearpoint being this 10 times the cost of what it would be to do that in an SHA-run facility in the province. And I've got to say, that can't be further from the truth.

In fact, you know, our back-of-the-napkin math for a basic biopsy which doesn't include additional imaging — which again, if needed for the women who go to Calgary is included in the contract — we're looking, you know, close to $1,200 per biopsy in terms of an estimated cost at an SHA facility, not even including the cost of the facility itself. So it's $1,200 in province without even having a building. So you know, the basic math there would show it's . . . To say it's 10 times the cost is not even close to reality. So I guess I just wanted to, along with providing the number of patients, also provide some clarity on those two points.

Vicki Mowat: — So 472 patients as of January 22nd. That includes everything to date, and the cost is 2,000 per patient?

Hon. Jeremy Cockrill: — Yes, the cost during the '24-2025 fiscal year was $2,000 a patient.

Vicki Mowat: — Okay. What is the wait-list for screening mammograms in Regina?

[18:00]

Hon. Jeremy Cockrill: — So a few comments on this question specifically. So when it comes to mammography screening, as of February 25th, 2025 technically . . . Try and clarify this for you. So technically Regina doesn't have a wait-list per se because as clients call in, the Cancer Agency is booking appointments for them and basically filling up the calendar.

Now as of February 25th the Regina location for Sask Cancer Agency was booking clients into early December of 2025. Now however oftentimes there are appointments within three weeks in other regional sites, so say Yorkton or Prince Albert or North Battleford or Saskatoon and so, you know, again working to offer that to people.

Now I will just note that the Cancer Agency is currently moving the clients who are booked the furthest away time-wise into Regina, trying to book them in to sooner appointments as they come up, whether that be cancellations or what have you.

You know, I should note today just some of the advances being made by the Saskatchewan Cancer Agency due to some efficiencies that the Cancer Agency has been able to find over the last little while. We've actually moved from 15-minute appointments to 10-minute appointments, which obviously means that you can see more people. So that's positive in terms of making sure that we can get more women through.

You know, I should also note that starting today actually, installation began of second mammography machines at both the Saskatoon and Regina locations of the Saskatchewan Cancer Agency. So again installation of the machines itself started today, so we won't be able to use those to do screening for, you know, a little bit of time here as we get those machines set up. And I should just thank again, the Cancer Foundation of Saskatchewan really deserves credit in terms of raising money for those machines and so that we can get those into our facilities as quickly as possible.

So anyway just wanted to clarify kind of how the Regina process works, but then also speak to some of the efficiencies found with SCA [Saskatchewan Cancer Agency] recently and how that means we're able to see more women.

Vicki Mowat: — So last year, Minister, I was told on April 9th, 2024 — actually it wasn't me; it was one of my colleagues — was told that there were currently 6,400 patients in the queue for mammography in Regina. Are you saying you don't have that number now?

Hon. Jeremy Cockrill: — You know, we will try and see if we have that number available for you. I'll just note, one other number I neglected to mention in my first response there was really just around the number of mammograms performed in the province. We expect to see probably close to 34,000 mammograms completed across the province, which is about 10 per cent increase from last year. Again I tried to just provide some clarity on how the Regina process works, but we'll endeavour to see if we have a number for you on that.

All right. Thanks for the question on that. So yeah, so that number that was shared April 9th . . . I think it looks like Mr. Clarke was asking questions at that time. And so you know, at that time the answer provided was approximately 6,400 women in the queue. So again those are number of people that had been booked, had appointments booked and just waiting for the appointment date to come. I'll note that they were booking into January at that time. So currently as of this evening, the most recent number that we can pull is about 6,100 women in the Regina queue. And I should just clarify though — let me be very clear — that the 6,100, these are women who have an appointment booked. They know the date.

[18:15]

And as I mentioned in my previous answer as well, you know, with the Saskatchewan Cancer Agency shortening up appointment times, being able to see more women on a weekly and daily basis, that's helping us move more quickly through that queue. And then again as cancellations or appointments need to be moved around, you know, if a woman actually chooses to go to a regional site or access the mobile mammography bus service, we're taking those patients with the furthest appointments booked out and bringing them forward as soon as we can in that regard.

Vicki Mowat: — I had a follow-up question about the math on the women who have travelled out of province for biopsies. So you said 472 had already had their procedures, and 539 have been referred so they're sort of pending. The cost is $2,000 per patient, so 472 times 2,000, we're talking about 944,000. That's over the span of, I think, three years that this has been going on.

Can you also provide what that total number is for the travel and accommodations expenses that have been reimbursed? Because I know that that 944,000 will not include the travel and accommodations expenses.

Hon. Jeremy Cockrill: — So let's just go through the math again. So 539 — and again this is as of January 22nd, 2025 — so 539 patients referred. As of that date, 472 patients had actually gone and come back. And as of that date the Ministry of Health had been invoiced $376,000 for the direct costs of those procedures.

Now again I'll just clarify, as I said earlier, the reason that the math isn't totalling 472 times 2,000 is because we at that time, January 22nd, we hadn't received all the invoices from Clearpoint and Beam. So I'll just clarify that, that obviously it will be 2,000 times 472.

In terms of the travel expenses for those 472 patients, the cost at that time was $540,000 of travel expense reimbursement, and again those numbers started from November 30th, 2023 when the Saskatchewan Health Authority began calling patients to offer the opportunity for this service.

Vicki Mowat: — Thank you. At the Regina breast health centre, what types of services are being planned? Is there a metric for

how many services you're expecting? And what is the plan for the number of FTEs [full-time equivalent] as well as the different occupations that you're planning to be operational?

Tracey Smith: — Thank you. Thanks for the question. Tracey Smith, deputy minister of Health. And before I turn it over to Ingrid, I thought I would just give a little bit of context just around the breast health centre and some more specifics around sort of the new positions that are being added to support this new health centre.

So in terms of the breast health centre in Regina that the minister had noted is going to be opening a little bit later this month, really the intent there is to really co-locate the services such as diagnostic imaging, consultation with specialists and surgeons, patient education, support, and navigation into one centre to really make it as easy and seamless as possible for women who are needing those services. The centre will also offer on-site access to post-treatment care such as therapies and rehabilitation. And again Ingrid can speak to that in a little bit more detail.

In terms of the new positions, we do have a number of new positions that are new for this particular centre. There's 8.8 new full-time positions at this centre, and that's comprised of a nurse navigator, a unit support worker, a manager, an office assistant, medical radiation technologist specialist, a medical imaging scheduler, a diagnostic stenographer, another MRT [medical radiation technologist] specialty which is also pro-rated. So I'll give the total number, but some of these are not full-time positions. They're pro-rated.

And so those positions, in addition to that, we also have costs for the operations of the breast health centre as well as some of the capital and the facility costs. But with respect to the people positions, there's about 8.8 new full-time equivalents in total, ranging from those positions that I would have noted earlier.

So, Ingrid, do you want to give a little bit more detail?

Ingrid Kirby: — Good evening. I'm Ingrid Kirby, assistant deputy minister. So the breast health centre in Regina is really meant to kind of mirror the centre that's already existing in Saskatoon, which really provides a holistic approach to women who are facing a breast cancer diagnosis.

So once a patient has been given notice that they have suspect cancer, they will meet with a nurse navigator. So there'll be two nurse navigator positions in Regina, and both of those are filled now. Those nurse navigators will support that patient going through their diagnostic journey. So through diagnostic mammography to their diagnostic biopsies to getting their results, meeting with the breast radiologists, having their initial consult with the breast surgeon, all of that will happen in the Regina breast health centre.

And then when the patient requires surgery, they will get their surgery done at the Pasqua or General Hospital, and if they need oncology care, they'll get that at the Cancer Agency's Allan Blair Cancer Centre here in Regina as well. And then any post-treatment will occur, again, at the Regina breast health centre.

So the second phase of what we're doing here will expand the current footprint. So we'll add additional space for the lymphedema clinic. So that will move from the Pasqua Hospital to the breast health centre, where patients can get all of that care in one location and have better parking, which is always great too.

Vicki Mowat: — So can you provide an update on the other positions, like 1.0 FTE manager, 1.0 FTE MRT, and whether those positions have been filled? Can you go to that granular level, please?

[18:30]

Tracey Smith: — Thanks again for the question. So just for clarity, we will follow up and get some more detailed information later. Our budget documents right now have some of the positions that are pro-rated and that's why I wasn't able to give you the full count. But we'll do some follow-up and be able to follow up and get you that information.

Vicki Mowat: — Okay. Like later this evening or . . . I mean just in terms of timeline?

Tracey Smith: — As soon as we are able to get confirmation of the full count.

Vicki Mowat: — Okay, thank you. Continuing on the vein of women's health, I want to ask a question about the fertility tax credit. There's been multiple references to eligible expenses. What will eligible expenses look like? I understand that it's 50 per cent up to $20,000, but just wondering what procedures the tax credit will cover.

Hon. Jeremy Cockrill: — So the fertility treatment tax credit, again eligible expenses up to $20,000 for a maximum refund of $10,000. I'll just read off the eligibility criteria:

> Eligible expenses are based on the federal treatment of fertility expenses as determined under subsections 118.2(2) and (2.2) of the federal *Income Tax Act*. Fees must be paid to a Saskatchewan licensed medical practitioner or fertility treatment within the province of Saskatchewan. One lifetime claim per tax filer beginning in the 2025 taxation year. Fertility expenses in any 12-month period ending in the tax filing year can be claimed (as long as the expenses were not previously claimed in another taxation year). Now this excludes any reimbursements such as private health care coverage. Excludes the reversal of a vasectomy or tubal ligation. Excludes travel expenses and excludes the purchase of eggs or sperm outside of Saskatchewan.

Now again, all these eligible expenses must be, you know, properly supported by documentation, you know, such as receipts or invoices.

You know, and I guess I should just note as well, individuals and couples in Saskatchewan who incur fertility treatment expenses are eligible to claim costs related to fertility treatments, travel, and prescription medications as they normally would for purposes of claiming the medical expense tax credit for both federal and provincial income tax purposes.

And claiming the new Saskatchewan fertility treatment tax credit would not reduce the amount that could be claimed for the

medical expense tax credit, the METC. Again, this is all administered through the income tax system by Canada Revenue Agency, and 2025 is the first taxation year that this opportunity is available to Saskatchewan individuals and families.

Sorry, I should just say this information is on and the details are all available on the Saskatchewan.ca website. I mean again, if there's specific questions I would refer to the Ministry of Finance just because, you know, for individuals if there's specific questions in terms of eligibility, the Ministry of Finance is really the experts on tax, not necessarily the Ministry of Health. But, yeah.

Vicki Mowat: — Thank you. I had initially asked about knee and hip surgeries as well and the amount for out-of-province. I'm wondering if you can provide that as well. I think last year we had had 90 surgeries that were completed in Calgary. I'm just looking for a comparable number for this past year.

Hon. Jeremy Cockrill: — So for the out-of-province hip and knee replacements, again this program ran from May 1st, 2023 to September 30th, 2024. A hundred and twenty-five patients took advantage of the temporary program. The cost to the Ministry of Health was $3.14 million for that program.

I think it's important to note, you know again, the temporary nature of this program. You know, if we go back to December 31st, 2021 there were over 3,000 patients waiting longer than 12 months for hip or knee replacement in Saskatchewan. Now December 31st, 2024, we were down to 465 patients across the province waiting longer than 12 months for hip and knee replacement. Again, the temporary program was a help to that, but I think it's more important to note that system capacity within the province also has substantially increased in the last couple years.

You know, volumes of joint replacement procedures performed in public hospitals in Saskatchewan increased by roughly 50 per cent from the 2018-2019 fiscal year to the 2023-2024 fiscal year. It helps us, again, bring down that long wait-list for hip and knee significantly to, you know, to only have 465 patients waiting longer than 12 months for hip and knee. Obviously there's always more work to do, but compared to where we were at the end of 2021, kind of in the throes of the pandemic, some significant improvement.

[18:45]

And really thanks to the surgical teams across the province in both of our two major cities as well as our regional centres that also do a significant number of hip and knee procedures. And really a lot of credit to provincial head of surgery, Dr. Kelly, you know, I think for really being key in terms of leading some of this work and expanding that capacity within the province.

Vicki Mowat: — Thank you. I want to go back to decreases that we see in the Health budget. I'm looking at SHA-targeted programs and services. Can you speak to why we're seeing a reduction in SHA-targeted programs and services in the budget year over year?

Hon. Jeremy Cockrill: — So I guess to answer this question I'll direct you, because we're under subvote (HE03), so if we go to the line above, you'll see a $300,000 increase to the Saskatchewan Health Authority base funding amount, going from 4.228 to 4.528. What I would . . . or sorry, yeah.

So what I would say is, the reason that you're seeing a decrease in the targeted programs is the decrease there is about $172 million of money that was in the targeted programs and services line item previously and is now being moved to the Saskatchewan Health Authority base. So essentially the decrease amount is there.

Now again there is new programs and funding added to the targeted programs and services line item, and you know, I would point to some of them: $30 million for Saskatoon City Hospital, $20.1 million for mental health and addictions, $15.1 million for surgical volumes to get us to that 100,000 surgeries this next year, $9 million for continuing care, and then the $7.6 million for pediatric programs.

So again in the new programs and funding under the targeted line is about $133 million, so that explains that. That's why you're seeing a decrease on the targeted program and services line but a significant increase to the base funding for the Saskatchewan Health Authority.

Vicki Mowat: — Thank you. What about with physician services? There's a reduction of about 3.69 per cent year over year.

Hon. Jeremy Cockrill: — So on the physician services line item, there's a net decrease of, as you noted, about $28 million. I will note though, in the line item there's about $93 million of new money, and that's for the negotiated increases with the Saskatchewan Medical Association, utilization pressures for fee-for-service physicians across the province, and then about $21 million for contracts for specialist physicians.

The reason that we see a net decrease on this line item, though, is that as physicians, say, move to contract positions within the SHA or Saskatchewan Cancer Agency or the College of Medicine, those funding amounts are transferred to those organizations because obviously those physicians might be, you know, would be working in one of those three organizations.

So about 100, you know, so $93 million in new money, 121-roughly million dollars being transferred to those three organizations. Again, still funding going towards the employ of physicians, just moving them from the Ministry of Health to those three partner agencies.

Vicki Mowat: — Thank you. I'll also note that the Athabasca Health Authority budget remains stagnant. While we've seen small increases in the Saskatchewan Health Authority and Cancer Agency budgets as well, which you would think would remain comparable to what the Athabasca budget is utilized for, can you speak to why that budget remains stagnant? And what will be cut for the health authority to be able to keep pace with inflation?

Hon. Jeremy Cockrill: — So the Athabasca Health Authority, you know, operates a little bit uniquely compared to the Saskatchewan Health Authority. And I think we can understand, you know, obviously the North is unique. And so, you know,

that's why we have the AHA [Athabasca Health Authority].

So based on that, I'll just say this. So the revenue that the AHA receives is, you know, forecasted to be higher — quite a bit, actually — higher than what was forecasted at budget time last year. And so because of that, we actually forecast a fairly healthy surplus this year in the Athabasca Health Authority of over four and a half million dollars. And so you know, the accumulated surplus within the AHA is now . . . Their cash balance is about between 10 and $11 million. So that's fairly significant, and so you know, they have a strong, healthy balance sheet.

So while the ministry operating grant to the AHA remains the same number as last year's budget, again because of the strong surplus and the strong balance sheet position of the AHA, you know, I think it's fair to say we would feel comfortable with them being able to continue operations as the communities of the North require without needing to make negative changes to what patients and residents can expect in northern communities for next year.

Chair Weger: — It now being 7 p.m., the committee will recess until 7:30 p.m.

[The committee recessed from 19:00 until 19:30.]

Chair Weger: — Welcome back, committee members. We will now resume consideration of the estimates and supplementary estimates no. 2 for the Ministry of Health. Minister.

Hon. Jeremy Cockrill: — Yes, thank you, Mr. Chair. I was just speaking with Ms. Mowat. We do have some information on questions that were asked by Mr. Jorgenson last night, just on ALC [alternative level of care] patients. So I'll just have Ingrid read that into the record. And then we'll also have the information that was previously requested tonight on the breast health centre breakdown of positions, and we'll read that into the record as soon as we have that list available. So go ahead, Ingrid.

Ingrid Kirby: — Thank you. So this data is as of 8 a.m. this morning, so the numbers may be slightly different than what Mr. Will would have said last night with the data that he had at that time.

I'll start with Regina. So at the Pasqua Hospital as of 8 a.m. this morning, there were 29 patients who were classified as alternate level of care. Of those, six were still in hospital due to housing, financial, or social needs, so they were looking for basically a place to live when they were discharged from hospital. Fourteen were waiting to be transferred to another level of care, so potentially like a personal care or long-term care home or a convalescent care bed. Two there was no barrier selected so there's no data specifically on what those patients were waiting for. One required a primary health care consult or required palliative or home care; and six needed to be cleared by therapy services, so they might have needed physio or speech language or some type of therapy in order to be cleared for discharge. So that's Pasqua Hospital.

The Regina General Hospital, as of 8 a.m. this morning there were 41 alternate level of care patients. Of those, six would have needed to find alternate housing or needed other types of community supports. One needed community IV [intravenous] therapy. Three needed either a specialist consult or a test required before they could be discharged. Twenty-two required another level of care, so either long-term care, personal care, convalescent care. Eight there was no barrier selected so there's no data by the unit to give determining factors here, and one required a therapy consult.

So I'll turn to Saskatoon. So again as of 8 a.m. this morning at the Royal University Hospital there were 53 patients who were alternate level of care. Of those, 14 required housing, financial, or social supports. Two required IV therapies. Fourteen needed a consult or a test before they could be discharged. Thirteen needed to be transferred to another level of care, so again personal care home, long-term care type of thing. Two, they were waiting for a bed at receiving facility so there might have been a facility, but they needed a bit more complex care. Five had no barrier selected; and three needed therapy to clear them for discharge.

At St. Paul's Hospital this morning there were 47 patients who were alternate level of care. Of those, three needed housing, financial, or social supports. Three needed a consult or a test. Three needed a physician-ordered prescription before they could be cleared. One there was no available facility bed so they needed to be transferred to another level of care. Three needed more complex care, so they needed a facility that could provide a bit more complex care they couldn't get right away. Thirty-one there was no barrier selected so there was a data issue there that we need to dig into a bit. Three needed therapies to clear them.

And at City Hospital this morning there were a total of five patients. And so these again were a mix of housing, financial, or social supports. Three had no barrier selected and one needed a therapy consult to clear them. So that's the total for Regina and Saskatoon. And I think as Mr. Will noted yesterday, the SHA doesn't collect data for other facilities because the primary concerns around ALC are in these two tertiary centres.

Vicki Mowat: — Thank you. And is the breast health centre info available as well? Thank you.

Hon. Jeremy Cockrill: — So I'll just list off the positions here. And again, you know, I'll say 2 or 1 or 2.5. Again some might be slightly less than, you know, a 1.0 or might be slightly more, depending on relief specifically or so on. But two MRTs, one medical imaging scheduler, one diagnostic sonographer, 2.5 nurse navigator positions, one manager position, one physiotherapist, one social worker, one unit support worker, and two medical office assistants.

Those are all net new positions at the new BHC [breast health centre] in Regina. Obviously some positions will be moving over from the Pasqua once, as Ingrid mentioned earlier, once the lymphedema clinic and the physiotherapy services are offered at the Regina Crossing building, then some positions will just move over to the new building.

Vicki Mowat: — And which of those positions have been filled already?

Hon. Jeremy Cockrill: — All of them have been filled. The social worker competition, I believe, just closed this week. So that one hasn't technically been filled yet, but the competition, I understand, just closed this week.

Vicki Mowat: — Thank you. As we look at the health budget and we think about the current climate internationally, what allowances have been made for the anticipated tariff-driven increases to the cost of medical equipment and supplies?

Hon. Jeremy Cockrill: — Thank you, Mr. Chair. You know, maybe a couple comments on tariffs, and you know, the potential impact on the health care system here in Saskatchewan. And again it seems, in an earlier discussion about tariffs, uncertainty seems to be the operative word in all of these discussions. I would say, you know, in the budget as presented mid-March, there's no specific allowance for tariffs. And again we've been debating this in the House for a couple of weeks now in terms of, you know, throughout the budget formation process tariffs have been on and off and kind of on and off again. And you know, again who knows what is coming tomorrow or weeks and months into the future.

[19:45]

I would say, you know, with the contracts that we have with vendors on a contract-by-contract basis, there would be I'd say normal escalators within contracts as to allow for increased costs. That would be on a contract-by-contract basis. So you know, if we are to find ourself in a tariff environment, I guess it's early to say how exactly that would be passed on to either the Saskatchewan Health Authority or 3sHealth or other partner agencies within the province.

You know, I would just say . . . And I want to share a bit of a letter that was sent from our Minister of Trade and Export Development to several deputy ministers at the federal level: sent to the deputy minister of Finance at a federal level; deputy minister of international relations, I understand; and deputy minister of Intergovernmental Affairs. And I think we've rightly identified certainly the risk, and you've raised this risk as well. And I'll just read you a portion of the letter. And this is speaking in the context of our government not being supportive of reciprocal tariffs on some of these goods. So:

> The exclusion of pharmaceuticals, medical supplies, medical devices, medications, vaccines, and veterinary products from counter-tariffs is not just a policy choice, it's a necessity tied directly to national interest and public health security. Canada imports roughly 70 per cent of its pharmaceuticals and depends heavily on the United States for medical devices, supplies, and related technologies. Tariffs on these essential goods would immediately impact patient care, inflate health care costs, and delay access to life-saving treatments across hospitals, long-term care facilities, and communities nation-wide.

And then the letter goes on to say the same applies to veterinary products. And of course that would be important to our province's livestock sector and so on. And I guess I share that just so that the member knows, you know, this is a threat that we're taking seriously.

You know, I would say the ministry, the Saskatchewan Health Authority, 3sHealth, other health care agencies are in line with government direction to prioritize Canadian-made products where possible. However given that, as we've talked about before on the floor of this House, there's limited substitutability. And so we also would want to make sure that patient care is not compromised, right. So certainly we're taking a close look both at a provincial level and then at a federal level through the HealthPRO procurement organization that all provinces are a part of to see if there's options to find Canadian-made products.

I'll just share as well, at the HealthPRO level, you know, the HealthPRO organization that again helps provinces with procurement is also working with many vendors to say, okay, if your production is US [United States]-based do you have other options? Do you have options to produce in Europe or another country that is not necessarily embroiled in a trade battle? So certainly I guess I want to make sure that we're, you know, certainly not ignoring the risk that it poses, but the priority again remains looking for opportunities to procure Canadian where possible while not sacrificing patient care for people in the province.

Vicki Mowat: — What work has been done to adjust our supply chains where possible?

Hon. Jeremy Cockrill: — So maybe I'll just speak to, you know, some of the work that is ongoing, in a very general sense at this point. I mean we're obviously developing preferential criteria for Canadian suppliers in all of our contracting initiatives. There's many existing contracts within the health care sector, and so we are exploring those to determine if there's opportunities for conversion from an American supplier to a Canadian supplier, of course, you know, without reaching terms of those existing agreements and also reviewing just the clinical acceptability and the conversion costs around that.

You know, should note too that there's many arrangements that we have that are contract categories that are under multi-supplier arrangements. So say, you know, you'll have a supplier from the US and Canada and maybe . . . or two from Canada. Obviously the focus has been in recent weeks to focus on Canadian suppliers, shifting purchase orders from American suppliers to Canadian suppliers where appropriate. Mentioned already, asking international vendors with operations in several countries to make sure that they're providing products made in Canada to us, or outside the United States. And then obviously communicating internally to staff to prioritize Canadian companies in purchasing.

You know, I already spoke to the HealthPRO, the work ongoing with HealthPRO, the national health care procurement group. You know, just to my knowledge, there have been no contracts cancelled as of yet, but again, you know, as I started off the last answer, uncertainty is the operative word in this. And so we want to move cautiously, especially around that clinical acceptability and conversion risk.

You know, I'll just note as well the pan-Canadian Pharmaceutical Alliance, which again Saskatchewan is a member of. This is the group that negotiates drug costs, you know, between the provinces and the drug manufacturers. You know, they've also raised with the federal Ministry of Finance that retaliatory tariffs will very likely have negative impact on the cost of drugs. Obviously, you know, we're always making improvements to provincial drug plan coverage, so any interruption to that would be . . . There is the risk of patients being affected. Obviously as I've mentioned here tonight here and previously, the priority

really is around patient care and making sure that we're not interrupting what patients may need.

Vicki Mowat: — I want to switch gears a little bit and talk about federal funding. Is there any dedicated funding right now, any bilateral agreements with the federal government that earmark some portion of the Canada Health Transfer for a specific purpose?

Hon. Jeremy Cockrill: — So I'll just try to provide some clarity on the federal funding that we do receive. You know, the Canada Health Transfer, we budgeted 1.634 billion in this budget year for the Canada Health Transfer. These are unrestricted funds. So you know, I think we will openly quarrel with the federal government, as will all other PTs [provinces and territories], to say it's not sufficient. It's not what was originally committed to by the federal government. I think we probably agree on that piece so I won't go down that road, but that is an unrestricted envelope of money.

We do have several bilateral agreements that do have more specificity around them, I'll say. We have the working together shared health priorities bilateral. Again in this budget year, we expect to receive $128.5 million in this fiscal year through that bilateral.

And really those shared priorities in a general sense are: expanding access to family health services, including in rural and remote areas, which again that is definitely a priority of our government; number two, supporting health care workers and reducing backlogs; number three, improving access to quality mental health and substance abuse services; and number four, modernizing health systems with health data and digital tools.

Now the next bilateral we have is the Aging with Dignity agreement. We expect to receive $36.7 million in this fiscal year through that bilateral agreement. You know, again, really focusing there on home and community care as well as long-term care services offered by the ministry and all of its partners.

[20:00]

The latest bilateral that we signed with the federal government was really the bilateral that has to do with improved access for drugs for rare diseases for people. We signed that agreement just earlier this year, January 10th, 2025. Minister Holland and I signed that agreement in Saskatoon. You know, the first stage of that bilateral funding goes to three specific drugs: Poteligeo, Oxlumo, and Epkinly. And so obviously as time goes on, as part of that bilateral, we'll see what priorities the next federal government has around actioning their national strategy for drugs for rare diseases.

But those are the three bilaterals that have specific outcomes, I'll say. And you know, again the action plans for the first two bilaterals — the working together shared health priorities as well as the Aging with Dignity — these action plans are available publicly and that's part of our bilateral agreement with the federal government.

Vicki Mowat: — When was the last time you received a federal clawback or a decrease in the amount provided in the Canada Health Transfer? I know it happened a couple of years ago because of MRI companies charging patients, which breaks the *Canada Health Act*. When was the last time that happened and what was the amount?

Hon. Jeremy Cockrill: — So unfortunately, the federal government claws back money every year as part of their diagnostic services policy, you know, and maybe I'll get into some of my thoughts on that. It's a two-year trailing amount. So for example, we just had a clawback last month, so March 2025. That amount was 1.074 million. The year before that . . . I'm sorry, the 1.074 million, that was for the diagnostics completed in the '22-23 fiscal year, right, two years prior to that. The clawback in March 2024 was 1.085 for the scans that happened in the '21-22 fiscal. And then the deduction in March 2023 was 743,000 for the scans done in 2020-2021 fiscal.

Again I think I've spoken about this before, you know, and I had the opportunity to again express my concern, as have previous Health ministers expressed the concern to their federal counterpart around this deduction, which we believe is . . . The whole two-for-one MRI and CT policy, I think, has really been successful in terms of improving patient access to care. You know, it's something that I think has been good for Saskatchewan patients. We're going to continue doing it because overall it provides, I think, positive net value to the people of this province, having that available.

It's unfortunate the federal government continues to hold the position they do and claw back those dollars, which again we could keep here in the province and put back into doing more diagnostics for Saskatchewan residents. But the clawback under the diagnostic services policy is an annual thing in every March.

Vicki Mowat: — We will disagree on this, but I don't want to spend all night on it, so I'm going to move forward. What's the reservations with signing on to national pharmacare programs to cover the costs of insulin, diabetes supplies, and contraceptives?

Hon. Jeremy Cockrill: — You know, I guess in a general sense there's no specific hesitation on our part. In fact discussions have been ongoing with the federal government. In fact I was in contact with Minister Holland on a regular basis pretty much until the day that he was no longer the Minister of Health. Obviously a new individual was named to that portfolio and then the federal election called shortly after. You know, we expect that we'll pick up those discussions with the next federal government once the election concludes and a new cabinet is named and the new minister has an opportunity to get his or her feet wet and up to speed with the file.

I guess I would just say from another general sense that any bilateral that we are going to sign with the federal government specifically in Health, it has to enhance the services or coverage that is available to Saskatchewan residents. And so you know, I'll just say initially some of the reservations from our end were around what appeared to be a reduction in the number of drugs that would be covered under a federal bilateral.

Again I thought we had some pretty productive discussions with the federal government in recent months and made some progress there. But those are on hold for the moment and we'll pick that up with the new minister once they're named.

Vicki Mowat: — Minister, a reduction compared to what?

Hon. Jeremy Cockrill: — To the current listing under the Saskatchewan formulary.

Vicki Mowat: — Which covers who exactly?

Hon. Jeremy Cockrill: — So obviously, you know, the Saskatchewan drug plan, it offers coverage to . . . there's some coverage to folks — you know, lower-income folks, vulnerable populations, or under the special supports program. If your income is very small and relative to the co-op cost of the drug, there's supports there as well, right, because there are some drugs that are very costly to use.

You know, I would just say again, the negotiations are ongoing, and I guess the concerning part for us was the initial formulary on the diabetes side — as laid out in the federal legislation and by the federal government in the negotiations — was roughly half of what we cover under the formulary in Saskatchewan. And so you know, it was important that we weren't going to go backwards in terms of coverage for folks already receiving coverage on the drug plan to say, well now you're going to receive coverage on 50 per cent of the drugs that there was coverage on prior to that.

So that's where again with negotiations ongoing, a kind of a wait to see who the new federal minister will be so we can pick that back up. As I said, you know, credit to Minister Holland. I would say some progress was made over the last few months in terms of ensuring that any bilateral enhances what Saskatchewan people have access to. That's the goal in all of this, right?

[20:15]

Vicki Mowat: — What is stopping the provincial formulary in Saskatchewan from still continuing that coverage and just layering the federal coverage on top of it? Why does it have to be either/or instead of "yes, and"?

Hon. Jeremy Cockrill: — I would just say, you know, the other challenge with any bilateral is the financial sustainability piece of it long term. And so I appreciate where you're going with your question. I understand that. That's a reasonable question to ask, but we also have to make sure that if we're signing on to a bilateral and the bilateral ends in three or four years and there's a fiscal cliff on it, that we're at a sustainable level where coverage can be continued or managed for people.

So appreciate your question, but I would just say again these are all . . . I wouldn't necessarily say it's an either/or, but it's trying to ensure again that we're getting the best deal on behalf of Saskatchewan taxpayers and residents, and something that helps enhance coverage and is also fiscally sustainable for us as a province.

Vicki Mowat: — I want to shift gears to talk about emergency rooms. Can we have an update on the most recent emergency department wait data for each major centre — so Regina, Saskatoon, Prince Albert, Lloyd, North Battleford — for all the four different categories in the 90th percentile, so emergency department wait time to physician initial assessment, emergency department wait time for in-patient bed assignment, ED [emergency department] length of stay for admitted patients, and ED length of stay for non-admitted patients?

Dave Morhart: — Hi. Dave Morhart, executive director, acute and emergency services branch with the Ministry of Health. I can go through that data for you here. So I can't remember what order you specifically asked it in, but the first one I can give you is the time to finish physician initial assessment, and this is in minutes.

And I'm going to also state that the latest we have for all of this data for all of the centres is October 2024. So for Saskatoon — and this is in minutes — it was 66 minutes; Regina was 99; Lloydminster, 103; North Battleford, 111; and Prince Albert was 89. And that was for the median. Do you want both the median and 90th percentile?

Vicki Mowat: — I would like a 90th percentile please, yeah.

Dave Morhart: — 90th percentile, okay. So the 90th percentile, again in minutes, would be 238 for Saskatoon, 278 for Regina, 323 for Lloydminster, 281 for North Battleford, and 271 for Prince Albert.

Vicki Mowat: — And then do you have the timing for in-patient bed, like the other three metrics? Thanks.

Dave Morhart: — I do. So the next one I have is time waited for an in-patient bed, and this is in hours. So again to October 2024, and I'll give you the 90th percentile. So it's 59.1 in Saskatoon, 20.4 in Regina, 7.4 in Lloydminster, 4.1 in North Battleford, and zero in Prince Albert.

Vicki Mowat: — And then for admitted patients and non-admitted patients?

Dave Morhart: — Yeah, so I can give you the admitted first. Again 90th percentile and in hours, October 2024: Saskatoon was 70.8; Regina, 27.6; Lloydminster, 23.9; North Battleford, 16.6; and Prince Albert, 12.7. And then for length of stay for discharged 90th percentile to October, and this is in hours again: Saskatoon was 8.6; Regina, 8.7; Lloydminster, 12; North Battleford, 7.6; and Prince Albert, 8.9.

Vicki Mowat: — Thank you for that. I want to talk a little bit about bed capacity in our acute care facilities. I understand that work has recently taken place to assess bed capacity in Saskatoon. Can you speak to that and which company was contracted, what their report looked like, etc.?

Hon. Jeremy Cockrill: — Some of the work that the member references around understanding current bed capacity and future needs for bed capacity in Saskatoon, we've been working with a company called AnalysisWorks. I believe they're out of British Columbia, a Canadian company. So working with them to understand what we have, what our future needs are going to be.

And then, you know, I would say work is still ongoing between the Saskatchewan Health Authority and our master space planning efforts with AnalysisWorks. You know, we've had some initial information from AnalysisWorks. Now we're validating that and understanding kind of what can be done. And really out of this work, that's really where the Saskatoon City Hospital project I guess was birthed out of in the sense of, you

know, we know we have need. We have an opportunity here to make a significant adjustment on services being offered in one of the tertiary buildings, which will then open up a bunch more acute beds — 109 acute care beds new in Saskatoon City Hospital.

You know, again your last question on emergency departments, this is the sort of investment that has some pretty significant impact on emergency departments, specifically in Saskatoon. And so again the work between the SHA and AnalysisWorks continues to be ongoing, continues to, you know, validate some of the numbers going back and forth between AnalysisWorks and the SHA.

But again the importance of this work can't be understated, especially as it relates to, you know, specifically the Saskatoon City Hospital. And really I think there's opportunities in our other major tertiary centres as well — a couple of our Regina facilities as well as the other two Saskatoon facilities — to re-evaluate how space is being used in all those buildings. Again these are expensive buildings to build, expensive buildings to run so we want . . . I'll say, you know, generally speaking we want to make sure that the highest level of patient care is occurring in these buildings as possible. And I think that just makes good common sense.

Vicki Mowat: — Minister, can you speak to what the recommendations were from AnalysisWorks in terms of the number of beds that needed to be built and what the timeline looked like?

[20:30]

Hon. Jeremy Cockrill: — So I'll say, again specifically in Saskatoon, you know, AnalysisWorks in their review and our ongoing work with them they identified the need to add 155 beds in Saskatoon over the next seven years. You know, again just with the Saskatoon City Hospital project and adding 109 acute care beds there, we're I'd say more than a good chunk of the way there within a year or two. And again that's just the first opportunity.

Again I've spent time in all three Saskatoon hospitals. You know, it's quite clear that the need for the City Hospital project is there. There's the opportunity to do that. I think there's other opportunities in the other two Saskatoon facilities as well. And so I'm confident that 155 minus 109, you know, we're talking 46 beds there. I'm optimistic that us working between the SHA, SaskBuilds, and Emmanuel Health that obviously operates St. Paul's, you know, I'm optimistic that we'll be able to find opportunities to meet that capacity gap over the next seven years.

Vicki Mowat: — Can you speak to what year . . . You know, there's been a lot of reference to the fact that this is a multi-year project. Can you speak to what year we expect to see 109 additional beds operational at Saskatoon City Hospital? And I guess further, what the incremental change will be every year, like next fiscal year, the year after, etc.?

Andrew Will: — Andrew Will, CEO of the Saskatchewan Health Authority. I just want to start out by saying how much we appreciate the investment in opening additional capacity in Saskatoon. And I would just say, you know, we've been talking about some of the challenges with emergency room capacity. And really that results from, you know, where we have patients that have been admitted needing a placement in hospital, and then a shortage of beds.

So the investment is 109 beds. It'll happen through four phases. The time frame is about 16 months for that. The first phase will be 22 acute rehab beds as well as 12 acquired brain injury beds. In order to do that we'll be relocating a geriatric evaluation management unit clinic from Saskatoon City Hospital to a commercial real estate space in the community. And so we'll be starting to procure that space immediately. There'll be some renovations required to accommodate that program and we'll be onboarding staffing to open those units.

Phase 2 will be opening a 30-bed in-patient general medicine unit in space that's currently occupied by some continuing care spaces for people that are waiting placement into long-term care facilities. The third phase will be another 30-bed general medicine unit as well. And the fourth phase is 15 high-acuity beds that will be opened up, and we'll be basically moving the pre-admission clinic for surgery into commercial space in the community. And that's very similar to how we operate in Regina currently.

So basically there'll be some time at the front end of that just to do the project planning, to get ready for the commercial space, and then renovations both in the commercial space as well as some minor renovations in the hospital as well to accommodate those programs. And then it's about a four-month-ish amount of time for each of those phases to come into place.

Vicki Mowat: — So in phase 2 you talked about the fact that it would displace some continuing care and patients awaiting long-term care. What is the plan for where those patients will go?

Andrew Will: — Yeah, so basically we . . . I'll just have to get the details of that. Just one second. So sorry about that. I just had to make sure I was clear on the question. So that'll be renovated continuing care space for that move.

Vicki Mowat: — Do you have a sense of where that will take place?

Andrew Will: — So we'll be looking for options. We're going out to tender to look for spaces in the community that we'd be able to reallocate those spaces.

Vicki Mowat: — What about for phase 3? You talked about another 30-bed medicine unit which . . . Where is the plan for where that will be located in the current Saskatoon City Hospital? And who would that displace?

[20:45]

Andrew Will: — Thank you. I just wanted to confirm what our plan is there. So basically it's similar capacity so we'd be looking for, through that RFP [request for proposal], the similar approach and evaluating options available.

Vicki Mowat: — So in terms of the 109 beds, is this incremental to the total number of beds that exist at Saskatoon City Hospital right now, or are some of those beds replacing other beds that

exist? Because it sounds like some of these patients are being moved elsewhere into community.

Andrew Will: — So these are all additional new acute care bed capacity. And so basically the units that are displaced and moved to community are the geriatric evaluation management out-patient clinic that moves into retail space. And as I mentioned, we have some space that we're currently using for transition for continuing care into community as well that's moving.

So all 109 beds are additional acute care space and then we're moving services to community and other settings to more appropriately care for those patients in other settings that don't need to be in a hospital.

Vicki Mowat: — Sure, but of course like there's the transitional . . . I can't remember what the wing is called. The transitional care unit, you know, has a set of beds that are there. Like that's going to be moved out of the hospital, yes?

Andrew Will: — Well the way I would describe that is there's been a lot of work done over the past year on patient flow. And we've really improved the turnaround time to transition continuing care residents more quickly into long-term care facilities. So basically those improvements are really replacing the requirement to have that unit in hospital.

Vicki Mowat: — Right. Like the discrete number of beds, the total number of beds at Saskatoon City Hospital is not going to increase by 109 if that transitional care unit moves elsewhere, or people seek care in community. I can't remember how many beds are in that, maybe 40.

Andrew Will: — The key piece there is there's services in City Hospital currently that don't need to be there. All those needs will be met in community outside of hospital, and we will have, at the end of the four phases, 109 beds available to admit patients.

So on any given day, we have about 55 patients that are "admit, no beds" on average across Saskatoon. And this 109 beds will really help us address a timely flow of those patients into acute care and help really, really divert some of those services that don't need to be in hospital to other locations.

Vicki Mowat: — And I certainly understand that.

Hon. Jeremy Cockrill: — I'll just say and I think you can understand, you know, I see where you're going with the discrete number of beds in the physical building. The point though is really around what level of care that a bed can offer, right. And so when we talk about Saskatoon City Hospital, and you know, being able to look out in the future and make sure that we can offer the hours that we'd like to at Saskatoon City Hospital emergency, like this is key in terms of helping us get there, right.

And so obviously, you know, as Andrew has just outlined, we'll be working through tender, through existing partners within the community where there is opportunity to move services into the community.

But the focus here is really ensuring that the beds at Saskatoon City Hospital can provide that higher level of care, help with patient flow, reduce the pressure in Saskatoon, and make sure . . . At the end of the day what this is all about is patients in Saskatoon — and Saskatoon draws from a large catchment area; there's EMS services from all over kind of that central part of the province that drive into and take patients into Saskatoon — making the patient experience better in the city of Saskatoon, specifically at City Hospital.

Vicki Mowat: — Undoubtedly I understand the need for more medicine beds in the capacity plan. I fully understand this. I can appreciate it. My question is to those beds that exist, that are in the transitional care unit. How many beds are in that space? How many beds total are we talking about displacing to other areas in community to allow for this project to go forward?

Andrew Will: — In phases 1 and 4 there's no reduction of beds in City Hospital. In phases 2 and 3 there's 60 beds that we'll be moving out, and we'll be finding options through procurement in community, looking at options there. And so net there's 109 new acute care beds in City Hospital. There'll be a move of 60 beds out into community, but net, it's an additional 109 beds for Saskatoon.

Vicki Mowat: — So just to clarify, that's the convalescent unit and the transitional care unit? That adds up to 60 according to my math.

Andrew Will: — That's right.

Vicki Mowat: — Okay. Perfect. And I believe they said that the project is anticipated to take place over 16 months. So what is the — spare me doing a little bit more math this evening — what is the projected end date of when all these beds will be operational?

Hon. Jeremy Cockrill: — So considering that, you know, the project I'd say really kicked off in March of this year . . . I mean there was an allocation as part of our additional funds in the '24-25 fiscal year. So take a start date of March roughly and go 16 months from there. We're looking into the fall of 2026, or summer to fall 2026.

Andrew Will: — But important to note there that as each phase is completed, we'll have new capacity coming online. So we'll get the benefit of additional capacity sooner than the end of that timeline.

Hon. Jeremy Cockrill: — Yes.

[21:00]

Vicki Mowat: — In terms of bed capacity across our other centres, is Regina also being looked at in the same way? Do we know what their bed capacity needs look like in the next seven years as well?

Hon. Jeremy Cockrill: — So we've also done work through AnalysisWorks on Regina bed capacity. You know, the comparable number to what I provided to you earlier puts kind of the need over the next seven years somewhere between an additional 80 to 90 beds.

Again in Regina we have not yet initiated master planning work for Regina facilities. You know, and I think it's important to note there's a key difference between where we're currently at in

Saskatoon and where we're currently at in Regina. I think a significant part of that is actually the urgent care centre.

You know, I've spoken about it before; I spoke about it in my opening comments. You know, the UCC [urgent care centre] on north Albert has now seen over 30,000 patients since opening last summer. When we talk about patient flow, right, that's the conversation that we had just a few minutes ago on the positive impact that the Saskatoon City Hospital project will have. That really centres around patient flow, being able to move patients through our facilities quicker to make sure they have quicker access to the level of care that they need.

In Regina, again having the urgent care centre open the last many months has, you know, provided another outlet for patients to flow through, obviously at a lower acuity, which again helps to lessen the pressure on other facilities in the city, so you know, certainly we . . . As with Saskatoon, there will be more beds required in Regina. You know, at some point we're going to start working on the master space planning for the Regina facilities. But again, having the urgent care centre in Regina has been a major help in terms of lessening the pressure in this city compared to Saskatoon.

Vicki Mowat: — Thank you. In terms of referring to the Regina Urgent Care Centre as a success, what metrics are being used to track that? You're referring to the number of patients who have been through. But in terms of the goal, which was I think pretty publicly stated as to divert patients from Regina emergency rooms, what metrics are being used to determine whether it's been successful on that front?

Hon. Jeremy Cockrill: — So I'll say first off, and especially just because this is a priority that as a government we've been public about, you know, since the fall, and that is really around providing better access to the level of care that a patient needs. And again I come back to, you know, the over 30,000 presentations. These are presentations that likely would have occurred, you know, could have occurred at one of the two emergency departments in Regina or maybe another facility in the general area, or maybe people not presenting anywhere and then, you know, I think we can all agree that there could be negative consequences of that down the road. So I think when we talk about access to care, this really . . . I think that's important, you know, 30,000 presentations that have happened at that facility.

The other piece that I would really cite is — and you know, this is something that was really the first of its kind that we're aware of in a similar type facility in Canada — and that's really the mental health and addictions triage process having a separate entrance, having a separate triage facility. When I toured the UCC several weeks ago, again dedicated staff to that portion of the building. And so you know, if I'm presenting with a mental health concern or for substance misuse, there's dedicated staff that would be attending to me or a family member.

So just looking at the numbers at the urgent care centre, I mean typically, you know, we are somewhere between say an average of three to six mental health presentations a day at the UCC. These are often complex situations and again situations that probably are, you know, many times . . . well I shouldn't generalize but I think in many ways can be better served in that urgent care centre facility rather than an emergency department in many cases. And you know, there are better connections into the community and being able to connect people with the support services that they need.

And as the UCC has been open, we've seen a general trend of mental health and substance misuse visits to both the Regina General and Regina Pasqua emergency rooms, which I think is a positive thing for other patients seeking emergency care. Again there's always aberrations in that data. Certain weeks there's, you know, different things going on of course, but the general trend is moving in the right direction in those two facilities, with the urgent care centre taking on I guess more of that load, you could say, in the city of Regina.

[21:15]

Now that we've been open say roughly nine months at the urgent care centre, we're currently undergoing a review process with the staff there and with the team in Regina, again to better understand what we're seeing, the types of patients we're seeing, and then making sure that really that facility is aligned to what we need most in Regina. So you know, as we have more information there . . . And also I say a key part of that is collecting patient feedback and making sure that we have a way to track success with how patients view their experience at the facility.

I can say anecdotally the experiences that I've heard about directly from people have been quite positive at the urgent care centre, and so I think that's really encouraging. But you know, it's easy to get lost in anecdotes. And as part of the review, we'll be developing some metrics on that that we can measure on an ongoing basis, you know, in years two, three, four, and years down the road.

Vicki Mowat: — What has been the total cost of the Regina urgent care facility, both operating and capital?

Hon. Jeremy Cockrill: — So the capital cost of the Regina Urgent Care Centre totalled $21 million, including IM/IT [information management/information technology]. Now I should take this moment, and I know we had a member's statement in the House earlier today about the Hospitals of Regina Foundation and An Evening in Greece — great event. Absolutely. And I have to give credit to the HRF [Hospitals of Regina Foundation] for their contribution of $2.4 million to the urgent care centre to cover FF&E [furniture, fixtures, and equipment]. That was very generous by the team at the Hospitals of Regina Foundation, as many other foundations around the province are generous in their respective communities.

In terms of the operational costs in '24-25 for the urgent care centre, again still just a forecast considering the fiscal year ended yesterday, but our forecast for operational costs at that specific facility, 14.825 million.

Vicki Mowat: — And what is the capital? Sorry, or did you say that already?

Hon. Jeremy Cockrill: — 21 million, including IM/IT part of that project. And the 2.4 . . . You know, within that is a $2.4 million contribution from HRF.

Vicki Mowat: — What is IM/IT?

Hon. Jeremy Cockrill: — So information management and IT.

Vicki Mowat: — Okay, thank you. And then there's an additional 1.9 million that's being added in this budget. Can you speak to what that is for?

Hon. Jeremy Cockrill: — So the reason for that 1.9 million is obviously, you know, with the opening of the urgent care centre in July, we didn't have a full fiscal year in the '24-25 fiscal. So we've added in this year's budget to account for a full year fiscal, and again knowing that, you know, volumes of the UCC have fluctuated. They have been . . . And that's something that we'll continue to monitor as part of our review process, understanding what the trends are and perhaps what we need to look at for future budget allocations for this urgent care centre and all the other future urgent care centres that we're getting planning under way for across the province.

Vicki Mowat: — Thank you. In terms of the Saskatoon urgent care centre, I understand there is a much smaller allocation of the budget that's being allocated to the Saskatoon facility. Can you speak to where it's at in terms of its development and when it's expected to open, what the reasons are for the delay? Because certainly these centres were announced at the same time and are in very different stages.

Hon. Jeremy Cockrill: — So as you noted, construction under way for the Saskatoon urgent care centre, the partnership with Ahtahkakoop Cree Developments. We expect construction to finish in December of 2026 and the UCC there to open to patients in early 2027.

You know, there definitely have been some unique challenges with this project. Number one, the site, you know, limited options in terms of sites available in Saskatoon somewhat being adjacent to an existing facility, particularly St. Paul's which, you know, it was our desire to have this located on the west side of Saskatoon to ease some of the pressures there. So there were some site challenges. It's on a former school site. The school was operational for a time. As well, some additional land needed to be purchased. We purchased some adjacent residential properties as we needed that space. So again land assembly takes time, no doubt about that.

The other piece I think that's taken some time is really around the development of the partnership. This is a unique partnership. It's something I know the Premier is particularly proud of in terms of building a unique relationship with a First Nation community in our province that allows them to deliver a building that is going to be well used by the public in that city and, I think, have a relationship with government that, you know, works financially for the Nation but also allows us to deliver services without government taking on the capital cost, or the full capital cost of it.

So you know, again the smaller allocation in the budget really has to do with the fact that ACD [Ahtahkakoop Cree Developments], as part of the agreement, is responsible for delivering the building. There are some costs that government incurs on an ongoing basis, again, you know, the land, different consulting fees on an ongoing basis to help support the project. But ACD is responsible for delivering the building, and we look forward to having a long-term lease arrangement with ACD for this space.

Vicki Mowat: — What is the expected timeline for the other five additional urgent care centres?

Hon. Jeremy Cockrill: — Yeah, so I'll just make a comment. I mean there's a million dollars in this year's budget for planning. You know, obviously in the Throne Speech three more communities were highlighted: Moose Jaw, Prince Albert, North Battleford.

And certainly, again, given I think some of the initial success in terms of providing better access to patient care in Regina, you know, recognizing the need for an additional facility in Regina, an additional facility in Saskatoon. Again, just given how both of the two larger cities in our province are growing — you know, growing certainly in terms of population but they're also growing in terms of geographic size, to get from one side of Regina to the other or one side of Saskatoon to the other — you know, we want to make sure that patients, our residents and families that live in all parts of the city, have reasonable access to the type of health care facilities that them and their families need.

I would say in terms of timeline, too early to say yet on those five facilities. I will say that we're doing engagement with physician groups in all of those communities, again understanding that this is a different model of care than what we have seen up to this point delivered by the Saskatchewan Health Authority.

So you know, obviously I think what's exciting about the urgent care centre in Regina is we're seeing a mixture of emergency doctors and family medicine doctors as well as nurse practitioners delivering care. I think that's, you know . . . I did second reading of *The Regulated Health Professions Act* today, which really speaks to kind of the variety of professions that we have in the province that serve patients.

[21:30]

So you know, taking what's been done in Regina and saying, okay, we want to have advanced engagement with these physician groups and all the communities, understand what the current capacity is, understand what the interest is, especially from the family medicine groups in each of these communities, and then contemplating different models of what the urgent care centre could look like in those communities.

So I'd say too early to speak to a specific timeline in any one of those five projects, but certainly as there's more information to share, you can be sure that I will look forward to sharing more information with specifically those communities and just the public at large. I'd say there's a high degree of interest in the public around urgent care centres and the type of care model it's offering. And people are, I'd say, looking forward to it advancing forward and being present in more communities around the province.

Vicki Mowat: — Minister, what's the plan to staff these facilities? There's been a significant staffing challenge at the Regina Urgent Care Centre — amount of overtime paid, you know, the amount of pay that is going to emergency room

physicians to entice them to the urgent care centre away from the emergency rooms. You know, we're hearing concerns about the fact that it's recruiting from the same pool of emergency room docs.

What is the plan to get the Regina Urgent Care Centre fully operational? You know, I think about adding an additional shift and how much that would cost for only an additional 1.9 million operating. I'm not sure how it's going to take place, so I'm just wondering what the plan is there.

Hon. Jeremy Cockrill: — Well to speak specifically to the physicians side, I guess this is exactly why we're doing that advance engagement I talked about with physician groups in those communities because again, understanding where those physician groups are at currently in terms of staffing, understanding their interest in participating in picking a new model of care in their community. You know, when we talk about the allied workforce . . . Sorry, just staying on the physician piece just for a moment. I think that advance engagement will help us as part of our planning and being confident with what the physician complement of each of these facilities look like. Again, any time you do something for the first time you're going to learn lessons. You're going to take what you learn and apply it to the next time you do something, and I think we can say that that's what we're actively doing on the urgent care centre model.

In terms of the allied workforce, again this is part of our health human resources action plan, you know, certainly expanding training opportunities, expanding recruitment opportunities, incentives that are in place in many communities around the province. So you know, staffing will continue to be a topic of conversation within government. I mean obviously we've got a significant project under way in Prince Albert. We've got long-term care projects all around the province. So this is exactly the type of work that we're engaged with between the ministry and the SHA and of course the Saskatchewan Healthcare Recruitment Agency to understand the need and then again work with our post-secondary partners in the province, and then as well as develop strategies to fill gaps with out-of-province recruitment as needed.

Vicki Mowat: — I have questions about so many things you just talked about. In terms of recruiting emergency room physicians, the incentive that was announced in December of this year, how many folks have applied for that incentive? How many times has it been awarded so far? It's been a few months.

Hon. Jeremy Cockrill: — So on the incentives, a couple of them specifically targeted at emergency medicine physicians. I'll just say on the medical residency incentive program, you know, it provides bursaries for those in residency. Again they need to complete a full year of service to receive the bursary. So just given that we just announced this in December, there hasn't been a full year of service because it was announced in December but effective back in July. So you know, we expect there's about seven residents that would be eligible for this provided they complete their year of service.

Around the hard-to-recruit specialist incentive, again that's the $200,000 over five years that are offered to several different specialties, emergency medicine being one of those. Again we won't see applicants for that until later in this year. That is an incentive though that we have seen success in other specialties. We've seen some real success there in the specialty of anesthesiology, with six recruited under that incentive and currently in the province, and then two in the specialty of psychiatry currently practising in the province.

I'll just make a comment on the recruitment of emergency docs though. I will say I've had the opportunity to engage with quite a few emerg med docs in the province over the last couple of months. Hearing specifically about the challenges they see, but I think really around the opportunities. You know, something that I've heard directly from physicians is that they actually see opportunities right now to recruit, potentially with more success than previous, out of the United States, and to recruit doctors that maybe are from Saskatchewan or have a Saskatchewan connection, or quite frankly, are Canadian doctors that just are now faced with some uncertainty around their visa status in the United States. So again, taking that direct feedback from physicians in the province.

You know, we've been working closely with both the Ministry of Health and the Saskatchewan Healthcare Recruitment Agency. Later this week we'll be rolling out a specific targeted advertising campaign, you know, at a few different specialties, to doctors practising in the United States. Again talking about, you know, the lifestyle that we enjoy here in Saskatchewan, the relatively low cost of living that we enjoy in Saskatchewan and really, I think, certainty around their ability to practise and not be faced with concern around their visa status in the United States.

And I should say that there's been some good work done, you know, between the ministry and the College of Physicians and Surgeons in recent years on the licensure pathway for doctors who have practised in the United States. So again because of that good work, that sets us up well that again, hopefully, we can see some dividends being paid out of a very targeted marketing campaign, specifically targeted — anesthesiology, emergency medicine, and family medicine. And I think there's opportunity here so we should take the opportunity while it's there.

Vicki Mowat: — Thank you. I want to switch gears a little bit and talk about AIMS [administrative information management system]. What's the current estimated date for AIMS to be fully implemented and functional, all phases?

[21:45]

Hon. Jeremy Cockrill: — So maybe I'll just make some general comments, and then I'm going to pass it over to Mark with 3S [Health Shared Services Saskatchewan]. He can speak specifically to how we have adjusted kind of the release waves going forward over the next year.

So we expect the completion of the project to be, for the time validation scheduling aspect of AIMS, to be complete in January of 2026. Again there has been, you know, challenges that we've had with the initial AIMS rollout. We were pulled back at a time, decided to re-evaluate, and then set ourselves on a better course. I'm going to let Mark speak specifically to what the release timeline will look like and how we're phasing that across the province.

I will just say I'll commend the work that has been done at 3S in

terms of collecting feedback from front-line workers, taking that into account, and then I think being very thoughtful with this plan in terms of how we're going to roll this out. You know, I've said to many people on the AIMS topic: change is hard. New IT systems, you know, we can all remember when we've gotten a new device or a new software. It takes some time. But you know, down the road, I think there's going to be some really positive things coming out of this.

I will say, you know, actually meeting with front-line health care workers this week talking specifically about AIMS, actually it's a very positive feedback just in terms of how some of their own feedback has been collected, used, and informed really how the project has been adjusted.

But maybe I'll let Mark introduce himself and then just talk about kind of how the phases of time validation and scheduling will roll out over the next year here.

Mark Anderson: — Sure. Thank you. My name is Mark Anderson. I'm the CEO at 3sHealth. So as the minister mentioned, we are phasing in the implementation of the remainder of AIMS, and I'll just set a bit of context.

So we went live in late June 2024 with what we call wave 1, which was really all of our core functionality for human resources, supply chain, and finance for the entire health system, and that's the part that's in. That's a very significant component of the project that's already in. And we've been stabilizing the system and continue to work in that space. But we've done really well, and we've seen things progress to a place where we're ready to proceed to the final stage or wave of AIMS, which we call time validation and scheduling, as the minister mentioned.

So in an effort to ensure that we can get this in successfully and ensure that there's time for people to learn, to fix any issues, we have gone with a six-release phase, six different releases, the first one starting in May and the last one concluding in January. So that's part of our strategy to ensure that we can implement this. This is a very significant implementation as was AIMS across the entire system. You know, it's something that is really a major undertaking, and so there's a lot of different activities under way to ensure that we are mitigating the risk of this implementation.

First off we've really heavily engaged users in the design of the system to ensure that it works and meets their needs. So we've done extensive user design over the last year to ensure that their voices are heard and the system is highly usable. We know that was a key piece of feedback we had, and so that's been an important step.

We spent the last number of months with significant testing efforts, and testing is in a lot of different areas to ensure that it's going to work and that it's thoroughly tested. So we do what we call unit testing, so that's how the actual system will perform with a specific function. We do integrated testing which is end-to-end testing from the project team. We've had really positive results coming out of that. Any defects that were found get resolved quickly.

We're now in user-accepted testing which is where it's out to the broader population to actually test its usability in the broader population. And then we do what's called performance testing, and that is putting it under strain to test it and ensure it can handle the load, the actual number of users that will concurrently use it. So lots of activities under way in that space right now.

The staged rollout I mentioned is a key part of our activities to ensure we can manage this change successfully. One of them that's actually not part of the six releases that I mentioned is a pilot that actually is live. So we do have a small subset of the population that is fully live with AIMS on time validation and scheduling. And that's just another way to help us test and ensure that it's ready for use.

We've also significantly increased our training and change activities. We are hosting biweekly town halls, information sessions, and demos. We have multi-modality training under way right now as part of it and a lot of different activity in terms of business structures and data cleanup that needs to go into the system to ensure it works. So lots of different activity under way.

We're really excited about this wave of AIMS. This is where, you know, we're going to see a lot of the actual scheduling and ability for front-line staff to be able to better manage their schedules and their daily activities. So you know, that's one of the key things that we're going to see with this particular wave of AIMS in the six different releases.

Vicki Mowat: — Thank you. The last total project cost I saw was around $240 million, $250 million. Can you speak to the total project cost to date as well as what is in the upcoming year's budget that's allocated for AIMS?

Hon. Jeremy Cockrill: — So you know, we just had Mark up here talking about the adjusted release schedule for this next wave of AIMS. You know, based on that, we expect the total project cost to be $276.7 million.

Again the $240 million number you referenced, I mean that's a bit of an older number from the Provincial Auditor. So you can, I'm sure, appreciate that there's been some changes to the structure of the project. And I can't emphasize enough, I guess, the fact that we have gone to six different release dates, the fact that we've added all this user testing, performance testing, the pilot that we have ongoing right now. That does add to the length of implementation, so it adds to the cost because that means we are engaging the project team longer, we're running our legacy systems longer.

But I can't emphasize enough that really that was driven again by feedback directly from the front line, hearing feedback from them in terms of making sure that this would be a successful rollout. And then also on the other side, doing it in a way that was going to interrupt patient care as little as possible, right? That's really, I think, one of the major goals here is making sure that we're adding this functionality to how we operate but without affecting what patients see on a daily basis.

Vicki Mowat: — Thank you. Did you find out what is budgeted in the upcoming year?

Hon. Jeremy Cockrill: — Pardon me. Sorry. $32.9 million is budgeted in this upcoming year.

Vicki Mowat: — And that's in addition to the 276?

Hon. Jeremy Cockrill: — No, that's inclusive.

Vicki Mowat: — Inclusive of, okay. Thank you. And is this a Canadian-based company that is implementing AIMS? Who's running it?

[22:00]

Hon. Jeremy Cockrill: — So the lead vendor on the AIMS project is obviously Deloitte Canada. So, you know, that group is based in Canada. Obviously underneath Deloitte there's several different vendor groups as part of this project.

Again I would say, you know, some of these companies do have US head offices, but I would say they also have significant Canadian presences as well including, you know, data centres. I mean the data for all this project will be housed within Canada which I think is an important consideration, especially dealing with employee information. But Deloitte Canada as the lead vendor is a Canadian company.

Vicki Mowat: — Can we get the list of the vendor groups, please?

Hon. Jeremy Cockrill: — What we can do is we'll work on that list for you and provide it to you when we can put that together.

Vicki Mowat: — Thank you, Minister. I want to switch gears and talk about the health care workforce as well as retention challenges. And I'm not sure if the minister will have these details or will refer me to another ministry, but we'll see.

There's reference in the budget to additional training seats under the health care portfolio for Advanced Education; in particular, 60 new training seats that were announced for nurse practitioners, RPNs [registered psychiatric nurse], MRTs. Can you speak to how many seats are dedicated to each of those designations?

Hon. Jeremy Cockrill: — So, Ms. Mowat, I'll provide you the breakdown that I have. You know, I suppose if you have more detailed questions, it'll probably end up being an Advanced Education question, but I'll provide the breakdown that I have.

So there are 60 seats, 60 new incremental seats that are available in Saskatchewan, and there's actually three seats that are . . . And you know, you would know this is a common practice to purchase seats for professions that we don't train in province, purchase them at out-of-province institutions and reserve them for Saskatchewan students. So I'll just start with the three, and then we can move on to talk about the 60 in province.

So funded in this year's budget is a two-seat increase of electroneurophysiology technologists, and that program's offered through BCIT [British Columbia Institute of Technology] in Vancouver. So that brings our total funded seats to four per year there in that specific profession. And then we've also added one seat in the nuclear medicine technology space, bringing our total funded seats there to five per year, and that's at SAIT [Southern Alberta Institute of Technology] in Calgary.

So again, programs, professions that are still very important to our health care system here in the province, but utilizing relationships that we have with other provinces to make sure that those seats can be filled with Saskatchewan students.

So in terms of the 60 seats and how they break down by profession, so 10 new seats for medical radiology technology, which brings the new first-year intake this year to 50 students or 50 seats; 16 new registered psychiatrist nurse seats, which brings the first-year intake seat total this year to 120; 24 new registered nursing seats, which brings this year's first-year intake seat total to 862; 10 new nurse practitioner seats, which brings the intake number to 75. And that is how the 60 seats in Saskatchewan break down.

Vicki Mowat: — Thank you. There was an announcement in the budget around supports for 65 new and enhanced permanent full-time nursing positions. Can you explain what that means and provide a bit of detail on who these positions are for, what they look like? I don't really know what . . . I think it's new and enhanced, which just . . . I have more questions than answers. So if you could provide some detail, I'd appreciate that.

Hon. Jeremy Cockrill: — So what we mean by enhanced is temporary or part-time positions that have been enhanced to permanent full-time positions, and that's both with respect to vacant postings but also with respect to current employees to help with retention. If an individual was employed as a part-time or a temporary, some positions in these designations across these communities are enhanced to now to be permanent full-time positions.

And you know, some of the communities where these positions are located: Arcola, Beauval, Broadview, Buffalo Narrows, Davidson, Esterhazy, Fort Qu'Appelle, Grenfell, Herbert, Ile-a-la-Crosse, Kamsack, Kipling, La Loche, La Ronge, Leader, Maple Creek, Melville, Nipawin, Outlook, Oxbow, Porcupine Plain, Radville, Redvers, Rosetown, Shellbrook, Spiritwood, Unity, Wadena, Wolseley, and Wynyard.

Out of these 65 positions, at the end of March, 60 of them have already been filled. Again this is exactly . . . You know, we go back to feedback from front-line health care workers. Even just this week in the meetings I've had, you know, there's a desire to make sure that there's more full-time positions available in rural and northern communities.

So you know, this year's budget incremental amount of 4.9 million supports those 65 new enhanced positions. It's good news that we've already filled most of them. We have a few more to fill. And this is on top of, you know . . . Because if you remember back to when the health human resources action plan was started back in 2022, these 65 positions are in addition to the 250 positions that we converted from either casual or part-time or temporary to full-time positions.

And I'll just say too that, you know, the meetings I've been able to have with, you know, that I have on an ongoing basis with the Saskatchewan Health Authority but also with our provider unions and our nursing union partners as well, you know, we have some good discussions about specific facilities where there might be opportunity to have a full-time position. And this is exactly what we're doing in this part of the budget.

[22:15]

Vicki Mowat: — Are these RN [registered nurse] positions? What's the designation of the position here?

Hon. Jeremy Cockrill: — So the 65 talked about in this year's budget, they're all registered nurses or registered nurse educators. Now out of the 250 positions that I referred to over the last several years that have followed the same new and enhanced categorization, not all of those were nursing positions. Some might have been MRTs or CLXTs, [combined laboratory and X-ray technologist], so again a good variety there.

The 65 positions here, as I mentioned, these are all registered nursing positions really to stabilize about 30 rural and northern locations. And just to break down further, 7 of the 65 were enhanced from part-time to full-time, and then 58 were brand new positions and new people added to the system. And again just to emphasize what I said previously, 60 of the 65 positions are now filled.

Vicki Mowat: — I wonder if the minister can speak to the nursing task force and why it seems that there's no budget allocation being assigned to the nursing task force.

Hon. Jeremy Cockrill: — Well I guess I'll just say on the nursing task force, we don't know what's going to come out of the nursing task force. You know, looking forward to . . . And that might be funny, but if you haven't sat down with everybody, how do you know what's going to come out of it? And because if we're going to preclude the conclusion of it, what would be the point of engaging with front-line health care workers?

So you know, I've been clear with all the three providers and as well as the Saskatchewan Union of Nurses. My hope is to sit down, talk about some of the operational challenges that they're seeing, help continue to reduce our reliance on contract nursing, and reduce the need for excessive overtime for staff, and then just to really understand what are the opportunities to enhance the recruitment incentives in place already and understand again how we can better serve patients all around the province.

So you know, again looking forward to all four of those partners engaging in the task force. Certainly as we move forward with the task force and get a better understanding of what the possibilities are and what the potential outcomes are, we can certainly have a discussion if funding is necessary out of that.

Vicki Mowat: — Minister, in 2022 the Provincial Auditor looked at short-staffing in hard-to-recruit positions and specifically had a recommendation to develop and implement a First Nations and Métis recruitment and retention plan. I saw that there was a commitment from the ministry as well in the HHR action plan in 2022 that "In 2022-2023, the SHA will work with partners to develop a First Nations and Métis recruitment and retention strategy." Can you update the committee on the status of that?

Hon. Jeremy Cockrill: — So thanks for the question. I'll just maybe update you, Ms. Mowat and the committee, on some of the initiatives under way under the recruitment and retention strategy.

You know, just first on retention. Planning is currently under way for the establishment of a First Nations and Métis employee resource network. And really that's for internal staff already to the SHA. And really the network will enable First Nations and Métis employees to connect with each other and to guide, you know, guide mentorship opportunities and career development opportunities within the SHA.

Indigenous workforce inclusion training opportunities for leaders are currently in development and will be delivered in this fiscal year. Really the training will focus on developing cultural humility and learning culturally responsive leadership skills and approaches to be implemented in their work with the SHA.

And you know, we're also engaging . . . I can say the SHA is engaging with our EFAP [employee family assistance program], our employee family assistance provider to explore options to really improve and increase access for Indigenous counsellors and culturally responsive services for First Nations and Métis staff and their families.

On the recruitment side, obviously a big way we do that is with, you know, engaging Indigenous communities at various career fairs and recruitment events. I'll actually provide a specific example in a minute here. You know, the recruitment team continues to connect with high school counsellors and Indigenous student advisors at post-secondary institutions to provide opportunities for them to explore what a career in health care could look like and helping them along the way in that regard.

You know, on the recruitment side I mentioned I was going to provide a specific example, a recent, I think, success. You know, some of the SHA teams attended the FSIN [Federation of Sovereign Indigenous Nations] cultural celebration powwow in early November, and last fall had a recruitment booth there alongside targeted recruitment for specific positions around the province. You know, talked with over 100 folks that came by the booth. We've had pre-screening interviews with about 20 potential candidates out of that effort, and you know, continuing to support connecting them with their local hiring managers across the SHA.

And I'll just say too, I'd say I'm probably not the best to speak to this, but some of the good work that has been going on in the post-secondary space, you know, certainly with our universities and Sask Poly, but really in particular with some of our regional colleges around the province. And some of the good work, I know, again, speaking specifically about my local regional college in my community, a really strong level of engagement from Indigenous communities in the area in terms of accessing some of the programs available.

And I'll just say too, you know, even some of the work that has been going on with SIIT [Saskatchewan Indian Institute of Technologies] and working with their leadership on finding opportunities to develop specific programs to help us fill some of the gaps that we have.

Vicki Mowat: — Thank you, Minister. I understand there are significant vacancies in mental health and addictions workers across the province. I'm wondering if we can get a breakdown of what's the province-wide percentage of vacant mental health and addictions positions within the SHA as well as the percentage for Integrated Northern Health and the percentage for the far North

mental health and addictions positions within the SHA. Again I'm looking for the percentage of vacant positions.

[22:30]

Hon. Jeremy Cockrill: — So, Ms. Mowat, it's a level of detail that we don't have access here to tonight. But just speaking with Andrew and Mike with the SHA, they're going to go back to their teams tomorrow and figure out kind of what data we can pull together for you and share with you in as timely of a fashion as we can, understanding it will take just a little bit of time to pull some of that information together.

Vicki Mowat: — If I can have another question? I don't know what time we're at. Okay. Go ahead.

Chair Weger: — Having reached our agreed-upon time for consideration of these estimates, we will now adjourn consideration of the estimates and supplementary estimates no. 2 for the Ministry of Health. I'll just take a moment to thank legislative services staff, committee members, Minister Cockrill, Minister Carr, and all of the ministry officials for again another long night here. And, Minister, do you have any closing comments?

Hon. Jeremy Cockrill: — Thank you, Mr. Chair. I would just echo some of your comments in terms of thanking Hansard and the Legislative Assembly Service staff for shepherding us through these proceedings. Thank you to Ms. Mowat and your team for your thoughtful and respectful questions tonight. And just again finally a thank you to the officials who have joined us tonight. Thank you for your important work that you do on behalf of the government in terms of delivering better access to patient care every single day. And sure appreciate their work.

And then again, you know, we've talked about them at different times throughout the night, but many of the folks that work in our health care system across the province on the front line, sure appreciate their efforts each and every day as well, as they serve our friends and families. So thank you, Mr. Chair.

Chair Weger: — Ms. Mowat, do you have any comments?

Vicki Mowat: — Yes, thank you, Mr. Chair. I want to echo the minister's words of thanks and say that, you know, I certainly appreciate how many hours go into preparations for these committees. And recognizing the fact that we're coming to the end of our Health estimates time, appreciate everyone who has spent a couple of nights here doing this work and bringing forward answers on behalf of the people of the province. So thanks for all of the work that all of you do day to day as well.

Chair Weger: — This committee stands adjourned until Wednesday, April 2nd, 2025 at 5 p.m.

[The committee adjourned at 22:33.]