

LEGISLATIVE ASSEMBLY OF SASKATCHEWAN
March 24, 1980

EVENING SESSION

COMMITTEE OF FINANCE — DEPARTMENT OF HEALTH — VOTE 32

Item 1 Continued

HON. H.H. ROLFES (Minister of Health): — Mr. Chairman, before we recessed this evening for supper, the hon. member for Rosetown-Elrose asked me a question on mill rates and I didn't give him a complete answer. We have the answer for you now and if you want to take them down, I can give you the various cities: (1) Moose Jaw, 1.6 mills; (2) Prince Albert, 4.2 mills; (3) Yorkton, 1.8 mills; (4) North Battleford, 4.7 mills; (5) Swift Current, 4.9 mills; (6) Maple Creek, 2.9 mills; (7) Kindersley, 5.8 mills; (8) Weyburn, 4.8 mills; (9) Melfort, 10.0 mills . . . (inaudible interjection). . . Pardon me? I don't think there is one for Estevan. It's a Catholic hospital; they don't have one.

MR. H.J. SWAN (Rosetown-Elrose): — Mr. Minister, did you happen to look for the municipal mill rate for the year 1979? You gave me the 1978 rate.

MR. ROLFES: — Sorry, I have it right here. I forgot to give it you — 5.8.

MR. SWAN: — That's an average for the province, is it, 5.8?

MR. ROLFES: — Yes. It's the average hospital levy for all union hospital districts.

MR. SWAN: — When you take into account the size of the farms and the assessment that you're looking at in rural Saskatchewan and you come up with an average mill rate of 5.8, I believe that it's a little bit difficult for me and for a lot of others to understand how you then say medicare is free. You know, you have tremendous cost to the people here — a lot of them assessed at something in the \$25,000 and up range and you levy nearly 6 mills. You're looking at a lot of dollars per individual. I think in the future, when you're advertising your hospital as being free, you should do it a little bit cautiously. If you add that cost and the cost the level 4 people are paying, I believe that hospital is far from being free and you're going to look at many millions of dollars being paid for hospital care in the province of Saskatchewan.

MR. ROLFES: — Mr. Chairman, I think we're playing with words here when we say that medicare is free. I don't think anybody here would say that medicare as such is free, but we've always said that medicare would be paid for out of public funds and it should not rest on each and every individual as to whether or not a crisis may happen in their particular family, and therefore, the total cost of that would be borne by that individual.

Certainly, when we talk and when others talk about medicare being free, we simply mean that if you went to your doctor in the past, you didn't have to pay — it was taken out of public funds, out of public taxation. So, to that extent, I have no objection with what the members says. I will certainly indicate to people I talk to — look in this province there are no deterrent fees. You don't pay when you go and see a doctor. You don't pay when you go into a hospital. But it's funded out of public funds which is a philosophical view that I endorse.

MR. SWAN: — Many times I've heard you and others in this House say, look what they

pay in Alberta — the individual pays so much. Well, when it comes down to my municipal tax rate I pay more for hospital services in Saskatchewan than anybody in Alberta is paying—through this tax rate alone. And if I get to the point where I'm in level 4 I'll be paying more again.

MR. ROLFES: — No, Mr. Speaker, I think the member is wrong there. If he gets to level 4 right now he won't pay anything individually. Out of public taxes yes, he will support us. I happen to believe that as far as health care services are concerned we ought to fund them out of public taxation. You may disagree with me, but I believe we shouldn't put financial onus on an individual just because he, as the head of the family, or his family may have inflicted upon them a sickness or disease over which they have no control. We have a philosophical difference here, but I think the people of Saskatchewan have shown they support my particular view and have done so over the years.

MR. J. L. SOLOMON (Regina North-West): — Mr. Chairman, during the Regina North-West by-election last fall, excess direct billings were a major issue in the constituency — a major concern of mine and of many constituents in the north-west part of the city. At that time I assured the people in north-west Regina that if elected I would attempt to do everything within my power to eliminate the excess direct billing of patients by Saskatchewan doctors.

Since elected on October 17, the Regina North-West NDP Association offered a resolution calling for an end to excess direct billing in Saskatchewan which was passed almost unanimously at the provincial New Democratic Party convention held in Saskatoon — partially, I think, as a result of my direct involvement in the debate at the time. In addition, I attended the federal New Democratic Party convention in Toronto to convey Saskatchewan's concerns to the federal party. That convention also adopted a resolution calling for an end to excess direct billing. I have also appeared on a few open line shows and have discussed the issue extensively with many constituents since October. I've also raised this issue in the government caucus and with officials of the Department of Health and the medical care insurance commission, as well as with the minister, in late 1979 and in January of 1980.

Because excess direct billing continues to be a concern to the people of Saskatchewan and because the elimination of excess direct billing is certainly a priority concern of mine, would the minister please provide the House with an update on the current level of direct billing by Saskatchewan physicians?

MR. ROLFES: — Mr. Chairman, this particular issue is not unique to Saskatchewan. In fact, when you compare the records which exist across Canada you will find we are probably better off than most other provinces. I will relate to that later, but I just want to assure the member, I am as much concerned about extra billing as probably he is, but have some consolation at least in the fact that in mid-1979 we had about 7 per cent extra billing and that's down to about 4 per cent or a little less than 4 per cent now. I'm hoping that with the extra money we have put into MCIC and with continued consultation with the SMA it will continue to decrease.

I have stated often — I don't think it's any secret, my position on it — that I am concerned about the principle of accessibility, and if we find that in Saskatchewan the people will not have available to them, generally speaking, medicare services then, I think, the Minister of Health and the government must look at other alternatives. But as I indicated, when you look at 4 per cent . . . We've always had about 1 per cent who direct billed but lived with an MCIC schedule. So really, about 3 per cent of our total bills that are coming

in are extra billing. I still have some concern, as I say, that in some areas of the province most of the doctors are extra billing and in some specialities most of the doctors are extra billing we've got to come to grips with that. We made our stand known through the Hall commission and indicated very clearly that we were opposed to extra billing and we felt that some action had to be taken across Canada by all the provinces in order to protect the fundamental principles on which medicare was established.

I said I would indicate our position relative to other provinces and I just have a few comments here to indicate that we are better off than most other provinces. In Alberta, just immediately to the west, approximately 47 per cent of the physicians are balance billing there. In Manitoba, about 7 per cent of the physicians have opted out. In Ontario, about 18 per cent of the physicians have opted out. In New Brunswick, about 2 per cent to 3 per cent; Nova Scotia, about 3.5 per cent; and Prince Edward Island, about 20 per cent of the physicians have opted out. We are certainly, relative to the other provinces, in pretty good shape. I am optimistic that if we keep the doors of consultation open with the SMA we may be able to resolve this particular problem sometime this year.

MR. SWAN: — Mr. Minister, in the House the other day I asked you a question concerning a lady who was about 100 years old and it's a case that you have dealt with for some time. I could name the person but perhaps I shouldn't here. This lady has been told that she's on a waiting list for a level 4 bed and is going to have to remain on that waiting list for a year. She's 100 now. If you wait until she's 101, there's very little doubt that she'll probably not be needing the bed. But what I'm really concerned about is the recommendation from your department that she must sell the property she owns in British Columbia in order to pay for her stay in a level 3 situation until you have a level 4 bed available. I'm asking you tonight if you can make some consideration for a person like this who is classified as level 4, who should be in a level 4 bed but is not. Would you at least pick up the bill for the costs?

MR. ROLFES: — Mr. Chairman, I indicated before supper that really this comes under the Department of Social Services, not under my department. I want to indicate to the member that as far as my officials know, we did not make that recommendation; we couldn't because it comes under the Department of Social Services under level 3. So if anybody made that recommendation, it probably was made by officials of the Department of Social Services if that suggestion was made. I indicated to the member before supper if those people come into facilities of the Department of Health and they are in level 4 facilities, there is no charge. If we don't have beds available and they may be deemed level 4 but are in level 3 facilities, then they must continue to pay the charge as levied by the Department of Social Services under level 3. But that is not my department.

MR. SWAN: — Mr. Minister, if I have to, I'll run down to my desk and I will bring back your letter. It is signed by you so it must come under your jurisdiction. It tells the lady that she must wait a year before she can get into level 4, and I believe that once she is classified as level 4, you should take the responsibility. Now don't tell me it is social services.

MR. ROLFES: — Mr. Chairman, I think the member is referring to someone who is in Saskatoon. I think I know who he is referring to. Certainly I wrote the lady and said she had to wait; I did not tell the lady she had to sell her property in British Columbia. I am pretty sure I didn't tell her that, but, again . . . my goodness I get lots of letters and I am sure if the member got thousands of letters he wouldn't be able to remember everything he put in reply to those letters either. So don't tell me that your particular memory doesn't fail you; you are not perfect either.

I want to indicate to the member that this is a policy of the Department of Social Services and if they come into my department and into my facilities, I can tell you there is no charge.

MR. P. ROUSSEAU (Regina South): —Mr. Minister, I wonder if you could indicate to the House tonight — I realize that your year end is next week and that you won't have the exact figure — the approximate figure of the total expenditure of the Department of Health for the year 1979-80, the actual, not the estimated. I want to know what the actual is.

MR. ROLFES: — Mr. Chairman, I think if we go to the estimates on page 55, we have indicated there, the blue book figure of \$471,303,580 and in the supplements, I think we have a supplementary of \$8,251,570. That will be very close to what we think it will be. We can't get any closer than that, depending on what some of the expenditures will be next week, but it will be very close in there — 478-479.

MR. ROUSSEAU: —Mr. Chairman, it is not consistent with the two previous years. You are prepared, I take it, to stand by your estimate for the expenditures that you just indicated would be close to what they were estimated. Can we expect that they may be as they were the two previous years — like \$20 million less than estimated? Is that a possibility and, if not, why all of a sudden are we coming close to the estimate where you have been out by around 5 per cent or 6 per cent for two years in a row?

MR. ROLFES: —Mr. Chairman, as I indicated to the members in estimates, my officials tell me that we think we'll be right on there — 478 or 479.

MRS. J.H. DUNCAN (Maple Creek): —I'd like to spend the next few minutes on Saskatchewan Hospital Services Plan (SHSP). The first thing I'd like to know is what formula do you use to arrive at a 7.4 per thousand bed ratio for the province?

MR. ROLFES: — If I understood the member correctly, simply, we take all the rated beds that are available and divide by the population.

MRS. DUNCAN: — Is that from beds funded by the government or does that include beds funded by the municipal governments?

MR. ROLFES: — These are simply all the beds that are available. You asked me the number of beds that were available. These are all the beds that are available in the province divided by the population, not the beds that are necessarily funded.

MRS. DUNCAN: — All the beds? Every bed? You know, I have the number of beds your hospital was originally built for — 37. But only 18.9 are being used. Do you use the other 18.9 or do you use the 37?

MR. ROLFES: — No, it's the number of beds that the facility can safely hold, not the 18 as you indicated there.

MRS. DUNCAN: — Okay, what are the number of SHSP funded beds, the total number in the province.

MR. ROLFES: — For 1979-80, 4,945.

MRS. DUNCAN: —Do you have any idea how many beds in the province are funded by local municipal governments?

MR. ROLFES: — Could I answer the funding accounts for about 1 per cent of the total expenditures at the local level. O.K.?

MRS. DUNCAN: — Here again for Saskatchewan Hospital Services Plan funded beds?

MR. ROLFES: — Forty-five I believe it was — 4,945.

MRS. DUNCAN: — Do you keep statistics on waiting lists for surgery, either elective or urgent or whatever, especially in the major hospitals — urban hospitals?

MR. ROLFES: — We keep a waiting list for total. We don't have a specific waiting list for specific surgeries.

MRS. DUNCAN: — Do you have a total you could give me for the year 1979?

MR. ROLFES: —You don't have a waiting list essentially in any other parts of the province except Saskatoon and Regina. For Saskatoon it was 2,834 and for Regina 2,311. That was 1979.

MRS. DUNCAN: — What is the average length of time that these patients have to wait for a bed?

MR. ROLFES: —For urgent admissions, usually less than one month. With elective admissions, usually six to nine months.

MRS. DUNCAN: — What is the total number of hospital beds in Saskatchewan?

MR. ROLFES: —6,790.

MRS. DUNCAN: — Could you tell me, Mr. Minister, how you arrived at a four bed allotment for the hospital in Midale, Saskatchewan? They have a total of eight beds and your program is funding four of them. Could you tell me how you arrived at that figure?

MR. ROLFES: —I could ask the hon. member to go to the annual report of SHSP. If you read pages 11, 12 and 13 it would give you the method there and the formulas used.

MRS. DUNCAN: — There seems to be a discrepancy in lots of these where, population served, some of them have more beds than others.

MR. ROLFES: — Use population, age and sex I think. Those three are used. You can't just use population.

MRS. DUNCAN: — What will be the grants to Midale hospital for 1980-81?

MR. ROLFES: —Mr. Chairman, I can't give the member that because it is still under negotiation. It'll take at least another month or six weeks before that will be completed and before we have more definitive statements.

MRS. DUNCAN: — For item 25 you have \$301,550,000. How did you arrive at that

figure? If you don't know at this date what you're going to give the hospitals, how do you arrive at that figure?

MR. ROLFES: — I think the hon. member realizes that is an estimate. We won't know for certain what we will need until all the budgets come in. Certainly, my officials, if past experience is any indication, usually come fairly close and I would suspect when the final budgets are all in it'll be very close to \$301 million. They have to take into consideration I think the particular uniqueness of each hospital and they also take into consideration the inflation costs — but at this particular time we can only give you an estimate, as we have done in the past. The SHSP officials have been fairly close. They have not been out very much.

MRS. DUNCAN: — What was the actual expenditure under item 25 in 1979-80?

MR. ROLFES: — It is not at an end yet so we can't be that specific, but individuals indicate to me they think it's going to be very close to \$265 million, very close.

MRS. DUNCAN: — How many requests have you had for additional funding to offset deficits that have occurred in some hospitals in the province during the past year?

MR. ROLFES: — I am told by my officials that we don't keep a record of the number of requests that come in. There is constant discussion and negotiations going on all year — some on a formal basis, some on an informal basis. We don't have a record of just how many requests have come in and when an official goes to a particular hospital, or I go to a particular hospital and visit them, very often we do discuss finances. Is that a form of request? I am not certain that it is, so we don't keep a log on how many requests we have received.

MRS. DUNCAN: — Have you given any additional funds to any hospitals in the province during the last year? And which were they?

MR. ROLFES: — The answer to the member would be that probably all of the hospitals sometime or other receive some additional money during the year. They may have had specific responses or requests that they have made for a particular item or thing that the SHSP officials felt should be taken into consideration. When the final decision is made at the end of the fiscal year, the officials will certainly go over these requests, and very often additional moneys are made available to that particular hospital. Sometimes they aren't. So, it is not a rigid process — if you make a decision now, if you don't look at it again for another year — you come to some decision now and then as you go along in the year. If there are specific things that the hospital can legitimately quantify, my officials look at it and in many cases make some changes to SHSP.

MRS. DUNCAN: — Could I have those details?

MR. ROLFES: — Mr. Chairman, the question that the member asks is a question that we have some difficulty answering. First of all, it's a massive operation to go through all those lists. Second, there is the point that although the total grant that goes to each individual hospital is certainly not confidential some of the things that are discussed between SHSP and the administrator or the board of the hospital are certainly confidential between the hospital and SHSP. I don't think we want to get into, in my estimates here, all the details of every hospital in this province.

If you would like to have that, I think you could certainly direct that question to the

chairman of the board or the board of the hospital and they could give you that information. What we are to discuss in my estimates here is the SHSP total grants that go out to the hospitals. Those are the two answers I can give you at this time.

MRS. DUNCAN: — This expenditure is of public funds so I'm sure it's not confidential. I'm sure if you have a well-organized department you keep a list of hospitals which make requests for additional funds and whether or not you allocated those extra funds to that hospital. That shouldn't be so hard to dig up.

MR. ROLFES: — Mr. Chairman, I don't know if the member would be satisfied with the report of SHSP again. It's on page 38. It tells you all the expenditures of each individual hospital, as of March 31, 1979, and you will have all the expenditures that we will have expended from March 31, 1980, in the next year's annual report. They're all indicated there, every one of them.

AN HON. MEMBER: — A minute ago it was confidential.

MR. ROLFES: — Mr. Chairman, if the member would understand the answers — maybe we elevate them too high, I don't know, but let me repeat to him again — the individual items in a hospital are not reported in the annual report. The total expenditures for each individual hospital are reported in the annual report.

MRS. DUNCAN: — I'm not asking you for individual items. I'm asking you, if the Maple Creek hospital got a grant in 1979-80, say of \$100,000, did they make any requests during the year for additional funds for this particular fiscal year? And was that request granted and, if so, for how much?

MR. ROLFES: — I will have to tell the member I simply don't have that information. I indicated to you that SHSP has an ongoing consultation with hospitals. It changes throughout the year as particular things come up. I think the member could see — if you take any particular hospital and take the year-end report — what the increase was from one year to the next. You can find out what the increases were and that's the best we can do for you.

MR. R. L. ANDREW (Kindersley): — Question to the Minister of Health. Can the Minister of Health provide a breakdown on this type of statistical information — each hospital in the province, the total number of beds in that hospital, and the total number of funded beds in that hospital?

MR. ROLFES: — Yes. My officials say it will probably take us two or three days to do it, but we think we can pull that together for you.

MR. ANDREW: — Do you have that on a computer which would pitch that out for you?

MR. ROLFES: — My officials tell me no. It has to be done manually.

MR. ANDREW: — All right. In providing that information, could you also provide for the operating deficit at the end of the year for each of those hospitals?

MR. ROLFES: — Mr. Chairman, I think I cannot accommodate the member on that. Again, I don't think that it is within my jurisdiction to release that information. That information should be, if they so desire, released by the individual hospitals. They are the board of that particular hospital, and I don't think the minister has any particular right to

release details of any deficit or surplus that any particular board may have. I think you should acquire that information from the hospitals boards.

MR. ANDREW: — Mr. Minister, am I correct in assuming that the budget of a hospital is roughly arrived at by applying a factor to the number of funded beds? That's a simplistic way of putting it but is that not the way you arrive at a budget for a local or community hospital?

MR. ROLFES: — Mr. Chairman, I made that information available to the member for Maple Creek before. Turn to your annual report SHSP on pages 11 and 12. It is based on the population served taking into consideration the composition by age and sex, and then we take into consideration the average daily census of the hospital. From that you calculate what your budget is.

MR. ROUSSEAU: — Mr. Chairman, just to pursue that matter a little bit. I haven't looked at the report — I didn't have one with me. You indicated earlier there were 6,790 beds in the province. I presume what you're saying is that based on whatever population figures you were using that you would arrive at a figure, I believe you advertise or indicate, 7.4 beds per 1,000. I believe you would use that into the population and bring to a point . . . What population figure are you using then?

MR. ROLFES: — In the annual report of SHSP on page 50 it says that the beds per 1,000 population are calculated by SHSP on the basis of Statistics Canada . . . estimate of population June 1, 1977. We don't have that 1977 figure here right now but as of March 31, 1978 it was 947,500.

MR. ROUSSEAU: — Mr. Minister, you also indicated earlier, and I am referring to my colleague's notes, that there were 4,945 funded beds and there was a total of 6,790 beds. You also indicated that only 1 per cent was being funded by local municipal governments. Well, by my calculations, if I look at the . . . That's not what you said?

MR. ROLFES: — The 1 per cent of the total cost was funded by the local mill rate.

MR. ROUSSEAU: — All right, I'll even accept that correction. Then, how do you calculate it if there are 27 per cent more beds? Let me get this right. Of the total number of beds in the province, there are roughly 73 per cent that are funded by SHSP. That being the case, how would you come up with a figure of 1 per cent? I would think that 73 per cent would also be the amount you are paying for of the total amount of those beds.

MR. ROLFES: — Several things. Out of the 6,790 rated beds that we have in the province 4,945 are approved, and not all of the 6,790 beds are used. This comes as no surprise — of the total cost of the 4,945 beds, we pay 99 per cent of that.

MR. ROUSSEAU: — It may not come as a surprise to use, but I'm sure it will come as a surprise to the taxpayers of this province and the citizens of this province when you indicate at all times that you are funding and paying for 7.4 beds per 1,000, when in fact you're not. In fact, you're paying for and funding 5.1 per cent using 950,000 as a ball park figure of the population. So if we use that I think you are misleading the people of this province into believing that this government is paying for 7.4 beds per 1,000 when in fact you're only paying for 5.1.

MR. ROLFES: — Mr. Chairman, I was just going to say. I have taken about as much crap from him as I'm going to because . . .

MR. ROUSSEAU: — I have no intention of taking that from the minister either. I did not give him, as he says — crap. I asked a very legitimate question and I expect a legitimate answer to the question I posed to the minister. If he is going to start inferring that I'm here to waste my time and the Legislative Assembly's time, then I expect an apology from the minister.

MR. ROLFES: — Mr. Chairman, I wasn't referring to his question; I was referring to his false statement he inferred that I said. I did not say tonight that we funded all the beds. You asked me and the member for Maple creek asked me how many beds we have in the province. I said rated beds were 6,790. The approved beds were 4,945 . . . inaudible interjection . . . That's what approved means. That's right. I did not say that we funded the 6,790 and I think that it should be clearly understood that I said funded beds were 4,945, and if you tell me that I tell the people of this province we fund 6,790, I am saying that is nonsense — I did not say that.

MR. ROUSSEAU: — Mr. Chairman, that is exactly what I said. In your advertising in the brochure you sent out not too long ago, what figure did you use then? That good NDP government, good government . . . What figure did you use at that point in time? I don't have one with me, but you will recall the figure in that brochure — and you are talking about the exact figure I am referring to now.

I am suggesting to you, Mr. Minister, that the funding of beds in this province by the government is not 6,790, as you indicated in the brochure, but 4,945, which works out — you use your calculator — to about 5 per cent, roughly.

MR. ROLFES: — Mr. Chairman, I want to indicate to the minister that I take no responsibility for a brochure that was not used by the Minister of Health. I simply indicate to you I don't know what was in that particular brochure. I wish I had one here. I simply want to tell the member that in the House I indicated what the approved beds were and I stand by that. I indicated also, to you, what the rated beds were.

MR. ROUSSEAU: — Mr. Chairman, I would like to ask the minister if he did not use that same brochure to distribute to his constituents, because if he didn't he is the only member on that side of the House who didn't, I understand. Now, did you use that same brochure to distribute to your constituents?

MR. ROLFES: — Mr. Chairman, although I don't think it is any of his business whether I did or not, under my estimates, I can tell him I didn't use it.

MR. ROUSSEAU: — The reason I asked the question is, you make the statement, Mr. Minister, that you take no responsibility for what was in the brochure. Did you or did you not distribute that brochure to your constituents?

MR. ROLFES: — Mr. Chairman, I wish he would listen. I just told him I did not distribute it to my constituents. I also told him I didn't think it was any of his business, under my estimates, and I don't think it is. I don't mind telling him I didn't distribute it.

MR. ROUSSEAU: — I think any time this government is going to misrepresent the facts to the people of this province, it is my business and that is why I was elected to this legislature. I have no intention of being told, when I am asking a question in this House relating to figures and information you are providing, that it is not any of my business. I suggest to you, Mr. Minister, that it is my business.

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AN HON. MEMBER: — Crap to you.

MR. ROUSSEAU: — I beg your pardon.

AN HON. MEMBER: — Did you hear that, Mr. Chairman?

AN HON. MEMBER: — Crap to you; that's what he said.

MR. CHAIRMAN: — Order, order! I ask both sides of the house, now we better get back to the estimates. The minister has stated his side of it; you have stated your side; let's get back to the estimates and item 1.

MRS. DUNCAN: — Mr. Minister, what was the bed ratio per thousand population in Saskatchewan?

MR. ROLFES: — 5.1.

MRS. DUNCAN: — 5.1?

MR. ROLFES: — 5.1. That is approximate. That is the closest figure, I think, we can get.

MR. J.W.A GARNER (Wilkie): — Mr. Minister, I think we will start off a little easier tonight. First of all, I'd like to know, how many flights did air ambulance make for your department last year? Could you please give me that information?

MR. ROLFES: — If the hon. member has his Saskatchewan health report, page 1, your answers are right there.

MR. GARNER: — O.K. How many cafes or licensed dining rooms did your department investigate on complaints last year and how many did your department close as a result of the investigation of those complaints?

MR. ROLFES: — Mr. Chairman, if I can direct the member again to his Saskatchewan health annual report, page 39, your first answer is there — how many were inspected. We don't have how many were closed, but that's going to be a very extensive research because we had 15,155 eating establishments inspected. We have to go through all of those. It's going to take a fair amount of time and manpower to do that.

MR. GARNER: — O.K. Mr. Minister. We'll go on to another topic I'm sure you and the Attorney General won't be too happy to discuss here tonight, but it must be brought out and it must be brought to a head. It has to do with abortions in Saskatchewan. Mr. Minister, I notice that abortions have increased from 1,171 to 1,443. That I did find in your report. Now, first of all, have you read the final proposals for the consent of minors to the health care act yet? Earlier you had stated that you hadn't read it. Have you read it yet, Mr. Minister?

MR. ROLFES: — No, I have not.

MR. GARNER: — Well, I don't know how you read it then Attorney General.

MR. ROMANOW: — I haven't read it.

MR. GARNER: — I can believe that.

MR. CHAIRMAN: — Order! I think we can get along with less help from both sides of the House, and if the questioners will act — I ask you to adhere to the question and carry on.

MR. GARNER: — Mr. Minister, since abortions have increased in the province of Saskatchewan, and section 4 of this tentative proposal, which is a final proposal reading:

A minor who has the capacity to understand and appreciate the nature and consequences of health care proposed to be provided to him or her may consent to that health care.

Well, Mr. Minister, since abortions are on the increase, would you mind giving me your definition of health care please?

MR. ROLFES: — Mr. Chairman, first of all the member asked me about the age of consent. I think I answered that in the House the other day. There would be no change in the law — as indicated by the Attorney General — and I concurred with that.

The definition of health, I suppose, is the physical, social and mental well-being of an individual.

MR. GARNER: — Well, Mr. Minister, with this being a final proposal the people who are in disagreement with your government on this cannot complain to that committee any more. They have to complain to you or the Attorney General. Have you received any letters regarding this proposal?

MR. ROLFES: — Mr. Minister, as far as we can recall we have received no letters on the final report. We did receive half a dozen or so on the interim report and we channelled them all to the law reform commission.

MR. GARNER: — Mr. Minister, most likely you haven't received any letters because people know you aren't doing your job and you haven't read the report yet. But in this final proposal, compared to the tentative proposal done last year which contained a definition section of about eight pages, this year's has one definition section. Court means blank; judge means a judge of the blank — that's the definition section. People in Saskatchewan want to know why you're playing around with this. What are you going to do with it? Parents are very concerned because the government is trying to take over their job. When are you going to read this report?

MRS. DUNCAN: — Mr. Minister, I'd like you to get back to funded beds. If you look on page 38 of the annual report — the rated bed capacity as of March 31, 1979 — those figures are totally misleading and untrue. Cabri Union Hospital, rated as a 20-bed institution — you are funding 9 beds, 11 of those beds are empty. Dinsmore, 10 beds — only 5 beds are being funded. Holy Family Hospital in Prince Albert, 150 beds — only 99.4 beds are funded. Midale, 8 beds — only 4 beds are being funded, 2 by the local municipalities. Mankota — you have it rated as a 9-bed facility. You are using here the figures, the bed capacity which that hospital was originally built for. Your department has cut back funding to these hospitals forcing them to close beds for the last two, three or four years. Now how can you use those figures and sleep at night?

MR. ROLFES: — Who says I sleep at night? Mr. Chairman, I think in the SHSP report, if

you go to the top of the page, it simply tells the member the rated bed capacity as of March 31, 1979. That's the rated bed capacity of that facility and the rated bed capacity of that facility is for example, for Coronach Union, 12, or Arborfield, 8. That's the bed capacity of that hospital — the rated bed capacity. That is a correct statement. If we had put on top of there, funded beds and put those figures then you would be absolutely correct, but that's not what that column says. That column simply indicates what the bed capacity of that hospital is. So therefore it's correct. I'm not misleading anybody.

MRS. DUNCAN: — You're misleading everybody when you use the rated bed capacity to come up with a 7.4 per 1,000 population bed figure in Saskatchewan, when most of those beds are closed. How can you use that figure?

MR. ROLFES: — Mr. Chairman, we have given both figures here tonight. You are free to use your MLA expense account or whatever they call that to tell your people what the Minister of Health has indicated to you tonight — what the rated bed capacity is in each of the hospitals, what the rated bed per 1,000 is, what the approved bed is per 1,000. We've given you a definition of approved, of funded beds. We've told you it was 5.1 in one case, 7.2 or 7.3 in another case. You know, that's what I will do with my constituents when I tell them. Now you can go through my newsletters and you will see that is what I have done. I don't think there's anything wrong with indicating in our annual report what the actual capacity of the hospitals and we say the rated bed capacity is — and that's correct. That's what it is.

MR. ROUSSEAU: — I'd like to ask the minister a couple of questions and you can make notes on them as you go. First of all, do you stand by your earlier statement that 1 per cent of the funding is done by municipalities? How do you account then for the 5.1 being the figure you gave, of funded beds, versus the 7.4? Who is paying the difference? And I can't accept a 1 per cent. If you're standing by that then of course I won't go any further on that point. But the difference between 5.1 beds per 1,000 and 7.4 is 2.3 beds, and are you trying to tell this Assembly that the cost of those 2.3 beds per 1,000 is only 1 per cent of the total cost?

MR. ROLFES: — Mr. Chairman, what we have tried to indicate to the member is that the difference between the 5.1 and the 7.2 is that many of those beds between the 5.1 and the 7.2 are not occupied, are not required and therefore . . . (inaudible interjection) . . . I suppose some of them may be.

MR. J. G. LANE (Qu'Appelle) — Would the minister give us the assurance that your government, when it talks about beds per 1,000 is using the 5.1 which is the actual funded beds per 1,000 rather than the 7.4 per 1,000 that is the total number of beds?

MR. ROLFES: — No, Mr. Chairman, if I talk to an individual and he asks me what the capacity rating of a hospital is, I will use the 7.2. If he asked me what the approved hospitals beds are for a particular hospital I will use 5.1. I think if I didn't I would be incorrect. If the member for, let's say Lloydminster, asked me what the rated bed capacity of my hospital is, if I used 5.1 I wouldn't be telling him the truth. I have to use the figure of 7.2. But if he asked me what the approved bed capacity is, then I use the 5.1 figure.

MR. LANE: — O.K. Which figure do the hospitals make available to the public? Do they make available the total number or are they in fact using the funded beds as the beds available to the public?

MR. ROLFES: — Generally, 5.1.

MR. LANE: — You would use 5.1 as the figure if we said beds available per 1,000?

MR. ROLFES: — You asked me what the hospitals would use. I've answered that for you — 5.1. If you ask me, it depends on what specific question you direct to me.

MR. LANE: — Well, O.K. I asked you very carefully; I must admit I used a couple of big words.

MR. ROLFES: — I assume you were directing the questions to me . . .

MR. LANE: — That's right.

MR. ROLFES: — . . . so you can go ahead and use the big words.

SOME HON. MEMBERS: — Hear, hear!

MR. LANE: — Well the biggest word that I will use for you is hospital. Now I ask you, we have two figures. We have the total number of beds and that works down to 7.4 per 1,000. We have a second figure of the funded beds in the hospital and that is 5.1 per 1,000. That's what the government pays for. O.K.? Now, when we use the phrase, or when the phrase is used, beds available to the public, you have just indicated that the hospitals would say on a 1,000 basis, 5.1. Now you clarify it and tell me — beds available in a hospital. Which figure would you use? Would you use the funded beds or the total?

MR. ROLFES: — Mr. Speaker, if someone asks me in a particular hospital, let's say hospital A, how many beds are available, if the capacity of that hospital is 20 beds my answer to him must be 20 beds. If he asks me how many of those 20 beds are approved, I will give him a different figure. In the first instance if you generalize across the province it would be 7.2 or 7.3, somewhere in there. In the second one it would be 5.1.

MR. LANE: — The reason obviously that we raised the question with you, is that you've already denied this going out to your constituents. I suppose we're going to have to assume that yours was the only constituency in the province that didn't get it, which may cause you some personal concern in your relationship with the other cabinet ministers. But aside from that, you very, very carefully (and this is where the misleading comes in) say hospitals beds available, 7.4 per 1,000. In fact you don't bother to tell the public that you're only funding 5.1 per 1,000, a significant difference, a difference of approximately 20 per cent — 27 per cent.

MR. ROUSSEAU: — Mr. Minister, to pursue that a little further. I presume you have seen this brochure, this advertisement. You've seen it. You're using British Columbia, Ontario and Alberta as comparative figures: 6 per 1,000, 5.3 and 6.1. Can you categorically inform us whether these are funded beds, available beds or do you know what figures are used for the other provinces?

MR. ROLFES: — If I were to use the figures of the member for Qu'Appelle, I'd say available beds. They are the rated beds in the other provinces. The rated beds in . . . (inaudible interjection) . . . rated. Rated beds not funded beds. The 7.4 refers to the rated beds in this province. The other figures also refer to the rated beds.

MR. ROUSSEAU: — Just to get the point clear and I'm not arguing the point because I don't know the answer; but my question to you is very definite. You have checked this

out. You have been informed by the other provinces that this is the information provided to you and this is how it was calculated for these other provinces. That's what you're telling me. Do you know then if you checked that out, do you know then what they fund in the other provinces?

MR. ROLFES: — Mr. Chairman, my officials have provided me with Statistic Canada figures and those are the ones we use. I will read those for 1978-79. These are the rated and occupied. I'll give you the occupied. You have the rated there. The occupied on the top of the list is Saskatchewan with 5.10; British Columbia next with 5.02; Alberta with 3.92; Manitoba with 4.26; Prince Edward Island with 4.06; New Brunswick with 4.95; Newfoundland with 3.35; Ontario with 4.03; Nova Scotia, 4.15; Quebec, 3.47.

MR. ROUSSEAU: — I note with interest that the minister used a different term again. Instead of saying funded, he said occupied. So I presume there's a difference again. So I'll tell you what, I won't pursue it. I will do my own checking on it since I can't get the information from the minister.

MR. R.A. LARTER (Estevan): — Mr. Minister, I'd like to ask the minister, as you know there are some pretty large deficits coming up in the privately owned hospitals this year. I speak particularly of St. Joseph's in Estevan. What is the government going to do? These hospitals, particularly St. Joseph's which I know very well, have done everything to conform with your 5.1 bed program. They've cut their dietary staff from 23 to 13. They've done everything and followed everything under the rules and still they're going to come up with a deficit this year. I suggest to you the only reason they are able to hold the deficit as it is, is because of the dedication of those Sisters and the extra work they do in order to keep the deficit there. What is the government going to do regarding these deficits?

MR. ROLFES: — Mr. Chairman, first of all I want to indicate to the member that we too appreciate the work and the dedication of the Sisters, not only in St. Joseph's, but in the other private hospitals that we have. I think the member may be aware that the global budget cycle is coming to an end this year. We will be establishing a new base line for the hospitals that are in the global budget, and St. Joseph's in Estevan is on the global budget. My officials will take their deficit into consideration. I'm not saying that it will be totally erased but we will certainly take it into consideration in the discussions and the new base line for the next three or four years. For the next three years a new base line will be established.

MR. LARTER: — Mr. Minister, our member for Maple Creek also brought up the Midale hospital. Midale is probably as good an example as any of a hospital that has operated forever in Saskatchewan. I think you know that Dr. Mainprize worked out of there for many years and it has been a wonderful hospital for the people of that district. I might say that with some of the new doctors they've had in there, they are drawing people from Estevan to see a doctor at Midale. When you tell these people that they have an eight-bed hospital and they are only funded on four beds, what you are doing is helping to kill these communities just a little bit faster by only funding four of those beds. They have a tough enough time as it is getting a doctor. It is very tough, as you know, to keep a doctor in a small community. When you keep the funding of the beds down, to say half in the case of Midale, a good modern little hospital with nurses available in town . . . I think it very unfair to these small communities. I know it's hitting all the hospitals but the small hospitals, especially, get hit very hard by funding only half these beds.

MR. ROLFES: — Mr. Chairman, as indicated to the member for Maple Creek before, we use certain criteria to establish the budget; it's the population serviced and the age and sex of the population. It is a fact that in certain areas the population is decreasing and consequently we don't need the number of beds that were once needed. I think my government's commitment to rural hospitals is evident by the number of new hospitals that have been built and the number of extensions and renovations. But I think the fact still remains that in some areas of the province the population is decreasing and consequently one would assume that you wouldn't need as many beds as you did when the population was considerably higher. If, however, the people at the local level feel that they would like to add some services or keep the beds they had in the past which is beyond the formula we use, there is nothing to prevent them from doing it through local taxation. I noticed that Midale certainly is below the average and if they felt strongly, I think, then that could be done.

MR. LARTER: — Mr. Minister, I think there have been a couple of articles in Saskatchewan papers recently that medicare has deteriorated since 1955. I believe there have been comments made by a couple of prominent physicians and I don't think these were political statements unless you people solicit them to make these statements. I know it wasn't us. I think they were making statements of fact. There may be some way that you could change the funding of these hospitals. It was indicated that you didn't spend all your budget in the last budget. You came up with \$20 million you had not spent. Maybe there is something wrong with the way you are spreading your budget out to some of these hospitals; maybe there is some way you could raise the bed funding a little higher. Have you taken this into consideration for this coming year?

MR. ROLFES: — Mr. Chairman, I think I have indicated to the members opposite that we are going to be coming in very close to what our estimates were last year, within \$1 million one way or the other, depending on what the expenditures are for next year. I feel pretty confident that for this fiscal year the moneys allocated in the estimates for SHSP will probably all be spent, hopefully not overspent but within the range indicated in the blue book.

MR. LARTER: — One more area, Mr. Minister, and that's the level 4 beds in southeastern Saskatchewan. I think you know that the only level 4 beds are in Weyburn. The level 3 beds at Estevan and in other locations are overtaxed as you know. The doctors, through their code of ethics, will not and I say again will not sign a person into a level 4 bed if they are not incapacitated enough to put them in a level 4 bed. As a result, we not only have a huge line-up now for level 3 care but the people in the southeast (that's right to the Manitoba border, quite some distance from Weyburn) have to have these people go to Weyburn for level 4 care. It really does upset the families in the southeast part of Saskatchewan. There are people who go up there for level 4 care, and I think you know that the families start to visit them when they first go in there. But after they have been in there a year, they only see their families about once every six months or once every three months. I think it is a very inhuman thing that these people who go into level 4 care have been completely separated from the love of their families. It's easy to say that these people still should be visiting them but it just doesn't happen. It's just too far away.

We have an indication of a hospital at Bienfait that has room. It doesn't have a doctor any more but has very, very capable nurses and a doctor just 10 minutes away from Estevan. We have an indication that Bienfait could be converted completely to level 4. I think they are willing to do it. I would like to know, in this case, what is happening at the Bienfait hospital? Are you considering that?

MR. ROLFES: — Mr. Chairman, again, I don't want to go over the same old ground. We discussed this in some detail before supper and just after supper. I indicated to the members then, that I had some concerns also about having to ask a senior citizen to move from one community to another. The Minister of Social Services and I are undertaking a study to reclassify all the levels 1, 2, 3, and 4 so that arbitrary classification is something, I think, we have to have a look at, so that we may be able to in the future accommodate level 4 in the nursing home. The home — care program certainly should make nursing beds available in the southeast area when it once becomes fully effective.

I want to indicate to the member that in the Weyburn region (certainly level 4 beds) you've got more level 4 beds than we have in Saskatoon and in many of the others area. I think we have to have a look at how many of the hospitals in your area—the southeast area — have accepted those two beds for level 4 that we've made available. I'm not sure that all of them have. I don't think all of them have. That is one which you could possibly pursue with those people and ask them whether or not they would be willing to take those two level 4 beds. That could certainly alleviate some of the difficulties. Other than that, Mr. Chairman, I have nothing further to say because I think I gave most of the explanation earlier this evening.

MR. LARTER: — Just one last thing, for instance this Bienfait hospital. It does have very good staff. The staff is more than willing. It seems a shame when we have so many level 4 people down in that area (and you may have, per capita, quite a few level 4 beds at Weyburn) that the hospital in Bienfait has been funded for 6.1 when the staff is willing. They said with very little cost they could turn that completely into a level 4 hospital and they could handle it with very, very little funding, very few changes in the structure of the hospital. This is what seems so inhuman about our medicare program where we have the beds we could put the people in. In some cases these people are alone. They have nobody to look after them. I think it's very inhuman treating this as statistics. I know it's dollars and cents but I think possibly if we were less involved in other areas in this province we could help these people.

MR. ROLFES: — Let me just simply say to the member that you may be concerned, and so am I, but statistics certainly will prove out that when you compare our beds that are available in Saskatchewan, levels 1 all the way through we have a very good position vis-a-vis the other provinces. It doesn't mean that we can't improve them. But I want to tell the member that I simply do not accept the premise that just because the beds are available we should automatically fill them, and by doing so you do a service to senior citizens. You don't necessarily do a service to senior citizens and gerontologists, not only in this province but across Canada, will tell you that. But that's not the way that you really rehabilitate and serve senior citizens.

What you must make available to them is a totality of services. Certainly if someone has to be institutionalized you will do that, if that is a final decision which had to be made. But you should always attempt to make services available to rehabilitate somebody, and just because someone reaches the age of 85 or 87 or 88 doesn't mean that person ought to be institutionalized. At one time, 10 years ago, we were institutionalizing people in this province almost immediately when they became a senior citizens. The average, 5 or 6 years ago — 6 or 7 or 8 years ago — was about 73 or 74. I'm proud to say that the average now is about 83 or 85 — somewhere in there. That's good. That means we're making progress. But you don't necessarily serve the senior citizens by making all the beds available and say to them, let's fill them. I don't think that is what the member is saying. He makes the argument that there aren't sufficient beds. My information is that in the

southeast area, the Weyburn area, we only have five people on the waiting list, which is certainly not very many on the waiting lists for level 4 facilities. You and your area are being well served, in fact much better served than some of the other areas, if we are going to use that as a yardstick to measure by.

MR. LARTER: — One last question, Mr. Chairman. Mr. Minister, Saskatchewan, basing it on beds per population, has possibly the highest elderly group of people in Canada. Don't you think it throws those figures out quite a bit?

MR. ROLFES: — Mr. Chairman, that is certainly taken into consideration. No doubt about it, we have, compared to some of the other provinces. We are not that much higher than some of the other provinces, but it is steadily growing. Those are taken into consideration in my calculations. I simply say that in my opinion and in discussing it with other people (I place a fair amount of credibility in their opinion) they tell me that we do not need any more beds in this province. What we need is a better geriatrics program; we need a better home-care program. As I say, we are moving with it and I think, in a few years, it will certainly prove its worth. We need to make sure that we keep people in the community and out of institutions as long as possible. That is our goal and that doesn't mean that we shouldn't have a look — as a member is suggesting — at particularly pockets in this province, where we may have to add additional beds. I am certainly prepared to do that.

MR. ROUSSEAU: — Mr. Chairman, to continue with part of the question the member for Estevan referred to and one I referred to earlier this evening. You indicated that your total expenditures in health this year would be somewhere close to \$478 million. It happens to be about 15 per cent higher than what it was last year. It happens to be about 9 per cent more than what the increases were prior to that. Can you tell me why and what created cause for this type of an increase this year, when the past two or three years had been in the vicinity of 5 per cent to 6 per cent?

MR. ROLFES: — Mr. Chairman, I think I can give the member for Regina South the actual expenditures in 1977-78. Over the previous year the health expenditures increased by 16.0 per cent. In 1978-79 they went up by 5.8 per cent and in 1979-80 by 14.7 per cent, so I think if you average the first two of you will find it went up by about 10.9 per cent and this year it's going up 14.7 per cent.

MR. ROUSSEAU: — I don't have the one for 1976-77, I guess it's 1978-79 I have, as well as 1976-77, 1977-78 and 1978-79. There was \$419 million spent last year up until March 31 of 1979. The year before that was \$394 million. What was the figure the year before that? Wasn't it \$379 million? Well then if you haven't got it, how could you give me a figure of 16 per cent?

MR. ROLFES: — Well, I calculated it before. They had but I haven't got it marked here. I haven't got the absolute number. The one you want is 1976-77?

MR. ROUSSEAU: — The year ending March 31, 1977. What was spent that year?

MR. ROLFES: — O.K., we'll find that for you.

MR. ROUSSEAU: — Can I wait?

MR. ROLFES: — I'm told we don't have that with us here.

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MR. ROUSSEAU: — Well, if you don't have it with you, how could you give me a figure?

MR. ROLFES: — Because they were calculated before we came here — the per cent was calculated before we came here, but the absolute numbers weren't here. We had the per cent increase but we didn't have the absolute numbers.

MR. ROUSSEAU: — Mr. Chairman, I stand to be corrected when I say this but it seems to me it was \$376 million or \$379 million. Now am I close?

MR. ROLFES: — If we knock 16 per cent off we should be able to tell you. Mr. Chairman, I was wondering if we could go on to another question. We sent someone to the library to get the public accounts for that and the figure should be in there.

MRS. DUNCAN: — Mr. Minister, when you are compiling the data we have asked for could you also include the per diem paid per patient to each hospital in Saskatchewan?

MR. ROLFES: — Yes, we can do that.

MR. GARNER: — Mr. Minister, what does your government pay for a normal delivery?

MR. ROLFES: — \$105.

MR. GARNER: — How much does your department pay for an abortion in Saskatchewan?

MR. ROLFES: — \$91.

MR. GARNER: — Mr. Minister, what item in the fee schedule is that billed as?

MR. ROLFES: — Under D and C.

MR. GARNER: — That's a dirty word, Mr. Minister. I would just like to ask one or two more little questions. I have a letter here from Campaign Life and it has to do with three questions:

Our guest speaker will be Mr. Herman Rolfes, MLA for Buena Vista, Saskatoon and provincial health minister. When Mr. Rolfes was the NDP candidate in the provincial election he responded with an unqualified yes to all three Campaign Life questions. The questions are: (1) if elected will work towards ensuring that the provincial health minister discharges his responsibility under the Criminal Code of monitoring the activities of therapeutic abortion committees, (2) if elected will work toward stopping government funding of any agency that directly or indirectly counsels women have abortions or engages in abortion refers, (3) if elected, will work toward stopping the use of tax dollars to finance abortions.

Mr. Minister, what are you doing to stop the tax dollars for abortions in Saskatchewan?

MR. ROLFES: — Mr. Minister, I think the member ought to know that abortions do not come under the provincial government. They come under the Criminal Code of Canada and therefore are a responsibility of the federal government. As a minister of the Crown it is my duty and responsibility to uphold the law. My own personal views in that

particular regard have nothing to do with it. As much as I personally abhor abortions and as much as I personally oppose abortions, that has nothing to do with my duties and responsibilities as minister of the Crown. I've made that very clear to Campaign Life and Pro-Life. I think everybody here knows my stand on the particular issue. I made that very clear in 1970 when I ran as a candidate. I've made that clear in every campaign in which I have run. And, Mr. Chairman, that has nothing to do with my capacity as a provincial health minister.

I have spoken to federal ministers. I don't mind saying so. I spoke to the Hon. Otto Lang when he was the MP for Saskatoon East and he was attempting to get the federal law changed. I did speak to David Crombie when I had breakfast with him here in Regina. I have spoken to other ministers of the federal government to try to get their support in getting the law changed.

Mr. Chairman, I don't know what else I can say to the member except that I think he would have done much better had he convinced his leader, the former prime minister, to change the law. But it's my understanding that not only would he not change the law but if he had been re-elected, he would have seen to it that the law would have made it possible for more people to have equal access to abortion facilities.

Mr. Chairman, I don't think there's any political party that can stand up and puff out their chests and say that we are opposed or we are for abortion. All of the members of all political parties voted for the bill when it was passed in the House of Commons. All of the parties — I'm sorry, I don't think the Social Credit did. But the main parties, I believe the NDP, the Liberals and the Conservatives all voted for it. It was an omnibus bill that was passed. There were many good things in that bill.

But, Mr. Chairman, to try to lay on the provincial Minister of Health the responsibility for the Criminal Code of Canada is cheap politics. I don't mind it. That's fine. I think I know where the member stands. He has a right to make those views known. But I wish he would use his energies to convince his party, as I will use my energy to convince my party, of the stand we should take on the abortion issue.

I don't hesitate at all to let people know where I stand on the issue and what I will do personally to try to change the federal law. But, Mr. Chairman, I want to repeat again, as long as I am the Minister of Health, I will attempt to uphold the law of Canada as it is at that particular time. In my own personal capacity as a public figure, I will attempt to influence others and that includes federal ministers of health, to have the law changed. That is what I am doing as Minister of Health.

MR. GARNER: — Well, Mr. Minister, it's awfully easy to pass the buck around, very easy. Mr. Minister, you're the one who made the promises. Now what are you doing about trying to keep these promises? Who pays for these abortions? Does your department not pay for these abortions?

MR. ROLFES: — Let me direct a question to the member. I would assume that he is opposed to abortions. I assume that he is opposed to abortions and that he also signed the Campaign Life as I did. I assume he did. I know he doesn't have to answer, but I assumed that he did. If he did, Mr. Speaker, I would assume that he opposed and made it know to Joe Clark that he would not support his position on abortion. I would assume that's what he did. Mr. Minister, if he supported a member of his particular party and if he supported the re-election of Joe Clark, then he did not do his fair share in making certain that abortions were not more available to people in this country.

Mr. Speaker, I've answered the question as to what I will do and have done, as a Minister of Health and as an individual. I have answered that. As I indicated before, it's not secret as to where I stand on it. I've made it known many times. I've indicated also, Mr. Speaker, that under the Criminal Code if hospitals set up therapeutic abortion committees according to the Criminal Code, then certainly therapeutic abortions become a legitimate expense. That is funded out of federal and provincial funds. No doubt about it. That's what the law says, and that is what we abide by.

MR. GARNER: — Just to emphasize, Mr. Minister, on that third point — if elected, will work towards stopping the use of tax dollars to finance abortion. What are you doing whether it's personally in your department or anything else, toward stopping the use of tax dollars for abortions? What?

MR. ROLFES: — Mr. Minister, I indicated to him that I had discussions with both Monique Begin when she was the minister of health, and with David Crombie when he was the minister of health, about getting the law changed so that we would not allow therapeutic abortions when the life and health of the mother is endangered. I think the problem in that particular legislation is the word "health." If that word "health" were not in that particular legislation, and we simply said the life of the mother was in danger — that would happen very, very seldom in today's medicine — there would be therapeutic abortions, or very few therapeutic abortions supported by public funds.

But, Mr. Speaker, let me reiterate, it's not my responsibility. That is the responsibility of the federal government, not ours. I simply obey the law of Canada as it is, and under that law it says that if therapeutic abortion committees are set up by a hospital under certain conditions, then therapeutic abortions shall become eligible under health expenditures, and that is an agreement that is made between the federal government and all the provinces. That law, Mr. Speaker, I believe I have not only a right but an obligation to uphold.

MR. GARNER: — Mr. Minister, now we're getting right back to where I started. This is why my concern is on this final proposal by your government, and I wanted that definition of health care. So do the people of Saskatchewan want it. Now if you want you come out and promise that you're going to do something about not using the tax dollars, and then on the next hand your government and your NDP passed a resolution last year calling for it — your government, not the federal government . . . Mr. Minister, why not, with this definition of health care, have a definition section there; why can't you describe it? On one hand you're saying you're passing the buck to the fed boys. Fine. But it was your government, your government's proposal, and your government's law reform commission that brought the final proposal in, not the federal government. Now what about the health care definition in the final proposal. You haven't read it yet. You're not concerned. A lot of people in Saskatchewan are concerned, Mr. Minister.

MR. ROLFES: — Mr. Chairman, the member has a hard time perceiving ideas as they're expressed in this House. I indicated to him that we have no intentions of changing the law and the age of consent. It's not that I am not concerned about what the law reform commission is proposing. Mr. Speaker, I have indicated that, as the AG said and I concur with him, we have no intention of changing that law at this particular time. I don't know what more I can tell the individual, but I simply want to say to him that I think he is being somewhat hypocritical by working for the re-election of a prime minister who would make more equalized abortion facilities available across Canada, and then having the audacity to come and say to me that I shouldn't uphold the law of Canada which many of

the MPs, for whom I am not responsible, vote for. Had I been an MP at that time in the House of Commons, I can tell you my vote would have been negative on that omnibus bill.

I think all of us have a responsibility as politicians to convince our parties that the law, federally, must be changed. I am doing my part and I am simply asking the member for Wilkie — what are you doing to convince your party that ought to be done?

MR. BIRKBECK: — Mr. Chairman, I would like to direct a question to the Minister of Health. I can appreciate the concerns which you have expressed this evening regarding your position on abortion. But I can't appreciate the effort you have made to this point in upholding your campaign pledges. Surely a breakfast with Mr. Crombie, at that time federal Minister of Health, and a discussion with Otto Lang, cannot constitute the upholding of that particular campaign promise. So subsequently, Mr. Minister, I would ask you this question: have you as minister responsible for discharging funds in the administration of the Department of Health approached the Premier and the Attorney General with regard to their position on abortion, as it relates to whether or not your department should fund abortion? If so, what was the Premier's reply? What was the Attorney General's reply?

MR. ROLFES: — Mr. Chairman, I have no intention of telling the member what I discussed with my Premier or with the Attorney General. That is strictly confidential. I have no intention of divulging that to him.

Let me say to the member that I did my share in the last election in making sure that a pro-lifer from Saskatoon was elected and he was elected. I did that little thing at least.

Mr. Chairman, I think I have made my position clear to the members opposite. Unless there are some new questions, I have nothing further to say to the member for Moosomin.

MR. BIRKBECK: — Mr. Chairman, I have something further to say to the Minister of Health. Mr. Minister, you have admitted that in fact you have had discussions with the Attorney General and the Premier regarding the question of abortion and regarding the question of whether or not your department should expend funds for abortion under the Criminal Code. Then I would have to conclude that since you have had those discussions and since you are continuing to fund abortions then in fact the Premier and the Attorney General are not of the same thinking as you are with regard to abortion. Would you agree with that, Mr. Minister?

MR. ROLFES: — No comment, Mr. Chairman.

MR. BIRKBECK: — Mr. Chairman, whenever I get no comment from a minister, I have to take it as being in the affirmative. I think a no comment conclusion of this day from the Minister of Health is rather appropriate for this minister.

MR. ROUSSEAU: — I would just like to ask the minister, pursuant to the subject under discussion, you set the schedule of fees in this province which paid hospitals and doctors, etc. Is that not correct?

MR. ROLFES: — The fees are set by the MCIC.

MR. ROUSSEAU: — Do you have no input into the schedule of fees that are paid to the doctors and to the hospitals at all? You don't make any decision on those schedules?

MR. ROLFES: — No, I do not. You are referring to the MCIC schedule for doctors, right?

MR. ROUSSEAU: — I'm referring to all schedules, whether they be for doctors, hospitals, whatever you're paying. You're paying the bill for \$407 million. I'm referring to that. Now, do you have an input into what those fees are?

MR. ROLFES: — Generally speaking we provide the money. I don't get involved in the detailed setting of the fee schedule. We provide the money, and the MCIC and the employees of SHSP then do the negotiations and hold consultations and discussions with hospitals.

MR. ROUSSEAU: — Did your department not negotiate with the medical profession in the last one to determine what their schedule of fees was going to be? Am I wrong on that — weren't there negotiations that took place between. I don't know what the branch of your department, but your department somehow — were you not involved in that?

MR. ROLFES: — No, that was the MCIC that was holding the discussion and consultations with the SMA but I am not personally involved in that.

MR. ROUSSEAU: — Well, I didn't indicate you personally — MCIC is that under your department?

MR. ROLFES: — Yes, medical . . .

MR. ROUSSEAU: — That's what I wanted to know. So, in other words under your department there is an influence, if you like, on the determination of what those fees are going to be? And as such, my question to you is this, Mr. Minister: in view of the fact that you did sign and agree to the questions put to you during the last campaign, would it not be incumbent on you to discourage abortions? If you can't do anything about the law, to cut down the allowance paid for these abortions on demand? If you really believe in what you're saying and what you campaigned on — would it not be incumbent on you to perhaps set the fee at \$10 instead of \$91, as compared to \$105 for a full delivery? Now, I don't think you're really making the effort that you indicated earlier you want to make.

MR. ROLFES: — Mr. Chairman, the MCIC is a quasi-judicial commission and they operate basically independently of the minister. It doesn't mean that I don't have some input into them. Let me say to the member that I may have the authority but I don't think it would work very well if the Minister of Health would independently decide what the fee schedule would be for various services whether they be a D and C, a delivery or any other surgery which may be performed. I don't think that would be acceptable to the SMA and neither would it be acceptable to the members opposite if the minister took that authority upon himself.

I want to say to the member for Regina South, you can throw whatever doubt you wish on where I stand on that particular issue. In my mind I know where I stand on the issue. I abhor what is going on in Canada and in the world today. I wish that all of us could forget about the petty politics and get together on this and try to solve the matter where it should be solved and that's at the federal level. I'm not here to score any debating points. I think most people in Saskatchewan know my personal views on it.

I appreciate the suggestion you have made. I will certainly look in that particularly suggestion, but as I indicated to you I don't think that would have any particular force. Not

only that, but I think it would be a dangerous precedent to set by the Minister of Health — that he independently would decide what the fee schedule would be. If I do it in one case, why can't I do it in a thousand others? I think that would be a dangerous precedent for the Minister of Health to set.

MR. ROUSSEAU: — Mr. Chairman, I certainly was not intending to cast any doubt on the integrity of the minister and I do believe his stand that he feels and believes in what he is saying. I have no question about that. I feel very strongly about it myself. I did not suggest either that you would use your authority. Let me ask you, Mr. Minister, have you at least suggested it? I agree with you we shouldn't be involved in petty politics in a matter as serious as this one, but somebody has to start something somewhere. I suggest to you that without using your authority, without using your office, perhaps a suggestion might be made to the MCIC to say, look we on this side don't agree with abortion. I take it none of you on that side do — I don't know, but you certainly don't. All we're doing by providing the funds that you are providing within that narrow margin, between that and a full delivery, of \$14 or something is encouraging young teenagers or whatever to go out and get pregnant and say, what's the problem because I can get it and it's going to be paid for by the government. Why not suggest, without using influence, without using your authority, without using your office, but make the suggestion to MCIC that those payments be either nil if you like, or a nominal figure within your department. Perhaps the funds you'll save can go to a better cause and a better reason.

I don't think you would be setting a precedent in making that kind of suggestion. I don't think you would be setting a precedent simply because you're not using your authority to do it. All you are doing is suggesting. I suggest to you that you pass this on to MCIC: that those rates be changed — lowered or reduced or wiped out entirely. If the minister wants to answer that I'll sit down. If not, I have another question.

MR. ROLFES: — Mr. Chairman, I don't know. Certainly if the member is making that as a legitimate suggestion, I can take it under advisement and I will certainly do that. I don't think that is going to solve the problem. I don't think, for example, that it will be accepted by the commission; were I to impose it on the commission I think that most of the commission members would hand in their resignation on it, for the simple reason that as I indicated before it is allowable. It is legitimate health service under federal law. In agreements that were signed between the federal government and the provinces in medicare, certainly when therapeutic abortion committees meet, the requirement is laid down and they become a legitimate cost under medicare today. I will certainly take your suggestion under advisement.

MR. ROUSSEAU: — I appreciate your reply, Mr. Minister, and I appreciate the fact you will take it under advisement. Let me just say this, you mentioned (and I can't recall the exact words) legitimate cost or charge, whatever. I suggest to you and without sounding facetious and without meaning to be facetious about this, so is the transportation cost of an air ambulance service to Edmonton to save a limb. I say that is also legitimate. You know, if you can pay for one, perhaps it would be easy to pay for if we switched around our priorities.

MR. L. W. BIRKBECK (Moosomin): — I would like to direct another question to the Minister of Health. Could you give me a rough estimate as to the number of patients in the psychiatric ward in Weyburn?

MR. ROLFES: — Twenty-five.

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MR. BIRKBECK: — Another question, Mr. Minister. How many stay over 30 days and 60 days respectively? Could you give me that estimate? Just roughly, again.

MR. ROLFES: — Do you have another question you would like to direct while they are looking for the answer?

MR. BIRKBECK: — Yes, Mr. Minister. I would like to hear your views as to the function of the review committee set up by the Saskatchewan Human Rights Commission, regarding the disposition of committed patients.

MR. ROLFES: — The member will have to elaborate further.

MR. BIRKBECK: — Basically, what is the composition of the committee as you see it?

MR. ROLFES: — The member will have to be more specific about what he is asking me.

MR. BIRKBECK: — Okay then I will ask you this question. Do you know anything about the review committee that was set up by the Saskatchewan Human Rights Commission regarding the disposition of committed patients? Do you know anything about it at all?

MR. ROLFES: — No.

MR. BIRKBECK: — Mr. Chairman, in light of the minister's refusal to answer and the lack of knowledge, I have no further questions.

MR. BERNTSON: — I have a couple of real weighty ones for the minister. Is it the policy of MCIC to provide a breakdown of the annual — it was a good move, Mr. Minister, that is why you are there — to provide a breakdown of the annual billings paid on behalf of a particular patient on request.

MR. ROLFES: — No, but I am informed that we have a committee of MCIC that looks at each individual request. Each individual request is discussed with the individual. If it's a young person, with the parents and possibly with the doctor.

MR. BERNTSON: — It was indicated to me a few months back by people in your department that you would in fact provide this breakdown to a parent except if the child happened to be 13 years of age or over where there had to be release form signed by the child before the parents could get this information. Is that in fact true?

MR. ROLFES: — Mr. Chairman, I am informed that that is not the policy of the commission.

MR. BERNTSON: — What is the policy of the commission in this regard?

MR. ROLFES: — As I indicated to you previously.

MR. BERNTSON: — Can I ask for the breakdown of my daughter's file tomorrow and get it?

MR. ROLFES: — You would submit your request to the commission. The committee of that commission would then decide in that particular instance and they probably would be in contact with you as to why or why not it should be released.

MR. BERNTSON: — When was this policy changed? Because under the old Minister of Health, it was as I have previously explained.

MR. ROLFES: — In the summer of '79.

MR. BERNTSON: — What criteria are used to make the determination as to whether the information will be given to the parents or not?

MR. ROLFES: — They look at each individual case and it's based on its own merit.

MR. BERNTSON: — I'll move to one other line of questioning with MCIC. How many doctors in Saskatchewan are you currently withholding payment from for one reason or another?

MR. ROLFES: — I am informed that there are none; but there are eight who owe us money from advanced payments.

MR. BERNTSON: — I have been led to believe that a doctor, who is no longer in Canada, practicing in Gainsborough, in fact had some MCIC payments withheld and there's some question as to his billing practices. After billing MCIC and not being paid — or at least he alleges he wasn't paid — he then billed the patients. I think this is a contravention of the act. Well, the question is quite simply, are you aware of this particular incident? If you are not, will you check into it and tell me if it's true or not?

MR. ROLFES: — I am told that the doctor is no longer in Canada. Therefore, in my statement to you, we were not withholding, but he owed us some money, before he skipped out of the country, on the advances.

MR. BERNTSON: — What are you doing to recover this money?

MR. ROLFES: — I am told we are in touch with officials in the country in which he presently is. We have been in touch with the SMA and I guess we are using whatever methods we can to try to recover the moneys.

MR. BERNTSON: — What about the billings this particular doctor made to patients after billing MCIC and then billing the patients? Are the patients going to be compensated through the natural course of events or are they on the hook for this?

MR. ROLFES: — Mr. Chairman, we have made contact with the SMA and it is our feeling that the SMA should be paying those individuals who may have suffered under that particular doctor. We are in consultation with the SMA on that particular matter. I think it is illegal for us to pay twice; we did pay once already for the services rendered and to pay again — I don't think it would be legal on our part.

MR. BERNTSON: — How much of MCIC's money did this particular individual get away with and have you asked the Attorney General's department to investigate?

MR. ROLFES: — Mr. Chairman, we usually have an attorney in these cases and we have one in this one. We have talked to the Attorney General's department but we would prefer not to prejudice our case by stating what the sums are.

MR. P. PREBBLE (Saskatoon-Sutherland): — I would like to change the thrust of the discussion somewhat, to make a few suggestions to the minister in respect of new

initiates which might be considered in the budget. I would welcome any comments he might have with respect to those.

One of my concerns is that I think in the two larger urban centers in our province — Saskatoon and Regina — there are many new neighborhoods which are now being developed that don't have community medical facilities located in the neighborhood. I think most towns or smaller cities in Saskatchewan would be very concerned if a population of 5,000 to 6,000 people was not served within that population base by a medical facility. But in fact, that very situation exists in some of our major urban centers. I would like to suggest that the minister might consider the establishment of a program to encourage the setting up of community clinics or private doctors' clinics in urban suburbs in Saskatoon and Regina.

I would also like to suggest that the minister make a high priority of the expansion of the community clinic program in Saskatchewan, and give special support to community clinics in expanding their preventive health services. For instance, weekend services that might lower the current burden on emergency services — many people could come into a clinic if it were open, and receive more personalized attention and reduce the current burden on emergency services at our hospitals.

I would also like to suggest the government look at implementing a nurse-practitioner program in Saskatchewan, which would allow well-trained professionals to carry out some of the duties which are now being carried by doctors. The ordinary everyday cases could be looked after in considerably more detail by a well-trained health professional. The doctor would be able to spend more of his time on cases that clearly required his attention.

I would also like to suggest and I think it is important, that while the opposition has spent most of its time commenting on what I would describe as the hospital aspects and the treatment aspects of health services in this province, there is a need to give more attention in this discussion to preventive services which are being offered now and I believe need to be expanded by this government. I would very much like to see an expansion of health educators within our department, an expansion of public health inspectors and the removal of the plumbing inspector function from public health inspectors, which I think would be much better carried out by the Department of Labour and would free our public health inspectors to undertake other activities that are more pertinent to preventive health.

I would also like to see an expansion of public health nurses and speech therapists, and the number of doctors who are actually working in the department in the field of preventive health. I hope next year's budget will see a stronger initiative in this area.

I would like to say, Mr. Chairman, that one of my concerns — and I think an area to which no government in Canada has paid sufficient attention to date and which we must give a much stronger focus to — is that instead of simply thinking in terms of spending more and more dollars on cancer treatment and the funding of the cancer commission (which I certainly wouldn't question; I think it is very important) I think we should be paying far more attention to how we are going to come to grips with reducing the incidence of cancer in this province. If we go back to the 1900s there were very, very few deaths in Saskatchewan from cancer. In 1967 there were in the vicinity of 27,000 cancer cases in the province. By 1977 that had gone up to over 38,000. I think, Mr. Chairman, that there's a good deal of evidence to show that the majority of cancer in our society is being caused

by the environment around us — by the food we eat, by the air we breathe, by the water we drink. Not nearly enough attention has been given to improving the quality of that environment. Instead we're focusing all our attention and discussion in this House and the opposition is focusing all their discussion on matters of treatment.

I'd very much like to see this government look seriously at implementing a policy by which we could promote the sale of pure, healthy food in Saskatchewan — basically improve the quality of food that is being eaten in Saskatchewan. And I think there are some measures we could take that would not be particularly expensive at all. Among those would be a ban on junk food advertising, especially junk food advertising aimed at children. Also, I'd like to see us remove the junk food that's being sold in our public institutions, in our hospitals and in our schools.

There is something else that would not cost us any money and that I'd very much like to see being done. At the present time the formula food companies are given the opportunity to distribute formula food samples in the hospitals after mothers have given birth and I think that this is very, very inappropriate. It's well known that breast feeding is far healthier for a child and can help avoid far more illnesses than is the case with bottle feeding. It's my view, Mr. Chairman, that we should ban the distribution of formula food samples in the hospitals. There certainly should be no encouragement given to mothers in hospital to take advantage of the formula food samples.

I'd also like to suggest in respect to improving food quality that this government implement nutritional standards for food establishments in Saskatchewan. My view of this, Mr. Chairman, is that if we consider the fact that poor nutrition is estimated by Nutrition Canada to be costing, in terms of medical costs each year, approximately \$2.5 billion — which works out to about a cost of \$100 million a year in medical costs as a result of poor nutrition in Saskatchewan — there is a very good case to be made for suggesting the restaurants in this province need to be given encouragement in upgrading their menus. I would therefore like to suggest that we establish a minimal list of nutritious foods that should be a requirement for any food establishment in Saskatchewan.

Mr. Chairman, I think there is no excuse for any food establishment in this province, unless it's a speciality food establishment, for not having on hand milk products, plain milk, 2 per cent whole milk; for not having on hand unsweetened fruit juices or vegetable juices; for not having on hand some type of whole grain cereal or whole grain read; for not having on hand some type of fresh fruit or canned unsweetened fruit; or for not being in a position to serve such basic nutritional items as vegetables or cheese. I could go on and on. It seems to me that all restaurant establishments in this province should be given encouragement by the Department of Health to have these foods on hand. I'd also like to say, Mr. Chairman, that I'd like the Minister of Health to consider with the Minister of Education the implementation of a school lunch program in Saskatchewan. I'm happy to see that the Minister of Education is looking at the establishment of a couple of experimental programs along this nature in the current budget. But I would like to see the Minister of Health sit down with the Minister of Education to look at the implementation of a comprehensive school lunch program in this province that would provide nutritious meals at noontime for all children in the school. I think that this is a very good way of, first of all, making sure pure healthy food is being served for at least one meal during the day. It's also a way of making sure that children from lower income families are provided with one good solid meal. In this regard, I'd like the minister to consider the possibility of encouraging some schools in the province to grow some of their own food on an experimental basis. I see no reason why small greenhouses could not be established,

constructed next to the schools and why some of the students couldn't play an active part in growing some food during considerable portions of the year and why that food couldn't be cooked and sold in the school.

I would also like to suggest, Mr. Chairman, in respect to improving and promoting a pure health food policy in Saskatchewan, that under medicare we expand medicare to include the funding of nutritional counseling. I think that one other area we also have to take specific action in is the area of improving water quality in Saskatchewan. Again, I think that there needs to be increased co-operation between the Minister of Health and the Minister of the Environment with respect to the problem of water quality.

One of the areas that's of specific concern to me, and that I've raised in this House before, is the increasing frequency with which insecticides and herbicides are showing up in Saskatchewan water supplies. A 1978 study indicated that 12 insecticides and four herbicides were regularly showing up in Saskatchewan water supplies. I think that I would like very much to see the Government of Saskatchewan implement a program to encourage the reduced use of farm chemicals in the province. In addition to that I would like to see the Minister of Health and the Minister of the Environment looking seriously at the establishment of a royal commission to study the health impacts of farm chemicals and how the use of farm chemicals in Saskatchewan might be reduced. I didn't say eliminated. The member for Moosomin suggests that I don't have farmers in my riding. I'm afraid that he's incorrect. I have many retired farmers in my riding who are quite concerned about this issue.

I would like to also suggest that members in the opposition have been questioning the Minister of Health with respect to his position on abortion. One of the things which I'm disappointed they didn't raise was in terms of coming to grips with the increasing number of abortions that are taking place in this province, the need for the government to look seriously at expanding birth control clinics in Saskatchewan. I think that many of our teenagers today are ignorant of birth control practices and if they were more informed of birth control practices, this would be a very important way of helping to reduce the number of abortions now taking place in Saskatchewan.

Mr. Chairman, I would also like to say there are two others areas that I would just like to briefly comment on where I think the Minister of Health, in co-operation with other ministers, could look at a more preventive approach to health problems we're experiencing in this province. One of the most serious health problems is in the number of traffic accidents which are occurring throughout Saskatchewan and throughout Canada. I think we all know that the alarming statistic is: two out of every four children born in Saskatchewan will be injured or killed in a car accident before the age of 60. It's my view that I'd like to see the Minister of Health urge the Minister of Highways to implement a vehicle safety inspection program to reduce the number of accidents that are now being caused as a result of having unsafe vehicles on the road.

I think the final area in which I would like to see action taken is with respect to the workplace. I think we're all aware that a job has a very significant influence on who we are and on our health. Right now the way we look at the workplace — our focus on the workplace — is one of allowing workplaces to be built, to come into operation and then to set up a monitoring program with respect to occupational health and safety practices in the work place. There is very, very little attention given to — instead of the current approach — an approach of making sure that when the workplace is built, it is built with the health of people in mind. So what we end up doing is, rather than focusing on the design of the workplace, we monitor the workplace after it's designed and try to deal with the health

problems that are basically already in place.

My view, Mr. Chairman, is that Department of Health and the Department of Labour should establish an inter-departmental body to work with the private sector and Crown corporations in the design of healthy workplaces; to be in a position to advise employers as to how they might set up their workplaces with the health of the employee in mind.

I think that these are a few of the initiatives which could be taken by the Minister of Health, independently or in co-operation with other ministers to take a more preventive approach to health care. I think that kind of strategy could see us make important gains in terms of being able to reduce the expenditures we have to make in the long run on hospital care. I know the minister will take those considerations under consideration and thank you very much.

MR. ROLFES: — Mr. Chairman, it is certainly not my intention to respond to all the suggestions the member for Saskatoon-Sutherland has made. Let me say from the outset that many of them certainly are under consideration at the present time; many of which I agree with. I do think it is important that we place more emphasis on the preventive services of health rather than the treatment of health. I think we have come to the point in our health care system where we may be able to pour large sums of money into our institutions and treatment facilities with very little gain. I think what we must do is spend more and more of our funds in the areas of preventive services and I can assure the member that we will be looking at that in the coming year. So, in the area of preventive services, I agree with him to a large extent.

As I indicated, Mr. Chairman, I'm not going to comment — there are one or two items on which I do not agree with him. But I will, with my officials, research Hansard. We will see what we can come up with in the next year's budget in those particular areas the member has mentioned, many of which if they were implemented and if people were to carry them out, could save this province millions of dollars in the treatment of health and would bring about a much healthier population than we are experiencing in Canada and in North America at this time.

MR. ANDREW: — Mr. Minister, the concern I have is with the Kindersley Union Hospital. Over the last three years, the deficit position has been increasing at a fairly marked rate to the point now where the deficit for the year 1980 is projected to be \$100,000 over and above the funding from the government. The hospital serves a population of approximately 7,200 people and that breaks down to approximately \$13 per person in that hospital area which has to be funded by a levy of, I think, 4 or 5 mills on the tax roll. Now, the administrator of that hospital indicates to me the deficit is increasing proportionately to the number of long stay patients in that hospital. As the population grows older, it appears that the number of long stay patients grows larger, resulting in a larger and larger deficit. Now, obviously, the minister has also heard that complaint from a number of places. Does the minister have any policies to address that problem or is that deficit going to increase?

MR. ROLFES: — Mr. Chairman, I will give the member the same answer I gave the member for Estevan and that is that the global budget cycling has come to an end. We are presently negotiating a new budget cycle, a three-year budget cycle. A new base line will be established and, certainly, the deficit they are incurring will be taken into consideration. I will make no promises to the member that the deficit will be completely wiped out in the new discussion or consultations that are taking place. In establishing our formula, as I indicated before, we take into consideration the population served and

the age and sex of that particular population. So in that regard, Kindersley is no different than the other hospitals in the province. If they wish to, they could certainly increase their mill rate. They are at the average that exists in the province. There are others that are somewhat higher and I think Kindersley is at 5.8. They could certainly erase the deficit by doing that. But, as I indicated, we are presently negotiating a new global budget and some of that will be taken into consideration.

MR. ANDREW: — The question, Mr. Minister, is this. Almost one in 10 dollars now to fund the hospital at Kindersley is required to be raised at the municipal level. That is a fairly substantial portion of the total budget and my question to you, Mr. Minister, is are you not concerned about that? That trend has developed, I suggest to you, over the last five years in a very marked way. And my question to you is, do you not think that one dollar in 10 raised locally becomes a fairly serious issue?

MR. ROLFES: — Mr. Chairman, again Kindersley is being funded as any other hospital in the province on that particular range and if they wish to enrich their programs or their staff, as I assume they are doing, then that's a decision of the local board. I agree with the member that 10 per cent funded at the local level is of some concern and maybe in the new negotiations which are taking place on the new local budget that can be taken in to consideration; but they are being funded on the same formula basis as any other hospital in the province.

MR. ANDREW: — The administrator at the hospital, Mr. Minister, indicates to me that if you could pluck out of the statistical information the long-stay patients — who are primarily senior citizens perhaps waiting to get into a nursing home or perhaps unable to be dealt with this way or that way — but if you could take the long-stay patients and put them over here, that would explain almost 100 per cent of your deficit. Now I'm sure again that problem has been addressed to you. What is your solution to that question of long-stay patients?

MR. ROLFES: — Mr. Chairman, my officials seem to indicate that is not the main problem of the Kindersley hospital. I don't think there any waiting lists in Kindersley and I think it's the decision of the hospital board to run a richer hospital system than other hospitals of the same category in the rest of the province. That is their decision.

The committee reported progress.

The Assembly adjourned at 10:03 p.m.