

The Assembly met at 2 p.m.

Prayers

## ROUTINE PROCEEDINGS

### ORAL QUESTIONS

#### Free Trade Agreement and Canadian Patent Drug Laws

**Mr. Romanow:** — Thank you very much, Mr. Speaker. My question is to the Premier of the province and it pertains to the proposed free trade treaty between Canada and the United States, and in particular, the information, or perhaps the best word to use, the revelation, just before the long weekend that the Government of Canada secretly promised to change our drug patent laws as part of the free trade treaty between Canada and the United States.

Mr. Premier, my question to you is this: were you aware of this arrangement whereby the Canadian drug patent laws were to be sacrificed as part of the free trade deal; and if you were not, have you subsequently told the Prime Minister that this kind of — putting it bluntly — double dealing on the part of the Prime Minister's vis-à-vis the Americans, but not keeping the premiers informed, simply won't be tolerated by you and your government?

**Some Hon. Members:** Hear, hear!

**Hon. Mr. Devine:** — Well, Mr. Speaker, I can respond in saying a couple of things. The first is that the move to encourage the production of chemicals in Canada and in Saskatchewan is endorsed by me, because I'd rather be making them and manufacturing them here than just importing them from some other country. And as you know now, most of the manufacturing takes place certainly outside western Canada and most of it outside the country as a whole. So let's agree on that point that I'd rather be producing them here, which in the long run reduces the cost as opposed to just importing them.

Secondly, I believe the member is wrong and is not accurate with respect to his information that says that the federal government has struck a separate arrangement with respect to the trade agreement. It's not tied to the trade agreement. And I don't profess to speak for the federal government, but as far as I am concerned, the legislation was there before we went into the trading negotiations, and it's there, Mr. Speaker.

So somebody has said, well they're tied. Well I'm just saying, as far as I'm concerned, they're not tied. And I would just ask the hon. member: is he for or against the production of drugs here in Canada as opposed to just importing them? And I would think that he should make that point very clear because the more we can produce here, at least in my view, the lower the cost, the more economies of scale, and in fact the benefit to the consumer could be immense.

**Some Hon. Members:** Hear, hear!

#### Canadian Energy and Free Trade

**Mr. Romanow:** — Mr. Speaker, a new question to the Premier. I . . . of course the rules prohibit me to answer questions, but I would say that I'm for the production of drugs if they're by Canadian drug companies and not American drug companies which will result in higher costs to those that are patients. But that's not the issue.

**Some Hon. Members:** Hear, hear!

**Mr. Romanow:** — The issue, Mr. Premier, is in this line of questioning, the process of how this so-called free trade treaty has been negotiated — the degree of revelation, the degree of openness, not only with you, sir, but with the people of Canada and the public of Saskatchewan.

For example . . . a new question. Over the weekend the Premier of Prince Edward Island, Premier Joe Ghiz, had this to say about free trade and energy. This comes from *The Globe and Mail*. Mr. Ghiz says . . .

**Mr. Speaker:** — Order. I believe the member rose on a supplementary?

**An Hon. Member:** — A new question.

**Mr. Speaker:** — New question? My mistake; go ahead.

**Mr. Romanow:** — Thank you, Mr. Speaker. Perhaps if I may receive your indulgence for just a half a second to say that this is a new question; it pertains to the process of which this so-called deal has been negotiated between the Canadian government and the United States. And in specifics, this new question relates to a statement by the Premier of the province of Prince Edward Island, the Hon. Joe Ghiz, who said this about energy, from today's *Globe and Mail*:

The premiers were never told energy was on the table. It was not discussed at any of the meetings the first ministers held on the trade talks.

Then at the final hour we find out all U.S. powers of protectionism are there, all U.S. penalties still apply, and we have given up tariffs, energy and so much more.

Now, Mr. Speaker, my question to the Premier is this: is Premier Ghiz correct that energy was never on the table, and that the premiers of this country never were told about energy being on the table? Is this yet another conclusive piece of evidence of how this deal has been negotiated in secret without the approval not only of the Canadian public and the Saskatchewan people, but your approval, sir. What is the situation there?

**Some Hon. Members:** Hear, hear!

**Hon. Mr. Devine:** — A couple of responses, Mr. Speaker. Firstly, let me say that access to the United States market for our energy is good for Saskatchewan. If the hon. members is against that, I wish he'd just stand up and say, I'm against that whole relationship of marketing heavy crude and other forms of energy, uranium or natural gas or electricity, into the United States. Howard Pawley, the Premier of Manitoba, in fact likes the arrangement with

respect to energy into the United States.

Secondly, energy has always been on the table because it's a big trading item. It's big for us, it's big for Alberta, it's big for Manitoba, the province of Quebec, and the province of Ontario. Now if you believe the paper, because somebody said that something isn't on the table, I can say that obviously energy is on the table. So when we put this together we say, yes, we want access to the United States for our energy and access for agriculture products. And that's, of course, what is in a trade agreement.

Third, let me just say with respect to how we do these negotiations, the hon. member should know. The last time he was involved in the constitution, it was done in the heat of the night, in the middle of the night in a kitchen. Never before has the Prime Minister called every premier together nine or 10 times to discuss a trade treaty. In fact, when Prime Minister Pearson cut the deal on the auto pact, Mr. Speaker, there wasn't even a premier involved, not even the Premier of Ontario was involved at that time, and he cut a trade deal worth up to 80 or \$90 billion, himself, because he has that responsibility.

So there's never been more openness, never been more discussion, never more in the history of the country that the provinces could be involved. And yes, every single solitary thing was examined. Those that are exempted are clear, and I've mentioned those — sovereignty and culture and marketing boards and so forth — but agriculture and energy are obviously important, and they're part of the trade package.

**Some Hon. Members:** Hear, hear!

### Secret Deals in Free Trade Talks

**Mr. Romanow:** — A new question, Mr. Speaker, to the Premier. The Premier says, in his response to the last question, that never has a Prime Minister consulted with the premiers on all the issues.

That may or may not be the case. But I would say to you, Premier, with the greatest of respect, that never has there been so much confusion and contradictory statements about the most fundamentally important issue facing Canada as there has been about this. Witness the difference between you and Premier Ghiz.

**Some Hon. Members:** Hear, hear!

**Mr. Romanow:** — Witness the difference between you and Premier Ghiz.

My question is this, Mr. Speaker, since clearly the Minister of Energy or the minister in charge of the negotiations for the free trade deal for Canada, Pat Carney, the former Minister of Energy, and Harvie Andre are definitely at odds about this question of the drug patent Bill, since you're not able to give us a straight answer, is it not correct to assume that in fact there have been a series of secret deals negotiated by the Canadian negotiators in order to obtain this deal. Now we're seeing some of them. And if that's the case, what guarantees do we have that such valuable Canadian institutions as the Canadian

Wheat Board and medicare are not part of those secret deals in the future?

**Some Hon. Members:** Hear, hear!

**Hon. Mr. Devine:** — Well, Mr. Speaker, the hon. member knows that when you do historic things — and I will give him credit, he was involved at one point in time in the constitutional change, and frankly he knows it will take years and decades — maybe a hundred years — for the courts to figure out the impact of the charter of rights and the constitutional changes that he was involved in.

We've just done one with respect to Meech Lake, and we had every single premier in the country agree, and the Prime Minister, and all political persuasions, everyone of us, Mr. Speaker. And it will be debated and argued about how it could be modified from time to time for the next decade and for decades to come because, frankly, it's not perfect, but it is a good deal.

The same applies to this trade, a comprehensive trade arrangement with the United States to take tariffs to zero. That's what we're talking about, Mr. Speaker, taking tariffs to zero so we can trade back and forth without harassment. Now he asks me whether there are longer run implications with respect to things like sovereignty, with respect to culture, or marketing boards, and we've said no; 85 per cent of the things we do now with the United States are tariff free, and we've grown for years to 150 billion in two-way trade, Mr. Speaker, and it's strengthened Canadians and strengthened Saskatchewan people.

We just want to see more of that opportunity, and we don't want to see it denied us by either central Canada or Ontario or P.E.I., who obviously want energy security. If he wants the national energy program — if that's what he wants, there are very little consultation by anybody out in western Canada when Prime Minister Trudeau applied the national energy program to us. This kind of consultation is useful for western Canada because Saskatchewan will be on the same footing as Ontario, and it's about time.

**Some Hon. Members:** Hear, hear!

### Ratification Process for Free Trade Deal

**Mr. Romanow:** — New question, Mr. Speaker, and to the Premier. Montana and North Dakota and California will be on an equal footing with Saskatchewan and our energy and resources as well, as a result of this well-out.

**Some Hon. Members:** Hear, hear!

**Mr. Romanow:** — And that's now my view of building Canadian unity or building for the protection of Saskatchewan future.

My question is this, Mr. Speaker — my new question is this, to the Premier. First of all, we don't have any documents. In fact I have to obtain an initial document by the Canadian and American negotiators from outside this province, notwithstanding repeated written requests to your office and questions to you.

But my question specifically is: how in the world can we be assured — we, meaning the citizens of Saskatchewan and Canada — that all aspects of this deal are going to be put out on the table, that they're going to be openly debated, and that there is a ratification process or, if you will, an approval mechanism which extends beyond the secrecy of your cabinet room? — in fact, I would say, extends beyond the secrecy of your office, since I don't believe your cabinet is even privy to these negotiations, what kind of a ratification process . . . Well the Minister of Economic Trade and Development laughs at that. Well I'll tell you, judging from his answers, my statement stands. Nobody but the Premier seems to know anything about this operation.

Mr. Premier, my question to you is this: how in the world can the farmer, can the worker, can the student, can the small-business man see the details and have a say as to whether or not this is a good deal or a bad deal? I ask you, Mr. Premier, will you fight for a ratification process that gives Saskatchewan people a meaningful say, rather than your obviously biased commitment to this sell-out of Canada?

**Some Hon. Members:** Hear, hear!

**Hon. Mr. Devine:** — Mr. Speaker, I will point out to the hon. member that even when the province of Saskatchewan finally got a veto in the constitution in Meech Lake, even when we did that, the NDP members, like the NDP member from North Battleford, voted against it. Historically the only time we have had the same kind of power, the NDP is on the other side of it.

Now you can't seem to make up your mind. You've never seen so many premiers and provinces involved and public participation right across the piece as you had in this. There are sagits across the country that meet on every single aspect of trade, Mr. Speaker. The consumers, the industry, farmers' groups, industrial developers — all these people have been involved in a sagit that goes right from Victoria right through to the east coast. It's fully debated.

And certainly you couldn't say that the Premier of Ontario has been secretive about things that go on, or the Premier Ghiz, or Premier Pawley, or anybody else. Now if you can't find out, I mean, you've obviously got a personal problem with getting a hold of information. Everybody else in the country seems to be able to get access to the information, whether they're Ontario or some place else.

Let me just say this, Mr. Speaker, let me say this. If, in fact, you want to take Bob White's view, if you want to take Bob White's view of Canada and say that this is only going to be good and always going to be good for southern Ontario . . . Let me tell you, you can go out in the oil patch, the potash areas in the communities, the agriculture communities across this province, and you stand up and try to defend Bob White's view of this country in the province of Saskatchewan and I think, my friend, you'll stay there a long time.

**Some Hon. Members:** Hear, hear!

**Mr. Speaker:** — I'd just like to remind hon. members that while questions and answers are interesting, I believe that they're both getting a little too long and we're entering more into debate than questions and answers. I'd like to remind both parties.

**Mr. Romanow:** — Mr. Speaker, I have one last new question to the Premier. And my question, Mr. Premier, is this. First of all, I'll make a deal with you. I'll stop listening to Bob White if you stop listening to Clayton Yeutter and all of the Americans who are taking you and the Canadian government to the cleaners on free trade.

**Some Hon. Members:** Hear, hear!

**Mr. Romanow:** — Now look, Premier, rather than listening to the Minister of Finance for your next answer, please listen to my question. This is a very specific question, Mr. Premier. My question is very simple. I have been asking, this caucus has been asking now consistently in this question period, for a full scale debate. We've been asking for full revelation of the documents. That means the initialled agreements. We've been asking for all of the internal studies. And I remind you, sir, you promised me in giving your word that those would be tabled.

My question to you simply is this: where are they, and when can we expect that basic documentation to show the people of Saskatchewan that this is, in fact, the worst sell-out in the history of Canada? How about showing that information to us?

**Some Hon. Members:** Hear, hear!

**Hon. Mr. Devine:** — Mr. Speaker, I'm glad the hon. member admits in public and in this legislature that he does listen to Bob White. I'll tell him that I don't listen to Clayton Yeutter or other Americans. But at least we know who you do listen to, so that's very clear now. It's on the record that you listen to Bob White, and I'm sure everybody in the province will agree to that and will be happy to know that that's your position.

With respect to the whole question, Mr. Speaker, of debating the trade agreement. We have had the opportunity, Mr. Speaker, to see one of the most historic arrangements any place in the country, and in this country to review the trade possibilities with the United States.

Now I see, not only is the NDP and the new leader-to-be against it, and then kind of say, well, maybe there's parts of it . . . Today he says that the NDP is not opposed, Mr. Speaker, to privatization. They're not opposed to privatization. Next, Mr. Speaker, he says that they've always believed, Mr. Speaker, in a blend of public and private enterprise, and that all Crown corporations are going to be under review, Mr. Speaker. I am just waiting for the next day or the next week to say they're not necessarily against a free trade deal with the United States as well, Mr. Speaker.

**Some Hon. Members:** Hear, hear!

**Mr. Speaker:** — Order, please.

### Access to American Oil

**Hon. Mr. Blakeney:** — Mr. Speaker, I want to direct a question to the Premier dealing with the free trade issue, and it'll be a fairly simple and direct question.

The Premier has put forward the idea that it's all right to make an energy deal as outlined, at least in the press, on free trade because we have access to U.S. markets for oil and electric power, and the like . . . (inaudible interjection) . . . Mr. Speaker, I wonder if you could cause the member for Kindersley to restrain his enthusiasm a bit until I get my question out.

My question is simply this: do you say that our access to the U.S. market to market our oil is the same as their access to get our oil in Canada? Is it not true, Mr. Premier, is it not true that they can pass any law which would stop our access to their markets if this free trade deal is signed, and that we cannot pass a law in Canada which would deny them access to our supplies of oil? Is that not true? And does not that show the essential unfairness of the free trade deal which was negotiated and which you have said your support?

**Some Hon. Members:** Hear, hear!

**Hon. Mr. Devine:** — I said at the outset, Mr. Speaker, that anything that is done with respect to an international treaty does not affect our constitution here. And under the constitution we have the right to turn the tap off, and we can do that. We can turn it off in potash; as you know, we've just passed legislation here. We can turn it off with respect to oil and gas. We have the complete ability to shut it off, if you like, nationalize it. We can control it any way we like, Mr. Speaker, under the constitution that we have in this country.

And we know, today — and I believe it was supported by the opposition and I appreciate that — the fact that we have passed legislation to manage the supplies of potash in the province of Saskatchewan. And the whole world watches us do that, and as a result of that we now have the full endorsement by the American farm lobby to say we are doing the right thing because the actions in the United States are wrong; we believe that you're right in Saskatchewan. And you've got farmers in the United States supporting the Government of Saskatchewan and the potash miners here as a result of the kinds of things we've done. So let me say, Mr. Speaker, we have the constitutional ability to control our resources. We take that very seriously, and we will continue to have that ability, Mr. Speaker.

**Some Hon. Members:** Hear, hear!

### Elimination of School-based Dental Plan

**Ms. Atkinson:** — Thank you, Mr. Speaker. My question is to the Minister of Health and it has to do with his government's elimination of the school-based children's dental plan. Mr. Minister, we've reviewed and updated your list of dentists under the new dental plan and the results are rather startling, Mr. Minister, particularly for rural Saskatchewan.

Until this year, Mr. Minister, families in rural Saskatchewan were served by 392 school-based clinics in 330 different communities. Today these same families are served by 93 dentists in 71 communities. Mr. Minister, your government and yourself made a commitment to rural people in the last election and in the 1982 election. How does this kind of cut-back to rural communities and rural families constitute a commitment to rural people, Mr. Speaker?

**Some Hon. Members:** Hear, hear!

**Hon. Mr. McLeod:** — Well, Mr. Speaker, as we have said on several occasions in the House, the decision as it relates to service to people, whether they be in urban or rural Saskatchewan, as it relates to dental services for children between 5- and 13-years-old, that commitment is still there. Children do have dental services through the dentists' offices of Saskatchewan, and I might add, in light of the question asked by the hon. member from Nutana, that there is an increasing number of communities in this province, rural communities, who now have access to dental services, dental services through a dentist's office for their whole community the children 5 to 13, plus the adolescents and plus the adult population of those communities who did not have dental services in their community until this initiative took place.

**Some Hon. Members:** Hear, hear!

**Ms. Atkinson:** — Supplementary, Mr. Speaker. Mr. Minister, you talk about new dentists joining, but you fail to mention the fact that many of the dentists on the list that you provided parents in September do not serve the communities that you claim they serve.

Mr. Minister, will you table today an updated list of dentists in this province who actually are in the plan, without the phantom clinics and the phantom dentists as you gave us last September, Mr. Minister?

**Some Hon. Members:** Hear, hear!

**Hon. Mr. McLeod:** — Mr. Speaker, the list of dentists and the locations in which they're operating is changing on a weekly basis. Now in terms of satellite offices, those are changing all the time as the need and as the people out there are registering with the various dentists that have been put forward to them. So that is changing. And as the need is increasing, the number of dentists operating in rural communities, as I've said, is increasing as time goes on.

Mr. Speaker, the member chooses to use words like "phantom dentists" in "phantom offices." I'll tell the hon. member from Nutana and all members across there, those are not phantom offices. The people in the communities where these dentists are opening new offices and opening satellite offices are extremely pleased at the new services provided in their communities.

The member can say phantom if she likes. I say that is in fact a commitment, a continuing commitment to rural Saskatchewan, which this government has in so many areas, and this is just another area where rural

Saskatchewan will be well served.

**Some Hon. Members:** Hear, hear!

**Ms. Atkinson:** — New question, Mr. Minister. Are you aware that in the rural constituency of Arm River there used to be 13 school-based clinics in 12 communities, which today there are four private dentists, available in only two communities?

Are you aware, Mr. Minister, that in Bengough-Milestone there used to be 16 clinics in 15 communities, but today there is one private dentist in only one community, Mr. Minister?

And, Mr. Minister, are you aware that in the rural constituency of Canora there used to be 13 school-based clinics in 11 communities, but today there are only two private dentists available in only two communities? How is that improved service to rural Saskatchewan?

**Some Hon. Members:** Hear, hear!

**Hon. Mr. McLeod:** — Mr. Speaker, the one other point I should make besides that and which points out where the new communities, new clinics are in new communities, there's also the fact in this province that many dentists' offices which have been in operation for some time are changing dramatically their hours of operation. And you will see that whether you live in the urban or in the rural — the hours of operation — which makes it a very convenient thing, or a much more convenient thing, for people to visit the dentist.

It's interesting to note that the hon. member from Nutana will say the constituency of Arm River, the constituency of Bengough-Milestone. Her mind turns on the basis of politics — this is the constituency — she's not thinking of rural Saskatchewan, she's thinking of some constituency, whether it be Arm River, or whether it be Bengough-Milestone, or Meadow Lake, or whatever.

**Some Hon. Members:** Hear, hear!

**Hon. Mr. McLeod:** — I'll say to the hon. member from Saskatoon Nutana, if you want to talk about constituencies and start marking them off as it relates to rural constituencies, you will find the members here, on this side of the House, representing those people very well, and will continue to represent those people very well. And the member from Saskatoon Nutana, in the centre of that city, will stand here and tell the members here who represent their rural people what's best for those rural people. If they want to continue that, I say so be it, let her continue that for a good period of time, but the residents in those rural areas are not raising the concerns that she is raising in this House.

**Some Hon. Members:** Hear, hear!

**Ms. Atkinson:** — Mr. Speaker, supplementary. All I have to say to the minister is that someone has to tell you, Mr. Minister, someone has to.

**Some Hon. Members:** Hear, hear!

**Ms. Atkinson:** — I'm not prepared to be one of the silent 20 on your side of the House.

Now, Mr. Minister, question — simple question, is there improved service and improved access to service in rural Saskatchewan with your elimination of the school-based children's dental plan? Will you answer that, Mr. Minister?

**Hon. Mr. McLeod:** — If we are to consider the wider population, in other words all the population of this province who will use, from time to time, dental services, the answer to that question is definitely yes — definitely yes. There is improved service for the adult population in rural Saskatchewan, for others who did not have services prior, under the dental plan.

And one other point that needs to be made and made very clearly, the member suggests that in the school clinics in the very small communities, in these school clinics there was this dental service which was there on a yearly basis. All of her questions are based on that premise. They're there all the time.

The fact is, under the school-based program those dental therapists and the dentists, whenever they did visit, visited there about, and for the most part, once a year — one day a year. One day a year they visited. That member will stand here and suggest to the public of Saskatchewan that that was a wide-based public service that they would visit the community once a year. And it's also important to recognize . . .

**Mr. Speaker:** — Order. I think the minister's made the point.

**Hon. Mr. Berntson:** — Mr. Speaker, I wonder if, as arranged before today's sitting between the staff of the House leaders at least, I wonder if we might have leave to go directly to government orders, adjourned debates, Bill No. 34.

Leave granted.

## ORDERS OF THE DAY

### GOVERNMENT ORDERS

### ADJOURNED DEBATES

### SECOND READINGS

The Assembly resumed the adjourned debate on the proposed motion by the Hon. Mr. McLeod that Bill No. 34 — **An Act to amend The Prescription Drugs Act** be now read a second time.

**Mr. Goodale:** — Thank you very much, Mr. Speaker. Mr. Speaker, in rising to participate in this particular debate I do so with some considerable regret, but I am duty-bound, Mr. Speaker, to express my concern and that of my constituents about this government's decision to dismantle the prescription drug plan and thereby impose a very substantial new cost burden upon all Saskatchewan people, including, Mr. Speaker, a great many of those who are least able to shoulder that burden.

Like all members of this House, Mr. Speaker, including I'm sure those in the government, I have received a huge flow of correspondence on this particular issue. It comes not only from my own constituency in Assiniboia-Gravelbourg, but indeed from across Saskatchewan. In this debate many heart-rendering letters have been read into the record about the impact of this proposed legislation.

Mr. Speaker, I too could bring a brief-case full of similar letters into the House for reading here, but I won't do that. The point has already been made, and powerfully so, about the type of pain that many people in Saskatchewan fear will be inflicted upon them as a consequence of the government's policy announcement and this legislation which flows from that announcement to dismantle the Saskatchewan prescription drug plan.

It's clear, Mr. Speaker, that a great many Saskatchewan people will be hurt by this legislation, and they will be, Mr. Speaker, for the most part, the least fortunate and the least privileged members of our Saskatchewan society.

From this legislation two consequences will inevitably flow. Either these people will see their disposable incomes eroded, and in some cases seriously eroded by new higher personal drug costs, or, as the other alternative, Mr. Speaker, these people who need duly prescribed drugs will simply not get them because they cannot afford them, and their health will be jeopardized as a result. Either one of those results, Mr. Speaker, should be unacceptable. But the government moves ahead, none the less, to dismantle the prescription drug plan.

Mr. Speaker, I was astounded last evening to watch the Premier in his free-time political telecast trying to justify this Bill that is before the House today. By some convoluted reasoning the Premier suggested that Saskatchewan's prescription drug plan somehow contributed to slack public morals and to drug abuse in the province of Saskatchewan.

Mr. Speaker, when I heard that I couldn't believe that I had heard the Premier correctly. Surely he could not seriously be making that preposterous argument. So I checked with others, Mr. Speaker, who had also listened to the Premier's telecast, and I have confirmed that the Premier's argument is indeed as I thought I heard it. He believes that the prescription drug plan, as it was previously constituted, was an unhealthy program, damaging to Saskatchewan's moral fabric and contributing to drug abuse. If that is the Premier's logic, Mr. Speaker, if that is the kind of mind-set that dominates the government's thinking, then health care in Saskatchewan is indeed in serious trouble.

Last Friday when we were debating this matter in the House, Mr. Speaker, the always talkative member for Weyburn shouted across the floor that I must surely support the government on this Bill because I would save money. Fiscal responsibility, fiscal responsibility he cried, that member from Weyburn.

Mr. Speaker, I am indeed an advocate of fiscal responsibility in government, but the crucial difference

between me and this government is that they don't practise genuine fiscal responsibility. What they're doing in this Bill and elsewhere is not fiscal responsibility. It is in reality fiscal brutality, devoid of honesty, devoid of competence, devoid of fairness, devoid of any decent vision of Saskatchewan's future and where we ought to go, and therefore, Mr. Speaker, I cannot support this Bill.

This Bill will burden the sick and the poor in Saskatchewan, and that, in my judgement, is not fiscal responsibility. This Bill reneges on fundamental Conservative Party commitments made repeatedly and unequivocally to Saskatchewan people, and surely that is not fiscal responsibility.

This Bill chips away at the underpinnings of health care in Saskatchewan, and surely that is not fiscal responsibility. The argument made by the member for Weyburn last Friday, in my judgement, just does not hold water. There is a big difference, Mr. Speaker, between fiscal responsibility and fiscal brutality. The government preaches the former, but it in fact practises the latter, and I cannot support them in that double standard.

Mr. Speaker, the issue here is one of proper public priorities. When times are tough, when the economy is tight, when people are beset by painful issues on all sides, both economically and socially, what are the proper choices for government to make? What should the government's priorities be in the public interest in difficult circumstances?

This Bill, sadly, Mr. Speaker, demonstrates that health care matters much less to the Government of Saskatchewan than it used to. The government has chosen to downgrade the priority of health care for Saskatchewan people. The government says it has to do that — by this Bill and by other means it has to do that to cut costs. That's what the government says. Health is cut to cut costs.

But, Mr. Speaker, you can only judge the validity of those proposed cuts by examining, on the other side of the coin, what is not cut. If the government says that it must cut health in order to cut government costs, you can only judge the validity of those proposed cuts by examining the total government program of all expenditure patterns and where they have chosen not to cut.

Mr. Speaker, it's pretty obvious that the government has chosen not to cut in the field of government patronage. They have chosen not to cut in the field of untendered government contracts. They have chosen not to cut in respect of tax-paid government advertising. They have chosen not to cut in relation to the expensive political support staffs around various cabinet ministers and the Executive Council. They have chosen not to cut in relation to the travel and other expense accounts of government ministers and officials and others that are close to the government.

They have chosen not to cut in respect of some of their freebie election give-aways announced last fall on the eve of the election campaign — like, for example, the so-called home program, which is flawed and suffering from major defects in a whole range of areas, which I

would dearly love to talk about, but it would take me away from the subject matter of this particular Bill.

But at the bottom line, Mr. Speaker, that program, that election give-away in September of last year, will have a price tag attached to it, in the final analysis, of several hundreds of millions of dollars. That program is untouched. That program goes on with that level of spending.

And one must ask, when that kind of financial commitment is made by the Government of Saskatchewan, are the priorities of government correct when the give-aways and the freebies continue, but health care, and specifically the prescription drug plan, is literally cut to the bone. The government says health care must be slashed. But those other things I've just mentioned, and others that I could mention, Mr. Speaker, go on unabated.

That's what I mean when I talk about a double standard. That's what I mean when I say this government is practising a policy that is fundamentally unfair. That's what I mean, Mr. Speaker, when I talk about misplaced priorities which abound in respect of this government.

Mr. Speaker, those fundamental problems with this legislation are also compounded by poor and uncertain administration of the so-called new program that the government has brought in as a replacement for the prescription drug plan. Mr. Speaker, I am told by a number of pharmacists in the province of Saskatchewan that they are still waiting for reimbursement for their claims under this new program from claims that were incurred back in the month of July; that there is in fact up to a three-month delay in processing the claims that are filed by pharmacists. The government is still dealing with a backlog from the month of July. Mr. Speaker, that additional administrative problem is another argument as to why the government in this legislation is headed in exactly the wrong direction.

Mr. Speaker, I don't intend to belabour the point. I simply want to participate for these few moments in this debate to make the point clearly and unequivocally that I do not believe that this legislation is in the best interests of Saskatchewan. I do not believe it is in the best interests of health care in the province of Saskatchewan. I certainly don't believe it is consistent with the principles of fiscal responsibility in the province of Saskatchewan, and accordingly, Mr. Speaker, I will not be supporting this legislation, and I would urge the government, even at this late hour, to reconsider the course that they have chosen — a course which I think, Mr. Speaker, sadly, will impose a great deal of harm upon the people of Saskatchewan and most particularly, Mr. Speaker, the least fortunate and the least favoured members of our society.

Thank you.

**Ms. Atkinson:** — Mr. Speaker, at the end of my remarks I will be moving an amendment. And I just want to point out to you that I did speak on this in earlier debate, but I wasn't here to pick up the debate on the day that we went back into second readings, so I'm allowed the opportunity to speak again.

Mr. Speaker, I just wanted to read a quote to you before I get into the text of my remarks. And this quote comes from W.S. Lloyd who was the premier of our province in 1962. And this is what he had to say about medical services:

Medical services are essential to health and to life itself. Good medical services are part of the basis for a healthy, productive economy. Medical care is not an optional commodity, it is a necessity. When medical services are needed, they should not, in the interests of each of us or all of us, be denied to any of us. When a commodity or a service is essential, our society has long since accepted that consumers have a legitimate right to a voice in making the essential governing decisions in such matters. That voice has been for medicare.

Mr. Speaker, I quote from the readings of Woodrow Lloyd, the speeches, *The Measure of the Man: Selected Speeches of W.S. Lloyd*, for a very simple reason, Mr. Speaker. It was Woodrow Lloyd and Tommy Douglas that brought to this province our system of medicare. And that has included, Mr. Speaker, an enhancement of medicare over the years and has led to such programs as the prescription drug plan and to our children's dental program.

While the events surrounding the termination of the children's dental plan in June were more drastic, Mr. Speaker, the wholesale undermining of the prescription drug plan will likely have a more profound program and political effect. In many ways this is the most devastating program cut.

These changes to the prescription drug plan undermine medicare, Mr. Speaker. These changes show the PC betrayal of their sacred promise not to undermine medicare, Mr. Speaker. These changes are a betrayal of medicare and, Mr. Speaker, ultimately it's a betrayal of Saskatchewan people.

Mr. Speaker, I submit, and I believe that the Conservative PC caucus members agree, that this drug plan of ours has been — and the changes to the drug plan — have been a deliberate attack against medicare, more than any other single thing that the Devine program and government has done.

The changes to the drug plan, Mr. Speaker, have betrayed us because members opposite talked of, during election campaigns, that they wanted to bring new drugs under the prescription drug plan. In order to understand these changes to the drug plan and this attack on the drug plan, we need to examine it in the context of the overall PC strategy when it comes to health care in our province.

(1445)

These changes, Mr. Speaker, are part of a larger policy. We've heard the Premier and his lame rhetoric about the need for restraint. But there isn't restraint when it comes to people like Peter Pocklington. There isn't restraint when it comes to patronage jobs for George Hill and Paul Schoenhals. There isn't restraint when it comes to jobs for

Sid Dutchak, a defeated Conservative cabinet minister, and the list goes on and on and on.

But there is restraint, Mr. Speaker, for people in this province who are elderly and who are sick. The Premier says over and over again that there has been a budget increase in his health care spending. Well, Mr. Speaker, that's not true. That's not true at all. In fact, Mr. Speaker, the other day when I brought to the attention of the minister that there had been an \$18.6 million cut in health care spending, he did not deny that. He, in fact, in some ways agreed that there had been an \$18.6 million cut, in his convoluted way.

And we've heard over and over again the Premier talk on his commitment to health care. But as is so often the case, that's all it is. It's talk. And we heard him last night again talk about how he was going to improve the health situation for people living in Saskatoon. And I had the opportunity, Mr. Speaker, to speak to several people in the medical community last night and this morning, and once again they say the proof will be in the pudding. And the proof will be in the pudding, because they can't believe any longer the phoney funds — the phoney patient fund, the phoney health capital fund, and all the other press releases and talk, talk, talk. They can't believe it, so they are waiting to see whether in fact the changes that the Premier talked about come through in the weeks and months ahead.

When the dental workers came to this legislature bearing their petition with over 15,000 signatures, the Minister of Health and the Premier of our province didn't have the courage to be here when they came. They ducked, Mr. Speaker. They were afraid to talk about their deliberate policy changes, their policy changes that undermined and in my mind, in my view, attacked medicare.

And this is the same with when it comes to the prescription drug plan. We've had example after example brought before this House of people who are experiencing difficulty with the prescription drug program, the changes. And, Mr. Speaker, the government, in response to that, set up this special review committee — a special review committee that was to look at individual's person circumstance, individual personal costs when it came to up-front charges for prescription drugs, and their income.

Mr. Speaker, we have an example here of a man that last week went to the press in Saskatoon. And his name's Larry Simpson. He's 36 years old and he's living on unemployment insurance of \$368 a month. And he says he can't afford his medication. And I believe that, Mr. Deputy Speaker, that he can't. He tells us that he used to pay about \$8 for three drugs, dispensing fees, prior to the time that the prescription drug program was changed. He's now in a situation where he has to pay over \$75 a month, Mr. Speaker, and that is a tremendous amount of money for a person who is living on \$368 a month.

I had a person call me on the weekend, and his up-front drug costs are over \$400 a month, and he is living on about \$1,600 a month to support himself and his three children. That man, Mr. Speaker, was practically in tears because he didn't know when and how he was going to

afford the up-front costs of those drugs. And, Mr. Speaker, it's a tragedy — it's a tragedy because of the number of people who are coming to us, and I'm sure they're coming to the members opposite, asking: how are they going to afford these drugs?

I want to read into the record a letter that was sent to my colleague, the member from Cumberland constituency. And this is what this letter says:

What has happened to Saskatchewan's economy? We the seniors, the aged and sick, are called upon to bear the brunt of the provincial debt not incurred by us. Surely there's enough resources in our province to take care of the needs of Saskatchewan people. The drug plan is indeed a hardship for the average person, especially when one has medication that they have to take for a lifetime. The price is high and getting higher. The statement that drug prices would not go up in price is a myth. The eroding of medicare is cause for concern.

The long waiting lists for hospital care is also cause for concern. It's a sad day for Saskatchewan to see the eroding of our medicare system and its health plan — everything that we enjoyed as residents of a great province slowly but surely being dismantled. It is time to call a halt to the present way of things and get back to the fact that the heart patient and the cancer patient and the sick do need attention now, not at the end of a long waiting list when it could be too late.

We thank you for the heritage grant. It did help a little to defray some of the many taxes, and what have you, that we have been burdened with. It states on the stub, thank you for your efforts in building a better Saskatchewan. We had a better Saskatchewan, built by the pioneers, the seniors of this province. We showed you the way. Please let us get back to reality, to the province that we know Saskatchewan can and should be.

That is a letter, Mr. Speaker, from a gentleman from Creighton, Saskatchewan. And he is writing, he applauds the government for the heritage grant, but he talks about how the changes to the prescription drug program are hurting people.

There's another example, Mr. Deputy Speaker, of a lady that lives in Saskatoon, and she requires \$70 worth of prescription drugs each month. And her DVA (Department of Veteran Affairs) pension, which supports herself and her husband, comes to about \$1,078 a month. She applied to the special review committee to have her situation reviewed. She got a letter from the review committee saying that she wasn't eligible, that her costs weren't that high.

Well, Mr. Speaker, that lady lives in an apartment, and it's very difficult to get into senior citizen housing these days, and she's living in an apartment where the rent is over \$440 a month. Along with the other costs that go along with the day to day living, Mr. Speaker, she says that her prescription drugs of \$70 a month are too much, that she



got no special consideration from the prescription drug plan. And she's not the only one. There is story after story of people who are denied any kind of special consideration by this special committee.

Mr. Speaker, I have another letter, another letter from a person who's concerned about what's happening to the prescription drug program, and I want to read from it. This is a letter, and this lady says that:

We are not usually motivated to writing letters of protest or support to various political parties or members of those parties, and this is only the second of our lifetime. However, the plight of our grandchild has caused us much concern and we, as well as our daughter and her husband, are becoming frustrated with the lack of answers or apparent concern by those in power.

It is with the above in mind that we would like to take up the offer to be in the legislature. On June 12, 1987, we forwarded a letter to our MLA, but as of yet we have not so much as received even a note of recognition or an inquiry as to what we might have been referring to in the copy of the letter attached to this letter.

Since this writing of that letter, our daughter has informed us that she has been informed that the drugs have increased to the point where the one drug taken by our granddaughter will cost at least \$137 per month. This will come to almost \$1,700 per year as long as the present price continues. As well, the drug taken is not on the drug plan. But the doctor has helped acquire special status so that it is eligible for the 80 per cent reimbursement. This status, as we understand it, terminates in March of '88.

After that time it will then depend upon two factors as to whether they will continue to receive an 80 per cent reimbursement, an extremely expensive pay-out, especially for low income families. And the two requirements, Mr. Speaker, are if the doctor can acquire special status, and two, if the drug will be accepted as special status by the drug plan.

This family goes on to explain the situation as it applies to her daughter and her son-in-law and the child. Mr. Speaker, I want you to know that they sent an application in and it was denied. They say that \$137 a month is not too much for this particular family to afford.

The interesting problem with saying that is that when you look at the drug forms or requests for special drug coverage, it has a little box that you tick. Estimated total annual family income for current year: 0 to 20,000; 20,000 to 30,000; 30 to 40; and so on. There is no indication of how much, in fact, that family makes: 15,000 a year; \$8,000 a year. There's no provision for that. There's no provision for the personal expenses of that family. Do they have a house payment? Do they have a car payment? Do they have all of the other expenses that normal families have in this province? And this family was denied.

I've had letter after letter from people who've been given Priority Post envelopes, and their drug costs are 1 or \$200 a month and their old age pension is 6 or \$700 a month. Why wouldn't they be eligible for the 20 per cent of the drug store? But they're denied, Mr. Speaker, and it goes on and on and on and on.

These changes to the prescription drug plan are causing a tremendous amount of pressure and stress in families in this province. Families now are making decisions: do I put groceries on my table, or do I put drugs in my medicine cabinet. Mr. Speaker, I want you to know that families are deciding to put food on their table — that's where their priorities are.

We have elderly people that tell us that they're only taking one or two pills a day instead of the three or four. They're trying to stretch out the use of those pills. We have elderly people saying they're no longer taking their arthritis medicine and their stomach medicine and all of the other medicines that many, many elderly people in this province have to take because of the ageing process. They're making those decisions.

And it doesn't seem right to us, and it doesn't seem right to me, Mr. Speaker, that these people over here have money for George Hill, \$200,000 a year; Peter Pocklington, \$10 million a year; Paul Schoenhals, \$100,000 plus perks; and all of the other political friends have help. They're got jobs, but the people that I represent, and we represent, don't have access to a prescription drug plan that was fair.

Because it didn't matter what your personal circumstance was with the old plan. It didn't matter what sort of drugs you were taking, or how sick you were, or what sort of financial circumstances you were in, the drug plan was there. You knew that you had to come up with the \$3.95 dispensing fee and that was it. But now, Mr. Speaker, people are going to drug stores and finding out that their prescriptions are 50 or 60 or \$70, and they don't have the money.

Another problem that's come to light in the last few days and some weeks before is that people have sent in their application to be rebated, their 80 per cent for the prescription drug program on their cost of prescription drugs, and they're still waiting. And for people who are on limited incomes and fixed incomes, members opposite, who don't earn \$60,000 a year, \$40,000 a year, to wait for a cheque for \$50 or \$70 or \$100 and you're waiting five, six, seven, eight, ten weeks, and you have to fill your prescription again, is a tremendous period of time to wait. And we are told that a number of people have been laid off by the prescription drug program some time in August, and there are people now running those key punch machines that don't know what they're doing because they haven't been properly trained, and that's part of the reason for the delay, Mr. Speaker.

Surely if you're going to change the prescription drug plan you would have put the procedure in place so that the waiting periods would have been minimized. Even people who have Priority Post envelopes, those people who have been given special consideration by the drug review committee, are waiting two to three weeks to get their Priority Post envelope back with their money.

Mr. Deputy Speaker, the Premier and his government have advanced several arguments to try and defend their attack on our drug plan. Several Conservative arguments have been put forward, and they've tried to defend these hurtful and harmful changes — hurtful and harmful changes that impact upon real people, not people we read about or hear about, but people that we know, Mr. Speaker.

I want to look at those arguments. Let's consider the first one. The Premier and the Minister of Health argue that we now have the best drug plan in Canada. Well I want you to know, Mr. Speaker, that we had the best drug plan in Canada until your people made it worse, your people made it worse, Mr. Speaker.

It was the best drug plan. It was not conceived by those people over there; it was conceived by members of the New Democratic Party. It was implemented by our party, and it was established by our government. It was not developed by the members opposite, members of the Conservative Party. It was conceived and established by the people of Saskatchewan, but it's now being attacked and betrayed by the Conservative Party of Saskatchewan.

The Premier and the government argue that the prescription drug plan was becoming too expensive; that somehow we couldn't afford it any more. And to me that's the weakest argument of all, for the PC changes will not reduce the prescription costs of Saskatchewan people by one dollar — not one dollar.

We're not reducing the cost, Mr. Speaker, we're simply shifting the costs over and shifting the higher costs of medicare onto those who can least afford it. And those people are the elderly and the sick and low-income people, people who can least afford it; that's who's being impacted by these changes to the prescription drug plan.

The minister and the Premier tell Saskatchewan people that they are reducing their prescription drug costs, and they don't believe it. People don't believe that we're reducing prescription drug costs by one cent, because it's not true. The Premier and the Minister of Health claim that the opposition, people like myself, are somehow using scare tactics, that we're scaring the public. That's their phrase — scare tactics. Well, Mr. Speaker, if anyone is scaring the public, it's the government over there. It's the PC government and their attacks on medicare, their attacks on the prescription drug plan, the increasing costs of prescription drugs to every family in this province — that's what's scaring the public.

Let's consider another argument. The Premier and the Minister of Health argue that there was abuse under the drug plan, and in fact I heard the Premier speak about that last night on television, that somehow people were abusing the drug plan. Well I want to see documented proof of that. I have never seen that. Somehow he's intimidated, as my colleague, the member from Moose Jaw North talked about, roving bands of senior citizens running around the province writing out prescription drugs so that they could get them from the pharmacist, that somehow senior citizens in this province are drugged, and that's simply not true.

As you get older your body starts to age and you require medication. You require medication for things like arthritis, stomach problems, gall bladder, all of those kinds of things. How can they possibly say, how can the members over there and the Premier of our province say that people are abusing the prescription drug plan. People don't write their own prescriptions. Doctors write those prescriptions. If we have documented proof, then let's deal with it. Why attack sick people and older people because they say the cost of the prescription drug plan is going up. When you say that there is abuse . . . the members over there are accusing physicians of abuse, or pharmacists of abuse, but they shouldn't be accusing the older folks and the senior citizens and the people who are sick of abuse. They go to the doctor, they get the prescription, and they take it to their pharmacist.

Then they say there was abuse because medical care costs were rising, rising in terms of the price to the public and that somehow this reduction of the abuse would lower the costs of medicare. Once again that's wrong-headed logic. What we're simply doing is shifting the cost from all of us as the collective good, onto the individual, people who tell us they can't afford changes to the prescription drug plan. They have to make decisions — do I buy food, do I buy my medication? And I'm telling the people over there that citizens in this province are deciding to buy food and go without their medication.

Then we have this unique circumstance special committee program that the members opposite put in place. That program is an insult to the public because people have to go begging to that committee for special consideration. People in this province don't like governments . . . other people to know their personal business. They don't want to have to lay out the entire history of their family. They don't want to have to lay out their financial plan and their personal financial circumstances and go begging for charity.

Mr. Speaker, this special committee is an insult. People feel degraded when they have to go to these kinds of committees. There isn't even a consumer, Mr. Speaker, on that committee who can say, yes, I could relate to that person or I can understand that it's difficult to raise a family these days or there are expenses; and yes, that person can't afford prescription drugs. We have a doctor on the program, we have a pharmacist on the program, and we have someone from the prescription drug plan, but we have absolutely no one who is a user of medication in our province.

Mr. Speaker, I would now like to move an amendment, an amendment that I think will put this thing into perspective, and I move, seconded by the member from Saskatoon Centre:

That all of the words after the word "that" be deleted, and the following substituted therefor:

Bill 34 not now be read a second time because:

(a) the erosion of the prescription drug plan unfairly shifts health costs onto the sick and those least able to afford them;

(b) the erosion of the prescription drug plan constitutes a betrayal of Progressive Conservative election promises; and

(c) the erosion of the prescription drug plan is a betrayal of medicare in Saskatchewan.

**Ms. Smart:** — Thank you, Mr. Deputy Speaker. I'm pleased to rise and second this amendment to Bill 34, an amendment that expresses very clearly our feelings about this Bill that we're debating here. I feel, like so many of my New Democratic colleagues, that I must rise to comment on Bill 34, an Act to amend The Prescription Drugs Act. Much of what I have to say has probably been said already, but it must be said again and again, because this legislation refers to actions by the PC government which have caused distress and hardship to many, many people in Saskatchewan and to many people who live in Saskatoon Centre.

We as elected representatives have the right to speak as long as is necessary in order to present the concerns of our constituents to this Legislative Assembly. We as New Democrat representatives have the responsibility to oppose any legislation which, according to our policies and our philosophy, is poor legislation, and to oppose any government actions which, according to our judgement and experience, is harmful to a majority of the people in this province. And for these reasons I'm going to take quite some time to present my response to this Bill 34.

Mr. Deputy Speaker, this Bill 34 which we've been debating today and have been debating for some days, is called An Act to amend the Prescription Drugs Act. But it is not, in my view, an amendment at all. It is a Bill which should more aptly be called an act to destroy The Prescription Drugs Act because that is, in essence, what this Bill does. It destroys the drug plan as Saskatchewan people have known it for years. It destroys a program which has brought help and financial relief to many sick people in this province. And it destroys the concept of a universal comprehensive public health care system.

And I'm fairly sure that the PC members opposite wince when I say that this Bill destroys the drug plan. Destroy is a strong word, but I'm using it thoughtfully. What the Premier of this province has done with this Bill and what the Minister of Health has done with this Bill is destroy the best prescription drug plan in North America. And what the PCs have done is turn the clock a way back in time — way back. And in doing all this, what the Premier and the Minister of Health and all the PC members of the government benches opposite have done is once again betray the people of Saskatchewan.

The Premier never ran for election on a platform of dismantling the drug plan. He never told the people that he was planning this attack. Instead he said that medicare was sacred. And in 1982 the PCs said they would eliminate dispensing fees on all drugs prescribed for senior citizens. But like so many other things they talk about, this PC government says one thing and does completely the opposite. They dissemble, Mr. Deputy Speaker, and I say they are world-class dissemblers. I say

they're dissemblers, or either they don't know the meaning of language and of words.

Mr. Deputy Speaker, this Bill 34 is a Bill of betrayal. The PC members opposite have not been honest with the people of Saskatchewan. Bill 34 destroys a valuable health service and it puts such an added burden on those who are ill that it deserves to be severely criticized. And it puts an obligation on all of us on this side of the House to speak out strongly in our role as opposition members. We can't let a Bill like this be passed without being sure that people in Saskatchewan know that we heartily condemn it.

And everywhere I go, Mr. Deputy Speaker, people are stopping to tell me how angry and disgusted they are at this PC government. People are appalled by the destruction of the prescription drug plan and the school dental plan and the other attacks on our health care services. Cut-back in home care services and the cutting of funds to valuable volunteer groups like Evergreen Neighbourly Services in Saskatoon are more examples.

And I noticed that in speaking to this Bill, the only member of the government benches that had the courage to stand up and try to defend it, the minister from Weyburn, said that this government opposite:

... in dealing with the ageing population, the Minister of Health is addressing ...

And I'm quoting from *Hansard* on page 3239:

... what ultimately is even the larger and better solution and the solution that can perhaps do more for our seniors than all the nursing homes in the world can do, and that's the whole question of keeping them fit; the whole question of wellness; the whole question of gerontology, Mr. Speaker, of proper nutrition for our older people; the whole issue, Mr. Speaker, of physical exercise for that ageing population; the whole question of keeping them ambulatory and out of nursing homes and in their community and in their homes Mr. (Deputy) Speaker.

And that is what programs like Evergreen Neighbourly Services in Saskatoon was doing for senior citizens. They served over 300 people, keeping them in their homes and keeping them well looked after, and keeping them exercised and keeping them out to the stores and taking them around and taking care of them. And this government opposite was so cheap that it cut \$75,000 from that small budget for that small agency that was serving the people in Saskatoon Centre and Saskatoon Westmount, and many of the other elderly people in the city. Just dreadful that that was happening.

So I really mean it when I say, Mr. Deputy Speaker, that I'm hearing it from people who stop me on the street in Saskatoon to tell me how upset they are with the cuts to the health care. I hear it at the community gatherings that I go to and I'm hearing it at the formal events that I go to. People are absolutely shaking their heads in disbelief and they are saying that it's dreadful, it's just dreadful what's been done.

And I would like to take this opportunity to read one letter that came to me. It was a copy of a letter that's been sent to the Minister of Health, so I know that he's received it. And I'm going to begin the quotation now. This is a quotation, Mr. Speaker, so I'm reading the language as it is in the letter. The woman says:

I would like to comment on the drug plan. Where is the rationale? Why should a single person, possibly on daily medication, possibly working part-time or at best for minimum wage, have the same deductible as the married man earning \$100,000 a year?

None of your cuts are fair. You cater to the rich and to hell with the rest of society.

Before the election, you promised no cuts to health or education. Both have been slashed and I hear long standing Conservatives say they are disgusted.

You were not elected to tell blatant lies. Why do people in public office think that is their right.

Give your heads a shake before it's too late. If you've never felt disadvantaged or depressed, maybe you could pretend for a day. For sure you'll feel defeated come election day.

That's the end of the quote from that woman and that letter.

(1515)

But like many of my colleagues here, I've also received phone calls from people, like the one I received from my constituent the other day, who phoned to tell me that she'd been in the drug store and she had just seen an old man walk away without his prescription. He had not been able to afford it. And this constituent was pretty concerned, to take the time to phone me at my home to let me know that this had happened.

People are talking about this. They're talking about it all over the province. They're seeing this happen to people. They're upset that this old man hadn't been able to afford his medicine, and so he had left it with the druggist and he'd gone home without it. There's been many similar stories of this happening.

And, Mr. Deputy Speaker, the reason why this is happening is that the PC government, with this drug Bill, is introducing a user-pay system for drugs. That old man and the others like him have to have the money up front to pay for their prescription. Never mind that you're most likely on a fixed income, and never mind that you might eventually get some of the rebate back. And by the way, the rebate are being very slow in coming. But these people, this old man and others like him, have to have the cash on the spot or they're absolutely out of luck.

Now I've reflected many times in this House, and I think about it quite a lot, how much I doubt that any of the PC government members have ever had to live on a fixed

income or a low income or that you have any idea what it's like. They buy \$100-a-plate luncheons and they think nothing of it, while many people in Saskatchewan have barely \$100 for food and drugs per month.

The problem of people not getting their rebates before they must pay for another prescription. I've mentioned that already, how difficult that is. And I'm getting phone calls about that right now, that it's taking a long time for the rebates to come back, so people that have monthly drug bills have to pay it again up front. So there will be more and more people walking away from their prescriptions.

The PC government has put the burden to pay for medicine on the shoulders of those who are already ill. Granted that they have a rebate program after a certain amount has been spent by the person who is sick, but my concern also is that these rebate programs can be easily altered so that more and more of the burden falls on the individual so that right now they're getting 80 per cent of their drug costs back. But I wouldn't put it past this government to bring in an amendment in the future that makes it 70 per cent or 50 per cent is all they get back, because that's the pattern that they're using.

It's just like the flat tax has now been increased and people should realize that, and I know that they do, that the government, once it puts a plan in place, will start to burden people more and more with the horrible effects of their attempts to squeeze more and more money out of people on fixed and low incomes. The basic concept of a universal comprehensive program has been tossed aside and that, Mr. Deputy Speaker, is one very good reason why we say this Bill destroyed the Saskatchewan prescription drug plan.

Now I ask myself, why this destruction? Mr. Deputy Speaker, the Premier and the Minister of Health and the PC government say the Saskatchewan prescription drug plan must be changed because people are taking too many drugs. They imply that hundreds of Saskatchewan people are abusing their prescription drugs, that senior citizens are somehow forcing doctors to give them medicine. That's absolute nonsense. It's absolute nonsense, and it's terribly insulting to the very many people in this province who are so sick and need their prescription drugs.

Let's take a look at who's taking these drugs. Obviously it's people who can now be helped by the new drug discoveries in the last years. People with chronic illnesses are taking these drugs. People who become suddenly ill or suffer infection are helped by the so-called new miracle drugs. Women who are seeking ways to prevent pregnancy are often dependent on birth control drugs, and many people with mental illnesses are now helped by drugs. But I tell you, Mr. Deputy Speaker, this destruction of the drug plan puts many people at risk.

**An Hon. Member:** — Do you really buy that word, destruction?

**Ms. Smart:** — Birth control drugs are no longer covered. Many mentally ill persons have had their drug therapies thrown into chaos.

The Minister of Education, the member from Weyburn, says, do you really call it destruction? I call it destruction when many mentally ill people have their lives thrown into chaos. Absolutely destruction. And the many, many older people who are not yet 65 but on low incomes have been hurt. And I'll say it again, that you have no understanding of what that means to live on a low income.

Now it was only after intense pressure from thousands of citizens and from the New Democrat opposition, that the Premier and the Minister of Health consented to set up a tribunal to screen unique cases. But we still don't know how this tribunal works. How are they judging unique cases? What is the bottom line in terms of income to qualify for help? And how many layers of surveillance do unique individuals have to go through, and why are so many people being denied this help? We don't know any of this. We have been given no guide-lines for this tribunal. We are pleading cases to the Minister of Health; some are getting help, others are not. And there seems to be no rhyme or reason for the decisions being made.

In case you haven't gotten the message, Mr. Deputy Speaker, I for one am deeply worried. I've very deeply worried about what's happening to people, because this PC government that's sitting in judgement on who needs help and who doesn't is this same government that says single, employable people can live on \$123 a month for food, clothing, personal needs, and now also, a bus pass and laundry money. This is the same government that takes away the transportation allowance from urban people because rural people weren't getting it. Instead of providing it for everyone, they take it away.

It's the same with the drug plan and other health care issues. Benefits are being taken away. If the PCs think people can survive on \$123 a month, what mercy will they show, for example, to my constituent whose husband has left her, who has a very low maintenance support allowance, and who needs drugs to function normally? What mercy will the tribunal show? On what basis will they judge her unique or not unique?

Mr. Deputy Speaker, this Bill is so offensive. It comes in late, after the changes have already been made; it gives us no information about the tribunal; the PC government gives us no information when we ask questions in House. This Bill ratifies the destruction of the drug plan, a destruction which took place in the most incompetent manner, pulling the rug out from so many people so suddenly. Rather than saying that people are taking too many drugs, the PC government must recognize that prescriptions drugs are important to many, many people.

Now, Mr. Deputy Speaker, I'm proud that the drug plan that existed under the New Democrats recognized that every person is unique, every person deserves care, every person is precious. Our health care programs were based on the principle that health care should be universal, comprehensive, and publicly funded.

But, Mr. Deputy Speaker, this Bill sets up a system where every person has to plead their uniqueness, has to beg the government to be recognized, has to fill out forms and juggle budgets to make ends meet, and still find cash up

front for expensive medication. Is this the government that says it's for the individual, when people have to plead to be considered unique? If that isn't the move of big government, I don't know what is — to make people have to beg to be recognized. And I say that what this PC government has done is shameful, that it's really shameful.

Now the government, the PC government is saying that this destruction of the drug plan is necessary because drugs cost too much money. And I say if the Premier and the Minister of Health and the PC members opposite were really concerned about the cost of drugs they would have done everything possible to prevent the federal PC government from introducing the federal Bill to change the Patent Act.

Now we've discussed this federal legislation in the Assembly at other times, and to anyone with reasonable intelligence and knowledge of how the multinational drug companies operate in Canada and other countries, it's crystal clear that our drug costs will escalate tremendously once the generic Canadian manufacturers are unable to provide us with cheaper substitutes. And if the PC government really wanted to reduce the cost of drugs they would have opposed this legislation.

They refused to recognize the truth that was written in this article in the *Star-Phoenix*, an item from New York with the headlines, "Cash-rich drug firms scramble to invest funds." Now these are the same multinational drug companies that are now going to provide us with all our drugs because we're doing in our generic firms. And the item says this:

Shareholders could be in line for a bonanza from major pharmaceutical companies which, cash-rich from drug sale profits, are buying back their shares and are considering an increase in dividends, analysts say.

A major reason for the growing generosity of pharmaceutical concerns towards their shareholders is that they are sitting on piles of excess cash from their booming business.

Industry leader, Merck and Co., for example, was expected to have about \$1.5 billion in cash at year-end 1986; Bristol-Myers Co., \$1.3 billion; Pfizer Inc., \$1.4 billion; and Eli Lilly and Co., \$810 million. And some analysts predict that such cash reserves will double over the next two years.

And where are those cash reserves going to start coming from, adding to it. They're going to come from Canadians. They're going to come from us because we're having to pay. We have to pay through the nose here in Saskatchewan, and we're going to have to pay through the nose across the country because this government opposite would not oppose those changes to the patent drug Act. They want to go ahead with the multinational corporations having total control over our access to drugs.

And I say that as we unravel the PC actions related to our Saskatchewan prescription drug plan, we get a clearer

and clearer picture of the real PC priorities, and we get a clearer and clearer picture of the real PC plans for this province.

The PC government's incompetence, their lack of credibility, their willingness to engage in double-talk and newspeak has one prime purpose: to ensure that the vested interests which fund and support their right-wing ideology and actions are paid off. The multinational drug companies will benefit from PC federal legislation. Vested business interests will benefit from the destruction of the drug plan, as this destruction paves the way for more privatization of health care services. More user fees will divide the people of Saskatchewan between those who can pay for middle-class services and those who are left behind to depend on a severely weakened government system.

And instead of seeing government as a vehicle for people to provide universal, comprehensive public services equally to all citizens, it has become very clear to me in the time that I've been here in the legislature that the PC government prefers to encourage the image of governments as mismanagers and deceivers. This government is positively leaping at the opportunity to heap more and more costs on the shoulders of individuals regardless of their ability to pay. You have absolutely no regard for people's ability to pay. You live in a world where you and your friends have buckets of money and you have no concept of what it's like, as I've said here many times before, to live on a fixed income or a low income. This PC government is obviously enjoying the chance to line the pockets of its pals with patronage plums.

Mr. Deputy Speaker, the PC government does a great disservice to the people of Saskatchewan by taking this stand, but hopefully the majority of people in Saskatchewan now see through the Premier and his false populism and, through actions like the destruction of the drug plan, know that the PCs must not be allowed to continue dragging us backwards in time and further into debt.

(1530)

The drug plan costs too much money, the PCs say, so they destroy the benefits of the plan as it was. But the money was there, and is there, if the drug plan was a priority. It isn't a priority. What is a priority with this PC government is getting as much of the taxpayers' money into the hands of their friends as possible.

There are some indications that some of the members opposite don't believe me. But people who live in Saskatoon can just see it quite clearly on the streets in Saskatoon. An office of the Premier has just opened across the street from the Sturdy Stone Building — from the government-owned Sturdy Stone Building — where there's lots of store front space available for an office of the Premier on the ground floor, if that's what the Premier wants, and the building is completely accessible to wheelchairs and it's a very fine building and it's owned already by the people of Saskatchewan.

But no, you move the office of the Premier, which should

in all the terms of convention be called the office of the cabinet, but the office of the Premier has been moved across the street because the PCs want to give rent money to one of their pals who owns the building across the street. That's where the money is going that could help fund the drug plan.

This is happening all over Saskatchewan where money is hemorrhaging out of this government to pay the rent in private buildings — and they're paying very high rents. But we've not been able to find out how much rent people have been paying for these buildings because the government in its deviousness has said to us: oh, we can't tell you how much rent we're paying in a separate department for, for example, the Archives Board, because while that item is under the Parks and Recreation and Culture budget, it's under the property management corporation, and the property management corporation will not come to the Crown Corporations Committee for another year. So we can't find out how much money you're paying to your PC pals, but we can be darn sure that they're getting a good rent.

And we can be darn sure that when the government moves out of a building like the Sturdy Stone Building in Saskatoon, which has empty space on the ground floor and is wheelchair accessible and is a very fine building, and goes across the street into a private building where the person is known to be supporting the PCs, that what the government is doing is paying out large patronage appointments, large business deals, and large property owners.

The Premier and his PC government's main goal seems to be that a chosen few get more and more money while the rest of the people of this province get less and less. A few people with all the benefits and a lot of people with all the costs, and that, Mr. Deputy Speaker, is the PC vision of society and the reason why they see nothing wrong with this destruction of the drug plan. They see nothing wrong with it.

They think they have a vision for the future. But I assure you, Mr. Deputy Speaker, that I and my colleagues here and the people of Saskatchewan know that what the PC government has is a nightmare from the past. And it's a vision of a people of privilege from 200 years ago, it is not the vision of Saskatchewan people today.

But I would ask that the PC government back-benchers opposite — the member from Rosthern, the member from Pelly, from Kelvington-Wadena — to stand up and to defend this destruction of the drug plan. You've only been able to put up one person to speak in defence of this destruction of the drug plan. Why don't you tell the people in your constituencies what a wonderful job you're doing; why do you think the PC decision to attack — tell them. Tell them why you think the PC decision to attack our universal comprehensive public health insurance is a good idea. Tell us why the Premier and his PC government have your support in burdening the sick with extra costs. Some of the people that you're hurting are your friends, your neighbours, and your parents.

So tell us, I ask you, tell the people of Saskatchewan why

you like receiving letters from people who write to tell you that they are desperate because they have to choose between buying food or buying medicine. I know you get those letters. All of us are getting those letters. They're coming from people all over the province, because these changes, these destructive changes in our health care system, have hit people hard right across this province.

In the rural areas and the urban areas, in the North and in the South, you know and I know that people everywhere are terribly, terribly angry at what you have done. And they want us to convey this anger to the PC government opposite, but the government already knows about this anger. You know about it, but I have learned from listening to you in this House and from seeing the changes that you've brought in that you know about it, but you don't care. You don't want to respond when you raise the taxes. You don't want to respond when you make these horrible changes and this destructive decisions.

And I ask you to stand up and to defend what you're doing, to let the people of Saskatchewan know exactly what it is you're thinking about when you put more and more burden on them and give more and more to your PC pals in patronage.

And, Mr. Deputy Speaker, when I look at this Bill and when I look at what the member from Weyburn said the other day in terms of the drug plan, I reflect that the Premier and the PC government really love to talk about providing people with choices. That's one of the big party platforms that they have. And therefore I'm sure that they see this Bill as providing lots of choices for the sick people in Saskatchewan.

People who are sick can now choose food or medicine. And when you're living on a very low income or a fixed income, that's what the choice is. A \$50 drug bill is a choice out of your food budget, and you'd better believe it. People can choose clothing or medicine. And now they can even choose a drug that costs \$85 or one that costs \$90.

And I'd even heard the Minister of Health bragging about how people now have the choice to shop around for drugs, and if they don't like the price of drugs in one drugstore or in one town, they can go to another drugstore or another town, and they can keep driving around this province looking for bargains. They can keep looking for bargains now that we have all these choices. And if it wasn't so tragic for people, it would be almost silly — the idea of people who are sick cruising around town, or cruising between towns, trying to get the cost of their drugs down.

The cost won't go down, of course. It's going to go up — it's going to go up. They may say that they expect the costs to go down, but my advice to the people of Saskatchewan is, don't hold your breath, because the costs of drugs are as likely to go down as the cost of gasoline did when the price of a barrel of oil dropped so dramatically, and I'm sure that many Saskatchewan people can remember that. Because consumers pleaded for months for the reduction in the cost of oil to show up at the gas pumps, and it never did. They retail price stayed up. And yet when the cost of a

barrel of oil increased again, we had a situation where the price at the pump went up immediately.

There is nothing in this drug plan, there is nothing in the federal drug patent Act that in any way is going to say that the cost of drugs is going to go down. Absolutely the contrary — absolutely the contrary. The cost of drugs will go up.

I noticed that the member from Thunder Creek seems to think . . . foresee lower drug prices because he says changes will actually spur druggists to cut, not increase, drug prices; because now that they have to pay more of the cost for drugs, consumers will closely watch drug prices and choose cheaper drugs more frequently.

There's that prescription that you go shopping for drugs. When you've got a temperature or you're frail and elderly and you're sick, you're going to have to go around town trying to strike a bargain with your druggist.

And that will force drug producers and retailers to emphasize cheap alternatives . . . (inaudible interjection) . . . Not very likely. Once the multinationals have control of the drug scheme in Canada, once the general drugs are out, the price of drugs will go up and up.

It was cute, how much we had to plead to try to get the cost of gasoline down at the pumps when the cost of oil had dropped. It was really interesting how the price of gasoline went up immediately when the cost of a barrel of oil went up. And I say these are the cute business tricks, the cute shafting of the consumers that happens every time, Mr. Speaker, when large profit-hungry multinational firms are in control of our economy. And when it comes to lusting after profits, the drug companies are among the worst, as I've already pointed out.

If the federal Patent Act is passed, the costs of drugs, as I've said, is going to go up and up. And now, with the destruction of the Saskatchewan prescription drug plan, those ever-increasing costs will not be shared equally by those who are well and those who are ill. The increased costs of drugs are going to be borne totally by those who are already weakened by injury and disease. Their expenses are going to go up and up, while those who are in good health have less to bear. The increased costs hurt all those who are ill, but of course they hurt those with less income much, much more.

And I found it interesting, Mr. Speaker, how insensitive the Minister of Health has been to our pleas that people can't afford huge increases in their drug bills. Whenever we mention this point, he points out that people on social assistance are protected, that seniors have a lower deductible, and that his mysterious tribunal are looking after all the unique cases.

**An Hon. Member:** — A phantom tribunal.

**Ms. Smart:** — A phantom tribunal. The Minister of Health appears to have no concept of what it means to live on a low income on minimum wage. And I want to ask him, what about all the farmers who are barely making ends meet? What are they doing? And I know that there are many farmers who are dependent on drugs. One of the

things that they are struggling with is reactions to the chemicals that they're using on the farms. And they don't have the extra cash to pay for their medications. What are the farmers going to do? As much as the people in the urban areas.

How are people going to survive all the increased taxes, the hidden taxes, the added costs, and, in the future, the horrible tax changes being promoted by the federal PC government, and the repercussions from integrating our economy with the United States?

And I say to you and to the people of Saskatchewan and to the constituents of Saskatoon Centre that all these questions are crucial and they're all integrated. And all these actions of the PC government, including the destruction of our drug plan, are dragging us down into a poverty that we haven't known in this province for a long time.

And when I look at the changes that you've been making and the legislation that you've been bringing in, I realize that your vision of the 21st century is lots of people desperately living from hand to mouth and a few people sitting pretty. That's the system our ancestors knew, Mr. Speaker. That's the system of the past, not the future. That's the system we want to escape. And if it is the PC vision of the future, I say it's a nightmare.

(1545)

But I know from talking to my constituents in Saskatoon Centre that unfortunately this nightmare seems to be coming true, that there are more and more people who are losing their income and losing their ability to pay for their basic needs. The sales tax increase, the flat tax increase, the hidden costs that are everywhere, the burdens that you're putting on the people of Saskatchewan are causing more and more people to slip into poverty. A person earning a minimum wage is only making \$9,000 a year. They may not be eligible for help under the Saskatchewan assistance plan, but they have very little money for the high cost of drugs.

Now, Mr. Speaker, there's a section of this Bill 34 which indicates to me that the Minister of Health may be giving himself the power to directly and personally bestow favours on certain people. And I want to read this section of the Act. It's section 5.1; and it says this:

Notwithstanding any other provision of this Act or the regulations, the minister may make a payment, in any amount and in accordance with any terms and conditions that the minister considers appropriate, to or on behalf of any resident who has received a drug whether or not the drug is listed in the formulary.

Now to me that clause means that the minister can bypass everything else in the legislation including the tribunal. And I say that that reads to me as if the minister is taking on to himself some pretty sweeping powers. And I'm looking forward to the discussion of this section when we move into Committee of the Whole, because it sounds very much as if the minister is providing himself with a vehicle through which to provide 18th century style

largess to a chosen few. And it sounds to me like the unravelling of any logical, rational, equitable system of benefits.

And I have had a personal experience with the power of the Minister of Health and one of my constituents in Saskatoon Centre, a person who phoned me when the drug plan changes first came in. He has a condition where the drugs that he was taking were taken out of the drug plan completely, and the experimental help that he was . . . therapy that he was getting at the university was also taken out of medicare. And he phoned me and he was very, very angry about this change because he was a constituent who had worked for the PC party. He was a constituent who had given a lot to the government opposite, and he was very angry at being shafted this way with this change in the plan because he was a person with not that much of an income, a small business, but not the kind of money that some of the members opposite, I'm sure, have on a regular basis.

And this constituent asked me if I could help because he phoned the Minister of Health's office and he'd gotten no help. So I phoned and I told the Minister of Health's office the truth, I said I have a constituent whose drugs have been taken out of the drug plan, whose medical services have been taken out of medicare — experimental therapy. I said that he'd worked for the PC party, that the Premier had been in his living-room, and that he was very angry and upset. And they phoned me back and said that they'd taken care of it, that his drugs would now be within the plan and his therapy would be within medicare.

And I phoned him up to find out if this is exactly true, what they had told me. And it was. In fact the Premier had phoned him the very next day. Now that's the kind of preferential treatment that some people are getting but not everyone is getting it.

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

**Ms. Smart:** — With this Bill 34 and with the developments that have come before the House and before the people of Saskatchewan over the last two months, each person in Saskatchewan is being provided with the opportunity to beg and plead for health to the minister of the basis of having to show proof that, one, their particular illness is worse than their neighbour's, and two, that their financial distress is worse than their neighbours'.

And, Mr. Speaker, I know and you know that many, many Saskatchewan people are too proud to engage in this kind of begging. Because access to low-cost drugs is no longer their right, they're going to suffer the loss in silence and bear the cost individually. And that is a basic change in access to medicare. That is a return to the past. That is fundamentally regressive, old-fashioned, and a product from the Dark Ages. And I say that is typically Tory.

Mr. Speaker, much earlier in what I was saying today I referred to the fact that the PC government has broken many of its promises to the people of Saskatchewan. I said that the Premier and his government often say one thing and then do exactly the opposite.



And with their destruction of the Saskatchewan drug plan, they have done something they're supposed to be against. They have, Mr. Speaker, imposed the full force of government arbitrarily on the people of this province and also tangled us in a bureaucratic maze which is beyond belief. Tribunals sitting secretly in judgement on us deciding, without published criteria, who is eligible and who is not; rebate forms to deal with that don't come back in time to help pay for the next prescription; pharmacists having to negotiate their own prices for drugs instead of a government negotiating directly with the drug companies for hopefully a cheaper price.

And, Mr. Speaker, the Minister of Education knows the high rate of illiteracy in this province. And yet he supports a government that continues to put on the people of Saskatchewan the mandate to fill out forms in triplicate, to fill out detailed forms, written in language that even people with a reasonable level of education sometimes can't understand. People on social assistance with a 16-page form to fill out; people who are sick having to fill out these forms to rebate their drugs, and having to fill out forms to appeal to the tribunal, and having to write letters to explain their individual situations.

And many of the constituents that I have find this a tremendous burden, and I think that their needs should be taken into account when we're looking at what happens to people in Saskatchewan with the changes in this drug plan. We need to realize how important it is to give equal service to everyone. We need to realize the problems that people may have in accessing government services. We need to make it as easy and as equitable as possible for people to be helped, particularly people who are sick — particularly people who are sick.

Mr. Speaker, I've pointed out how this government is imposing the full force of government arbitrarily on people in this province — a government that says it's not going to do this.

But like so many of the things they say they're not going to do, they do exactly that. They say they're opposed to massive bureaucracies, but with the rebates on the gas tax and the rebates on the drugs and the tribunals and the other systems that they're putting us through, the problems with the dental plan, the problems getting children to the dentist, this government is tangling us more and more in a bureaucratic maze which I say is absolutely beyond belief, given the ideology that they say they believe in.

They have tribunals sitting secretly in judgement on us. That's pretty horrible. We should have the criteria published so we know how some people are getting their costs rebated and others are not. On what basis are people making those decisions about other people's lives? On what basis are they putting more burden on some of the people in my constituency to pay up, and other people getting their drugs paid for? I would like to know, as their representative . . . (inaudible interjection) . . . And I think that the Minister of Education, the member from Weyburn, who believes in this information age should give us that information. That's what I think. And I know that the people in my constituency believe that too.

We have the tribunal operating in secret. We have the rebate forms that people have to fill out. We have the pharmacists negotiating the price of drugs. And over and above all, Mr. Speaker, we now have a user-fee policy for health care in this province, a demand that the sick pay up, a backward approach to the modern phenomenon of prescription drugs — an absolutely backward approach.

And I say that Saskatchewan had the best drug plan in North America and that the PC government has destroyed it. And I say that the day is going to come soon when the New Democrats can put it back together again. Therefore I am very pleased to support this amendment that my colleague, the member from Saskatoon Nutana, has put forward:

That Bill 34 have all the words after the word "that" deleted, and the following substituted:

That Bill 34 not now be read a second time because:

(a) the erosion of the prescription drug plan unfairly shifts health care costs onto the sick and those least able to afford them; and

(b) the erosion of the prescription drug plan constitutes a betrayal of Progressive Conservative election promises; and

(c) the erosion of the prescription drug plan is a betrayal of medicare in Saskatchewan.

That is clearly what it is, Mr. Speaker. I strongly support this amendment, and I'm completely opposed to this Bill and this change in the drug plan.

**Some Hon. Members:** Hear, hear!

**Mr. Tchorzewski:** — Thank you, Mr. Speaker. I rise to speak in this debate because of its importance, and because, Mr. Speaker, of the importance of this amendment in light of the facts that face us now which have been developing over the past several months, and which even members opposite should not be able to deny. If they can deny some of these facts, Mr. Speaker, I invite them to rise and speak in this debate, explain what the rush is all about, and show to the public of Saskatchewan why it is so important to have this Bill passed at this time without all of the due consideration that should be given to the factors that are involved here.

This amendment, Mr. Speaker, is important because there has been so much public concern expressed about the changes to this prescription drug Act, to the prescription drug program. There isn't a community in Saskatchewan in which there are not numbers of people who have said since the plan was introduced that financially they are being strapped to the point where they are either not taking their drugs or are not taking them in an appropriate way.

There is not a community in Saskatchewan in which you will not find people on low incomes with families, and senior citizens, Mr. Speaker, who are not being hurt by the changes which the government has brought about in

the proposed Bill and this changed drug plan. Those concerns are being expressed every day. We have had on many occasions in this legislature, long petitions presented by almost every member on this side of the House, petitions which people have sincerely signed because they see the harm that's being done.

They are saying to the government, please take a second look. Please reconsider what you are doing here. Please understand that there are some people whose health will deteriorate even further because of what this drug plan will do in the way that they take their prescription drugs.

And I use this word and I will elaborate on it further, Mr. Speaker, but I draw your attention once again as other have, that we're talking here about prescription drugs, and that is drugs that people cannot take at will because no pharmacist will sell it to them unless there is a prescription.

So in light of this major concern that is being expressed, probably in a greater way than it has been in recent memory on any other issue, we should reconsider passing this Bill at this time and wait for at least six months while all of the harm that's being done can be considered, and so that the government can reconsider what it is intending to do here, and hopefully, in light of that, will make some changes and back off this devastating proposal and this devastating Bill.

(1600)

The other reason, Mr. Speaker, I rise to speak in favour of the amendment is because, in spite of the concern that's there, in spite of the harm that's being caused, there has been no response from the government with regard to those concerns. Now that should be enough reason to delay the passage of this Bill for at least six months. Hopefully at that period of time, reasonable minds will reconsider what is happening here.

Until the government is prepared to address the problems and respond in the positive way, this legislature has no business passing this legislation. Any person with any degree of compassion and caring about the health and welfare of the citizens, which we all represent, should not even contemplate the thought of passing this Bill at this time if they've been out and about their constituencies.

And if any member opposite can stand up and say that he has not, or she has not seen evidence of the harm that this new prescription plan is causing, then I say to them, they are out of touch with their constituencies like they have never been since they got involved in politics. And you know what the sign of that is, Mr. Speaker. That's the sign of a government that almost has a death wish, a government that's even convinced itself that the people are going to reject it. And so they say, damn the torpedoes, we're going to do what we want whether it's right or not; but somehow this is ideologically what we intend to impose on people, against their wishes, even though we promised to them that we wouldn't do it.

That's what that government is saying. That's what those members over there are saying by their silence on this Bill. That's why only the Minister of Health, and as far as I

know, the member from Weyburn, have risen to speak on this Bill. And I want to later make some comments about the comments that he made when he addressed the Bill.

Now that's a pretty weak defence of something which the government tries to pretend is right and positive and good, when two members rise to speak on the Bill — a Bill which has created a debate which is so important, is so significant, not only in this Assembly but in every senior citizen centre from one end of this province to another, in hundreds and thousands of homes from one end of this province to another, among people wherever you can go, that kind of debate. And members opposite won't even stand and defend this debacle, this cruel measure that will cause people not to take needed drugs because they cannot afford them.

And the third reason why this amendment should be supported, Mr. Speaker, is because this so-called panel which the minister announced several weeks ago, when the public pressure got so great that the Premier decided they could no longer withstand the pressure, this panel of I don't know how many people which the minister announced, is not working. It is not doing a job to solve the problems that are faced, and in view of that, that is a third reason why the Bill should be stopped and that the whole program should be reconsidered before even more harm is done.

This is not the time to pass this Bill. It is a time for the people in this legislature, if all are reasonable, to stop and to sit back, to take a look what's before us, to listen to all that is being said by constituents who see us daily, and then hopefully reconsider the implications.

Families are being hurt. There are families in this province who work hard day in and day out, not for a big income. The minimum wage in this province has only been increased 25 cents since 1982, and there are families that I personally know as a school teacher, and I taught some of their children, who are raising those children, sometimes two or three or four of them, on an income of the minimum wage because they want to work. Because they want to be able to say, I am working on a job and I am going to raise my children as best I can, and I'm going to pay my rent, and I'm going to pay my mortgage if I have a mortgage, but I'm going to work even if I have to do it on a minimum wage. There are many such people.

And what these government people, this Conservative Party is saying to them is, you stay where you are but if you happen — and I'm going to give you some examples later — but if you happen now to have a drug bill of 3 or 4 or \$500 a month, that's too bad, you're going to now have to pay it.

Now, Mr. Speaker, the member from Shellbrook-Torch River or Saltoats says that's not right. Well if that's as close as he is to his constituents, then I suggest to you, Mr. Speaker, he should resign and give them an opportunity to pick someone who will listen to them once in a while.

**Some Hon. Members:** Hear, hear!

**Mr. Tchorzewski:** — Because if he really sincerely believes that there are no people in his constituency who

are being grievously hurt by this new prescription drug plan, he most obviously is out of touch. Now he represents a rural constituency and he should know the impact it is having on those people. This plan affects farm people in the same way as it affects people in the cities and the towns and the villages of Saskatchewan.

If the doctor says, in order to be able to improve or maintain your health, or in some cases in order even to live you must take this prescription, it doesn't matter where you live. They have to take it. And they now have to shell out, they now have to shell out in many cases money which they can't afford because of some ideological tendency of this government to say we're going to privatize the prescription drug plan.

That's what it's all about. That's what it's all about. They have given, as my colleague from Riversdale has said, the whole notion of privatization a dirty name because they have tried to implement it in areas, Mr. Speaker, where it has caused harm and hurt. And in the case of this prescription drug plan, we have a prime example of how they have given the word "privatization" a dirty name. Because they are using the slogan, just as they used "open for business" which amounted to nothing after 1982, after 1982, they're now using this other slogan to try to impose an ideology over the wishes of the vast majority of Saskatchewan people.

Now the members opposite have finally woken up . . .

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

**Mr. Tchorzewski:** — Because when the truth is said to them and they're reminded in the debates in this House what their constituents are telling them, they cannot sit in silence and listen. They have to natter away from their seat, instead of standing up behind their table and defending this Bill.

Why don't they do it, Mr. Speaker? Because you cannot defend the indefensible. No one can defend the indefensible. And every one of those members know it, that they can't defend this Bill because it's indefensible. And I'll give you one example, and I'm going to take some time to do it, because I think it's a clear example of the harm that 's being done and the failure of the Minister of Health and his new panel to deal with this problem.

And this is a letter which, I might add, the minister will know about because he has had communication on it, dealing with the prescription drug plan. And it's from a lady who write on behalf of her mother. And I want to put on the record, this example, because it's one of many. And this lady write to me and she says:

I am writing on behalf of my mother who will be 90 years of age on the 6th of November of 1987. The recent changes made to the prescription drug plan will mean a drastic drain on her finances and will cause real hardship. I am her daughter and look after her at home.

Mr. Speaker, she goes on to say:

She is presently on at least 11 medications; for her

heart, because she has had a heart attack, for this she takes two different pills four times a day; for her stomach, because she has had ulcers and needs protection from all the different medications that she has to take.

Anturan, a blood thinner, because she has had numerous strokes and falls. Eltroxin, because she had her thyroid gland removed years ago. Fluid pills to prevent congestion in her heart. Potassium, because her fluid pills drain her natural potassium. Arthritic suppositories for severe arthritis. Buscopan, a stomach relaxant, necessary because of medications. Betagen eye drops, because she has glaucoma. Diabetes pills because she has diabetes, and all these prescriptions, in addition to the body rubs and the powders, etc., needed for her care will be an extreme financial hardship.

My mother receives her old-age pension cheque plus a supplement, and that is the extent of her earnings. And since we have had only a few of her prescriptions filled since the plan changed, I can give you only a few examples of the cost to date: \$19.22 for potassium prescription; \$30.46 for diabetes pills; \$33.79 cents for Anturan, blood thinner; \$65.10 for another drug which relates to something to do with the stomach; and \$27.07 for Ratoen eye drops.

And these, Mr. Speaker, she goes on to say are on a monthly basis. And this goes on and on.

Now I ask the members opposite: do you think that this woman has a choice? Do you think, as the Premier said last night on television, that this woman is abusing the drug plan? I think not. I think she certainly is not because she does not get any one of these pills unless a doctor gives her a prescription.

Now, Mr. Speaker, surely, surely if the member from Rosthern, who speaks from his seat, is concerned about these kind of people, and he must know some of them, he will stand up in this House and he will defend this Bill, which he hasn't done to date. He will try to explain why the needs of this certain individual are of no importance, or so little importance to the Conservative Party and the Conservative government that they want to go ahead with this Bill without even considering a six-month delay so that some of these problems can be considered.

Now the members . . . I will give you some more. Don't be too impatient. I bring this letter to your attention, Mr. Speaker, because it's only an example of many. And I have some — if I have time I may bring them to the attention of this House that are even worse. This is not the worst example.

But what I've found of interest, which should be stated in this House, is that this letter was written to me on the 10th of the eighth month of 1987, Mr. Speaker. Since then, because the minister had announced this glorious plan since this letter was written — if I can find the page here, in August, to me — I wrote to this lady and I said that the Minister of Health had announced a review panel to review your mother's case. And so she did what any

daughter would do, she contacted the Department of Health about the review panel. You know what they said to her? They said to her, we're going to send you out this form, and you type it all out, and you give us all the information, and we will review this case.

Mr. Speaker, the director of professional services division finally wrote. This is early in August when this woman first wrote to me — finally wrote to this lady on September 2, 1987, more than a month later, saying that the minister had announced that certain persons with chronic diseases who experience extraordinarily high prescription drug costs on a regular monthly basis, might, might qualify for special consideration. Today, today, Mr. Speaker, there has yet to be a response — there has yet to be a response.

And that's why, in my list of three reasons why this amendment, Mr. Speaker, should be supported, I said that because this review panel is a failure and it's not working it's a legitimate reason for all members of this House who are really interested in a universal health care program to vote for delay of this Bill for a certain period of time.

(1615)

Now I'm finding it somewhat interesting, as I stand here to express my concern on behalf of people like this woman and many, many others like her. I do this because I think it's the responsibility of me as an elected member of the Legislative Assembly to help bring for them a voice to this Assembly, a voice which is being denied by the members opposite who will not address the issue.

And so as I said about 15 seconds ago, I find it somewhat interesting that as I stand here to speak, I have heard at least a dozen of them speaking from their seats — speaking from their seats, sometimes in a derogatory manner, but they don't have the courage to stand up in this Assembly and put their statements on the record.

**Some Hon. Members:** Hear, hear!

**Mr. Tchorzewski:** — They don't have the courage to stand up and put those statements on the record because they know that they are not correct.

**Some Hon. Members:** Hear, hear!

**Mr. Tchorzewski:** — And because every one of them knows, including the member from Arm River who's just speaking from his seat, that if they put on the record their defence of this Bill, no one in their constituency would forget or forgive. And that's why they're afraid to stand up and be honest on this issue because you cannot defend the indefensible.

Mr. Speaker, others of my colleagues have said, others of my colleagues have said that this is just another example of dishonesty on the part of this party and this Premier and this government.

**Mr. Speaker:** — Order, please. Order, please. I think the hon. member should be allowed to speak without constant interruption.

**Mr. Tchorzewski:** — Thank you, Mr. Speaker, for that. I certainly look forward to the opportunity to speak. I feel strong about this matter. I don't need to stay in my seat to speak about it. I speak about it in my constituency wherever I go, and I want to speak about it here in this Legislative Assembly because I think the concerns of these people have a right to be heard. And if the members opposite aren't interested, that's their business. So I thank you for calling them to order.

But, Mr. Speaker, this is an example of another major promise that has been broken by this Conservative government and by this Premier. The people of Saskatchewan were never told a year ago that health care was going to be under attack — they were never told that. They were told by the Premier, as he went in his election campaign, how he was going to build. They were told how he was going to take our health care system and make it better. They were told in 1982 how they were going to take our health care system and make it better. They were told in 1978 and in 1982 that never under this government would there be a deterrent fee for drugs — and they called at that time the prescription free a deterrent fee. In fact, they made a solemn commitment to Saskatchewan people that they were going to do away with it.

I say to you, Mr. Speaker, that the people should be able to expect at least as a minimum — at least that — honesty from their politicians, and honesty from their government. That is what our whole system is all about. If they can't have that from their elected members, then they can't have democracy. If they can't have honesty from their politicians, then can you blame them if they become cynical about the process.

The Tories and this government and this Premier made solemn promises on health care and the prescription drug plan. This Bill is a breaking of that solemn promise, as well as many other examples which have taken place. Is this building on our health care program and our health care system? Is \$18 million less in this year's budget for health care building a health care system? Is the destruction of the dental plan for children, which people are now becoming more and more concerned about as their children go to school, building a health care system? Is this attack on the prescription drug plan, so it's unrecognizable, building on our health care system as the members opposite promised? Of course it's not.

It's a broken promise. It's a broken promise along with other examples which one can talk about. The hearing aid plan has been cut. In mental health a hundred positions have been eradicated, destroyed, wiped out. The community health services budget has been cut and the staff has been reduced by 20. The patient care fund no longer exists. The capital fund no longer exists. This is what the Premier went on television last night and tried to explain as "improving the health care system." What a joke!

Now I heard one of the members from this House last night call it bush league. I won't call it bush league, because I don't think it even deserves the dignity of that kind of a response. It's just that I thought it was

unfortunate that last night, when the Premier had an opportunity to speak to the people of Saskatchewan, provided to him freely by certain television networks, that he could have stood up and provided a report card on the activities of his government and the activities of his cabinet, all he did is repeated the campaign speech of 1986. He failed. He failed. And I'm sure that people are disappointed, from one end of this province to another, as I watched and sat there with some anticipation, was disappointed.

Mr. Speaker, this, I believe, is one of the most important debates on health care since medicare was introduced in the '60s in Saskatchewan. I have no doubt about that. We have had programs which were introduced back in the '70s, such as the dental care for children, which was a major program.

When the prescription drug plan was introduced, all of those things that were really building our health care system — and the opposition in those days supported the government, when . . . and it was a different government. It was a government that was a New Democratic Party government. So there was not a great debate because there was almost unanimity on the goodness and the value of those programs.

But today we're going the other way. We have a proposed Bill here that destroys one of those major programs, so this debate is one of the most important debates since the introduction of medicare. And to some degree sides have drawn in much the same way as they were when medicare was introduced.

Now maybe you're too young to know this, Mr. Speaker, but I'm not sure. But you might recall that when medicare was introduced in the '60s there were those who were progressive-minded and thought that making universal accessibility to health care was important. And then there were those who thought that was not the case, that it had to be left on sort of a privatized basis where people either had to mortgage everything they had so they could have a decent health care when they needed it or they didn't get it at all.

And my parents, who aren't young any more, will tell you, tell me, stories and relate incidences where their friends and neighbours actually died in those days because they couldn't get health care — good friends of theirs. That came to an end in 1962 or '64, and we see here a government that's trying to turn the clock back to that period of time. Surely that . . . (inaudible interjection) . . . the member from Arm River says that's exactly . . . from his chair, did you hear that, Mr. Speaker? He says that's exactly what they're trying to do. They're trying to turn the clock back. Well I say, shame on him. Shame on him, because we don't need the clock turned back to the day when people were living in fear of getting ill because they knew the would not be able to afford the medical care that was necessary because they became ill.

And so again, Mr. Speaker, we have today much the same sides drawn, the Conservatives who, when medicare was introduced, stood on streets and demonstrations fighting against it. The record shows that. One of the biggest fund raisers for the Conservative Party, now a senator, led the

campaign against medicare. Their record is there. Now we have those same people, albeit some of them a younger generation, who now stand in this House and try to turn the clock back and destroy those gains which our society made in the great fight in the 1960s, and won't even stand up in this House and explain why they're doing it, other than the member from Arm River in his seat standing up and saying, yes, you're darn right, we want to turn the clock back.

Now I say, Mr. Speaker, those same sides are drawn once again. And that's why I chose to rise and speak in this debate. As the debate began I wasn't going to. I was going to let the House deal with it, but as I listened to this debate and heard all of the arguments made, I realized how important it was as an individual member to stand up and speak out. And so I'm standing up and I'm speaking out.

**Some Hon. Members:** Hear, hear!

**Mr. Tchorzewski:** — I'm speaking out because before us the very future of our health care system is at stake, the very future of our health care system — a system which I believe, and the New Democratic Party believes, should be available to everyone without fear; a health care system that should be available to everyone without having people worried about whether they're going to be able to pay other bills when health costs fall upon them. That's what this debate is all about.

It's a debate between the Conservative government and the Premier who is saying, we will provide the best health care possible for those who can afford it, and not such a good health care system for those who cannot afford it. And if you have a heart problem, or if you have asthma, or if you have children with allergies, if you have enough income, you won't be hurt because you will easily be able to buy those drugs.

But if you're working on minimum wage or even the modest income of 25 or \$30,000 a year, which is not great these days, or if you're a farmer with financial difficulties, then you're going to have to find that money which you don't have, somewhere else, and sacrifice something else so that you can provide those medications for your children who are suffering from allergies, or whatever prescription drugs that are necessary.

Mr. Speaker, the Premier said last night that these people were drug abusers. The Premier was on television last night, and he spoke of this woman whose letter I read, and he said that this new prescription drug plan is so great because it's going to deal with those people. He said that it's going to save a lot of money because a lot of people who are now taking drugs will no longer take them. Well that's where the problem is. That's true. There are going to be some people who need drugs for their heart condition, or for their arthritic condition, or whatever the problem that they face. And they will either not take the drugs because they can't afford them, or they will not be following their prescription instructions and not take them in an adequate way, which is just as bad.

That's the result of this thing that we have here before us. And while the Premier is saying, well, it's these people's fault; it's their fault that they're taking these drugs and

we're going to deal with them with this plan and we're going to stop this abuse — the one thing he didn't say, he didn't say that the only way anyone can get a prescription drug is if a doctor prescribes it.

There is no abuse because of that. And if a doctor is providing a wrong prescription — and I'm not being critical of the medical profession because they do their job — then it's not the fault of the patient, it's not the fault of the patient. Anyone can get a prescription drug only with a prescription. And the Premier, in his defence of this prescription drug plan and many of the other major cut-backs in health care, said he's dealing with drug abusers.

(1630)

Now this I say, Mr. Speaker, is not what we should be able to expect of the Premier of Saskatchewan if he was a caring man. He portrays the image as the Minister of Health has tried to portray the image. I might say, the only one who hasn't tried to portray the image of compassion and caring is the Minister of Social Services. But they all, the others, portray the image about how they're concerned about the family, about how they're concerned about senior citizens. They talk about nursing homes that they're building. But it's the family and it's the senior citizens who are being devastated by this new prescription drug plan which many of them cannot afford.

**An Hon. Member:** — And the Premier calls them drug abusers.

**Mr. Tchorzewski:** — And the Premier calls them drug abusers. And I object to that — I object to that in the strongest of terms here today. I did last night in my press interview, and I do it again today. Because this woman in the letter I read, it's no fault of hers that she has to take those drugs. She has to take them to survive, and her physicians says so. It doesn't stop with drugs, it doesn't stop with prescription drugs, Mr. Speaker, when it comes to the suffering that's being inflicted by the policies of this government which has broken all of its promises to health care.

You can just look at what's happening in the Wascana hospital in Regina. And what's happening there is that some many patients are not able to get out of bed on weekends. They're left in bed on weekends because there isn't sufficient staff provided to look after those people. Is this how we treat those senior citizens who built this province and provided for us all of those privileges and opportunities that we have had and continue to have?

I say no, that is not the way to treat them. That is the action of a vindictive government whose ideology has blinded it from all reason and all consideration of the needs of the people who they're supposedly representing.

I took some interest in what the member from Weyburn had to say when he rose in this debate. It took a cabinet minister; they really had to come on hard to sell this plan. None of their back-benchers have had the nerve to stand up yet. But I was interested in what the member from Weyburn had to say. He talked about the need to make

these changes in the drug plan and make people pay because they had to deal with the deficit. He said, if we don't do this, the deficit will rise.

Well, Mr. Speaker, there are other ways to deal with the deficit. The members opposite had choices to make, and they made the wrong choices. They chose to deal with the deficit by destroying our health care program, such as the prescription drug plan.

But even as late as the latter part of last week the Deputy Premier stood up in this House and announced another expenditure of hundreds of thousands of dollars — because he yet hasn't given us the figure, so we assume it's that much — of somebody else that they're going to station in the great old city of New York, and they're going to call him a trade officer.

**An Hon. Member:** — I told you it was \$300,000.

**Mr. Tchorzewski:** — Well the member says \$300,000. Well I say, Mr. Speaker, just think, just think what \$300,000 could have done to provide enough staff in the Wascana hospital so that those old people wouldn't have to be left in their beds all weekend, and would be able to get out of their beds on the weekend — \$300,000. They've got \$300,000 to this individual that they're going to put up to live high and in style in New York — \$300,000 — but they're saying to people who need drugs, you pay, you pay your way because we have to deal with this deficit situation.

Now the Premier last night again said, we've got to do this because we've got to control costs. Well I ask you, where was this Premier, where was this Premier when the federal government was putting through its amendments to the drug patent legislation and increasing the cost of drugs to Saskatchewan people by 75 million over the next five years? He was cheering the Prime Minister, and he was saying, go to it, Brian; we only talk about controlling costs, but we're going to put to the people of Saskatchewan an additional cost in drugs of 75 million over the next five years, and you go ahead and do it, and we won't say a word.

If this Premier was so serious about the need to control costs, I ask you, where was he at that time? And where was he today in question period when he was asked about it, and he slipped away from the question and never addressed it? You have to question the sincerity of such a person when out of the one side of his mouth he says concerned about costs, and on the other side of his mouth he encourages the increase of those costs by supporting the amendments to the drug patent Act.

And then you have to ask the next question. Is this program going to reduce the cost, this new, changed prescription drug plan, and if so, how? It's not going to reduce the cost, Mr. Speaker. It's simply shifting the cost to a few. Instead of the cost being shared by the whole society so that those who can least afford it get the same benefits as those who can afford it, this program is going to say to people who have to take costly prescription drugs, you now are going to have to pay a lot more. And it's simply a shift of the cost, and not a saving of the cost. If anything, because of the amendments to the drug patent

Act, the costs are increasing.

I remember back in 1968 we had another minister of Finance who rose in this House and presented a budget. And this present Minister of Finance, the member from Qu'Appelle-Lumsden who promised never, never to have deterrent fees on drugs — he even signed an ad which he put in his local newspapers — this Minister of Finance must have copied the speech from the budget speech of 1968.

The senator, who now is a senator, presented that speech on behalf of the Liberal government of that day and he said, we have got to control health costs or it's going to destroy our health care programs. Did the health programs get destroyed between 1971 or 1968 and 1982? No. They were improved. They were better. And somehow we had the funds to pay for our education of our children. We had the funds to keep our roads in repair, which they're not these days. We had all of those funds and the health care programs functioned.

Now we have another Minister of Finance, now a Conservative, stand up in this House — oh, we've got to control health care costs or it will destroy our health care program. Same argument — same old argument from the past. And it's just not the case, Mr. Speaker, because they're not controlling the cost; they're simply shifting it on to those who can least afford to pay.

So I say, Mr. Speaker, when the few members . . . the two members who have risen in this House to speak have risen, they have not provided a defence of this proposal — they have not provided a defence of this proposal. Even the Minister of Health spoke so briefly that I can't remember what he said. I think it was two or three minutes. Can you imagine, Mr. Speaker, anyone who would introduce a Bill which has as broad and as major implications as this one, not even be able to take the time to explain it and to defend it appropriately. It's hard for me to imagine that, but that's all he took.

And so in view of all of those arguments, Mr. Speaker, in view of the fact that there is so much concern being expressed, in view of the fact that the government has not in any substantive way responded to those concerns, and in view of the fact that this so-called review panel which they have established is not doing anything to deal with the problem, and also in view of the fact of the potential dangerous situation in the health care of some people of Saskatchewan that this plan brings about, I think this legislature, if it is reasonable and sensitive and caring enough, will vote for this amendment which delays this Bill for at least some time so that the government and all members of this House can review what is being proposed here and hopefully come back with some changes, or doing away with the government proposal altogether so that the damage that is going to result will not happen.

I urge the members opposite, especially those back-benchers who are not tied to those commitments that the Executive Council members have, I say to them, stand up and speak for your people. Stand out and represent those voices in your constituency that need to be heard. Vote for this amendment and they will

appreciate it, and they will appreciate you for doing it.

I'm going to support the amendment. I'm going to support the amendment, and I'm going to proudly go back to wherever people ask me and say I supported it because I objected to and opposed the proposed changes to the drug plan which this government is trying to impose on the citizens of Saskatchewan.

**Some Hon. Members:** Hear, hear!

(1648)

Amendment negated on the following recorded division.

#### Yeas — 9

Blakeney	Brockelbank
Tchorzewski	Mitchell
Atkinson	Trew
Smart	Van Mulligen
Koenker	

#### Nays — 30

Muller	Duncan
McLeod	Andrew
Berntson	Lane
Taylor	Swan
Muirhead	Maxwell
Stemmed	Hodgins
Gerich	Hepworth

**Mr. Speaker:** — Order, please. Order, please. I ask hon. members to please allow the vote to go forward without interruptions.

Hardy	Meiklejohn
Pickering	Martin
Toth	Sauder
Johnson	McLaren
Hopfner	Petersen
Baker	Gleim
Neudorf	Gardner
Kopelchuk	Britton

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

#### COMMITTEE OF FINANCE

The committee reported progress.

#### COMMITTEE OF THE WHOLE

#### Bill No. 48 — An Act to amend The Saskatchewan Hospitalization Act.

Clauses 1 and 2 agreed to.

#### Clause 3

**Ms. Atkinson:** — Yes, I just have a couple of questions for the Minister of Health. Mr. Minister, can you advise me that with this elimination of the hospitalization fund, will Finance and not Health now be responsible for the payment of these funds to hospitals?

**Hon. Mr. McLeod:** — Health maintains the responsibility for the payment but, as is the case throughout government and other areas and agencies, the actual writing of the cheque or that physical sort of distribution of the cheque will come from the Department of Finance out of the Consolidated Fund.

**Ms. Atkinson:** — In the budget speech in June there was some hint at the government's plan to amalgamate some health care institutions and reduce the number of financially distinct health care organizations. With this elimination of the SHSP (Saskatchewan hospital services plan) fund, do we have the first step in that plan, Mr. Minister?

**Hon. Mr. McLeod:** — This SHSP fund, as was explained in the second reading speech, is not part of that at all. It has strictly to do with an administrative thing inside the government itself in terms of the capability of the computer systems now within Finance to be able to handle that. And no, it's not part . . . it's not related to the other thing to which you refer.

**Ms. Atkinson:** — You now say that the capability is within Finance. As you're aware, there has been some concern about the delay of payments to the doctors and to hospitals and to people who are getting refunds on the prescription drugs. Is this a ploy, so to speak, as per the Coopers & Lybrand study, where you delay payments from Finance in order to save the government some money in terms of interest, but at the same time cause a great deal of hardship for individuals waiting for those payments?

**Hon. Mr. McLeod:** — I recognize the point the member raises as it relates to payments to pharmacists and physicians. There was a problem a month or so ago. No, there is no deep, dark plot here or anything like that, and I just want to . . . I'll give you the assurance, and the House the assurance, that that's not the case. This is without question a more efficient and effective way to deal with it and it is not related at all to any kind of a plan to delay the speed with which payments are made or anything like that.

**Ms. Atkinson:** — So, Mr. Minister, then you're giving us your word that we're not going to have some concerns expressed by hospitals or other health care institutions down the road about the delay of payments from the Department of Finance and how this is hurting them financially in terms of meeting day-to-day expenditures at those health institutions. Are you giving us your word on that?

**Hon. Mr. McLeod:** — Well I will say this . . . I'll give my word to this extent. I can't say that there won't ever be in some time in the future a complaint, you know, from a delay of payments, if some unforeseen thing should happen. But I will say that there . . . I will give my assurance to the House that the plan is, and the way in

which this will operate, is that there will not be delays. And there will not be undue delays for payments to hospitals under this new system, which will come from the Consolidated Fund.

Clause 3 agreed to.

Clauses 4 to 7 agreed to.

The committee agreed to report the Bill.

#### **Bill No. 50 — An Act to amend The Hospital Standards Act**

Clauses 1 to 5 inclusive agreed to.

The committee agreed to report the Bill.

### **THIRD READINGS**

#### **Bill No. 48 — An Act to amend The Saskatchewan Hospitalization Act**

**Hon. Mr. McLeod:** — Mr. Speaker, I move the Bill be now read a third time and passed under its title.

Motion agreed to, the Bill read a third time and passed under its title.

#### **Bill No. 50 — An Act to amend The Hospital Standards Act**

**Hon. Mr. McLeod:** — Mr. Speaker, I move that Bill No. 50 be now read a third time and passed under its title.

Motion agreed to, the Bill read a third time and passed under its title.

### **COMMITTEE OF FINANCE**

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

The Assembly recessed until 7 p.m.