

The Assembly met at 1 p.m.

Prayers

ROUTINE PROCEEDINGS

ORAL QUESTIONS

Effects of Free Trade Agreement

Hon. Mr. Blakeney: — Mr. Speaker, a question to the Minister of Economic Development and Trade, and I'd like to ask a series of questions dealing with the free trade agreement reached over the weekend by Canadian and American negotiators.

This deal, in my judgement, surrenders to the American position on almost every major issue and guarantees us very little in return.

Some Hon. Members: Hear, hear!

Hon. Mr. Blakeney: — Mr. Minister, turning to agriculture, the agreement reduces the power of the Canadian Wheat Board and eliminates the Canadian import licences for U.S. wheat, barley, oats, and other grain products.

My question, Mr. Minister, is this: can you tell us how the reduction in the powers of the Canadian Wheat Board are good for Saskatchewan grain producers?

Some Hon. Members: Hear, hear!

Hon. Mr. Andrew: — Well, Mr. Speaker, I think the hon. member is jumping to an improper conclusion when he says that somehow this is going to take away the power of the Canadian Wheat Board. This agreement does not do that. In fact the agreement, quite frankly, preserves the right of not only the Canadian Wheat Board but other marketing boards that have come to be part of the agriculture community in not only Saskatchewan but across Canada.

Some Hon. Members: Hear, hear!

Hon. Mr. Blakeney: — Supplementary, Mr. Speaker. I ask the minister again: do you not agree that under the agreement the Canadian Wheat Board licences for U.S. wheat, barley, and oats will be eliminated, and can you tell us how that is good for Saskatchewan grain producers?

While you're addressing the problems of Saskatchewan grain producers, would you tell us how the reduction in agricultural transportation subsidies for wheat - or shall we say grains which go from Canada to the United States - how that is of benefit to Saskatchewan grain producers?

Some Hon. Members: Hear, hear!

Hon. Mr. Andrew: — With regard to the first question raised by the Leader of the Opposition, and that is the elimination of import licences on wheat, oats, and barley, that only takes place at such a time as soon as the levels of

support for these products in both countries are equivalent.

Now, I'm sure even the member from Regina Elphinstone understands that the Americans support and subsidize their farmers far greater than we do in Canada. Their treasury advances something like \$50 a tonne more to the U.S. farmer on a bushel of wheat, or on a . . . \$50 a tonne.

So until those are equal, the import restrictions stay the same as they are now. And I would say to the Saskatchewan farmer that should the day come when the U.S. and Canadian subsidies are the same, we're likely also to see the day when subsidies around the world have been brought into check. We can then export our wheat like we have in the past, and I quite frankly believe that the farmers at that point in time would be very happy to see that date.

With regard to the second question raised by the hon. member with regards to the transportation subsidy into the Seattle area, that's probably primarily going to deal with canola and with wheat meal, as I understand. I'm advised that that is a very, very insignificantly small amount of Saskatchewan grain production, and the bulk of that is transported now by truck, not by rail, and therefore it would have very little impact on the Saskatchewan farmer.

Some Hon. Members: Hear, hear!

Hon. Mr. Blakeney: — I'm frankly amazed to hear the minister say that the bulk of canola is transported by truck to the west coasts, but I'll leave that . . . (inaudible interjection) . . . Well . . . That's right.

A lot of things happen when your head is way up in the air, Jack, which you wouldn't know about.

Some Hon. Members: Hear, hear!

Hon. Mr. Blakeney: — Supplementary, Mr. Minister. I now turn to the issue of egg and poultry producers. Mr. Minister, do you concede that under the agreement there will be a liberalization of Canadian import quotas, to use the word in the American summary of the agreement, and, Mr. Minister, would you explain just what that is supposed to mean, and just how additional competition from American egg and poultry producers will assist Saskatchewan producers of those products?

Some Hon. Members: Hear, hear!

Hon. Mr. Andrew: — Mr. Speaker, as I understand the meaning of that particular clause in the agreement, would mean as follows: that the import quotas would be set at the last five years' average for Canadian imports of U.S. chicken, for example. And under that calculation that would allow U.S. imports to increase into Canada from 6.5 per cent to 7 per cent. And I would think even the hon. member would agree that a one-half of one per cent increase in the number of chickens into Saskatchewan, or into all of Canada, would hardly do in the chicken and feather industry in this country.

Some Hon. Members: Hear, hear!

Hon. Mr. Blakeney: — Supplementary, Mr. Speaker. I too heard some figures approaching what the minister just gave us over the air waves but found nothing in the written agreement. Can you tell me whether there's anything in the written agreement which similarly protects egg and poultry producers as you say they will be protected.

Some Hon. Members: Hear, hear!

Hon. Mr. Andrew: — Mr. Speaker, the officials from our department are at this very moment reviewing and being briefed by the federal government on the details, the precise details of the agreement on the specific issues of whether it's point one-half of one per cent, or whatever. That is being done at this point in time. I can advise the hon. member that tomorrow the premiers will go through the particular agreement with the Prime Minister. Upon completion of that the agreement will be made available to the Leader of the Opposition and the member of the opposition. And I would hope following that we would have a full debate in this Assembly as to the agreement arrived at this weekend - I believe a good agreement for western Canada, and I believe a good agreement for Saskatchewan.

Some Hon. Members: Hear, hear!

Hon. Mr. Blakeney: — Mr. Speaker, a new question to the Minister of Trade. It's rather clear that (a) he believes it's a good agreement and (b) he doesn't know what's in it.

Some Hon. Members: Hear, hear!

Hon. Mr. Blakeney: — May I ask you, Mr. Minister, to comment on a curious section in the American summary of the agreement under the heading of the proposed free trade agreement. It goes on to say that it will include the right to cross-border sales and "disciplines on public monopolies." That was a curious phrase. And I wonder whether the minister, who is well-informed enough to know that it's a good agreement, will tell us just what is intended by the phrase "disciplines on public monopolies," and in particular the impact of that phrase and the provisions thereof on SaskTel, the Sask Liquor Board and other public monopolies in this province.

Some Hon. Members: Hear, hear!

Hon. Mr. Andrew: — Mr. Speaker, those particular questions are being posed at this moment by officials, will be posed by the Premier tomorrow. The approach that we have taken with regard to our Crown corporations in Saskatchewan, the position that we have taken with regard to our Crown corporations in Saskatchewan is that in fact they are measuring up to whatever rules you want to cover, that in fact our Crown corporations are doing a good job and are competing in a market-driven competitive way.

The member opposite, again, when he talks about why would you support it - I would pose the question to the Leader of the Opposition: why are you against - because it happens to be dealing with the Americans - why are

you automatically against any kind of an arrangement with the United States when you have had no briefing, you have seen no paper with regard to this? Is that to simply say that you are against trade with the Americans? Isn't that what you're really getting at, and I think that is shameful.

Some Hon. Members: Hear, hear!

Mr. Tchorzewski: — Mr. Speaker, I have a question to the Minister of Trade, the minister who supports something he knows nothing about.

Some Hon. Members: Hear, hear!

Mr. Tchorzewski: — Mr. Minister, one of the surprising and more shocking concessions in this proposed agreement by the federal government is the consent to a continental energy policy. Can you deny that the terms of this agreement will force Canada to sell its oil and gas and other energy sources to the United States at prices no higher than our domestic price. In other words, Mr. Minister, Canada would no longer have the option of charging Canadian consumers or Canadian businesses one price for oil while charging American consumers and corporations a higher price for oil. Do you not admit that that is a clear result of this agreement as reported in the American summary?

Some Hon. Members: Hear, hear!

Hon. Mr. Andrew: — Mr. Speaker, with regards to the question of the energy dimension of this particular agreement for Saskatchewan, let me answer the question the following way. Right now uranium is 100 per cent excluded from the U.S. market. Under this agreement we will have access to the U.S. market, and we will have access to the U.S. market without processing it through Ontario, something that the government of this province has been fighting for for some time. What this means is that 1,300 jobs now in the uranium industry in this province are protected, and as well they can grow in the future as we supply that U.S. uranium industry.

Some Hon. Members: Hear, hear!

Hon. Mr. Andrew: — With regards to the U.S. market and access to the U.S. market, this province has exported 60 per cent of its oil into the United States for some period of time under this administration and under that administration there. That can be vulnerable, Mr. Speaker. This agreement ensures our access to that market.

Now the hon. member from Regina North East would have us believe, would have us believe somehow that we should be selling oil produced in Saskatchewan to Ontario cheaper than we might sell it some place else. I find that inconsistent with their position when they were government, and I find that inconsistent with the position of the people of western Canada.

Some Hon. Members: Hear, hear!

Mr. Tchorzewski: — Supplementary question, Mr. Speaker. Mr. Minister, will we no longer have the option

of charging Canadian consumers . . . or the option of charging Canadian consumers and Canadian businesses a different price for our oil than we will have to sell it to the United States? Will you answer that question?

Some Hon. Members: Hear, hear!

Hon. Mr. Andrew: — Well, Mr. Speaker, what it sounds like the member opposite is asking for is the national energy program to be brought back on Canadians.

Some Hon. Members: Hear, hear!

Hon. Mr. Andrew: — That's exactly what he is saying, Mr. Speaker. What Saskatchewan needs is the right of access to the U.S. market. We have that. We also have the right to provide for our security of supply in Saskatchewan and in Canada, and I think that is important. With regard to what price we should sell it at, those are details that can be . . . will be addressed and dealt with.

But I say to the hon. member, should we be selling Saskatchewan oil below world price to the people of Ontario? That is exactly what they fought for when they were in opposition . . . when they were in government. We take the same position. We take the same position, Mr. Speaker, and that's the way western Canada has always dealt with that issue.

Some Hon. Members: Hear, hear!

Mr. Tchorzewski: — Another supplementary to the minister, Mr. Speaker. Mr. Minister, do you deny that this free trade agreement also guarantees the American a secure source of supply?

Some Hon. Members: Hear, hear!

Hon. Mr. Andrew: — Mr. Speaker, it provides a mutual benefit to both countries as it relates to uranium and as it relates to oil. Uranium - we have excellent quantities in our province, and we would hope to be able to develop further mines, and I believe this will allow us to develop further mines in the province of Saskatchewan to access it.

With regard to oil, Mr. Speaker, we have access to the U.S. market with caveats that we have to be assured that we have product for Saskatchewan people, and we will continue to assure that that is in fact the case.

Some Hon. Members: Hear, hear!

Mr. Tchorzewski: — Mr. Speaker, a new question to the minister. Mr. Minister, I refer you to the American summary in which it says: Canada will be giving the United States a secure energy supply in periods of shortage even when there are periods of shortage and when there is rationing required.

In other words, Mr. Minister, during any kind of energy shortage, Canada would have to continue to supply our American customers even if that meant energy rationing for Canadian consumers.

In other words, Mr. Minister, the Prime Minister is receiving the support of you and the Premier when he is saying that Canadians can freeze in the dark so that the people of Illinois and Iowa can have an assured energy supply.

Now, Mr. Minister, do you deny that? And if so, can you show, can you justify putting Canadians' future energy requirements at such risk?

Some Hon. Members: Hear, hear!

Hon. Mr. Andrew: — Two observations, Mr. Speaker. When the members opposite were in government, and when the price was high, they still had shut-in wells in the province of Saskatchewan.

The member opposite should also be aware - if he would only take time to look at the oil industry in this province - we have in place the largest heavy oil reserves in the entire world right in the north-west part of our province, equivalent to the production capacity of Saudi Arabia.

Now if Americans want access to oil in event of rationing, that means that the heavy oil fields of north-western Saskatchewan will be developed. That means millions and billions of dollars invested into our area, thousands of jobs, and I thought that's what we were about, as a country and as a province.

Some Hon. Members: Hear, hear!

Ratification of Free Trade Agreement

Mr. Shillington: — Thank you very much, Mr. Speaker. Mr. Minister, I want to ask you what happens from here on? Mr. Minister, Canadians understand that this agreement may radically alter the economy and the political nature of this country. What they are not so sure about is whether or not they're going to have any say in that, and that's my question.

Specifically, Mr. Minister, my question is whether or not Saskatchewan will ratify . . . will have a voice in ratifying this agreement? The Premier has said from the very beginning that Saskatchewan will have a voice in ratifying the agreement. However, the Prime Minister says this deal is largely, very largely, within the parameters of federal jurisdiction, to use the Prime Minister's words. My question, Mr. Minister, is whether or not this province is going to be involved from here on in?

Some Hon. Members: Hear, hear!

Hon. Mr. Andrew: — Mr. Speaker, I believe that for this agreement to succeed must be mutually of benefit both to the people of Canada - and that means all regions of Canada - and to the people of United States. And that's the way the negotiators approach this and, I think, for the most part they did a very, very good job on that.

Mr. Speaker, there was a number of issues that would have impacted on provincial jurisdictions but did not because of the way of the agreement. Let me give you an

example: the procurement policy, the government procurement policy under this agreement only relates to the federal government in Canada and the federal government in United States. It does not apply to the province of Saskatchewan or the province of Quebec or the province - any other province within our country.

Now one thing that clearly does impact upon us is the fact that U.S. wines will now come into Canada, and they must be given national treatment. What that means is that they must be showed on the liquor stores with the same degree that ours are and the mark-ups must be the same. So the net impact of that, Mr. Speaker, the net impact on the wines will be that there will be more American wines listed in our liquor stores at a cheaper price.

Now that's a provincial issue that will be involved. Anything that would relate to agriculture clearly would be involved by us, and that will be given a fair hearing with regards to that. So with regards to that, the premiers are meeting tomorrow. The Prime Minister's approached this from day one, that he wanted support of the premiers, and I would hope he gets the support of the premiers.

Some Hon. Members: Hear, hear!

Mr. Shillington: — I note, Mr. Speaker, that apart from the last sentence the rest of your comments have nothing to do with my question. Mr. Minister, the question is whether or not Saskatchewan will have a voice in ratifying the agreement?

I, for one, and I think many Saskatchewan people, are not comfortable with the Premier of this province being the sole person who says yea or nay. The Prime Minister has no more faithful solidier than the Premier of this province, and his office is simply not an adequate forum for analysing the impact of that in this province.

So I ask you again: will this province have a voice in ratifying the agreement, or apart from the consultations with the Premier, are we out of the picture?

Some Hon. Members: Hear, hear!

Hon. Mr. Andrew: — Mr. Speaker, Saskatchewan was the only province in Canada that prior and during to these negotiations, that went out and sought advice from all people across our province. And we in fact got input from those people across the province . . . (inaudible interjection) . . . And the member from Moose Jaw yells, "farce." Well the people of this province said, don't involve the cultural industries, and they are not on the table. People said, don't involve the marketing boards; they are not on the table. The people said, be careful of the breweries because that will lose us jobs in this province - they are not on the table.

Mr. Speaker, you can go through the lists of the consultation that we had, and we took that consultation to the national table. When this agreement is done, we will further consult with the people; we will listen to the people, not like they did back with the constitution, and not like they did back when they nationalized the potash industry.

Some Hon. Members: Hear, hear!

Dispute-Settlement Mechanism

Mr. Koskie: — Mr. Speaker, my question is also to the Minister of Economic Development and Trade. And, Mr. Minister, it deals specifically with the dispute-settlement mechanism. As you are aware, the Premier on many occasions, and also the Prime Minister, has indicated that a dispute mechanism was essential - a binding dispute mechanism was essential to any trade agreement. I ask you, are you aware that the American summary of the agreement makes it clear that it has conceded nothing with respect to the U.S. anti-dumping laws or to countervailing duties? They remain intact and unchanged.

I ask you, Mr. Minister, in light of this: how does this toothless tiger that's been set up protect Saskatchewan and Canada?

Some Hon. Members: Hear, hear!

Hon. Mr. Andrew: — I find it interesting, Mr. Speaker, that the members opposite always refer to the U.S. text and never bother to refer to the Canadian text. I find that as, number one, interesting. And I find that, number two . . . Mr. Speaker, and I find it also odd that the member from Riversdale avoids the questions on this particular issue.

But let me respond to the member's question. Let me respond to the hon. member's question, Mr. Speaker.

Mr. Speaker: — Order, please. Order. Order.

Hon. Mr. Andrew: — The members opposite ask questions and then seem to want to yell and shout and not hear the answers.

With regard to the trade settlement dispute mechanism, Mr. Speaker, the mechanism is as follows. Let me give you . . . the best example is in the potash situation. Was this agreement in place, and would the Saskatchewan industry feel aggrieved by the decision of the DOC (Department of Commerce), they would have a right to appeal that decision to this binding, binational dispute-settlement mechanism. The decision of that would become binding on the U.S. government.

That is a significant progress. That is the only country in the world, is Canada, that had been treated that way under this agreement by the United States. I think we should commend the negotiators for arriving at something so unique and so fundamental to the Canadian people.

Some Hon. Members: Hear, hear!

Mr. Koskie: — A supplement to the minister who didn't answer the question. Mr. Minister, are you aware that the decisions of the Commerce department can be overturned only if they are not supported by substantial evidence or are otherwise not in accordance with the U.S. law. And in fact that is the only power that this dispute binding mechanism has? Do you feel that that is sufficient to protect Saskatchewan and Canadian

industries?

Some Hon. Members: Hear, hear!

Hon. Mr. Andrew: — Mr. Speaker, the dispute-settlement mechanism is unique in the world. It's unique in the world. It is unique in the world, and it gives Canada a decided advantage to trade in the United States with any other country of the world.

What the members opposite did not wish to raise, Mr. Speaker, that the reduction of tariffs under this agreement will have the effect of a \$1,000 refrigerator being reduced to 850.

Mr. Speaker: — Order. Order. Order, please. I don't think the members from the opposition should unduly holler to interrupt the answer.

Order. Order. Order, please. Order, please.

Hon. Mr. Andrew: — Mr. Speaker, the reduction of tariffs is a very significant part of this agreement, and the reduction of tariffs will have the effect of reducing for the consumer the cost of goods. And let me give you but three examples. A \$1,000 refrigerator now has a 17 per cent tariff; that means it would now cost, under the agreement, \$850.

Mr. Speaker: — Order. Order, please. Order, please. Order, please. The hon. member is again being interrupted. I ask him to wind up his answer.

Order. Order, please. Order, please. Order, please.

Hon. Mr. Andrew: — A \$500 colour television set with 11 per cent Canadian tariff would . . .

Mr. Speaker: — Order, order. Order, order.

Hon. Mr. Andrew: — Let me close by saying a \$50 pair of shoes will be reduced 23.5 per cent to 40 . . .

Mr. Speaker: — Order, order. Order, order.

Some Hon. Members: Hear, hear!

MOTION UNDER RULE 39

Free Trade Agreement

Hon. Mr. Blakeney: — Mr. Speaker, before order of the day, I rise pursuant to rule 39 to seek leave of the Assembly to move a motion regarding a matter of urgent and pressing necessity. The issue, Mr. Speaker, is free trade, and more particularly the Government of Canada's proposed free trade agreement with the United States.

The matter is clearly urgent, and I submit that it is clearly of great importance for Saskatchewan and for the future of Canada. And I trust that the government opposite will agree to such a debate in order to try to explain this, what I consider an alarming threat to Canada . . .

Mr. Speaker: — Order, please. Order. Order. The Leader of the Opposition is attempting to raise a point regarding

rule 39, so I would like the co-operation of the members to please allow him to do it.

Hon. Mr. Blakeney: — Thank you, Mr. Speaker. If I am granted leave by the Assembly, Mr. Speaker, I will move a motion along the following lines:

That this Assembly regrets that the Government of Canada has failed to protect the interests of Saskatchewan and Canada in its proposed free trade agreement with the United States, and in particular has failed to protect Canada's future as a strong and independent nation by failing to protect Canada's agriculture industries, by failing to ensure Canada's ability to pursue an independent energy policy for our future, and by failing to achieve an effective and binding dispute-settlement mechanism to protect Canada's interest.

Some Hon. Members: Hear, hear!

Hon. Mr. Blakeney: — Mr. Speaker, I seek leave.

Mr. Speaker: — Order, please. Order, please.

Leave is not granted.

Mr. Speaker: — Order. Order, please. I ask the hon. members to please relax; leave is not granted.

POINT OF ORDER

Hon. Mr. Lane: — As a matter of leave, of course, we thought it would be appropriate, Mr. Speaker, that the trade critic be in the House when we debate the Bill, Mr. Speaker.

Mr. Speaker: — Order, please. Order, please. Order, please. Are the hon. members ready?

What is the hon. member's point of order which I couldn't hear.

Order. Order, please.

Hon. Mr. Lane: — Mr. Speaker, I tried to raise that I thought it would be appropriate when leave is requested that . . .

Mr. Speaker: — Order, please. I think I've risen to my feet enough times this afternoon and asked for order. Now I'm going to ask once more for hon. members, regardless of how they may feel about issues, to please co-operate in allowing the business of the day to proceed, and it is rapidly deteriorating if we don't get a hold of ourselves.

Hon. Mr. Lane: — Thank you, Mr. Speaker. I believe when leave is asked that we should be given the opportunity to explain why leave is not granted, Mr. Speaker, and of course we believe the trade critic should be in the House.

Mr. Speaker: — Order. Order, please. Order. Order. Order. Order! Hon. members know that that is not the tradition in the House.

ORDERS OF THE DAY

GOVERNMENT ORDERS

SECOND READINGS

Bill No. 34 - An Act to amend The Prescription Drugs Act

Hon. Mr. McLeod: — Mr. Speaker, I'm pleased today to explain the purpose and nature of these amendments to The Prescription Drugs Act. The amendments are all related to the changes which took place in the Saskatchewan prescription drug plan on July 1 of this year. I think that by now the public and members of the Assembly are all familiar with these changes, and I will therefore confine my remarks at this point to the main items in the amending Bill itself.

Mr. Speaker, the existing legislation is based on the premise that the government will be making payments to pharmacies on behalf of beneficiaries rather than directly to beneficiaries themselves. Under clause 4 of the amending Bill the purpose of the formulary is being redefined to reflect the fact that payments are now being made directly to beneficiaries.

In clause 5 the authority to enter into agreements with pharmacies is being broadened so that it clearly covers all aspects of the program. As well, in clause 7 the prohibition against making payments directly to beneficiaries for formulary drugs is being repealed.

Under the program, benefits will continue to be provided in some cases under the exception drug status policy. As well, we have established a review panel to examine those unique cases in which special arrangements might be appropriate. Clause 6 of the Bill establishes clear, general authority to provide benefits in all of these special circumstances.

And finally, Mr. Speaker, in clauses 8 and 9 of the Bill the authority for the Lieutenant Governor in Council to make regulations is being broadened to ensure that it covers all necessary aspects of the new program. In particular, it is necessary to have authority to establish different categories of beneficiary and to define different requirements and benefits for each category.

As I indicated, Mr. Speaker, the changes to the drug plan came into effect on July 1 of this year. For this reason the amendments to the Act are being made retroactive to that date, and authority is provided to make regulations similarly retroactive in effect. Mr. Speaker, these amendments are simply the legal changes necessitated by the implementation of the new Saskatchewan prescription drug plan.

I'm therefore pleased, Mr. Speaker, to move second reading of Bill No. 34, An Act to amend The Prescription Drugs Act.

Ms. Atkinson: — Thank you very much, Mr. Speaker. I am pleased to be able to enter this debate today on the Devine PC government's Bill No. 34, their Bill to amend

The Prescription Drugs Act.

It's interesting, Mr. Speaker, that when the Minister of Education stood in this legislature the other day to introduce changes to our advanced education system in this legislature he delivered a one-hour speech to this legislature, and that Minister of Health has given us a three-minute blurb on these changes to The Prescription Drugs Act. He's not very proud of these amendments, Mr. Speaker, or he would have stood in his place for an hour and given us a lecture on how important these prescription drug changes are to the overall health care of the people of this province.

In many ways, Mr. Speaker, this is the most important and most critical Bill which the PC members opposite have put before this legislature to date. For this is the Bill, Mr. Speaker, that undermines and wrecks The Prescription Drugs Act. This is the Bill that brings out in the open the Devine PC betrayal of the prescription drug plan.

Some Hon. Members: Hear, hear!

Mr. Speaker: — This is the second time that the hon. member has referred to another hon. member by name, and I remind her that that is not permitted.

Ms. Atkinson: — My apologies. This also is the PC betrayal of medicare, Mr. Speaker, and this is the PC betrayal of Saskatchewan. And I submit, Mr. Speaker - and I believe that the PC members opposite will agree - that it has been their deliberate policy attack against medicare, more than any other single issue, that has demonstrated the PC betrayal of Saskatchewan people.

In order for us to understand fully this Bill and the attack on the prescription drug plan, we need to examine it in the context of the PC government's overall policy of eroding health care in our province. For this Bill before us today, Mr. Speaker, is a central part of the larger PC policy strategy.

We have all heard the minister's lame rhetoric about the need for restraint, but he somehow neglects to mention that there was no need for crucial restraint when his government decided to give high-paying patronage jobs to former PC party candidates or PC party presidents like George Hill, or defeated PC cabinet ministers like Paul Schoenhals or Sid Dutchak or Tim Embury or Mr. Parker or Gordon Dirks . . .

Mr. Speaker: — Order, please. We're starting off the week like it was Friday. I'd like all hon. members to please allow the debate to go ahead with a minimum of interruption.

Ms. Atkinson: — Thank you, Mr. Speaker. And we hear the minister boasting about the increase in his health care budget, but he somehow neglects to mention that he has actually budgeted less in this fiscal year than he did last year for health care. And we've all heard the Premier's incoherent and frenzied talk about his commitment to health care. But as often with the Premier, that's all it is, Mr. Speaker - it's simply talk.

What the Premier is afraid to talk about, Mr. Speaker, is

his PC government's overall, deliberate and secret policy to undermine and attack medicare in this province. And the Bill before us today, Mr. Speaker, is just one example of PC policy. They don't like to talk about the alarming and rapidly increasing hospital waiting lists in our province - more than 14,000 people on hospital waiting lists in Regina and Saskatoon. That is clear evidence of the government's incompetence in health care, or evidence of its attack on health care, or both.

Moreover, Mr. Speaker, I note that the Minister of Health and the Premier won't talk any more to health care workers about the alarming and critical understaffing and underfunding of hospitals across this province. That's another set of PC policies of attacking basic health care - underfunding and understaffing of hospitals.

Nor can the Minister of Health or the Premier justify this PC government's deliberate erosion of preventive health care services, Mr. Speaker. If the PC government is failing to adequately address acute care services in our province, it's totally ignoring its responsibilities for preventive health care in our province.

Finally, Mr. Speaker, we have one other striking example of the PC government's overall health care policy, and that's their destruction of the children's school-based dental plan - an example of PC health policy which practically overnight wrecked a unique preventive health care service in Saskatchewan, the very best in North America. This is another example, Mr. Speaker, of health care policy *à la* Conservative members opposite.

They like to make victims of Saskatchewan families and Saskatchewan children. PC privatization of the children's dental plan . . .

Mr. Speaker: — Order, please. Order, please. I'm sure the hon. member has much she would like to mention in her remarks; however, I'm not sure that the dental plan directly relates to the issue we're discussing. So I ask the hon. member . . .

Order, please. Order, please. Order. As I said, I'm not sure that the remarks about the dental plan directly relate to the drug plan. I would ask the hon. member to get to the drug plan.

Ms. Atkinson: — Mr. Speaker, I'm getting to it. PC privatization of the children's dental plan, Mr. Speaker, was a successful Saskatchewan health care service that was sacrificed on the ideological altar of PC privatization . . .

Mr. Speaker: — Order. Order. Order. Order, please. I would like to remind the hon. members that the tradition of the House and the dignity and decorum of the House does not allow for hon. members to be hollering and interrupting the Speaker, whether or not they agree. There are other mechanisms for them to show their approval or disagreement if they so wish, but hollering from their seats is certainly not one of the accepted ways.

I recognize the member for Saskatoon Nutana, and I don't think I need to repeat that she is not on the topic discussing the dental plan unless she can directly relate it,

and I'm waiting for that.

Ms. Atkinson: — Mr. Speaker, it is in the context of this overall PC attack on medicare, Mr. Speaker, that the people of Saskatchewan will judge the PC government's prescription drug plan amendments now before us today.

Some Hon. Members: Hear, hear!

Ms. Atkinson: — And, Mr. Speaker, I notice that the member from Weyburn seems a bit touchy and defensive on this point and tires to shout from his seat. First, I'm surprised that you're not calling him to order, Mr. Speaker, and secondly, I sincerely hope that the member will have the courage to enter this debate, and I invite him to do so.

Some Hon. Members: Hear, hear!

Ms. Atkinson: — And third, I invite him to explain to the people of Saskatchewan, and particularly to the people living in his constituency, why he supports this PC government's attack on the prescription drug plan.

Some Hon. Members: Hear, hear!

(1445)

Ms. Atkinson: — In many ways, Mr. Speaker, the Saskatchewan prescription drug plan, before the PC government literally destroyed it, was an excellent example of medicare in our province.

Over the decades of our history, Mr. Speaker, the people of Canada have accomplished some great things by working together, accomplishments we can all be proud of. And surely one of the proudest of these achievements, Mr. Speaker, has been medicare - universal, comprehensive, public health insurance - medicare, Mr. Speaker. It was conceived in Saskatchewan by Saskatchewan people, and we're proud of that, Mr. Speaker.

Some Hon. Members: Hear, hear!

Ms. Atkinson: — It was established in Saskatchewan by Saskatchewan people; it was expanded in Saskatchewan by Saskatchewan people. The Saskatchewan medicare model, Mr. Speaker, which came to shine as a beacon across Canada, and which ultimately inspired other Canadians to emulate Saskatchewan's example and to follow Saskatchewan's leadership.

It took the genius, Mr. Speaker, of Tommy Douglas, Woodrow Lloyd, and Allan Blakeney, all of whom conceived of comprehensive medicare and set up the first public hospitalization insurance plan in North America. It took the courage of Woodrow Lloyd in 1962 to establish the medicare insurance in Saskatchewan - some 25 years ago.

And it took the determination of Allan Blakeney, Mr. Speaker, to expand medicare, to develop new, comprehensive health care policies, like the children's dental plan and the SAIL (Saskatchewan Aids to Independent Living) program and the hearing-aid plan,

and yes, Mr. Speaker, the prescription drug plan.

Some Hon. Members: Hear, hear!

Ms. Atkinson: — But above all, Mr. Speaker, it took the political will of the people of Saskatchewan. The battles for medicare were their battles, the victories for medicare were their victories, and the future of medicare is their future, Mr. Speaker. And today's battle about the PC attack on the prescription drug plan is indeed about the future of medicare, Mr. Speaker, and it's within that context that I talk about medicare today.

Some Hon. Members: Hear, hear!

Ms. Atkinson: — The Devine PC government opposite is trying to . . . I'm sorry, Mr. Speaker.

Mr. Speaker: — Okay.

Ms. Atkinson: — The PC government opposite is trying to turn Saskatchewan, the birthplace of medicare, into the graveyard of medicare. But I'll tell you, Mr. Speaker, the people of Saskatchewan want us to protect medicare. They want to preserve medicare, and they want to go beyond medicare, Mr. Speaker.

Some Hon. Members: Hear, hear!

Ms. Atkinson: — And they, Mr. Speaker, are going to make sure that the medicare battles of the late 1980s, Mr. Speaker, are not the political graveyard of the PC government. For what the PC government has failed to understand, Mr. Speaker, is that the same basic principle of medicare that has enriched and enabled our past will also guide and inspire our future.

The single principle is this: universal, comprehensive medicare means that when we are healthy, earning an income, we should pay our fair share into the plan. And when we are sick and need health care services, we should receive those necessary health services - universal, comprehensive, sharing the load throughout society.

Mr. Speaker: — Order. Order. Order, please, on both sides of the House. Now I realize that the hon. member, as she has indicated, would like to make a wide-ranging speech on medicare, from what I can gather. She has touched on the prescription drug plan just barely, or The Prescription Drugs Act. And certainly it can be argued that that is part of medicare, but the focus is on The Prescription Drugs Act, not on the overall medicare issue, and therefore I think the hon. members should keep that in mind.

Ms. Atkinson: — Mr. Speaker, it is a basic principle of medicare which the PC government is attacking, and they're attacking it directly by trying to destroy the prescription drug plan, Mr. Speaker.

Mr. Speaker, the minister and the Premier have repeatedly made two central arguments to try to justify their attack on our medicare system and our prescription drug plan. I'd just for a moment like to talk about those two arguments.

First, they argue that they have made no significant change to the prescription drug plan and no changes to the benefits under the Act, but they fail to mention that they have dropped from the formulary important items such as calcium. They fail to mention that they have dropped a whole class of prescription materials, extemporaneous preparations for which there used to be more than 45,000 prescriptions per year. And they fail to mention the substantially increased costs now borne by diabetics for certain prescribed diagnostic agents.

And second, Mr. Speaker, second, the minister and the Premier try to pretend that somehow their attack on the drug plan will relieve costs - reduce costs, Mr. Speaker, that's their phrase - but that's simply not true.

The new PC changes, as they like to refer to it in terms of the prescription drug plan - the changes sought by the Bill will not reduce the total cost of prescription drugs required by the people of this province, not by \$1, Mr. Speaker. And let us be perfectly clear about that point, Mr. Speaker. The total cost of prescription drugs required by the Saskatchewan people will not be reduced, not by \$1 as a result of this change.

The cost will not be reduced, but it will be shifted, Mr. Speaker, shifted only to some members of society, shifted only onto the backs of those families and individuals whose illness or critical health condition requires prescription drugs. The PC policy is very clear. Their policy is to shift the cost of health care services so that it is only the sick that pay, and only the sick. It's user pay, Mr. Speaker.

Ultimately, Mr. Speaker, it is the people of Saskatchewan who will be the judge of this Bill before us today and the judge of the Conservative government's attack on medicare and the government's health care policy. And the government itself will ultimately be judged by three central standards, Mr. Speaker, three basic standards. These three basic tenets are: competence, compassion, and credibility.

And I'd first of all like to talk about competence. The people of Saskatchewan have now come to realize that the PC government's fiscal mismanagement was not an isolated example of incompetence. You've had five straight deficits, Mr. Speaker - five straight deficit budgets. The fiscal incompetence of the Minister of Finance who made an error in his last deficit forecast, was by 200 per cent, Mr. Speaker; the fiscal incompetence of the PC government which was responsible for the Pioneer Trust fiasco and is now responsible for thousands and thousands of Saskatchewan people losing their life savings in the collapse of the Principal Group of companies. But that fiscal incompetence and mismanagement was not an isolated example; on the contrary, Mr. Speaker, mismanagement is one of the central distinguishing characteristics of this government.

They can't even manage to provide the basic public services needed by the people of our province. Their incompetence has allowed our provincial highway system to deteriorate, and now their incompetence has eroded our basic health care system in this province.

Mr. Speaker, this PC government cannot manage the affairs of our province, and they have consistently mismanaged the affairs of our province. And their PC incompetence and mismanagement have made victims out of literally hundreds and hundreds of people. On the basic tenet of competence, Mr. Speaker, the PC government has failed, and failed miserably.

The second test is that of compassion. The Minister of Health and the Premier try to boast about their compassion, Mr. Speaker, but their actions belie their words, and it is by their actions that they shall be judged. On the one hand they claim they have no money to provide basic health care services in our province, but on the other hand, on the other side, they have time and money for their PC political priorities. They have no money for prescription drug plan; they do have money for their PC political priorities; money to fly cabinet ministers to family weddings in Calgary but not enough for prescription drugs. Money to pay high salaries of \$100,000 or 200,000 to defeated PC candidates like Paul Schoenhals but not enough money for the prescription drug plan. Money to pay more than \$6,000 a month to defeated PC cabinet minister Sid Dutchak, but not enough money for families that can barely make ends meet and are now deciding today, Mr. Speaker, whether they put food on their table or they buy prescription drugs.

What kind of compassion is that, members opposite? Money for the Premier's bodyguards, money for PC government advertising like the quarter of a million dollars in one month for a PC Party pre-election ad, but no money for prescription drugs, no money for medicare, Mr. Speaker. What sort of priorities are that? But that's their PC priorities. If that's PC compassion, then the people of Saskatchewan see that as unfair, uncaring and wrong, and on the basic tenet of compassion, the PC government is a dismal failure.

The third and final test, Mr. Speaker, is the basic test of credibility, the credibility of the PC government and the members opposite. Can this government be believed? Can this government be trusted? Does this government keep its promises?

What about this promise. In the 1982 election campaign in which I ran, I ran against a PC member who became the elected member at the constituency that I now represent.

An Hon. Member: — What was her name?

Ms. Atkinson: — Her name was Evelyn Bacon. And she sent out this flyer. Is medicare important to you? And she talked about what would happen under a Progressive Conservative government: a top-grade, fully-funded universal health care program which will enable Saskatchewan to regain its position as the leader in health care.

An Hon. Member: — That's what she said.

Ms. Atkinson: — That's what she said. That's what she promised the people in our riding. Adequate funding to hospitals to allow them to operate at normal levels

around the year; an expanded drug plan to include all prescription drugs, that's what she said; adequate funding to reduce hospital waiting lists; a province-wide ambulance system funded by the Department of Health. Progressive Conservatives are committed to medicare, this thing said. What a joke! What a joke!

And they promised to create jobs, and there are 36,000 people in this province looking for work and our health care system is crumbling. There are nurses looking for work, and we have hospital waiting lists and we have bed closures. There are health-care workers looking for work, physiotherapists and occupational therapists and speech pathologists. Money for Paul Schoenhals, money for George Hill, money, money, money for everything that they consider a priority, but not for health care, and that is a priority of the people of this province.

Some Hon. Members: Hear, hear!

Ms. Atkinson: — Mr. Speaker, this Bill before us today, the Bill to undermine the prescription drug plan, is a central part of the PC attack on our health care system and our medicare system. The PC government has betrayed its election campaign promises to the people of this province. It has betrayed medicare to the people of this province. It has betrayed Saskatchewan, Mr. Speaker.

The PC government's health care policy and the government itself will ultimately be judged. They will be judged. They will be judged on competence, compassion, and credibility. In the eyes of Saskatchewan people, the government and its policies have failed these three tests, Mr. Speaker, and they will pay, Mr. Speaker.

Some Hon. Members: Hear, hear!

Ms. Atkinson: — In conclusion, Mr. Speaker, the Bill now before us, and the policy change it embodies, is really about the future of health care in our province. The PC government is mirrored in the past, still trying to undermine and erode the significant achievements of the past, because they are the party of the past, Mr. Speaker.

But today, today, Mr. Speaker, what Saskatchewan people need and what Saskatchewan people want is a health care policy for the future - not PC attacks on the past, but positive Saskatchewan solutions for our future, Mr. Speaker.

And the people of this province are determined that despite the PC government opposite, working together against this government we can protect medicare in our province, we can preserve medicare in our province, and we can expand medicare in our province and go beyond medicare to develop health care policies for the benefit of all of us.

Mr. Speaker, some PC members opposite may have the courage to enter this debate on this Bill and try and explain to their constituents why they support their government's attack on this drug plan. I invite them to do it.

I invite the member from Shaunavon and Melfort and More and Swift Current and Biggar - the area that I

come from, Biggar - where health care was born, where medicare was born, to get up on your feet and you defend this Bill. You defend it. You defend people paying hundreds, and in some cases thousands of dollars up front in drug costs. You defend that. Well I suspect they won't, Mr. Speaker.

I have much more to say about this Bill, much more, and I beg leave to adjourn debate.

Some Hon. Members: Hear, hear!

Debate adjourned.

(1500)

Bill No. 48 - An Act to amend The Saskatchewan Hospitalization Act

Hon. Mr. McLeod: — Mr. Speaker, I'm pleased to explain the purpose of this Bill, which is one that is involved entirely with internal government procedures.

Mr. Speaker, the basic vehicle for government expenditure and revenue transaction is the Consolidated Fund, and standard policies and procedures are in place for the accounting and auditing functions associated with these transactions. However, Mr. Speaker, in the past the Consolidated Fund and its associated systems were not adequate to meet the extensive and complex financial requirements of the Saskatchewan hospital services plan. For this reason, Saskatchewan hospital services plan has used a separate Saskatchewan hospitalization fund with its own set of accounting and auditing requirements.

With the developments that have occurred in computerization and electronic data processing, the systems available through the Consolidated Fund have advanced to the point where they can now effectively handle the needs of the Saskatchewan hospital services plan. This being the case, it is appropriate to eliminate the separate SHSP (Saskatchewan hospital services plan) fund and to handle Saskatchewan hospital services plan financial matters in the same way as is done for the vast majority of government business. That is what this Bill accomplishes, Mr. Speaker.

It will facilitate the streamlining of operations, a goal to which our government is committed. I want to emphasize that the Bill has no effect whatsoever on the funding of hospital services or on hospital benefits for Saskatchewan residents. Mr. Speaker, this Bill is in keeping with our commitment to administering programs as efficiently and economically as possible.

I am therefore pleased to move second reading of Bill No. 48, an Act to amend The Saskatchewan Hospitalization Act.

Ms. Atkinson: — Thank you, Mr. Speaker. These Bills, Mr. Speaker, Bill 48 and 50, the amendments to the hospitalization and hospital standards Act, have not been well explained or justified by the Minister of Health. He claims that his moves are for administrative purposes only, but he has failed to answer or even address a number of important issues. For example, he talks about

the hospitalization funds but never once acknowledges his government's severe underfunding of hospitals in Saskatchewan.

This year, for example, Mr. Speaker, his government has provided an overall budget increase of only one-half of 1 per cent to Saskatchewan hospitals. That's right, Mr. Speaker. At a time when Saskatchewan has the highest inflation rate in our country, at a time when our hospitals are strained by understaffing and underfunding, the minister provides an increase of only one-half of 1 per cent.

The minister has failed to explain to us how these Bills will address and resolve the critical problem of hospital waiting lists, particularly hospital waiting lists of over 11,000 people in the city of Saskatoon. Across the province, and particularly in Saskatoon, thousands and thousands and thousands of people are waiting for too long to get into hospitals.

Our medicare system, Mr. Speaker, and especially our hospital system, are in a crisis. The minister continues to ignore the crisis. His policies are making it worse, and he fails to address those issues with respect to these Bills.

Today the minister is eliminating the Saskatchewan hospital fund. He's already eliminated the government's health capital fund that he boasted so much about, and he has already eliminated the government's patient care fund that they promised would alleviate staffing shortages in Saskatchewan.

Those measures, Mr. Speaker, are typical of the government's approach to our health care system. They talk about positive measures, but their actions are a profound attack on medicare across this province.

Finally, Mr. Speaker, the minister fails to explain the government's plans for hospital deterrent fees. The PC Party promised not to introduce hospital deterrent fees, and now we hear rumours of hospital deterrent fees being introduced in our province. In their changes to the prescription drug plan they broke that promise to keep it and expand it; they broke it. How are we to know that they will not break the promise to never introduce hospital deterrent fees?

And that is why, Mr. Speaker, the people in this province distrust the members opposite, because they make promises and they break them.

Mr. Speaker, this is the 25th anniversary of medicare in Saskatchewan. And I think it's fair to say that the government has embarked on the most widespread, the most fundamental attack on medicare in our history. And that is why, Mr. Speaker, I invite the minister and the Minister of Health, in closing this debate on this Bill, to state clearly and unequivocally, here in this legislature, on the record, that the PC government will not introduce deterrent fees.

Will the minister tell the truth to the people of Saskatchewan about deterrent fees? Is that what these Bills are all about? Having made those few brief remarks, Mr. Speaker, I would beg leave to adjourn the debate.

Debate adjourned.

Bill No. 49 - An Act to amend The Change of Name Act

Hon. Mr. McLeod: — Thank you, Mr. Speaker. Today I'm pleased to explain the purpose of this Bill, and at the end of my remarks I'll be moving second reading of Bill No. 49.

Mr. Speaker, the Royal Canadian Mounted Police operate a program across the country known as the witness relocation program. Under this program individuals who testify in court proceedings, and whose lives could be endangered by virtue of their giving testimony, are given a new name and identity and relocated in another part of the country.

If this program is to be effective it is obviously imperative that the change of name and identity for these individuals remain strictly confidential. However, Mr. Speaker, in Saskatchewan this is not legally possible at present. The existing provisions of The Change of Name Act would require the director of Vital Statistics to publish in the *Saskatchewan Gazette* the former name and the new name of any individual participating in the RCMP witness relocation program.

The purpose of this amendment to The Change of Name Act is to permit the making of regulations which would exempt name changes of this type from the requirements for publication.

Mr. Speaker, I should note that until recently it was possible for the RCMP to process all name changes in the Yukon jurisdiction without the changes being made public. However, amendments to Yukon legislation have now eliminated this option and, accordingly, the provinces are now moving individually to amend their own legislation to accommodate this Royal Canadian Mounted Police program. And the amendments being proposed here are part of this national initiative.

Mr. Speaker, I believe that the amendments are a necessary and reasonable step to permit the effective operation of the witness relocation program, and I therefore am pleased to move second reading of Bill No. 49, An Act to amend The Change of Name Act.

Thank you, Mr. Speaker.

Ms. Atkinson: — Mr. Speaker, in essence members of the opposition have no difficulty with this Bill whatsoever. We agree with and support the Bill. And I think that, as the minister says, it permits non-publication of name change in certain cases such as RCMP efforts to protect witnesses, and it permits regulation to be made which would implement that new policy. We have no objections and will be supporting the Bill.

Motion agreed to, the Bill read a second time and referred to a Committee of the Whole at the next sitting.

Bill No. 50 - An Act to amend The Hospital Standards Act

Hon. Mr. McLeod: — Mr. Speaker, these are two minor amendments which are simply consequential to the amendments to The Saskatchewan Hospitalization Act, which I outlined earlier.

As I've indicated, the Saskatchewan hospitalization fund is being eliminated as a separate entity. The fund is referred to at two points in The Hospital Standards Act, and these references are being deleted.

As I say, Mr. Speaker, these are simply consequential amendments, and I therefore move second reading of Bill No. 50, An Act to amend The Hospital Standards Act.

Ms. Atkinson: — Mr. Speaker, Bills 48 and 50, the Hospitalization and The Hospital Standards Act are related in that they both have, as their primary purpose and effect, the elimination of the Saskatchewan hospitalization fund. The fund served as a mini-consolidated fund for hospitalization purposes. Its major source of revenue was the normal annual budgetary payment, but it also collected some other revenues from some other Saskatchewan government agencies and other governments in the case of services to non-Saskatchewan residents. The fund then paid out moneys, as I understand it, to hospitals and made payments to SHSP administration.

The fund today in this Bill is being eliminated and, as I understand it, all disbursements will still be made from the Department of Health under the subvote, payments for hospital services.

The purpose of the change, Mr. Speaker, is not clear. We want to examine the Bill further, and I would therefore adjourn debate at this time.

Debate adjourned.

COMMITTEE OF FINANCE

**Consolidated Fund Budgetary Expenditure
Health
Ordinary Expenditure - Vote 32**

Mr. Chairman: — Would the minister introduce his officials.

Hon. Mr. McLeod: — Thank you very much, Mr. Chairman. I have with me, to my immediate right, Walter Podiluk, the deputy minister of Health; to my left is George Loewen, associate deputy minister of Health; immediately behind Mr. Podiluk is Dick Bailey, assistant deputy minister of Health, and immediately behind myself is Lawrence Krahn, who's the director of administrative services. And obviously with a department as large as Health and with the various . . . you know, it's a very large enterprise; we have a number of other people but we'll call them forward as the questioning will suggest. So we have other people available, obviously, and we'll bring them forward at the right time.

(1515)

Item 1

Ms. Atkinson: — Thank you very much, Mr. Chairperson. I'd like to welcome the officials of the Department of Health to these estimates today. I can tell you that we're going to be here for some time because we have a number of concerns about the present direction of our health care system. So I guess I'm in essence saying, get prepared to be here for some time.

Now, Mr. Minister, 25 years ago this year, or 25 years ago on July 1, 1987, a Saskatchewan government, under the leadership of Woodrow Lloyd, introduced North America's first universal medicare insurance program. And the citizens of our province, through their duly elected officials, and the CCF-NDP government, decided that never again would people in this province have to go without health care services because they couldn't afford to pay for it. They decided that never again would their babies or their loved ones go without health services, become maimed or disabled, or in some cases die because families couldn't afford to pay for that service. And there were lots of detractors, Mr. Minister, lots of detractors who said that their freedom would be taken away from them. And there were demonstration out in front of this legislature, and there were even some clergymen who called supporters of medicare communists.

And families were divided, and neighbours were divided, and communities were divided, and some of those communities have never been the same. And I happen to come from one of those communities, and that's the town of Biggar. It has never been the same since that debate in 1962.

And I recall as a 10-year-old child, my father and a number of other farmers in that area who decided to go out and collect funds for a medical clinic in the town of Biggar when doctors in that town decided to take away health services for the people by going on strike. And in a matter of hours they raised some \$30,000 and were able to get doctors to come and provide health services. And it divided the town, and it divided families and friends, and that town is just starting to recover from some of those divisions, Mr. Minister.

And it's interesting that during the 25th anniversary of medicare, and it's sad, Mr. Minister, in the 25th year of medicare, instead of your government celebrating this tremendous achievement by the people of this province that has been emulated by province after province in our country, instead of a celebration, instead of a resolution before this legislature that we could debate, you, Mr. Minister, and your members, your government members, have betrayed, betrayed medicare.

And how have you done that? I thought in the 25th anniversary of medicare, the 25th year, that we could reflect on our past and look forward to our future and go beyond medicare. I thought we could do that and so did the members on this side. But instead of the province that introduced medicare celebrating medicare, this is the province in this country that is under the most stress when it comes to medicare. And I want to talk about that stress to our health care system and how your government is undermining our health care system.

And the first thing I want to talk about is the drug plan. You just, Mr. Minister, introduced an Act that in essence will do in the prescription drug plan as we knew it. You have introduced an Act that will introduce a deductible scheme for people who require prescription drugs, and they, Mr. Minister, in order to afford prescription drugs will have to come up with the money up front, and at some time down the road as they go beyond their deductible they're eligible for a rebate.

And, Mr. Minister, that is not taking us beyond medicare, that's taking us backwards. And I know that you and members opposite, and all members in this House, have received letters from citizens who have said, I can't afford to pay for my prescription drugs. And you've received letters from elderly people who have said, I might take my heart pill once a day instead of three times a day, or I might take my pills every other day, or I'm making a decision not to take my arthritis medicine because I can't afford the money. And they're proud people, Mr. Minister. They don't want to have to go before some sort of special drug review panel to have their income and their financial situation looked into.

And they're making choices, Mr. Minister, because of your deliberate policies to undercut our medicare system and our prescription drug program. And, Mr. Minister, you will be responsible for this. You're the minister that brought in these changes to the prescription drug plan. And I say to you, Mr. Minister, if anybody in this province suffers unnecessarily and goes without their drugs as they're telling us they're going to be doing it, Mr. Minister, whatever happens to them will lay on your shoulders and on your head, Mr. Minister. And I hope you've got a strong conscience. I hope you can take what's going to happen to people.

Now, Mr. Minister, we had a dental program, and that dental program for children was introduced for a very, very good reason. In 1969 it was determined that the children in our province had the worst dental health in this country, the worst. And I recall growing up on a farm, and in those days my parents didn't have the benefits of the children's dental program. And I would say that there are lots of rural children in this province - rural adults who were children in those days - who didn't benefit from a program, and they are now paying for it dearly through visits to the dentist.

Mr. Minister, the dental program was introduced for a specific reason, and that was to improve the dental health of our children, and we have done that. The dental health of our children is the best in North America, and studies have proven that. All of the information available shows that the work of the dental therapists and the other dental workers in the children's dental program enhanced and improved the dental health of our children. And that was a preventive service, Mr. Minister. It was a preventive service, and it meant that dental care today and dental health today means fewer visits to the dentist later on in life and fewer costs associated with dental health.

And what did you do, Mr. Minister? You privatized the children's dental plan. You fired 411 workers in this province who have very specific skills - very specific skills, Mr. Minister. And you've now turned that program

over to the private sector private dentists. And you've done that saying that parents were demanding that dentists do the work and not the dental therapists.

And, Mr. Minister, I want you, before these Health estimates are over, to table a poll showing, or table data showing that parents were demanding that you do in the children's dental program, fire 411 workers, and transfer that to the private sector.

And I say to you, Mr. Minister, that you won't be able to show any such data because you have a survey yourself showing the satisfaction rate of parents, and we have statistics showing the number of young people who were enrolled in the program and the satisfaction rate of that program. And as I read those annual reports, over 90 per cent of children in this province were enrolled in the children's dental program. So that shows satisfaction.

Mr. Minister, we will show in these estimates that your decision to do in the children's dental program will have serious negative effects on the overall dental health of our children in this province, because contrary to what you say, your own estimates, your own budget shows that you're expecting parents not to take their children to a dentist. And you've budgeted for it.

Under the former children's dental program, parents didn't have to worry about making appointments and running the children here and there and taking time off of work. That program was in schools, in 578 schools in 338 communities, Mr. Minister, and children had access to it. And now, Mr. Minister, it looks as though dental services will be available in less than 75 communities in our province. And how is that service to people living in rural Saskatchewan? It's not.

And I want to talk about, Mr. Minister, the hospital waiting lists. And as you recall in my earlier remarks on The Prescription Drugs Plan, I read into the record a pamphlet put forward by your candidate in the '82 election in Saskatoon Nutana, and she talked about hospital waiting lists. She talked about hospital waiting lists and how it was a problem.

Well I want you to know, Mr. Minister, that it is a serious problem. There are over 11,000 people in Saskatoon waiting to get into hospitals. There are men and women in Saskatoon and area who are waiting up to six weeks to get into hospital for cancer operations - or their doctor believes that they have the potential of cancer. And, Mr. Minister, if you think that that's a laughing matter, you're seriously mistaken because those families are under a great deal of stress.

When we have people waiting for a year and a half or two years for a hip replacement operation or a cataract operation, there is a serious problem in the health care funding system in our province. And your underfunding of hospitals in our province has led to closure after closure of hospital beds this summer, for a two-month period in many, many instances. We have more hospital beds closed this summer than at any other time in the history of our province.

And, Mr. Minister, if there are people waiting to get into

hospitals and something serious happens to them and their health is jeopardized, Mr. Minister, I say to you once again, the blame will be rested on your shoulders and your head, and I hope you have a conscience, Mr. Minister, because if you had a conscience, you'd be doing something about the present situation.

Mr. Minister, prior to the 1986 election campaign the former minister of Health promised 700 additional health care workers that would go into the system to alleviate the serious problem with understaffing in our hospital system and nursing home system.

And, Mr. Minister, I want you to show us in these estimates where that money and funding and staffing positions have gone to. I want you to tell us what hospitals and what nursing homes, because the health care workers in our province are saying they can't see it.

And they are saying, Mr. Minister, and I'm sure you've heard from them, that they, in some cases, are planning on getting out of the health care system because they can no longer take the stress. And when you're dealing with patients who are critically ill, you have to be on top of things, and you can't be run off your feet, and you have to be mentally alert. And we have instance after instance, Mr. Minister, where health workers are coming to work sick because they don't want to stay at home, because replacements aren't being called in, and they don't want to put that kind of stress on their co-workers.

And, Mr. Minister, those health care workers and some doctors are saying that the hospital system in our province is verging on a disaster. It's in a crisis. And I'm not using strong language, Mr. Minister, and I'm not exaggerating; those are their words - their words, Mr. Minister.

And if something happens because of an error in human judgement because a nurse is sick or a doctor is sick or someone hasn't been called in to replace those health care workers or they haven't got enough funding, Mr. Minister, if something happens, it will rest on your shoulders and your head. And I hope you have a conscience. And I wouldn't laugh about it, Mr. Minister.

Mr. Minister, our mental health system in this province has been a leader in de-institutionalization of people who face psychiatric disorders and problems. And, Mr. Minister, in these Health estimates we're going to talk about what's happening to our mental health system; why is it that so many people were early retired and laid off - and we haven't yet seen replacement workers - and how there are people who have psychiatric disorders that can't get into hospital because there isn't a bed.

And they're out on the street with no support services, and they're ending up in jail because there are no support systems for them to go. And it's not right, Mr. Minister, that you have a psychiatrically disordered person who ends up in the RCMP cell in Saskatoon to spend the night because there isn't a hospital bed at University Hospital or City Hospital, and there's no support services or half-way services. And what does that do to the family, Mr. Minister?

Mental illness in this province is a hidden disease, and I

think it's time that your government got with it in terms of starting to deliver some proper mental health services to people who are under a great deal of stress because of some of your economic policies.

Mr. Minister, during these Health estimates we want a commitment from you that you are going to do nothing to limit the number of visits to a chiropractor. You are going to do nothing to limit that because there are citizen after citizen after citizen in this province that require the services of chiropractors; that they have chronic back problems and chronic muscle problems, and if you do anything to cap those services, once again you show your betrayal of our health care system and our medicare system, Mr. Minister.

(1530)

And physiotherapy - there are people who have a long enough wait to see a physiotherapist, and if you do anything to limit the number of visits that are there on an insured basis, you once again prevent access to our health care system and you go back to your theme, Mr. Minister, that those that have money can pay for services, and those that don't, can't. Those that have money that have access to health care services, and those that don't, don't have access. And what sort of a health care system is that, Mr. Minister?

Mr. Minister, as I'd laid out on Friday to the former minister of Health, the member from Moose Jaw South is the critic for home care and nursing homes, continuing care, as well as the critic for the alcoholism commission and policies regarding alcohol.

But I'd just like to say this. It was interesting, in 1982 the member who campaigned for your party in our constituency of Saskatoon Nutana talked about nursing home fees of \$390 a month. Well, Mr. Minister, we have never seen such increases in nursing home fees in our history, and we are now at \$580-odd . . . \$87, it could be 590 because of changes to your health policies. And, Mr. Minister, you're leaving older people and disabled people with a hundred bucks a month, and that's to take care of some of their prescription drugs, that's to take care of their personal effects, and I'm hearing from people that that's not enough.

And home care, Mr. Minister - we have waiting lists in this province because of your underfunding of home care. And there are many, many people worried about home care becoming an acute-care service for people who are ill, rather than a support system of families who are trying to help their older person or disabled person maintain themselves in their own surroundings. And there are several people who are worried, Mr. Minister, and I'm sure you've heard this from home care people around this province, that you are moving away from a support service to the family for people who are frail, elderly, or who need a little bit of maintenance work or laundry or housework done in order to help them stay in their homes.

Mr. Minister, we have home care board after home care board that are now making the decisions to move more and more into acute care in support of hospitals and

doctors and medical health clinics rather than supporting the frail, elderly, or the disabled person to stay in their own home. Mr. Minister, in the 25 years that we have had medicare in this province we have never, ever seen the attack and undermining of our health care system such as we had under your ministership.

Mr. Minister, I think it's fair to say that many people were surprised that your government didn't do more to undermine the health care system in your last four years of government prior to the '86 election campaign. They were surprised that you even introduced some positive things, Mr. Minister. You did some positive things to enhance the health care system, and you consulted with people. The former minister of Health consulted with people, and they were pleased about that.

But that has not been the case under your leadership, Mr. Minister. It has not been the case. You have not bothered to consult with people. Well, you can shake your head, you have, but you haven't. If you had consulted with people, you would have not have done in the children's dental plan; you would not have changed the prescription drug plan; you would not even have contemplated changing and limiting chiropractic care, or physiotherapy care; you would not have increased home care fees by 66 per cent, Mr. Minister, and you would not have increased nursing home fees by some 18 or 19 per cent. You would not have done that had you consulted with people.

I guess, Mr. Minister, in closing my initial opening remarks, I think we're going to have an interesting time of it here. I would hope that we can treat each other with some courtesy, but I expect, Mr. Minister, that you answer the questions straight and direct. I will pose the questions in a straight and a direct manner, and I would expect the same courtesy from you.

So the question, the first question, Mr. Minister: in this 25th year of medicare what has your government, or what have you done to commemorate this important historic event in Saskatchewan, Mr. Minister?

Hon. Mr. McLeod: — Well, Mr. Chairman, I will . . . I hear the member's comments at the end saying that we should treat each other with some courtesy and so on. I certainly agree with that and I will . . . I'm not sure what start we're off to in that category but I think it's fine.

I want to just make a couple of remarks as it relates to some of the comments made by the member, and obviously I won't go through each of the items in order as she did because I'm not sure that I could remember them all in that order. But I will just make a couple of comments and at the same time relate to the first specific question asked.

There's no question as we go into this very large enterprise, which is health in this province, and it's the case everywhere in the country but obviously in this province, we're dealing with a circumstance where the citizens of our country and the citizens of our province, are faced with extreme costs and faced with a system which will be very difficult as we look down into the future - will be very difficult for the society to be able to

afford if it's allowed to carry on at the same stage that it has for some time. That's the fact.

The member talks about this being, this 1987 being a anniversary year and a significant year, I agree with that, of medicare and what medicare has meant not only to Saskatchewan but certainly to Canada. And no one will ever dispute that medicare began here in Saskatchewan - medicare being medical services, access to physician services, access to hospital, those things which people, I think, in this province understand very, very well.

So there's no one on this side of the House, certainly no one in my ministry or certainly the Premier of this province presently, will ever in any way attempt or any way diminish the important work that was done by some of those what I will call true pioneers in the medicare system. And you mention people from, you know, from Woodrow Lloyd, Tommy Douglas before him, and others. Nobody will diminish that. The fact that it's a fact across this country, medicare is in place across this country.

There are other Saskatchewan pioneers. Once can think of Emmett Hall and his role in the commission that he led, and so on, having been appointed by Mr. Diefenbaker who was Prime Minister at that time.

It's a fact that Saskatchewan for whatever . . . there are some very large . . . there are some pioneers in that area that people across Canada owe a good deal to. There's no question about that, Mr. Chairman.

Now in looking at this 25th anniversary, one can look at it in many different ways. And I submit to you, Mr. Chairman, and to members of the House today that the way in which the member opposite and several of her colleagues over past number of months and so on and throughout this session, have looked upon the health care system is to say, we have this anniversary, 25 years ago we reached nirvana, and so we should stay there and we should remain there and we should not look into the future.

What I'm saying, Mr. Chairman, is the following - is that there's no question that we must look back over the 25 years with some significant satisfaction as residents of Saskatchewan and as residents of Canada. There's no question that that's true.

And at the same time it's incumbent upon any of us who are charged with responsibilities, who hold responsible positions as it relates to this very large enterprise which is Health, to say, and to ask ourselves questions like what will our medical services look like 25 years into the future? What will be the structure of that? What are the demographic principles? What are the demographic changes, trends, and so on which are out there and which are obvious to all who would look and who would read the research? What is the medical technology of today and what are the projected medical technologies of the future that will determine what our system will look like into the future? Those are the kinds of things to do, so we must have a balance there.

Certainly we must look back and we must be satisfied and happy with ourselves, or with those who were pioneers certainly, but ourselves as citizens of this province. But we must look forward and we must have, I submit to you, Mr. Chairman, the courage to look forward and not to continue to only look back. It's extremely important to us that we look forward and know what this system, or have a sense of what this system will look like as time goes on.

Mr. Chairman, a couple of remarks that the member makes and just so I can illustrate the point that I'm making and that I have made on several occasions in the House and elsewhere across the province. The member opposite will use terminology like, medicare is finished, and you've destroyed medicare. She uses those kinds of very inflammatory language that says, you've destroyed medicare. We've all heard that kind of language from them that says, the drug plan is gone; there is no drug plan. We've all heard them say that.

They said there is no dental coverage for children in Saskatchewan. We've heard them say that. And I repeat that. They have said, there is no dental coverage; there is no drug plan any more - when in fact, Mr. Chairman, we have, even with the changes that took place, in the drug plan, for example, we have the most generous drug plan that there is in the Dominion of Canada. We have the most generous, with the changes.

We have coverage for our children who are up to 13 years old, from five to 13 years old. We have coverage for them. And the coverage now comes at a dentist's office and so on. Sure there have been some changes, and there will be some debate surrounding those changes - how they took place, if they should have taken place. We will certainly disagree on that.

But, Mr. Chairman, regardless of what portfolio I'm in, I frankly came to this legislature to disagree with the political bent of the member opposite and her colleagues. Frankly, that's why I'm here, because I disagree with the kind of directions that they suggest that they'll take the province.

So I don't have a problem with suggesting to the hon. member and to all members of the House and you, Mr. Chairman, we will certainly at best agree to disagree on many of these things. So I want to make that point.

The member has also used some very, what I would call strong sort of . . . I would say has not told the exact truth on all occasions across Saskatchewan. When she says things like, you've betrayed medicare; there has been no building of any of the hospitals; the hospital programs have not been built; you've betrayed the elderly in terms of the nursing home spaces. I've heard this kind of thing. I mean, all of this sort of thing has been coming from them for some time.

So in keeping with this agreement we have to be courteous to each other, I'm going to just hold back a little bit on that, but I want to remind the member of several things. I want to remind the member a little bit about the legacy that was left as it relates to Saskatoon, that she made some reference to, in terms of the hospital facilities that are in Saskatoon and that will be in Saskatoon in the

near future and on into the future.

She says that, you know, that there is no building and there is no construction going on - all those kinds of things. We've heard that, Mr. Chairman, there's regeneration going on at St. Paul's Hospital. That regeneration is as a direct result of the establishment of a planning council. It was done by my colleague, the former minister of Health, the member for Indian Head-Wolseley. That planning council was under the leadership of Dr. Gathercole who is the chairman of the University Hospital board. And that was done some time ago.

One of the recommendations of that planning council, which was established with the express purpose of addressing the Saskatoon, and therefore the northern Saskatchewan waiting list, over the long term recommended that there be a major redevelopment and regeneration at St. Paul's Hospital. Mr. Chairman, that regeneration is under way. There's major regeneration under way at University Hospital. And, Mr. Chairman, there will be a new City Hospital in Saskatoon. All of those things are major expenditures for the taxpayers of Saskatchewan, those people that so often are forgotten by members opposite who don't refer to the taxpayers or to the burden that those taxpayers have to deal with.

And on the other side - and I know there is another critic as it relates to special care homes and so on - but in Saskatoon, once again, Parkridge, a major new development in Saskatoon, opened. Developed and planned under this government and now open. Circle Drive Alliance Church has a major seniors' development. Luther Towers - all of those Saskatoon developments.

In Regina - and I'll just stay with the cities for a minute - but in Regina a major direction taken by this government, taken by this government, Mr. Chairman, in response to the legacy that was left us by the last couple of terms of that other administration, was there was a dire need for a rehabilitation centre in this province. And it is now under construction for all to see over here, not far from the building where we now stand, the new Wascana Rehabilitation Centre, a major, very excellent facility which will serve the workers and the disabled people of our province. That's under way, planned by this government, being constructed under this government, and will be opened by this government.

(1545)

So just to put some of this inflamed rhetoric into perspective, new facilities in Leoville, in Big River, in Watrous, in Meadow Lake, in Lampman, in Watson, in Cut Knife. I believe there are others - Lloydminster, whatever. But there are several new facilities across the province. Because when we look at this, when we look at this very large system which is the health system, it's related to basic - and I'll speak now more directly as to the hospital system - it's based on four basic categories. We have . . . and none of those categories should ever be forgotten as it relates to their importance to the wider system.

Those hospitals and those services which obviously get

the most attention always - and it's because they are so much larger and so large in the scheme of things - are the big base hospitals in the two largest cities. No question that that's true, and we have issues which we'll deal with, I know, in specific terms in those areas.

We have the regional hospitals in the Moose Jaws, the Swift Currents, the Yorktons, the Prince Alberts of this province - very significant facilities, very significant facilities in the scheme of things in the province which, I will say here, should be enhanced. And we have been working toward a system whereby we can enhance those regional hospitals for a couple of reasons. Number one, to take some pressure off the big base hospitals in the two large cities; and secondly, to in fact enhance the kind of work that can be done for people closer to home in their regional centres.

We have the large community hospitals which are very efficient hospitals in the province. They're just in the larger communities - they're just the Watrous hospital, the Meadow Lake hospital, Melfort, whatever. They're all . . . many of them, and we know who they are, and the small rural hospitals which are very small facilities built in another time.

And what I'll say to the members opposite is this. We have heard from the time of the Finance minister delivering the budget speech, and he said, the rural hospitals, there will need to be some change in the configuration of those to recognize the demographics that I mentioned earlier, to recognize the kind of medicine that can be and would appropriately be practised in those small centres.

And that medicine, Mr. Chairman, relates to a large degree to the treatment of an ageing population. So we have in our rural areas older people who we have been working to develop housing facilities for, and so that they can be treated to a good degree in those places.

And for that reason, the strategy which was introduced in the first term of office of this government, of integrated facilities where we in fact build onto smaller rural hospitals which have been concerned about their viability for some time, build on to them special care beds, in the level 3, 4 category so that they can be administered together, so that they can address the actual demographics that is out there in rural Saskatchewan.

So those are the four categories. And there is no question that in this large system that we have, related now to hospitals, there is no question that all four of those, as we look into the future . . . And I challenge the member and ask the member to do that, because I'm quite willing to take the suggestions on how we'll deal with rurals . . . with regionals, with community hospitals, and so on. But the four categories must mesh together so that we have a system that touches our folks of this province regardless of how remote an area they may live in.

So I won't say any more in response to those specific things, but I'll say to the hon. member as it relates to the 25th anniversary of medicare, we . . . You know, I don't have any specifics. We didn't have a large celebration or anything of that order, he we did say, you know, we did have some . . . On the July 1 weekend, I believe, which

was the pertinent weekend for the coming into force of the medicare system as we now know it, or as we knew it then, let's say, because as we now know it is certainly a little different, and we commended that and commended those pioneers who were there.

I'll reiterate that no one in this government will ever try to diminish the role played by those people. But I will say once again, we have . . . it" incumbent upon all of us in responsible positions to look forward now into the next 25 years of medicare and what that includes. Thank you.

Ms. Atkinson: — Well, Mr. Minister, you can have big trade fairs in Saskatoon and talk about all the wonderful things that business people in this province are doing, but you can't have anything of any significance to show the people of Saskatchewan and the people of this country how we in Saskatchewan have advanced the cause of universal, accessible health care in our province. You've got big bucks and big money for big business events, but no money for health care.

Mr. Minister, we're talking about people's lives. You talk about money and how you can't, how the system can't really afford this, and we've got to look into the future to make sure we have a health care system. You talk about money. Well, Mr. Minister, we're talking about people's lives and the quality of their lives.

Now, Mr. Minister, this is interesting. You really didn't do much to celebrate the 25th anniversary of medicare. In fact, you wouldn't even have a discussion in this House, a resolution put forward where we could all talk about how much we've accomplished in the last 25 years. You don't want to talk about medicare and the 25th anniversary of medicare. And I can see why you don't want to talk about it, because of what you're doing to this province when it comes to health care system and the delivery of health care in our province.

And I'll tell you what you've done this year, in the 25th anniversary of medicare. You've virtually done in the prescription drug plan. There are people who are going without drugs because they can't afford the up-front charges. There are people that are paying hundreds and hundreds of dollars extra in up-front charges because of your changes to the prescription drug plan.

You've eliminated dental health coverage for children between the ages of 14 and 17. You've privatized the children's dental plan with budgetary considerations for parents not taking their kids to the dentist. You've taken that into consideration in full anticipation that parents will not take their kids to the dentist. That's taken care of in your budget.

We've got a hospital waiting list in Saskatoon of more than 11,000 people, and it's growing in Regina as well. You've done absolutely nothing to deal with that. You know, you blame doctors in the media because their patients aren't getting into hospitals because they're not on the urgent list or something. Doctors aren't buying that, Mr. Minister. You blame here, there, and everywhere, but you don't take any responsibility for it yourself.

You increase home care fees by 66 per cent. Now some older folks are going without the services of home care because they can't afford it. You increased nursing home fees to over 580 bucks a month, and some older people can't even buy Christmas presents and birthday presents for their grandkids because of what you're doing to health care.

And then you threaten, you introduce the threat, the possible threat of limitations on visits to the chiropractor and the physiotherapist. In fact, we've been told that private physiotherapy services that have now been covered, or have been an insured service up until now, are looking at going the way of having to pay for it. And there will be people who can afford physiotherapy services and there will be people that can't.

And that's not the kind of health care system that we envisioned 25 years ago, or that people envisioned 10 years ago, or five years ago, or a year ago. And my question to you, Mr. Minister, is: why didn't you and your brothers and sisters over there, why didn't you tell the people of this province what you were going to do to our health care system in the 1986 election? Why didn't you tell us?

You know, we've got all of these commitments on the part of your government to our health care system, and here's one of your commitments:

The Progressive Conservative Party believes in removal of deterrent fees for prescription drugs and will increase the number of drugs provided under the plan.

That was in the *Meadow Lake Progress*, compliments of you, Mr. Minister.

An Hon. Member: — Can I see it?

Ms. Atkinson: — You bet you can see it; September 27, 1978. You made that commitment to the people you represent, and your members made that commitment to the people that they represent, but you didn't tell us in October of 1986 that you were going to significantly change the prescription drug plan or change the children's dental plan - you didn't tell us that.

And my question to you is: why didn't you? Why didn't you tell the people of Saskatchewan that you were going to cut back on health care services? Because I can tell you this much, Mr. Minister, you people would not have been elected - you would not have been elected because health in this province is a priority; it's a priority of the people of this province and the people that all of you and all of us represent.

Why didn't you go to the people and talk about the deficit and how you have to save money? You talk about saving money. Well the people on this side of the House talk about people's lives and the quality of people's lives. And you are doing everything to undermine that. Why didn't you tell the people in October of 1986 what you were going to do?

Hon. Mr. McLeod: — Mr. Chairman, a couple of things

just to clarify. The member talks about things like the resident charges at nursing homes, and we'll get into that in a while. I want to remind you, Mr. Chairman, and everybody in the House, that the system that's now in place for nursing home fees, and so on, was a system that was brought in in 1981 by the former administration. We haven't changed in essence of that system in terms of how much is charged on a monthly basis.

An example, Mr. Chairman, in 1981 the disposable income of a resident of a nursing home in Saskatchewan was \$65.58 when they brought in that system - \$65.58 disposable income per person; that's what they left the folks with. And at present it's . . . or in November when the fee goes according to the formula, when the fee goes up again to 596, in November coming up, there will be \$103.47 disposable income.

Now, Mr. Chairman, the member can say, well there's this increase and, you know, that's all part of it, and I know exactly where that comes from and the political motivation for the various statements. But I want you to be very clear on that, is that before 1981, before that system - and that group over there was in government for a good long time before that - people paid in a range of anywhere from \$500 up to as high as \$1,300 a month for nursing home spaces in this province.

So they brought in a system which said there will be a subsidized rate beyond a certain amount. And they set in a system, and as I've said, the former government brought in the system and we have not changed the essence of that system in terms of . . . and what we have done is said, look, we'll leave each of the people who are residents in level three or four with a disposable income which is of a certain amount; and I just reiterated that it's over \$100 now. It was \$65 a person when they brought the system into place, \$65 a person. And then they raised it, if you just . . . just prior to the '82 election in a desperation bid but it meant nothing because people had decided that they were gone. But they raised it from 65 up to a significant amount at that time.

And we have kept that level. We've kept that at the higher level, and we stay in the range of \$100 disposable income per resident to this day. And we intend to stay at that type of level throughout. So that should be clarified because the member - as has been said here on many occasions and as I, I believe, have said as well on several occasions before - the member has a tendency to get a little carried away with her political rhetoric from time to time - more than from time to time, but I'll say from time to time now.

Mr. Chairman, the member says that the plan in the dental plan on our part was that we were planning on parents not taking their children to the dentist. Nothing could be further from the truth. Mr. Chairman, I believe parents will take their children to the dentist, and in fact they will take their children to the dentist. Parents in Saskatchewan will take their children to the dentist. What the children of Saskatchewan between five and thirteen years of age have - despite the comments of the member opposite, not only in the House but elsewhere in the province, which say that children have no coverage - children between five and thirteen are fully covered for their dental services, fully covered.

Now that means that if the parent takes that child to the dentist . . . Let's just talk about this for a minute, Mr. Chairman. How often is that for an individual child? How often is that, a visit to the dentist? For the most part it's once a year, and in some cases, a significant enough percentage, it's twice a year. And then someone with a chronic problem or whatever, it may be more than that. But for the most, the largest percentage of children, it's one trip per year to the dentist. Once - once a year.

And the member says that's terribly inconvenient for people. It's very, very inconvenient. People will not take their children to the dentist. And to listen to her talk today and other days, you would think from that, if you just were visiting here for the first time and had never been around here, you would think that these children in Saskatchewan need to visit the dentist at least twice a week, like hockey practice or something, the way she talks about it.

Well it's not the case, Mr. Chairman. People in Saskatchewan take their children to hockey practice once or twice a week, but they need to take their children to the dentist once a year. And I say, Mr. Chairman, the parents of Saskatchewan when the onerous part, which is the payment, is covered, will take their children to the dentist to have their dental health looked after. They will, and their children will be well looked after by excellent, well-trained professionals in dental offices. That will be the case.

(1600)

And, Mr. Chairman, as times goes on and people understand the program better, which is what is happening right now in this province, the level of concern that the member relates to has been dropping in direct proportion to the level of understanding of the system, both as it relates to the dental plan and as it relates to the drug plan.

Some Hon. Members: Hear, hear!

Ms. Atkinson: — Well I guess the Minister of Health doesn't want to answer the question, and I'll just give the question once again. Mr. Minister, in your own election propaganda, in your own paper, the Meadow Lake Progress, you said that there'll be no fees in the medicare system in any way, shape, or form. In fact that sounds like your language - any way, shape or form. You use those kinds of words regularly.

You said the present fees on the drug plan will be removed. You said, the Progressive Conservative Party believes the removal of deterrent fees for prescription drugs and will increase the number of drugs provided under the plan. You said that, Mr. Minister. And you said:

Today as always the Progressive Conservative Party of Saskatchewan rejects any form of deterrent fees or health insurance premiums.

You said that, Mr. Minister, and my question to you is this: why did you not, in the October 1986 election in which you were elected and other members of your party were

elected, why didn't you tell the people of this province prior to the election campaign what your plans were for our health care system?

Why didn't you tell them that you were going to, in essence, introduce deterrent fees to the prescription drug program? Why didn't you tell them when you told them that there would be no deterrent fees? Because when you have a deductible system, that's a deterrent fee, Mr. Minister. Why didn't you tell them that you were going to change dramatically, radically, the children's dental plan? Why didn't you tell them that?

And why didn't you tell them that you were considering putting limitations on visits to chiropractors and, in fact, doing away with insured visits to private physiotherapists? Why didn't you tell them that, Mr. Minister?

Hon. Mr. McLeod: — Two or three things, Mr. Chairman. The first comment is I'm really pleased to hear that the member's been reading the Meadow Lake Progress. I Hope that you'll read more than a selective ad here and there, because if you would go to Meadow Lake, read the paper and talk to the good citizens of that area, your warped view of the world, I submit, would be very, very different. It would be very much more realistic than it is now. Okay? I just would say that to the member.

So I invite you to go to Meadow Lake as often as possible and listen to the people, and I believe it would be to your benefit. Take as many colleagues as you like, as well. I'm not sure my constituents would like me to invite all of you at once or any time, but I'm sure they can deal with you.

Mr. Chairman, there's a very important concept here that we must discuss and that should be pointed out. Medicare, which we've talked about to some degree here in terms of what is medicare and is classic medicare - I mentioned it earlier and talked about the physician services, access to hospital - access to those kind of services. There's no question that that's the case.

Mr. Chairman, there is a difference between some of the supplementary benefits. And I call the dental plan for children and I call the drug plan, which has been in place for some time and which is now changed as of July 1, a supplementary benefit - obviously in the health care and dealing with the health and well-being of our citizens. But those are supplementary benefits which are not in classic medicare by any one's description - any rational person's description. I shouldn't say anyone, because I can't speak for those folks opposite.

Mr. Chairman, the deductible system in the drug plan, I submit to you and all members of the House, is not a deterrent fee. It is not a deterrent fee. The way the system is set up it is not a deterrent to people in terms of their access to having the drugs which they require for their well-being. It's not a deterrent.

And as I said in my earlier comments, as the people of the province have come to understand the system now that it's been in place for some time, their level of understanding has increased and their level of concern has diminished in a major way. Because they now see

that the rhetoric that came from those members which said there is no longer a drug plan - I understand the consternation of people, especially elderly people who will have listened to this stuff and say, well that's a member of the legislature; probably she's responsible; probably they will say something that's fairly close to what is the fact. And that would scare people. And I just submit to you and as I have to the House before, that is not an appropriate type of rhetoric regardless of the political benefit that one hopes to gain, to use.

So I would just . . . and I will say that the drug plan is intact. The drug plan is the most generous - our Saskatchewan prescription drug plan is the most generous in this country right now, even after it's been changed. There is no one else in the country that comes even close. I suppose Manitoba, after the program which we patterned our new program after, is close, but other than that there is nothing else even close. And we're proud of the new program, and the citizens of Saskatchewan have adjusted well and will continue to.

Ms. Atkinson: — Well, Mr. Minister, you didn't answer the question, and I think that's par for the course when it comes to asking ministers of your government answers. I told you that we were going to ask straightforward, direct questions, and we expect straightforward, direct answers. But you don't want to tell the people of this province why you basically misled them, why you told them that you weren't going to introduce deterrent fees and you were going to remove deterrent fees, which I presume meant dispensing fees for prescription drugs and increase the number of drugs under the plan. You didn't do that. You didn't do that, Mr. Minister.

And a deductible is a deterrent fee because if you don't have the money, you can't pay for it. It's as simple as that, Mr. Minister. And with your new drug plan, people have to have the money to pay for their drugs up front in most cases, or practically all cases.

But nevertheless, you're the Minister of Health and you're running the largest department of government. I'm wondering if you can tell me what your health care, your personal health care philosophy is, Mr. Minister. Can you tell us what the philosophy of the Department of Health is when it comes to delivering health services in our province? Can you tell us what the long-term goals and objectives of your Department of Health are, and what your short-term goals and objectives are going to be for this coming year when it comes to the delivery of health care in Saskatchewan?

Hon. Mr. McLeod: — Mr. Chairman, a couple of things. I'm pleased to get into this sort of philosophical debate for a few moments anyway. I just want to go back for a minute as it relates to the drug plan, just to add a couple of things, just so that the member will see the sort of structure that was in place and that needed to be addressed in the way that we did address it. It needed to be addressed in some ways, and we chose to address that, and we'll get to that later.

But between and '75 and '82 - '75 was when the drug plan first came in, Mr. Chairman - in '82 drug plan fees were raised from \$1.75 to nearly \$4.00. That's over 100

per cent increase. They started off at \$1.75 and so that's . . . you know, the other members also recognized some cost factors here. In '84 under our administration, and the former minister, the drug fees for social assistance recipients were reduced from the 3.95 level down to \$2 for those recipients who were asked to pay a fee, and that has remained the same even under the new plan - at \$2 for those people most in need.

I point that out because it's important to make the point because the member continues to say, well there will be people in our province and there are people who are most in need who will not have access to drugs, will not have access to the prescriptions that they need for their well-being because of some Draconian measures of this plan. And I just say outright, Mr. Chairman, to you and to everyone here, that that is not the case. People most in need in this province are covered, as they were under the former plan, and there is no one found wanting as it relates to the system.

And we have the unique circumstances panel in place and some people have been covered in various ways by that. And others, you know, much to the chagrin of some of the members opposite, and of themselves, have had a reply which says no, we don't believe that you are unable to handle this; we know it's difficult for you; we don't believe that it is out of your reach to be able to handle this, and so you won't have special coverage. Sure, there will be cases like that.

Another thing, since 1982, since this government came into power, the number of products that are covered under the drug plan have increased from 1,560 prior to '82 to a total of 1,800 products now, separate products. That's based on several things, some which our people in the formulary committee believe should be in and some because there are new drugs being developed all the time, and that's an obvious thing.

That becomes a variable in the structure of a drug plan - new drugs being developed all the time, the kinds of new procedures that are being carried on. All of those kinds of things are important to remember when we talk about the total cost of something as massive as a drug plan to serve a million people. So I just point that out.

And I'll get into . . . I want to make another point as well as it relates to the medicare debate that we had a minute ago. The thing that happened in terms of protecting the very fabric, what we will call the fabric of medicare, that happened under this administration, which did not happen from 1962 right up till the time that the former administration left office, was that many people in our province were faced with extra billing, for various reasons, prior to extra billing being banned in the province by our government last year. So it was a fact of life from '62 until last year when it was banned. It was banned, not by the NDP government resting on their laurels, and so on, it was banned by ourselves, by this government who had the courage to do it early despite the federal program and so on, but this government moved quickly to comply with The Health Act.

Now as it relates to the philosophy of health care and so on, I just want to say to the member and to all the

members here, all of us who have been raised in Saskatchewan . . . I heard a little bit of a life story from the critic over here a few minutes ago about Biggar and what a nice place it is, and so on and so on. But I would just say that my philosophy as is the philosophy of, I would say, most of our members here who have lived in Saskatchewan for a good long time, many of us, most of us born here and raised in the system which has come up over a long period of time - my philosophy of medicare or of health care and the delivery of health care is very much like that, I believe, of the widest population in our province. And that is that people must have access to medical services, they must have access to physicians' services, they must have access to as wide a range of health care services as possible for the lowest possible cost that it would ever be for them as an individual or family. I believe that. I believe we can still maintain that as long as we look at the financial circumstances in a very realistic way.

The goals, and let's just . . . some of the goals that we have will, whether short term and long term, must be dictated by the changing circumstances, some of which I mentioned a little earlier, and that is the ageing population that we have. That's not a phenomenon of Saskatchewan although it's very significant here.

I believe it's a case that we have more . . . we have the largest percentage of citizens in our province who are 75 and over, which is significant for a system like the health care system. So ageing population, the changing practices in the way medicine and health care practices are conducted, changing technology - some of these I mentioned earlier - changing demographics in terms of the number of people moving to the various centres.

And as the economy diversifies and as we move from agriculture more and more into some of the other - manufacturing, some of those things, there will be changing places of residence. And that has implications for the infrastructure out there, whether it's in education or in health or others. But it's certainly here in health, and the changing systems of delivery.

All of those things, all of those things are the circumstances which we must be aware of as we frame the goals of the department in the short term and the goals of the department in the long term to better serve the folks of our province.

So those are things which we're very aware of, which we're attempting on an ongoing basis to become more aware of. I don't think any member in this House, or any person, can honestly stand up and say that they know of the new trends and all of the new directions in health care. But we are making every attempt in this excellent Department of Health to be aware of all the trends and to blame, or blame . . . I say blame, but to frame the goals that we develop on these things, both short-term goals and long-term goals.

(1615)

Ms. Atkinson: — Mr. Minister, I have no idea what your health care philosophy is. You haven't told me what the long-term goals of your department are, you haven't told

me what your short-term goals are.

Surely, Mr. Minister, as the Minister of Health in this province responsible for over one-third of the budget of the people's money, surely you must have some health philosophy. Your department has policy analysts and researchers. I would think that you would have put together some type of philosophical statement that governs your actions and governs the actions of the employees of the Department of Health.

Now I'm asking you again, Mr. Minister: what is your health care philosophy? You are the Minister of Health; surely you have a health care philosophy. And I think the people of this province are entitled to know what it is.

Hon. Mr. McLeod: — Well I did outline then, and I said it'd be . . . My philosophy of health care is that there should be access. I put it very succinctly so the member understands well. And I've said that.

My philosophy, I said to you earlier, is not unlike the philosophy of health care that has been - that most people have in their souls, who live in this province for a long time, and that is that access to hospitals, physician services, those kinds of things, access to the best possible health care facilities and services that are available, is what we should be striving for. That's the philosophy I have. And that is for people of the province, regardless of what part of the province that they live in - regardless of what part of the province they live in, that access.

I have a philosophy that says there should be a reasonable and responsible use of the services which are provided by the taxpayer to the citizens, to all of us as citizens. We should be, as citizens all of us, responsible in our use of those services which are provided by our fellow taxpayers. There's no question that that's the case, and I submit to you that I believe that there has been, over a period of time, a feeling or a lack of understanding of what the costs of health care are. It just happens over a period of time.

People have no reason to question what does this cost. And that isn't just citizens who are users of the system, that fact . . . that's in fact the professionals who deliver the system. I mean, I've had physicians say to me that they do not know the cost of the drugs that they prescribe, didn't have a clue before, now they do. Why? Direct result of the new drug plan which comes in where people will ask questions, responsible questions about, is there a way that I can . . . is this prescription, is there a cheaper one available? - those kinds of questions.

So I believe in a reasonable and responsible use of the system by the citizens who are the users of the system, but who are as well the taxpayers who pay for the system. I believe that. I believe that, as I say, it's important for our department and for the citizens across our province who, as they think about their health care system and the very excellent system that they have, as they think about that - and I'm sure they do - that they say, what is the best system for the present, and what's the best system for the future, and what research is there to show what the future will look like?

So we want to talk about, and we will continue to in this department, look at the very best information available as it relates to the new practices of medicine, the new research that's available, the demographics, all of those kinds of things.

So while the member will say that she can't take from that what my philosophy is, I'm sorry for her, but that's what it is and that's as best as I can express it, Mr. Chairman.

Ms. Atkinson: — Well, Mr. Minister, you say that your philosophy is one of access, and I'm wondering, Mr. Minister, does access mean that people regardless of income, have access to the system? Or does access mean, Mr. Minister, that only those that can afford it have access to the system? What do you mean by accessibility? What's your definition of access?

Hon. Mr. McLeod: — I mean access, as I have said before and as it related to the drug plan, and that would go across the broadest system. I believe that people should have access to the medical services, access to health care benefits, and those most in need who are unable to, you know, if they were unable to pay for the deductible as it relates to the drug plan. If they're most in need, then that should be covered by the wider society. And it is the fact, and so I believe that, because it's extremely important that no one goes wanting for health care services. That's not a change in the way in which health care has been approached for a good long time in this province, and it should be that way and will continue to be that way under this administration, Mr. Chairman.

Ms. Atkinson: — Mr. Minister, children in this province used to have access to a children's dental program in 578 schools in 338 communities. Does your definition of accessibility mean that you change the children's dental program so that children are denied access to dental health because children's dental plan is no longer available in 338 communities, Mr. Minister, it's only available in 75 communities. Is that your definition of accessibility?

Hon. Mr. McLeod: — Well we went through that in terms of how often will children visit the dentist.

What I call access is that there will be reasonable access to dentists' services by the children in our province, Mr. Chairman. I submit to you, under the new dental plan that is in place, that there is access for children of 5- to 13-years old to go to dentists' offices in this province. There is an increasing network of dentists' satellite offices and in fact full-fledged dental offices opening in communities which have not had dental services heretofore for a good long time and some of them never before.

So, Mr. Chairman, you know, because if you take the member's argument to its logical conclusion - her argument which says, because dental services are not included now in the schools, the children no longer have access to dental services. That's what she said. Because you can't get your teeth fixed in the school, you no longer have access to dental services. That's what the member said. Now if you take to its conclusion, what she would say is that there should be . . . in order for children, in

order for people to have access to the health care system and physician services, there should be a doctor's office in the schools. That's what she wants.

Mr. Chairman, access to dental service is available for the children of our province on an increasing network of dental offices on the main streets of our communities, and certainly there is access to dental services for the children of this province.

What is required is this: there are two things; there is choice for the person, the parent, to say, this is the dentist I shall take my child to. There's that choice. The members, obviously, are against that. So be it. I'm for that.

And secondly, there is access to the dentist's offices. And what is required is that a loving parent will take their child to the dentist and, Mr. Chairman, that is not too onerous for any parent to take their child to the dentist, for the most part once a year.

Ms. Atkinson: — The Minister of Health talks about reasonable access when he talks about the children's dental plan as we now know it - a dental plan available in only 75 communities in Saskatchewan. I take it then, Mr. Minister, when the children's dental plan was available in 338 communities, you saw that as unreasonable access, and that's why you've changed the children's dental plan and basically fired 411 workers.

Mr. Minister, what is your definition of accessibility when it comes to prescription drugs? We know what your definition is when it comes to the children's dental plan: you do in the dental therapists, 411 of them; you fire them; you do away with dental services available to children in 338 communities, and now those services are only available in 75 communities. So we know what your definition is of accessibility when it comes to the children's dental plan.

What's your definition of accessibility when it comes to the prescription drug plan? When we have citizen after citizen in this province that are making choices today whether or not they get their prescription drug or they put food on their table; how is that accessibility, Mr. Minister?

Hon. Mr. McLeod: — Two things, Mr. Chairman. As it relates to the dental plan, I reiterated to the member a while ago that there's an ever-widening number of locations in the province where there will be dental services - dentist offices opening. There are . . . let me just read a list to the member. These are the ones that have opened since July 1. There are 20 new dentist offices open in this province since the first of July. I want all members in the House to hear that.

Since the first of July, 20 new rural locations for dentist offices that were not there before. And I predict, I'll stand here and predict to you, Mr. Chairman, and to others in the House, there will be more. There will be more dental offices opening in rural communities where there have not been dental services not only for children for where there have not been dental services for the adolescents and for the adult population in some of those more remote communities. Mr. Chairman, that is a positive thing for Saskatchewan. That's a positive thing to have

dental services available in a wider area than just in the larger centres. And that's what's going on.

Let me just read some examples. Big River, no dentist's office before, now there's a dentist's office; Blaine Lake, Cupar, Debden, Delisle, Dysart, Earl Grey, Edam, Kelliher, Lestock, Lipton, another one in North Battleford which is a satellite office to deal with children's services; Paradise Hill, Porcupine Plain, Radville, Southey, St. Walburg, Turtleford, Waldheim, Wolseley. These are the services that have opened since July 1. These are new dental offices which are opening in this province.

Mr. Chairman, as we said . . . I said to the media and to the House on a prior occasion that that's what the trend would be with the implementation of the new dental plan. That is, in fact, what the trend is with the implementation of the new dental plan, and I stand by my former statement, and will reiterate here again, there will be an increasing number of rural communities who will have access to dental services, not only for their children, 5 to 13, but because of this program will take the people out there - the dentists - and there will be services available to the adult population in those communities.

As it relates to the member's question about the drug plan and about accessibility - and I hear her say, and I have heard her say on occasions before - and I reject outright her statement which says that there are people making choices between the drugs they need and the food that the need. I reject that out of hand. Those in need in this province are covered.

There are people in this province, you know, who will say, I'm making these choices. There are people who are motivated by things other than their needs for prescriptions who will say these things. I know that. That's an unfortunate aspect. But, Mr. Chairman, the system that's in place in the drug plan, in the new drug plan, is a system very similar to the one that's in the province of Manitoba just to the east.

Mr. Chairman, I defy the members opposite to find stories as they will try to reiterate to us here about the communities and the people who live in our province of Saskatchewan. I defy them to go to Neepawa, and Minnedosa, and Brandon, and Winnipeg, and whatever other community in the province of Manitoba, where their drug plan is not as generous as the one we have here, and find stories where people say they're making choices between food and their prescriptions. It's not the case. It is not the case there and, Mr. Chairman, it is not the case in the province of Saskatchewan under the new drug plan.

Ms. Atkinson: — Well the minister likes to talk about the new places where we now have a dentist, and I'd like to talk about the places where we no longer have a children's dental program, where we no longer have access to dental care in particular rural communities. And this is particularly hard on rural communities and, as a member who represents a rural community, you should be concerned about this, Health Minister.

Let's look at the Saskatoon region. Is there a dentist in Aberdeen? No. There used to be one - a dental therapist. Is there one in Allan or Annaheim or Asquith or Beechy or

Bellevue or Borden or Bruno or Carmel or Clavet or Conquest or Craik or Cudworth or Dalmeny or Delisle or Domremy or Drake or Duck Lake or Dundurn or Elbow or Englefield, Guernsey, Hague? And it goes on and on.

Let's talk about accessibility. And the Minister of Education talks about a telephone book, and we know about telephone books in Saskatoon and how inept this government is at even printing a telephone book. And it's interesting that a chiropractor had his practice left out of the telephone book, along with a dentist, both of whom live in the constituency that I represent. Some competence!

(1630)

Well, Mr. Minister, I want to get back to accessibility. You talk about accessibility. You talk about having accessibility to the best possible. You talk about a reasonable and responsible use of the system. That's your philosophy - reasonable and responsible. And you talk about goals dictated by changing arrangements and the ageing circumstances and the changing practices of health care and changing technology and changing demographics.

And I'm just asking you, Mr. Minister . . . I guess we now have an idea of what your philosophy is, and it's supposed to have something to do with accessibility that's reasonable. And we know what's happening in this province, where people are having to make decisions based on their income and whether or not they have money. That's their accessibility. They don't have access.

We're going back to the bad old days prior to the time that members on this side of the House made the decision to introduce medicare and add on to medicare and provide services so that people wouldn't have to go without. We know what your philosophy is, and that's to cut, cut, cut, cut, cut, and do in the system bit by bit, dime by dime, piece by piece - that's your philosophy, Mr. Minister. Accessibility doesn't mean a hoot if it's not universal, that regardless of how sick one is, regardless of one's income, that one has access to a system - regardless. And that's not your philosophy. Well I can assure the public of Saskatchewan that's our philosophy, that regardless of your income and regardless of how sick you are, you have access.

Some Hon. Members: Hear, hear!

Ms. Atkinson: — And that you shouldn't have to worry about being sick and being out of work, or not being able to do your job because of your illness. You shouldn't have to worry about those things because you'll always have access to a health care system that's world class and number one as you people like to talk about. Well you are nickel and diming the system to death - to death, Mr. Minister. People can't get into hospital in this province. There are some people that can't afford prescription drugs and are making decisions about whether or not they get a prescription or they put food on their table. That is happening, Mr. Minister.

And you are denying rural people access to dental services that used to be available in their communities

and no longer are. You are denying rural women jobs by firing 411 dental therapists and dental workers, and those jobs were used to subsidize the family farm which you know full well isn't doing very well these days. And those people aren't going to forget what you've done to them. You've taken away rural employment, Mr. Minister.

We know what your philosophy is - it's to cut the system; nickel and dime it to death, Mr. Minister. That's your philosophy - user pay, deterrent fees. And you promised, you made a sacred promise to the people of your constituency and the people of this province that there wouldn't be deterrent fees and there wouldn't be user fees. That was your promise, Mr. Minister.

And I ask you now: do you, or does your government intend on introducing deterrent fees when it comes to hospital care, Mr. Minister? What are your plans in that area of health care in our province? We know what your plans are when it comes to the prescription drug plan. We know what your plans are when it comes to the dental program. We know what your plans are when it comes to hospital waiting lists. There seems to be no end to it - underfund hospitals. What about deterrent fees and hospitals? What are your plans?

Hon. Mr. McLeod: — Couple things the member talks about, the dentists and right off the list, Aberdeen and . . . I think beginning with Aberdeen and other small communities in the province where she says, there were these dental services for the citizens of that area. It's really important to note that those dental services that the member talks about were a visit once a year, once a year by the dental therapist to the school - once a year, that was the dental services.

That wasn't the dental service available to the adults of Aberdeen or to the adolescents of Aberdeen, or whatever, so let's just be sure that we have that in perspective so that . . . and I won't go on it very much longer, but I'll just say, in perspective, and I would ask the hon. member to keep her remarks in some kind of perspective in terms of what services were available.

An Hon. Member: — One day a week for us in Paradise Hill?

Hon. Mr. McLeod: — The member says, one day a week in Paradise Hill. Mr. Chairman, the dentists in Paradise Hill that the member refers to from her seat - Paradise Hill being an area I'm very familiar with; it's in my constituency, an area that has supported me very well three times, and I believe will continue to do so - has services once a week which they have not had, and I don't think they have . . . I don't remember, and I don't think there has been dental service in Paradise Hill before, ever before, and now there is dental services for all the citizens regardless of age in Paradise Hill. And I mentioned a bunch of others here earlier.

So, Mr. Chairman, the services, as I outlined earlier, in an ever-widening range of communities, are having dental services for their whole populations which they did not have available to them heretofore. And I'll just leave it at that because I believe that number is widening over a period of time and will continue to do so for some time to

come.

As it relates to the member's comments, you know, about my comments about deterrent fees and about premiums, I have said then . . . I'm not sure what the date of the quote there and so on, but I believe that to be the case now. We have not introduced deterrent fees. The member says we have. I say we have not introduced deterrent fees, and there are no deterrent fees on the health care system now.

The prescription drug plan, where there is a deductible level which is not onerous and which is as low as \$50 for a whole year - a deductible as low as \$50 for a year for seniors . . . And for those seniors who are in nursing homes who are certainly most in need, there is a 3.95 charge per prescription. So, Mr. Chairman, no change for those people in nursing homes, no change for those on social assistance, those most in need in our society, and so there is no deterrent fee, and there is no plan to introduce one in any aspect of our program. And as far as premiums are concerned, insurance premiums and so on, the same thing stands, Mr. Chairman.

Ms. Atkinson: — Mr. Minister, will you say unequivocally in this legislature and to the people of this province that you will not introduce any deterrent fees, health insurance fees, or de-insure any health care service in this province? Will you say that to the people of this province such as your said in your little ad here when you were running for election? I'll say it again: will you be unequivocal, there shall be no deterrent fees introduced by this government; there shall be no health care premiums introduced by this government; there shall be no de-insurance of medical services by this government? Will you say that, Mr. Minister?

Hon. Mr. McLeod: — Mr. Chairman, I have no plan as the Minister of Health to introduce deterrent fees or premiums, I have no plans to introduce those things. I've said that to the member. I have no plans to introduce deterrent fees for people going into the system.

The member has already demonstrated to the House today that she believes that the payments in the drug plan that are deductible payments are deterrent fees. I say that that's not true, and they are not. They are not deterrent fees. But there are no plans for introducing deterrent fees, because deterrent fees in the history of our province, and deterrent fees in terms of that term, will mean this, and it means this to me: it means when someone has to pay for every service they receive from the dentist. So that's what that term . . . They go in, they pay for the service, and there it is. And regardless of how many times you visit, you pay some portion up front, some portion of the payment, that you would pay some portion of the payment up front every time you go, regardless of how many times.

That's not the case in the case of the drug plan. The case in the case of the drug plan is that there is a deductible, and when you get beyond a very reasonable amount, you are covered. And that's why it is not a deterrent fee.

Ms. Atkinson: — Mr. Minister, I don't care if we call it deterrent fee, health premiums, deductibles - I don't care what we call it. But do you have any plans to introduce other deductibles - since you like that little

phrase better than deterrent fees - do you have any plans to introduce other deductibles into our health care system where people will have to pay up front for health services, Mr. Minister?

Hon. Mr. McLeod: — I've said, Mr. Chairman, to the member, and I say again, I have no plans. This Minister of Health has no plans for deterrent fees or premiums to be introduced.

Ms. Atkinson: — Mr. Minister, can you assure the members of this legislature and the people of this province that your government - during your term of office, in the next three or four of how many ever years it takes us to get into a next election - that your government will introduce no more deterrent fees or deductibles or health premiums or de-insure any health service in this province? Will you give us your assurance and therefore come clean with the people of this province?

Hon. Mr. McLeod: — Well I have said, I have said to the member that we have not introduced deterrent fees to this point, and we are not in the process of planning any deterrent fee introductions.

Ms. Atkinson: — Mr. Minister, you're not answering the question. We're not in the process. We haven't introduced any deterrent fees. Well you have. The deductible on the prescription drug plan is a deterrent fee. It deters people from having access to prescription drugs, because if they don't have the money, they don't get the drugs. If they can't come up with the money up front, they can't get the drugs. That is a deterrent fee, Mr. Minister. That's a deterrent fee. And when they do get beyond their deductible they can apply for a 80 per cent rebate. They still pay 20 per cent of that drug. That's a deterrent.

Now, Mr. Minister, I ask you again: do you . . . or will you make a commitment - I won't ask you whether you have any plans because you can avoid that - but will you make a commitment to the people of this province that we will have no deterrent fees, no insurance premiums, no deductibles on any other health care services in our province, nor will there be any moves on your part to de-insure any health care services?

Hon. Mr. McLeod: — Mr. Chairman, first of all, there is no deterrent for people in the drug plan as it is now constituted. There is no deterrent for access to the drugs that they need for their well-being now.

Mr. Chairman, I have said and I will say, and that's all anyone could ever say here, so any one could ever say it, that I have said to you that at the present time I have no plans. This Minister of Health and this Department of Health has no plans whatever for the introduction of deterrent fees or for introduction of premiums.

And I have said that before, and I say that again, we have no plans for that. Okay. And frankly we have not introduced deterrent fees in any aspect of the health care plan now. So there's no question that that's the case, and that's as far as any minister could ever go as far as saying this is the case. And that is the case as it now is, and that will be the case, and I can speak for myself and the

department that I'm now responsible for.

Ms. Atkinson: — Mr. Minister, do you call the dispensing fee of \$5-and-some-odd cents per prescription, do you call that a deterrent fee?

Hon. Mr. McLeod: — I call that the fee which goes to the professional pharmacist for dispensing the drug that the person needs. That is called a dispensing fee for very good reason because it's payment for the dispensing of the drug.

Ms. Atkinson: — Well, Mr. Minister, in your election propaganda in 1978 you called it a deterrent fee, Mr. Minister. You called the dispensing fee a deterrent fee. Those were your words. Now if I call a deductible a deterrent fee, it is a deterrent fee because it prevents or it can deter people from getting access to prescription drugs because they do not have the money; that is a deterrent fee.

Some Hon. Members: Hear, hear!

Ms. Atkinson: — And I ask you, you may not have plans to introduce deterrent fees or health premiums or deductibles today - you may not have a plan to do that today - but I ask you, Mr. Minister: can you assure the people of this province that you will not introduce deterrent fees, or a deductible, or health insurance premiums, or de-insure any medical service that people in this province now have while you're in office for the next three and a half, four years, or however long we have to put up with you people? Can you assure us that there'll be no introduction of any of those things that I call deterrent fees?

Hon. Mr. McLeod: — Mr. Chairman, the record will show that I have given the assurance there will be no deterrent fees or premiums. I've said that. I will say there's no plans for it. The member will as well know . . . well she won't know this, but she should know this and all members should know this. Mr. Chairman, the present drug plan as it's now constituted, despite what the member opposite says and continues to say, does not in any way deter access to the drugs that people need for their well-being - does not deter them.

Ms. Atkinson: — Mr. Minister, who do you have your special review committee if it doesn't deter people? Why is it that some people are getting priority post envelopes if it doesn't deter people? Why are some people only paying 20 per cent at the drug store - they're paying their 20 per cent instead of the full shot - if it doesn't deter people, Mr. Minister? It is a deterrent fee.

(1645)

There are people now, and you can ask any health care professional in this province and they'll tell you, that there are people now going without prescription drugs because they don't have the money up front. You can ask pharmacists, Mr. Minister, if there are customers leaving their stores or their pharmacies because they don't have the money to pay for those drugs. Ask pharmacists, Mr. Minister.

Now, Mr. Minister, since we won't call it deterrent fees because you don't like that definition, and we won't call it health insurance premiums, do you have any plans to introduce a deductible to get into our health care system in terms of visiting doctors or getting into the hospital, any kind of up-front payment? Do you have those plans, Mr. Minister, in the weeks or months ahead?

Hon. Mr. McLeod: — No.

Ms. Atkinson: — Mr. Minister, you said in 1978 when you ran for election, that there should be an elimination of deterrent fees for prescription drugs. And what have you done? You introduced a deductible, that's what you did.

Now, Mr. Minister, I ask you again: can you assure the people of this province that there will be no deductible introduced into our health care system in the next three or four years by your government? Can you assure us and give us your word?

Hon. Mr. McLeod: — Mr. Chairman, the member says the health care system. The health care system is a very wide-ranging area. I mean, Mr. Chairman, just a minute . . . (inaudible interjection) . . . I hear the member from P.A.-Duck Lake who would giggle and cackle in here, which is his only contribution for how many years . . . or how many months have we been here, but . . . (inaudible interjection) . . . How many months has he been here? That's right, months, and his seat mate from Regina North cackles with him. They're in unison, Mr. Chairman.

Mr. Chairman, just as an example of what I mean in terms of the very wide-ranging system. If you're talking about access to doctors or hospital care, all of those kinds of very basic, there's no question.

As it relates . . . You know, let me give you an example, Mr. Chairman, of why one could not say that for every aspect. In August of 1976 the government opposite, when they were the government, they introduced a nutritional product coverage plan for nutritional products in the drug plan. Okay. They introduced that - 1976. And the put a deductible of \$100 on it - of \$100. They did that. She calls that deterrent and all the rest of it. And 30 per cent patient costs thereafter; patients paid 30 per cent thereafter.

That's been in place since '76. And I will admit, Mr. Chairman, it remains in place. We see that as a reasonable approach. But to listen to the rhetoric of the member opposite, that is not a reasonable approach, even though her colleagues introduced it. And that's why you can't say . . . I cannot say and I won't say, every aspect of the health system. They say every aspect of the health system. It could be something that was new, which was something that was deemed to be necessary at a particular time, 1976 in this case, and was introduced.

So I won't say every aspect of the health system, but I will say the health system as we know it and understand medicare in terms of physician services, hospital services, those kinds of things. There is no way and no reason for anyone to believe, suspect, suggest, any way, shape, or

form, that . . .

An Hon. Member: — Or insinuate.

Hon. Mr. McLeod: — . . . or insinuate that our government is out to introduce deterrent fees or premiums in any of those kinds of areas. Or deductibles. Okay. There's no reason to suggest that.

And as it relates to costs and access to hospital and so on, the member knows very well that the Canada health Act that is now in place across this country, no government could impose those in any case, and we have no intention of suggesting that we would want to.

Ms. Atkinson: — Mr. Minister, then I interpret from your comments that you have no plans and you will not, in the next three or four years ahead while your term of office, introduce any kind of deductible system into our medicare system as we now know it. That's how I've interpreted your words. Is that correct, Mr. Minister? There's be no deductibles as we now know the system. Is that correct?

Hon. Mr. McLeod: — Yes, I believe that that's a fair comment, as I would understand the question.

Ms. Atkinson: — And so we're really clear, because there's a lot of people that want to know what your intentions are. Mr. Minister, what you have just said is that you have no plans whatsoever and you will not, in your three- to-four- or five-year term of office, introduce any more deductibles or deterrent fees or health premiums into our health care system as we now know it; that you will not de-insure any kind of any health care services that are now insured; that you will not introduce any deductibles into our health system; or insurance fees or deterrent fees. That's what I thought I heard you say, Mr. Minister. Will you just substantiate what I thought I heard you say?

Hon. Mr. McLeod: — Mr. Chairman, I just want to be clear. The member has four categories. You said de-insure certain services; introduce deductibles; introduce premiums; introduce deterrent fees - for whatever those can mean to any of us.

I will say that we have no plans, and that's all I can say. That's literally all that I can say, is that I have no plans, this Minister of Health has no plans to do any of those things - to introduce deductibles or to introduce premiums to the system. We have no plans for that and, frankly, I believe that we won't introduce deductibles, premiums, what you call deterrent fees - any of that.

Ms. Atkinson: — Well, Mr. Minister, you say, we have no plans; I believe we won't - your words. But you're not being unequivocal, Mr. Minister. You will not level with the people of Saskatchewan and tell them what your plans are. You won't say, we will not put it to you any more, folks, than we already have. You will not say that. You will not say unequivocally that while a Progressive Conservative government reigns in Saskatchewan or governs Saskatchewan, we will not introduce deterrent fees or premiums or deductibles or de-insure any further services. You won't say that. You won't be unequivocal

with the people of Saskatchewan.

And so what I say to the people of Saskatchewan is that that is a warning, people, that is a warning of things to come. We've seen what you've done to the prescription drug plan and it seriously limits some people's accessibility to drugs because they don't have the money to pay for those drugs up front, and yet we have a Health minister that says that his philosophy means accessibility to our health care system. Some accessibility!

We've seen what you've done to the children's dental program. It used to be available in 338 communities, most of which are rural. It's now only available in 75 communities in this province - and 411 people were fired. Lots of employment for rural people. Serious accessibility problem for people living in rural Saskatchewan. We saw what you did there. We've heard you make all kinds of noise about limitations to chiropractic care, putting a cap on chiropractic care, and total de-insuring physiotherapy services, private physiotherapy services. But you won't be unequivocal with the people of Saskatchewan today and say, we shall not introduce deterrent fees or health premiums or deductibles or de-insure any further health services while we, the Progressive Conservative Party, are the government of this province. You refuse to do that, Mr. Minister.

And so all I say is that that is a good warning and we know exactly what you people are up to. You're out to undermine medicare. You talk about your philosophy, Mr. Minister; we know what it is. We know what it is. It's a use-pay philosophy. If you need access to service, you pay for it. Yet our taxes are going up and up and up and up, and our access to services are going down and down and down and down because of your priorities.

We know what your priorities are. You've got money for George Hill, ex-PC president; you've got money for Paul Schoenhals; you've got money for advertising - \$20 million a year spent on advertising. You've got money for your hacks and all your political assistants; you've got money for Peter Pocklington; you've got money to give away PAPCO (Prince Albert Pulp Company) to Weyerhaeuser; you've got money for big business events in Saskatoon. No money to celebrate medicare; no money for the children's dental program; no money for the prescription drug program; and no money to increase accessibility to hospitals in Saskatoon and other areas because of the priorities of your government.

We know where you're at, Mr. Minister, and through these estimates, Mr. Minister, we're going to show very clearly to the people of this province exactly what you people are up to when it comes to health care.

You made some commitments in the '78 election, and the '82 election, and the '86 election. You said that our health care system was sacred, that you wanted to make it number one. Well our health care system is being nicked and dined to death, and it's falling apart around us. It's falling apart, Mr. Minister. It's in a crisis, and as I said, if anything happens to anybody in this province, and if their quality of life serious deteriorates or if anybody dies, it will be on your shoulders and your shoulders only

because you are the Health minister. You are the Health minister and you are not looking after the health of the people of this province, Mr. Minister.

Now, Mr. Minister, you have not been unequivocal. I would ask you to be unequivocal. Tell the people of this province what exactly it is that you have in mind. You won't tell us what your long-term goals and objectives are. You won't tell us what your short-term goals and objectives are. Your philosophy has something to do with reasonable access, whatever that is. Some health philosophy! Health should mean comprehensive, universal, and accessible. That's the kind of philosophy the people of this province have had for the last 25 years, and that's the kind of philosophy that they no longer have because of your government's cuts to our health care system, Mr. Minister.

Hon. Mr. McLeod: — Mr. Chairman, let's just try to put this into perspective because the member will make all of these accusations as thought . . . and if one was listening, as I said earlier, if a person was listening to this debate and listening to this member, not only today but other days since she's taken on the critic's position here, one would think that there is no money being spent on health care, that it's just a total dog eat dog out there, and that there's no money being spent in the health care system in Saskatchewan. Nothing could be further from the truth, Mr. Chairman.

Let me just give you a couple of examples, Mr. Chairman, in 1981-82, just so I can make a comparative year, 1981-82, and we will know that 1981 was the last year in office of the former government. So what's a good way to make the comparison in terms of the commitment that they had to health care, and a commitment through spending on health care, compared to the commitment of this group, the Progressive Conservative government? What's our commitment to health care in terms of the total budget in some very difficult times, Mr. Chairman, in some difficult times? And everyone knows what those times are as it relates to the farm, and as it relates to the various commodities which are part of our economy here.

In '81-82 health spending, as a share of provincial spending, was slightly over 29 per cent - 29 per cent under their administration. And in 1987-88 this percentage is approaching 32 per cent - 31.7 per cent - an increase of more than 2 per cent as a share of the provincial spending.

And they say, oh you're slashing health care; you've eliminated total programs. There is no longer . . . This is what they say. There's no longer coverage for children to have their teeth fixed in Saskatchewan. She said that so many times, and I believe she said it for whatever political gains she can get in terms of some people maybe believing that. And I believe that out in Saskatchewan there are some people who believe that, because of what they've heard from "responsible" members of the legislature.

I say to you, Mr. Chairman, and to all members of this House, those kinds of statements are irresponsible statements because they serve to do only one thing, for

political gain, very short-term I will add, very short-term political gain. They are reiterating, there's no dental plan; there's no drug plan; people are not able to fill their prescriptions. I heard her say it again today.

Mr. Chairman, people in Saskatchewan are able to fill their prescriptions. People most in need in Saskatchewan pay nothing for their prescriptions - nothing. People in Saskatchewan are able to fill the prescriptions that they need for their well-being, there's no question. The member opposite says people are deterred from buying the drugs that they need. She says they're deterred from buying those drugs because they can't afford the very limited deductibles that have been included in the plan. Mr. Chairman, I once again reject that because it is simply not the case, that's simply not the case. She's wrong on that. And as it relates . . . and she's been wrong on other things.

As it relates to the dental plan, I've said before, it's a system that as people understand it better, the level of consternation drops accordingly. There's no question that that's the case. She's wrong on that count as well, Mr. Chairman - once again, wrong.

Now she knows that there's coverage in these areas, and she knows that there's \$1.2 billion being spent on health care in Saskatchewan in this fiscal year - \$1.2 billion being spent on health care, one-third, approaching one-third of the provincial budget. She knows that. She knows that that's more than \$40 million more than what was spent last year. But she says and leads her troops over there in talking about the slashing and cutting back and the fact, according to her, that there is less money being spent on health care.

The fact is, there is more money being spent on health care this year than there was last year - more, m-o-r-e, more money being spent on health care this year than there was last year. And she continues with that line of rhetoric.

Mr. Chairman, in the short term there will be some political gain for her, maybe, in the short term among those that she succeeded in frightening out there. But, Mr. Chairman, in the long term, frightening and fear tactics in the long term . . . any politician that conducts herself that way, it's be at her own peril. And I just say that to suggest that to the new member.

Some Hon. Members: Hear, hear!

Mr. Chairman: — Being near 5 o'clock this committee is recessed until 7 p.m.

The committee recessed until 7 p.m.