

The Assembly met at 9 a.m.

Prayers

## ORDERS OF THE DAY

### GOVERNMENT ORDERS

#### COMMITTEE OF THE WHOLE

##### **Bill No. 71 — An Act to amend The Saskatchewan Medical Care Insurance Act**

**The Chair:** — I would ask the Minister of Health to please introduce her officials to the House.

**Hon. Ms. Simard:** — Thank you very much, Mr. Deputy Chair. I'd like to introduce the officials. To my left is Mr. Lawrence Krahn, executive director of the medical care insurance branch. And immediately behind me, is Mr. Bryan Middlemiss, associate executive director of the medical care insurance branch, and to my right is Gerald Tegart, Crown solicitor, Department of Justice.

#### **Clause 1**

**Mr. Neudorf:** — Thank you very much, Mr. Chairman. Madam Minister, I'm wondering if you could, in as precise manner, I suppose, as you are able, to give your viewpoint as to why an Act such as Bill no. 71, to amend The Saskatchewan Medical Care Insurance Act, is necessary at this time, firstly. And secondly, what do you hope to accomplish by making the amendments as you are proposing to do here?

**Hon. Ms. Simard:** — Thank you, Mr. Deputy Chair. I believe the member opposite is aware that the amendments are dealing primarily with budgetary items with respect to chiropractic and optometric programs and services. And I think he is also aware that there are provisions in the legislation that deal with providing further savings to government by allowing Saskatchewan Health to recover monies from SGI (Saskatchewan Government Insurance) and other insurance companies for medical costs paid in connection with a third-party liability.

And so I think the member opposite is very much aware of the fact that the legislation has to deal with budgetary items.

**Mr. Neudorf:** — Thank you, Mr. Chairman. And, Madam Minister, so if I read your answer correctly then, on two occasions now you have indicated that the purpose for these amendments is budgetary. The purpose for these amendments have one thing in mind, and that is to save money for the government. Is that correct, Madam Minister?

**Hon. Ms. Simard:** — The purpose of the amendments, Mr. Chair, is to attempt to get a handle on the \$15 billion debt that this province has been left with.

**Mr. Neudorf:** — What consideration then, Madam Minister, have you given to the fact that we are dealing with the health of the citizens of Saskatchewan? What

degree have you now been willing to accept the deterioration of health services for the people of Saskatchewan in your wild scramble to save money at all costs? Could you answer that, Madam Minister?

**Hon. Ms. Simard:** — Mr. Speaker, the member opposite is also very much aware of the health care programs in other parts of this country. And the amendments that are taking place today leave Saskatchewan with a higher quality health care system than what we see in many other parts of the country. And I think it's important to bear that in mind.

**Mr. Neudorf:** — Madam Minister, we are quite aware that we have had a good health system in Saskatchewan, and that is something I think that all of us can be proud of. And it's something also, Madam Minister, I would suggest to you, that we all want to keep.

Now could you explain to me and to the people who are watching and listening to this, what rationale you are using by indicating that we will maintain our health services and the quality of health services that we have been experiencing, while you are at the same time undermining the very fabric, undermining the very infrastructure, that allows us to have that quality of health care. Could you explain that.

**Hon. Ms. Simard:** — Mr. Speaker, we have provided for safety nets for people who can't afford health care services, for example. We have an expanded safety net system in the province of Saskatchewan as the result of budgetary measures as well.

The fact of the matter is, the Government of Saskatchewan is also looking at health care reform inasmuch as there are ways of repriorizing spending so that we can make sure that the quality of health care is improved and maintained.

Now improving and maintaining the quality of health care doesn't mean that every single health care service that is available to people will be fully funded by the Government of Saskatchewan. There are services today that aren't funded and never have been in the past. But maintaining quality health care doesn't mean that every single service that is available, of course, will be funded.

**Mr. Neudorf:** — Madam Minister, you're saying now that to maintain a quality care system for our residents does not mean that all of those services have to be fully funded by the government. Now, Madam Minister, that is a contradiction in terms of what you have been saying over the last four or five years while you were in opposition and while you were the opposition Health critic, when you screamed loud and hard any time there was only a slight increase in monies provided for Health, when you said you would never do that, when you said and you chastised us for putting at risk and putting in peril the health care system as we knew it in Saskatchewan, while we were giving increases.

Now, Madam Minister, you are doing directly the opposite. Madam Minister, what you are saying to the people of this province now is that we are not going to

fully fund you. We're going to undermine you. We're going to reduce the amount of money that Saskatchewan people are putting . . . or the Saskatchewan government is putting into health services. Now you're saying now that it does not have to be fully funded. How do you square that with your position prior to the election, Madam Minister?

You say also, Madam Minister . . . you made three points, and I'm going to ask you questions on those three points. That was my first one. Secondly, Madam Minister, you say that there are some people that cannot afford it. How are they going to be met? You say that there is going to be an expanded safety net. You said I was aware of your expanded safety net. No, Madam Minister, I am not. I want you to fully explain to me and the people of this province what you meant by your expanded safety net. Explain it to us.

Now, Madam Minister, going back to the second point, the people can't afford, that you're going to take care of them, who are you talking about, Madam Minister? Are you talking about those on social welfare? I know they're taken care of. What about the working poor? What about those that are just beyond social welfare but yet are struggling to maintain the dignity of their lives and their working lives. How are you taking care of the working poor?

Those are the three areas I would like you to cover, Madam Minister.

**Hon. Ms. Simard:** — First of all let's get the facts on the table here — the truth out. The fact of the matter is, is there are health care services in this province that the PC (Progressive Conservative) government never funded. Dental services for adults, they never funded them. We still aren't funding them. They never funded certain physiotherapy services, massage therapies. There is a whole range of health care services that are not funded.

The point that I was making is not that health care shouldn't be funded but that the Government of Saskatchewan can't afford to fund every single health care service because we're left with a huge debt legacy that the members opposite created and imposed, because of their mismanagement, on the people of Saskatchewan. This government is caught between the devil and the deep blue sea, as the seniors have said, and must take very stern fiscal measures in order to preserve our health care programs for future generations.

Now in making those decisions to preserve our health care programs within the context of a government and a province that is virtually bankrupt, we have to make certain cuts and certain decisions that yes, are tough, and we'd rather not, believe me, have to make them. There's absolutely no way we want to be making some of these cuts. We have to do it in order to preserve health care programs for future generations, to get a handle on your deficit, to get a handle on the mess that you left this government.

And so we will. We've got the courage to make those decisions. And we will help poor people and people on welfare to make sure that they have access to health care

services. And we've asked health care professionals to participate in that process.

Now the fact of the matter is, is there's another thing that's happening in health care that I know the members opposite will not recognize because they were unable to understand it when they were in government. We want to look at controlling funds in certain areas of health care services and repriorizing spending. For example, if we can move people into their homes out of hospitals sooner or keep people in their homes sooner, we will save money for other health care programming that will provide better outcomes in terms of quality of health.

Now I know the members opposite didn't do that because their positions with respect to health care were totally political and had nothing to do with health care reform and had nothing to do with improving the quality of health — the outcomes. They didn't understand what the word outcomes meant.

And when we criticized their spending, it was because they were pouring hundreds of millions of dollars into things like GigaText and who knows what else — sweetheart deals for their friends. And yet they were engaging in restraint in other areas.

The point that has to be made here is this government has had restraint right across the board. It's attempting to get a handle on the deficit. Everyone is going to have to pay their fair share of this deficit. It's not their deficit; it's your deficit. They are going to pay their share of your deficit. And unfortunately it's going to affect social programs. But if we want to maintain those social programs for future generations, these kind of hard and difficult and unpopular decisions have to be made. And this government has the courage to do it, because we're doing it for our children. That's why.

(0915)

**Mr. Neudorf:** — What an irony and contradiction of statements, Mr. Chairman. Madam Minister, does that mean now that you've got your political rhetoric off your chest? Can we get on with the business of answering good questions with good answers? You didn't even attempt to answer my questions that I posed to you. You went on to your political rhetoric, budgetary driven.

Madam Minister, may I remind you what you were saying prior to the election, of how you would be doing more with less, of all of this extra money that you would be pouring into Health because of the underfunding that the Tories had been accomplishing. Madam Minister, how do you square that?

Prior to the election you said you would be spending more on Health. Now don't give me those buzz words of that gobbledegook about GigaText, where you immediately run to hide behind. You knew what the financial situation in this province was. We told you, and we told the people of this province what the financial situation was, yet you chose to ignore that. You fully knew the financial situation of this province.

And it was your own Donald Gass whose commission

said the same thing. The books were always open. The books were there for interpretation of anyone who knew how to read accounting books. Can I assume from that, Madam Minister, that, number one, you didn't bother to read the books because you didn't want to know, so that you could go out there and make promises that you knew that you couldn't keep? Or is it simply that you are not capable of reading accounting books?

So don't give us that, that you didn't know what the situation, the financial situation in Saskatchewan, was prior to the election when you, Madam Minister, were running around saying that we're going to be spending more money on Health, when you criticized us, when you chastised us for only having a 4 per cent increase in Health.

Now what are you doing, Madam Minister? You're doing exactly the opposite. And you're hiding behind the skirt of the wellness program to justify what you're doing. That, Madam Minister, is not acceptable.

Now I want to know, Madam Minister, answers to the previous questions that I asked. What are you doing for the working poor?

**Hon. Ms. Simard:** — Mr. Speaker, during the election our promise was to balance the books and to get a handle on the deficit. That was the promise of the NDP (New Democratic Party) Party during the election.

The promises went on to say that we would improve certain programming and services when we could fiscally afford it. So let's get the record straight. During the election the promise was to get a handle on the deficit. That was the promise of this government, and that's what this government is attempting to do.

We were saying, as soon as we could afford it, we would also improve certain health care services and certain services for women and certain services in other areas. So let's get the record straight about what took place during the election.

Now with respect to people who have difficulty providing health care service . . . or receiving health care services, for example, under the drug plan I have on numerous occasions and set out what the safety net is with respect to drugs. There is . . . with respect to optometric services and chiropractic services, we are looking after people who are on the supplementary health programs, seniors receiving a Saskatchewan Income Plan supplement and recipients of the Family Income Plan benefits. And I believe these are some 8,800 recipients in the latter one; and 21,000 with respect to seniors receiving SIP (Saskatchewan Income Plan); and supplementary health programs, some 62,000 recipients. And this has to do with chiropractic services and optometric services.

In the drug area I have set out in this legislature numerous times what the safety net is. If someone feels they cannot afford their drugs, whether they are on social assistance or not, they can fill out an application form that they pick up at the druggist, or they can get it from their MLA (Member of the Legislative Assembly) or from the Department of Health. Send it into the department, and we will take a

look at the cost of their drugs, what it is costing the family, as well as what sort of means they have to pay for them and provide them with assistance. It may mean removing the deductible. It may mean reducing the co-payment, but whatever it is that help these individuals pay for their drugs.

We have also a system whereby in an emergency situation, if someone is at a druggist and cannot afford the drugs, the druggist can phone the Department of Health — we have a 24-hour WATS (wide area telephone service) line — and get permission to fill that prescription in an emergency situation of that nature.

So there is a lot of different safety nets that are there to help people out who are on social assistance or who are the working poor.

**Mr. Neudorf:** — A member in support of the minister says, good answer. Well I fail to see any kind of an answer in that at all, Madam Minister, when you get up and try to justify over 300 per cent increase, for example, in the drug plan. What did you say, Madam Minister? Do you want me to quote your comments about the drug plan when we instituted the original drug plan? Do we want to go back to what you said at that time? And now what are you doing, Madam Minister? You have more than tripled — more than 300 per cent — from \$125 to \$380. That's the amount that you have done to the drug plan.

This is the government that always said that we would be doing so much more for our folks when it comes to health. Madam Minister, your actions are diametrically opposed to what you have always been saying and, in part, the reason why you were elected. Because people at that time, in October of '91, chose to believe you. They know now of course that that was a drastic error on their part. At every twist and turn of what your government is doing in this legislature and out, you're doing exactly the opposite of what you always said.

One twist and turn in your response that I did not follow, Madam Minister, was your attempt to answer, what about the working poor? Could you explain to me once more . . . Let's be specific. Let's first of all take FIP (Family Income Plan). How does that help?

**Hon. Ms. Simard:** — All the families who are on the FIP program at this point in time, or in the future of course, will receive full coverage for chiropractic and optometric services. Now people who are on the FIP program are working poor.

**Mr. Neudorf:** — Does that include those on the senior income plan as well?

**Hon. Ms. Simard:** — In addition, we have another 21,000 seniors who are receiving the SIP payments, and they will receive full coverage.

**Mr. Neudorf:** — And just to refresh my memory, the numbers on FIP that would be included are . . . what did you say, 8,000?

**Hon. Ms. Simard:** — 8,800.

**Mr. Neudorf:** — And how many people would be insured under SAP (Saskatchewan Assistance Plan)?

**Hon. Ms. Simard:** — Approximately 60,000.

**Mr. Neudorf:** — So according to my calculations then we're somewhere around 75,000 people that are insured under these plans, both those that are totally without income, totally dependent upon government income, and those that are to an extent earning their own way by getting some form of supplement. So we're talking about roughly 75,000 people. Is this correct?

**Hon. Ms. Simard:** — The figure is closer to 90,000. It's closer to 90,000 as opposed to 75. And with respect to SIP and FIP, of course, these are people who are receiving supplements from the government and have other income of their own. They're not totally dependent on government. They are working poor or seniors receiving supplements.

Now, with respect to optometric, it's also important to note that children under 18 are fully covered.

**Mr. Neudorf:** — So, Madam Minister, what you're telling me, and I'll take your figure of 90,000 people then that are covered, either as working poor or those fully dependent upon government funding — and that of course, Madam Minister, is less than 10 per cent. We're probably talking about 9 per cent of the population. So we're talking about 91 per cent of the population that are going to be affected — some, I would suggest to you, dramatically — by these decisions that you have made.

Now these decisions that you have made that are going to impact negatively on over 90 per cent of our population, what did you do in making sure that what you were doing was something that they agreed with?

I'll repeat the question for the minister, Mr. Chairman, and put it as succinctly as I can. What consultation did you have with the people that were going to be most dramatically affected by your decisions?

**Hon. Ms. Simard:** — With respect to the election, I want to make the point I made earlier. This government campaigned . . . I'm going to tell you about consultation. On every doorstep in my constituency, and likewise with all the members here, we talked about getting a handle on the deficit. And everyone wanted to see that occur.

We have had extensive consultation with the people of this province in dealing with the financial situation of this province. People understood that it would be necessary to take some very tough decisions when we get a handle on the deficit in this province.

So there has been very substantial consultation about the direction that this province should be moving with respect to the deficit situation.

**Mr. Neudorf:** — I can't believe that answer, Mr. Chairman. I can't believe the minister would get up and say what she just said. What you told me, Madam Minister, just now is that you understood the full financial difficulties that this province was in and that you went

around campaigning, promising people: elect me; I will become Minister of Health and I will gut health services for you.

That's what you just said, that people understood. You just said people understood financial problems that this province was having and that they were prepared to bite the bullet and take all these dramatic, Draconian cut-backs throughout government.

You just told me that you went ahead and campaigned that the first thing that you would do is increase SGI rates. You just told me that you campaigned that on the basis of the deficit, on deficit reduction — that's what you just said — that you promised people that you would increase their power rates. You just told me that you campaigned on the promise that if you elect me, I will make sure that there's a 30 per cent increase in telephone rates. That's what you just told me, Madam Minister. And I can't believe this.

And you also just told me that you campaigned that we will cut health services by 4 per cent, that we will de-insure diabetics, Madam Minister — that's what you just told me — because we have to fight the deficit. And we're prepared to fight the deficit on the backs of the diabetics. And you just told me that you campaigned and told the people we will cut out optometric services; that we will cut out chiropractic services, that people understand; that they understood this when they elected an NDP government; that they were prepared to do this. That's what you're just telling me, Madam Minister.

That was your consultation? That's what you mean by consultation? And you also told me now that you have consulted with the groups, the care givers. You've just told me that you consulted with the chiropractors of this province prior to the decision. You just told me that the optometrists knew what you were going to do to gut their program, that you consulted with them, that they understood and that they agreed with you.

That's what you're telling me, Madam Minister, when you say, prior to the election everybody knew what the situation was and we went ahead and told them that we would do these things if you were elected.

(0930)

Madam Minister, had you been honest during the election, had you been forthright, up front, and told people exactly the litany that I have just gone through . . . and essentially what I'm doing now is fleshing out your brazen statement. The people knew what would happen if they elected an NDP government, and you're doing it all on the premise of deficit reduction. You're doing it all because of the financial situation in this province. That's the basis of all of your dealings so far. So what you're saying is, that the end justifies any means that we have to do, that we have to use in order to accomplish that end.

Madam Minister, is that what you mean by consultation?

**Hon. Ms. Simard:** — The member opposite has a very vivid imagination. I make the statement that we campaigned on getting a handle on the deficit. And he

tells me and goes on for 10 minutes what I told the people, making all sorts of extrapolations. Well I'm not even going to respond to that, because it's plain ridiculous.

What I said was we would get a handle on the deficit, and that's what we campaigned on. The fact of the matter is, is because they had played jiggery-pokery with the books for so many years, it was necessary for us to set up a commission to look at the situation, determine what the financial situation was of the province, and then subsequently make decisions to determine how we would get a handle on the deficit and where we would make budgetary reductions in order to do that.

Those decisions were not made going into the election. The decision was made to get a handle on the deficit. But where we would deal with it specifically was not determined when we moved into an election. We didn't have the information available to us to make that decision.

Now the fact of the matter is, is there are many, many people in this province who are prepared to make difficult decisions and to support us on difficult decisions because they understand that we have to do this to preserve our social programs. And I'm going to quote from a seniors' commentary where the seniors themselves say:

The government found itself caught between the devil and the deep blue sea, but without stern economic measures at this time the situation would deteriorate even further.

And I would ask the members opposite to listen to this:

Simply stated, taxpayers in a province of just under one million people cannot afford to pay \$1.5 million every single day just to cover the interest on Saskatchewan's debt — not without placing our cherished social programs in severe jeopardy.

The medicine was necessary in the budget. It was tough to swallow. "The government did its best to be fair".

The fact of the matter is, the member opposite has to wake up to the reality that there are many people in this province who believe that what we are doing to preserve programs for the future, for future generations, is the right measure. It is tough medicine today but it is taken for the purpose of a brighter future for everyone in Saskatchewan.

Because if we can get a handle on the debt that is crippling this province, if we can get it under control, we can then move towards providing higher quality social programs, health care programs, education programs, for the people of this province. And that's our objective.

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

**Mr. Neudorf:** — Madam Minister, let me just remind you once more, your own Donald Gass Commission that you love to quote all the time said that you, the NDP government, knew what the financial situation was, you

knew what you were getting into. And yet in spite of that you pulled the wool over the people's eyes and said that you would do everything to maintain quality health care.

And I'll tell you why — I'll tell you why you did that. Because a survey taken just prior to the election indicates that: of what do you consider to be important in maintaining quality health care? That was a question. Would you feel that maintaining health care at its present level is extremely important in your life? Do you know how many people said yes to that? Ninety-five point eight per cent — 95.8 per cent.

And you knew that. And you were prepared, you were prepared, Madam Minister, to build on that because you knew what you had to do in order to get elected. But I say to you again, Madam Minister, in order to get elected you made all those wild promises, knowing full well that you would not be able to keep them. Now you are saying that there are many people out there who are prepared to sacrifice their health system in order to get a hold of the deficit problem.

Now this side of the House — this side of the House, our party — has no problem with building efficiencies into the system. It is something that we have to do and we recognize it. But, Madam Minister, the direction in which you are going boggles the minds of many of the people of Saskatchewan, including my own. I don't understand why your government in so many areas is bent on doing things that are counter-productive.

You are, for example, in Agriculture you did away with FeedGAP (feed grain adjustment program) to save money. But to save \$5 million . . .

**The Chair:** — Order. I want to remind the member for Quill Lakes and the member for Pelly and the member for Shaunavon, who have on occasions interrupted with loud voices, that the business of the Assembly is consideration of the Bill that's before us, and that the Chair is in not much of a mood to tolerate any kind of interruption.

**Mr. Neudorf:** — I concur with you, Mr. Chairman. I'm not in a very good mood either.

**The Chair:** — Order. I don't expect any reflections on my statements from any of the members.

**Mr. Neudorf:** — I'm not in a very good mood either, Madam Minister, and so therefore I can see why your colleagues around you are getting upset. I can see why the Associate Minister of Finance, the toy minister, is adding his words of wisdom to this particular discussion, because you are all upset.

You're all upset because the truth is now being known. And the people of Saskatchewan are seeing how you deliberately pulled the wool over their eyes. And now you are gutting the systems. And before I was so rudely interrupted by your colleagues, I was trying to make the point that much of the thing that you are doing is counter-productive.

We know that you're trying to save money. And

essentially we do not have a problem with that. What we have a problem with is, number one, you said you wouldn't have to do it. But, number two, you're trying to save money in foolish ways. You're trying to save money that is counter-productive.

You cut the FeedGAP program; you save \$5 million. But in the meantime you cause farmers to go broke. You create a lot of anguish and stress in farm families who are teetering on the edge, who are almost at death's door. And you're grabbing onto them and trying to pull them through, but in the opposite direction — counter-productive in many, many programs, counter-productive in chiropractic services. So now you're going to prevent the people from going to a chiropractor. You know what they're going to do, Madam Minister. You know what they're going to do; they're going to go to a higher-cost system. They're going to go to physiotherapists.

Optometrists, Madam Minister, you're trying to save money by de-insuring optometric services. Where are these folks going to wind up ultimately? In the higher cost factors. It's going to cost you more money in the long run, Madam Minister, because what you are doing is counter-productive.

Now what we're going to be doing during the balance of the discussion in this committee is to go through that process and show you why you're counter-productive. But, Madam Minister, I want you to explain to me now why you think that by de-insuring chiropractors, by de-insuring the optometrists, you're going to be saving money.

**Hon. Ms. Simard:** — We have not de-insured chiropractors. The fact of the matter is there is some consumer participation with respect to chiropractic services that is affordable. There have been no restrictions put on the need for the care. There is no cap on the number of visits. Consumers will . . . Government I believe pays approximately \$7.50 per visit. The average visits that people make are about eight visits a year, but there's no cap; if they want to make 100 visits per year, they can. Other provinces have caps. There's no cap in Saskatchewan. The total average cost will be about 50 or \$60 we anticipate to the consumer who takes eight visits to a chiropractor. So chiropractic services are not de-insured.

On top of that, the working poor on FIP and your social assistance people in SIP are fully covered. So let us be honest with the people of Saskatchewan as to what has taken place here.

With respect to optometric . . . And I want to say this on chiropractic services. Quebec does not insure them. Nova Scotia does not insure them. Prince Edward Island does not insure them. Newfoundland does not insure them. Yukon does not insure them, and the North West Territories does not insure them. Other jurisdictions have limits in every other province. Saskatchewan has a better chiropractic service system than any other province.

So let us get the facts correct. The member opposite is trying to leave the public with the impression that the

health care system has been gutted. It has not been gutted, not even in the least. There are safety nets available for the poor and the working poor. With respect to chiropractic services, they're still insured. There's just some consumer participation being asked. With respect to optometric services, children under 18 are insured. Seniors on SIP will be covered. Family Income Plan people are covered. Social assistance people are fully covered. And the only thing that's de-insured with respect to optometric services is the routine eye exam. If a person has an eye disease, it's covered.

So I think it's time for the members opposite to deal with the reality of the situation and the real facts, which is that the health care system in Saskatchewan is actually being improved. And let me show you how it's being improved.

In the health budget this year, home care was increased by some 20 per cent — virtually 20 per cent for home-based services. The fact of the matter is, is that there has been enhanced northern nursing, health educator, dental health, and mental health services.

There has been increased specialist services in northern Saskatchewan. There have been new bursary programs for northern residents, integrated mobile health team to provide services with communities, supported by northern health and SADAC (Saskatchewan Alcohol and Drug Abuse Commission). There have been substantial measures taken in northern Saskatchewan which, incidentally, people in Saskatchewan understand but the members opposite may not have because they never did make that kind of commitment to the North, a huge inequity in health care services and the availability of services in northern Saskatchewan. One of the goals of this government is to try to overcome those inequities.

And so the fact of the matter is, is that we are increasing — it's not a lot and it's not enough, but a little bit — the funding that's available to northern Saskatchewan because we have made a commitment to try and reduce that inequity. And we've shown that in this budget. Not with huge amounts of money because this government doesn't have it, but it's established a direction.

Now with respect to mental health services. There are increases in funding in mental health services in this budget because we also realize that that is another area of great inequity that the former government neglected. And we want to do what we can to reduce that inequity.

There again, it needs much more money but we don't have unlimited dollars. We are into a situation where we're trying to reduce the spending of government in order to get a handle on the deficit. But we provided what we could in mental health services to show that we have a commitment to that area and we will slowly work at improving those services within the context of a situation that is extremely difficult and that is requiring budget reductions right across the board.

So we made a commitment to mental health services and there was funding there. There were other initiatives such as increased resources for community therapy programming, increased resources for family planning. This government has made a commitment to try and get a

handle on the number of unintended pregnancies in the province. So there was increased funding for family planning. There was a development of a provincial aid strategy beginning with a provincial symposium in June. There has been family violence initiatives in mental health, SADAC, in community health, and funding for that.

(0945)

Because these are areas — and I'm going to get back to this — these are areas where there are outcomes, and we can improve the quality of life and the quality of health care. Because in these areas that we've targeted — mental health, northern Saskatchewan, community therapy, home-based services, family violence, unintended pregnancies — if we can somehow deal with these problems, we will improve the quality of life for people.

Pouring money into capital construction in an unlimited and irrational fashion doesn't improve the quality of health and the quality of life in the province. What will improve it is if we deal with things like family violence and unintended pregnancies, mental health, northern initiatives, and so on. That's what's going to improve the health status of the people of Saskatchewan.

**Ms. Haverstock:** — Thank you, Mr. Chairman. I say good morning to Madam Minister and her officials. I'm pleased to have an opportunity to raise concerns over this Bill that I sincerely hope you'll be able to clarify for me and take into consideration for future changes.

Madam Minister, some of the people who have spoken to me as health consumers, as care givers, friends of the ill in our province, are quite concerned about the choices that were made by your department regarding chiropractic and optometric services. And they believe, and in fact have articulated quite well, that they believe that your department failed to understand the importance and the integral nature of these services in providing preventative care.

Will you provide for me, please, in writing, what consultations you had before choosing to make changes to chiropractic and optometric services, at what times these meetings were held and with whom you spoke.

**Hon. Ms. Simard:** — I will ask the department to get together whatever information is available on that. But I wish to remind the member opposite that with respect to putting together a budget after an October election, a budget where we do have to get a handle on the deficit immediately and quickly and in a short period of time, takes some necessary measures. In that interim there is very little opportunity for extensive consultation. Further, there's the whole issue of budget secrecy that we have to consider.

Now if we had gone out to all the individuals in the province and said, should we make this cut or this budgetary reduction or that budgetary reduction? Everyone would be lobbying us to do nothing, and then the issue becomes whether you do any budgetary restraint at all.

So faced with that kind of difficulty, the need . . . And that's why budgets are done within government, and perhaps we have to review that process and look at having the whole public involved in a budget. My question is, is do you ever get to the point where you get a budget then?

But I do want to say this. That faced with that difficult situation with respect to trying to get this first budget out, I will do what I can to provide you with whatever information the department has on that issue. But we are also faced with trying to get a budget out and very difficult decisions that were being made, tough decisions that the government felt simply had to be made.

Now the other thing that I want to point out is that we have had extensive consultations with chiropractors and optometrists and physicians. As we were moving in, you will recall there was concern being expressed prior to the budget coming out about chiropractic services. We had talked to chiropractors at that time.

There was some concern expressed by optometrists that they might be de-insured. We were talking to them, leading up to the budget. There were discussions subsequently, very substantial discussions. And we've had, and I tabled in the House, discussions with all sorts of organizations and groups and individuals.

As we are moving through this whole reassessment of health care, health care reform, and from the . . . actually from February on, those discussions may not have been specifically with respect to budget cuts. But they would have been discussions of a more general nature.

**Ms. Haverstock:** — Thank you, Madam Minister. I guess we'll have to agree to disagree, particularly when it comes to process.

I happen to believe that the role of bureaucrats and politicians . . . first of all the role of the politician is to provide the vision. The role of those in the civil service were to hire the best minds to help us make the best decisions in the best interests of the people. And the role of the civil service, in my view, is to help accomplish what the vision is of government by having the expertise to put in place the dollars and cents, for example budget-wise, that's within the purview of the dollars and cents available to the government.

And I find it rather curious. My view is that in health care, if indeed we had from government a particular sum saying this is how much has to be cut from the health care budget, that I think that the best people to say where should we be finding a savings in the health care field would be from health care professionals. I think that these are the individuals who in fact would have the expertise to say, this is where we could save monies. You have spoken on several occasions about amalgamations of health boards, the inclusion of people in helping to make decisions and transition, etc. And I just don't happen to agree with the process that was used, and we're going to have to agree to disagree on this.

I know that there are problems with trying to deal with the kinds of money problems that are facing the province, but

I happen to think that if we have issues in education for where we have to make reductions, that we should be dealing with educators. Similarly if we're dealing with necessary cuts in expenditures to health care, we should be going to health care people.

And I would like, for your information, to just read to you from the optometrists in this province, what they have said to me. They've not only said this face to face, but they have said this in writing. And of their six points that they have made regarding — these are the optometric association in Saskatchewan — the six points that they've made in this letter to me regarding this particular Bill, I'll read you the first item.

And it states:

Changes made with absolutely no consultation with ANY of the eye specialty professions. A meeting was held May 3rd after the budget leak, between department officials and the Saskatchewan Association of Optometrists. The leak was neither confirmed nor denied. At that meeting, (at the meeting) the Saskatchewan Association of Optometrists was told no prior consultation was permitted. Later meetings were for the sole purpose of implementing the changes.

So on the basis of what people have been saying to me, both in writing and in person, I will have to disagree with the information that you provided me this morning.

My second question to you, Madam Minister, is that I have some difficulty in understanding the decision to de-insure preventative services like those offered by optometrists and others that would take . . . that really you would do this prior to the release of your paper on the wellness model. I do understand that you are attempting to say to the public that you have a vision for where you want health care to go, but how do you justify making specific changes like this before you come up with your overall plan? I mean, when you have an overall plan, you have an understanding of how the component parts fit together. And without this overall plan, your decision to no longer deal with these services in a specific way really does appear to many like a slash and burn attempt to do one thing, and that one thing is to save money, not to improve the health care system. I would like you to please rationalize your decision.

**Hon. Ms. Simard:** — The member opposite touched on a couple of items. And first of all, I'll deal with the optometric. Nova Scotia, as she probably knows, has moved in the same direction as Saskatchewan this year by de-insuring routine examinations. Prince Edward Island, it is not an insured service, nor is it in Newfoundland. So this isn't something new in Canada. The fact of the matter is, is it exists in other jurisdictions as well.

I think it's also important to note that the government was paying \$35 for routine eye exams, and I think another \$8 for a tonometry exam. The major cost of eye care, the major cost of eye care is the price of glasses. Some people pay several hundred dollars for glasses. Now if society is so concerned about a 35 or \$40 payment for a routine eye exam, why aren't they outrageous about the cost of eye glasses?

I suggest to the hon. member, it's because the general population understands, fully understands the need to get a handle on the deficit, and they're prepared to pay for routine eye exams.

I also want to point out that eye disease, eye disease is covered. If someone has something like retinal detachment, for example, or glaucoma, there will be coverage. And if they see an ophthalmologist there will be coverage for eye disease.

Now you asked, how do we justify not coming out with an overall plan and making specific changes. The changes that we have made this year are not going to affect our overall plan. The budgetary reductions and getting more consumer participation with respect to the payment of some health care services that aren't core services such as hospitals and doctors, that aren't the sort of services that are referred to under the Canada Health Act with respect to being core services in health care, getting some consumer participation with respect to chiropractic services, for example, optometric, and the drug plan, does not in any way deflect from our overall plan.

We will be looking at, and as we move through other health care decisions in the future, we will be looking at repriorizing a lot of our spending by maintaining available service. We will still have in this province the availability of chiropractic services for people, of high quality chiropractic services. Those who can't afford to pay will be helped. There'll be full coverage for people on FIP who are working poor, and for seniors on SIP who need some help.

And the fact of the matter is that we have other services as well, like dental care, that is not covered, and some people would say is much more important than some of these other services that are covered. That's a reality in our health care system right across Canada. Not all services are covered.

That doesn't affect the health care plan. That doesn't affect us moving to get people to co-ordinate and integrate services on a district basis, to look at moving to more home-based services, to look at initiatives in the family-planning area, in family violence, and in other areas.

And our overall plan is not going to envisage a system where the taxpayer pays for every single service that people can get. If in community health centres in rural Saskatchewan we move towards more chiropody and more chiropractic and more physiotherapy, it doesn't mean the taxpayer is going to pay for every single one of those things. That's not part of our plan.

And so there isn't an inconsistency in our plan and the decisions that were made in this budget.

**Ms. Haverstock:** — Thank you, Mr. Chairman. With all due respect, I think that there are enormous inconsistencies when what your government claims to be doing is having a concern for wellness and focusing on

preventative care.

And I really think that there is a failure to recognize some of the component parts of these services such as optometric services. And if you were to go to an individual in this province and say, could you in fact, if you had to make a choice, live without your teeth or live without your sight, I think that you know what that individual would tell you.

And I think the point is this: under no circumstances do I believe that the taxpayer has to be paying for every single service in this province. And I think that that's more of the point of view of New Democrats than it ever has been Liberals in this province.

And when you cite other provinces and simply use them to try to justify the decisions that you're making, whether you talk about Prince Edward Island or you talk about Nova Scotia or New Brunswick, other provinces, what you're not talking about is the overall decisions made by these governments and how their different departments interrelate.

I don't know if Nova Scotia or Prince Edward Island or other provinces profess to be going toward a wellness model. I don't know whether they are saying that their entire focus is on preventative care. So to simply use them as a method of justifying the decisions that you're making, I don't think can hold water, primarily because that's not what we're talking about. We're not talking about some other province and their decision specifically regarding optometric services or any other kind of service. We're talking about the province of Saskatchewan, the fact that you have said consistently, day in and day out, that we have a wellness model in Saskatchewan.

(1000)

Well, Madam Minister, I'd like to see your wellness model for Saskatchewan. The optometric association would like to see your model of wellness. People who are seniors who have now had their grants cut, who are now having to pay more for prescription drugs, who were going to use those grants to pay for more costs in their prescription drugs, would like to see your wellness model. People who are concerned because they're on workmens' compensation and need to have chiropractic services and have been very, very concerned by some decisions that are made, would like to see your wellness model.

And I don't think that it's unfair for me as an elected official or for a citizen on the streets of Swift Current, Saskatchewan or in the north of Saskatchewan to say, if you are going to change our health care system and you say you know what you're talking about, you should be able to show us what your wellness model is and how the decisions you've made are going to impact on different departments and on the people of this province.

And that's what concerns me most, is a sense that decisions have been made with one concern in mind, the concern being a dollar sign. And I concur with you 100 per cent that the people of this province need to be served better in terms of judicious use of their tax dollars, in

being able to get a handle on the deficit, on being able to have a handle on the debt of this province.

People are primarily concerned about their quality of life when it comes to health, and if you're going to tell people that you have a wellness model, then you should be able to show it to them. And that's what I'm asking for. I'm saying, for months and months and months the justification and rationalization for doing what you're doing in health care has been one thing — the wellness model and preventative care.

And there are people in this province, be they recipients of services or givers of services, who have been saying consistently, these decision are not good decisions because they're having a deleterious impact on our health, or the services that we are providing. So those receiving the service are concerned; those giving the service are concerned.

And I think that it's only fair for you to outline your plan for the wellness model and to show people how all of these things fit together. I would very much appreciate if you would provide to me some specificity about what your wellness model is and when these things are going to be implemented over a period of time and what you think the final result will be.

Because we're talking about this kind of thing. We're talking about the optometrists saying that the decisions that were made in the Department of Health fail to recognize that good vision adds a quality of life no matter at what age; that it fails to understand the nature of many disease processes in the eye; that the lack of understanding is so evident for what a modern optometric examination involves. In fact they state that much of the equipment used in the majority of the tests performed have absolutely nothing to do with refraction for glasses.

So when we're talking about this issue, what is concerning me is an individual who lives in rural Saskatchewan who is a middle-aged diabetic. And when you say that you're concerned about wellness and preventative care, and that individual has more and more difficulty being able to access optometric services and pay for optometric services because of decisions made, that person can become a charge to this province, the taxpayers of this province, in an overwhelming way, simply because of changes to optometric services which could prevent this individual in the long term from losing his sight.

And that's what this is all about. I again ask you if you would provide to me a specific model of wellness that your government is going to give the province of Saskatchewan, and how your preventative care is going to be the goal that is reached by this model.

**Hon. Ms. Simard:** — The member opposite says people are going to lose their eyesight because we've de-insured routine eye exams for people over 18. And I say that's a gross exaggeration. I don't think there's any evidence to show that people will not prioritize their spending to save their eyesight. The fact of the matter is, is if they have eye disease, it's covered. So the fact of the matter is, is if there's a sickness with the eye, there is coverage. We are

talking routine eye exams.

So I think that's an exaggeration on behalf of the member and I'm sure she didn't intend to engage in it. Because there is a lot of information being passed around that is an exaggeration on this particular issue. The fact of the matter is . . . and I want to say this with respect to the wellness approach. The member seems to think that what the government is going to do is come forth with a whole bunch of programs that we're going to implement in wellness. Because the statement was made that, what are you going to do when you're putting this wellness into effect, what is it going to do? And I forget the exact wording of the member. I didn't write it down. But it left me with the impression that she felt we were going out and implementing a bunch of programs. We're not.

Wellness is a concept; it is an approach. It is not a service. What we will be doing is talking to communities about the concept of wellness and the general approach and direction, and getting their input and their ideas about how they can live a healthier life, and what sort of programming might be needed.

As we can afford the programming, funding would be offered in those areas. But it will be a developmental approach. The government's not coming forward with a plan that says, we're going to provide X number of services here; wham, here it is. That's not what's happening. It'll be a direction. It's a concept. It's an approach. We'll be having community consultation. And it'll be developmental.

So I want to get that clear. Wellness does not mean there's going to be more funding for massage therapy, for example, although massage therapy may be very well part of a wellness model. It doesn't mean there's going to be funding for it. What it means is we'll direct people's attention to how they can receive better outcomes in terms of health status. And then communities will make a decision as to whether or not they want to encourage chiropractors or massage therapists into their communities, and whether they want to provide them with some financial support for it.

So the government isn't going out and setting up a plan that provides all kinds of programming that we call wellness. It isn't. It's a concept. And I want the member to understand that very fully.

The member also made comments about using other jurisdictions to justify budgetary reductions. And I want to say that that's not what I did. What I did was point out to the public of Saskatchewan what the situation is across Canada. I think it's important that people in Saskatchewan know what is happening in other jurisdictions.

And I also want to say this: that they're right across this country, right across Canada, people are saying that there has to be cost containment of health care services. At the last Health ministers' conference, that was the topic of discussion. People want to look for ways to improve the quality of health care, but still contain health care costs.

And so when we talk in terms of wellness, it's an attempt

by our government to look at improving health status in this province by repriorizing spending and by some co-ordination and integration and efficiencies being created in the system, not by increasing spending, but by doing it in a responsible way, vis-a-vis the taxpayer and the public of Saskatchewan.

And this is being discussed right across this country, ways that we can move towards better health status and yet contain costs. We have to do it by repriorizing spending, by perhaps more consumer participation in some services like chiropractic services, still making available to the public the service, but putting it in a different context than before.

I believe that it is absolutely crucial that we preserve our medicare system in Canada. We will not be able to do it in Saskatchewan if the debt in this province continues to escalate. Any budgetary reductions in the future will be made by Toronto and New York if we don't get a handle on this budget. And so it is absolutely crucial that the Government of Saskatchewan get a handle on the deficit in order to preserve health care programs for the future. And I would say that there's a lot of people across this province who understand that.

But in the weeks to come, Madam Member, we will be coming forward with more clarification on the general direction in health care. And I would be prepared to sit down on a one-on-one basis and just describe what some of our thoughts are on that and get any input from you that you might think would be helpful as we move into a new direction and health care reform.

**The Chair:** — Why is the member on her feet?

**Ms. Crofford:** — Leave to introduce guests, Mr. Chair.

Leave granted.

## INTRODUCTION OF GUESTS

**Ms. Crofford:** — Thank you, Mr. Chair. I have some guests in the gallery today. There's 12 people from the Open Door Society, and their teacher, Carolyn Petersen. I am very happy to welcome them here and look forward to meeting after for drinks in the members' lounge. And we'll meet on the steps outside for photographs after. Thank you for coming.

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

**The Chair:** — The Chair joins the member for Regina Lake Centre in welcoming guests.

## COMMITTEE OF THE WHOLE

### Bill No. 71 (continued)

#### Clause 1 (continued)

**Ms. Haverstock:** — Thank you. Madam Minister, I guess there's a part of me that is somewhat concerned that you feel the need to preach to me about wellness model being a concept. I've been a health care professional for years. I've not only taught university in the field, I've dealt with

people who have very serious problems, been in the employ of the Centre for Agricultural Medicine at the College of Medicine.

And I too am very interested in preserving the medicare system — not simply because I've been a health care provider, but because I've been the recipient of the health care system in such a way that for many, many years without their services I would not have been able to walk into this Assembly today. And had I lived in another nation, my family would have been bankrupt because of their need to pay for services to care for me. So I find it very condescending and quite unacceptable that you felt a need to tell me that the wellness model is a concept.

What I was referring to about using other jurisdictions is the fact that people can be misled by simply giving them one piece of the puzzle. And I'm going to use an example here of what I have quite a lot of concern about in our own province and with your department and other departments of government.

(1015)

There seems to be little acknowledgement about the interrelationship between various departments. Decisions made for budgetary reasons in the Department of Health can have an extraordinary impact on the Department of Social Services, the people who receive services from them or, for that matter, the ministry in charge of seniors. Changes in one department can in fact have such an important impact on the service to people in our province.

And I'll use an example which I cited earlier. There have been cuts to seniors who live in subsidized housing. The minister in charge gave a very reasonable explanation as to why this had changed, why this change was necessary, how in fact there was a contingency plan in place and this was not going to have an impact on these individuals.

However, I do get calls from people. It's unusual for people to call in great numbers about anything. But elderly people are very concerned about this. And you want to know why they're concerned? It's not so much what happened — that the minister in charge did in that department — it's the impact that that decision is going to have on decisions made in conjunction with what you have done in your ministry, namely the fact that prescription drug costs have gone up. And so people were going to use this particular extra funding as seniors in subsidized housing to pay for the added costs in prescription drug care.

Now I really would like for you to explain to the people in this province how your department studied this; how your department studied the changes to the drug plan and other kinds of health responsibilities, and how that would have an impact on people who are high risk and what sorts of studies were done, impact analyses were done to look at changes that were occurring to save monies in other kinds of departments of government. And such people as seniors, or whether they be low income earners or aboriginal peoples — high risk individuals — where a change in any way in their income can be . . . really have such serious results because of one change in the

Department of Health.

Were there studies done to look at the changes that were done department by department and the interrelationship of those departments, the impact that it would have on people?

**Hon. Ms. Simard:** — Thank you very much. I think that is a very important point that the member opposite has brought up and I want to say this. That there were extensive consultations amongst departments with respect to the various impacts that budget changes would have on individuals being under the ambit or the jurisdiction of different departments.

We also have an ongoing committee that reviews that situation and looks at impacts and how it's going to affect people and how we can co-ordinate these different programs and so on, with respect to budget restraints. So it is very much in the forefront of our thinking. It is something that we are analysing on a regular basis.

We also have ongoing interdepartmental committees on a number of different issues pertaining to health, and the implementation of a more holistic approach towards health care. And I think that your concern in this area is a valid concern. It's something that we are also concerned about and we are dealing with it on an ongoing basis.

**Ms. Haverstock:** — Thank you, Madam Minister. I wish to go back to one of the things that we'd talked about earlier and that's regarding optometric services. Unlike what you have told this Assembly, people with eye disease are not covered. There is no coverage for people with eye disease to see an optometrist no matter how serious. They can only see an ophthalmologist.

You seem to think that this won't hurt people with eye disease, and that is absolutely incorrect. What this will do for people in rural areas where there is no access to ophthalmologists, is going to be very, very serious. And the example that I used with an individual who has diabetes who needs regular access to an optometrist, this individual is going to be in very serious trouble.

There are not enough ophthalmologists in the province of Saskatchewan so people are going to have to wait. And because of this wait they are going to have to put at risk their health care. And I can tell you, we're going to see some people whose health care is going to be declining as far as their particular eye care.

I would like to understand how you can justify this.

**Hon. Ms. Simard:** — If the people have eye disease, it is covered by medicare. They can go and see a medical practitioner who will look after the eye disease problem. It's covered by medicare.

With respect to routine examinations, they've been de-insured. And if there's follow-up, just to check the eye exam, that's not insured. But a person who has a disease and requires a medical practitioner to look at it, it's covered by medical care.

**Ms. Haverstock:** — Yes, Madam Minister, but the point

I'm making is that it's more money to go to an ophthalmologist than it is to go to an optometrist. And someone who needs ongoing eye care, like an individual who is at risk for going blind because of diabetes, this makes absolutely no sense whatsoever.

And if I may, I'll put in this context, because of what happened in Alberta — you seem compelled and deeply rooted in wanting to use other provinces as an example. Then I find it interesting that you've chosen to neglect to mention the province of Alberta who, by the way, did precisely what your government has been doing, and after monitoring the situation, has turned around and completely changed the decisions that they made because they recognized that they had made a mistake.

**Hon. Ms. Simard:** — I did not choose to neglect to mention Alberta. And I resent the innuendo in that statement. I did not mention Alberta because it's not de-insured in Alberta. I mentioned the provinces within which it was de-insured.

Now the fact of the matter is, is that with respect to medical conditions, my advisors tell me that although optometrists can identify medical conditions, that a medical eye condition should be treated by a physician. And so I want to make that particular point. Now with respect to . . . However, optometrists can identify many of these medical conditions, so I think I've responded to your question.

**Ms. Haverstock:** — Madam Minister, I would hope that your officials looked across the nation, if in fact what they've been doing is trying to look at what the Maritimes is doing to lend support to what the province of Saskatchewan is doing.

The province of Alberta did indeed de-insure. They de-insured optometric services. They have now reinsured optometric services. And they have reinsured this because what they found was that there were so many waiting-lists for ophthalmologists, that they learned their lesson.

Now what we're talking about here, even if you're not concerned or you have fewer concerns about the long-term health care of people who are not in a position of being well because right now they're not being well, if you're only concerned about dollars and cents, then it doesn't make some sense at all to be focusing on having ophthalmologists be more responsible for eye examinations and referrals and the costs therein, than simply having people who are in optometry, who identify the majority of diseases in this province and then make the appropriate referrals to those who are specialists who can treat them. I'd like your comments, please.

**Hon. Ms. Simard:** — The member opposite obviously isn't aware of the fact that with respect to routine eye exams that they are de-insured for ophthalmologists as well. So the problem that existed in Alberta is of a different nature. Also the fact of the matter is, is the medical association is helping us to manage this issue to ensure that it's fair for all residents. So if a routine eye exam is de-insured for optometrists, it's also de-insured for ophthalmologists.

**Ms. Haverstock:** — Madam Minister, I'll actually leave the rest of my questioning with the exception of one.

Earlier I asked if you would provide me with your wellness model. You indicated to the Assembly that your wellness model is simply a concept. Well the calls that I get from people with diabetes, the calls that I get from seniors who no longer have their heritage grants and are going to have to pay for an increase in prescription drugs and are very worried, are real. They're not dealing with concepts. The calls that I get from people on workmen's compensation who have grave concerns about what will it mean to them if they go back to work and they can no longer get the kinds of chiropractic services that they require — these are real. They're not dealing with concepts.

I would appreciate very much if you would provide to me not only an outline of this concept of your wellness model, but the studies that you've done that look at the impact analysis where you've done a cost/benefit analysis, where you have indicated your actual projected savings that will accrue to this province as a result of the changes, at the same time outlining that you have actually got a plan to deal with the possible negative side effects on the lives of real people. And I'd appreciate that very much.

**Hon. Ms. Simard:** — I want to indicate to the member opposite that we did not say that the wellness model was simply a concept. What we said was that wellness is a concept. It is not a statement of programs that are going to be implemented here, there, and everywhere, costing the taxpayers millions of dollars more. We did not say that.

We said wellness is a concept, it's an approach, it's a direction. And the member opposite knows that. She indicated earlier that she's a health care professional, and she understands this. But right now she's playing games with what is taking place in this Legislative Assembly.

She knows what wellness is. She knows that wellness is a World Health Organization concept. That health is mental, spiritual, and physical well-being and that we have to look at health care services in that context. And we have to move towards developing programs that realize that vision.

But for her to take a vision of this nature that comes from the World Health Organization, and to try to demean it by saying, she said, it was simply a concept. I would have expected more of the member opposite, because she knows how important this vision is to health care and people throughout this nation, and to people around the world. She knows that. And I would expect her to participate with the government in trying to realize this vision for people, not to demean a concept that has international acclaim.

Now the fact of the matter is, is that I will attempt to provide the member opposite with the information that she . . . whatever information we have with respect to the question she has asked.

I also want to say that people on workers' compensation

will have their chiropractic services fully covered. She should know that. And I think that's very important, because that was one of the questions she raised.

And yes, we will be giving you more information as the weeks and months go by with respect to health care direction and health care reform, and how we can take the concept and make it into something that's real for Saskatchewan people. We will be telling you how that is going to happen. How working together with communities, we will take the vision of health care services that are holistic and make it more real for Saskatchewan people.

**Ms. Haverstock:** — Mr. Chairman, Madam Minister, my comments regarding the gentleman in workmen's compensation who phoned me this week, he would like to be able to have a sense of dignity. And indeed while he's on workmen's compensation he will be able to receive chiropractic services. His concern is what it's going to mean to him to return to work. So I indeed understand it.

You, Madam Minister, are the Minister of Health. I'm not the minister of Health. You have an incredible budget at your disposal; you have officials at your disposal; you have 55 members in this Assembly and you are part of government. We are not simply here to talk about some vision that is going to be accepted by and promoted by the world at large. We're talking about your responsibility for the people of this province — real, live people who may not in many circumstances have an ability to think so much about wellness in the future because they are sick right now. And that's what I think that people have a right to know about as well. It is very important.

(1030)

And I have supported you, Madam Minister, in this Assembly in some of the decisions that have been made in your department. And if you're talking about people who are game players, I think you have to admit, if there's one person who doesn't play a lot of games in here, it's me. And so I resent that comment a great deal.

And one of the things that concerns me a great deal is the fact that what you've been doing is trying to undermine what I think are very, very important questions. The questions I'm asking you to answer are not unrealistic nor should they be evaded.

You should be able to provide to us where it is we're going in this province. You should be able to provide for us the impact analyses that you've done, that the Department of Health decisions that have been made and the impact that's going to have on people's lives. We should be able to have from your department the cost/benefit analyses that you've done. We should be able to know your projected savings, but most importantly, the impact this is going to have on the lives of people.

And I don't think that it's wrong for me, I think it's my job, to be able to raise the issues that people call me about. And they want to know where we're going. Because I know that you have a view of where we're going, and I

know that you understand this. But the people on the streets of Saskatchewan don't understand it and they're telling me two things: it's too nebulous what the government is talking about and what the Minister of Health is saying; and secondly, they're worried, they're very worried about their lives, their health care. That's what they're worried about.

And that, I believe, is your responsibility to lay at rest. It's my responsibility to ask about and convey to you; it's your responsibility to lay to rest. And that's what I would prefer very much that I be able to leave here with today, is a sense of satisfaction and relief that I know that you are going to do that for them.

**Hon. Ms. Simard:** — With respect to the sick — are sick right now and they want to know if they're going to be looked after — if someone needs to see a doctor, they can go and see a doctor and they're fully insured. If someone needs to get into a hospital, they can go . . . if they have to be in a hospital, they'll be admitted to a hospital.

The fact of the matter is, is we have a very strong health care system in Saskatchewan. Sick people will be looked after. We have nurses, we have doctors, we have a whole range of health care professionals. The member opposite knows that, and I don't have to tell her that, as she's pointed out to me. But to say the sick people want to know they're going to be looked after is a statement that's an exaggeration, if I can state that with all due respect. Sick people are being looked after in this province. There have been some budgetary restraints that I know are tough. I know that. And they were tough decisions that we had to make. But we're doing it so that the sick people can be looked after in the year 2000.

**Mr. Neudorf:** — Thank you very much, Mr. Chairman. I'd like to get back into the questioning of the minister here. And I think to start off with . . . I'll ask you a very simple, basic question, and that is that we've been talking about routine eye examinations and whether they're being covered or whether they're not being covered.

Now, Madam Minister, I would like you to take me through what a routine eye examination entails, what it's all about: the things that they do, the things that are insured, and those that are not.

**Hon. Ms. Simard:** — The routine eye examination, Mr. Deputy Chair, is the examination of the eye to determine what type of eye wear a person may need in order to correct their vision.

**Mr. Neudorf:** — That's not good enough, Madam Minister. What type of things would the optometrist be looking for? What kind of diseases would they be looking for that will determine what type of eye wear? You're sloughing it off. And I think you're being insulting to the optometrists with an answer like that, that is the only role that they play is to provide eye wear.

What about their role in terms of diagnosing and finding out what diseases of the eye that this patient that has come forward is experiencing? Let's not just slough them off and say all they do is put on eyeglasses on people. Surely there's much more depth to it than that.

**Hon. Ms. Simard:** — Well there's no intent here to be insulting to optometrists.

My officials advise me that in going through the various tests in the examination that takes place, and that it is true that optometrists can diagnose eye disease and then they would be referred to an ophthalmologist or a physician. So there is a review of the need for eyeglasses whether or not there is any specific need in that regard. And also in doing the various tests, they can diagnose eye disease.

**Mr. Neudorf:** — Madam Minister, I understood you to say that approximately \$35 plus \$8 before, so approximately 45, \$50 would be the cost of a visit to an optometrist. Is that correct, number one, Madam Minister?

Number two, I still haven't heard you say what the actual diseases are that are being tested for — than an optometrist is going to be getting \$50 for. I want to know the list of those diseases that are included in that.

**Hon. Ms. Simard:** — Okay, we will undertake to provide you with that information.

**Mr. Neudorf:** — Well I'm amazed, Madam Minister. You have just de-insured optometric services, and you don't know what you've de-insured?

**Hon. Ms. Simard:** — We do not . . . there's a whole range of diseases that could be detected, and I will provide you with a comprehensive list.

**Mr. Neudorf:** — But, Madam Minister, you have de-insured optometric services. People can no longer go to an optometrist and have the government pay for it because you have deemed that because you're fighting a deficit you've slashed optometric services because obviously you don't consider them to be important enough to be insured.

And I'm asking you, do you know what you've done? And you're getting up now and answering to me, no, I don't know what I've done but I'll find out what I have done. That's not good enough, Madam Minister.

**Hon. Ms. Simard:** — The member opposite knows that glaucoma, things like detached retina, things like cataract development, for example, can be diagnosed by an optometrist. There are other diseases as well. I will provide you with a comprehensive list.

**Mr. Neudorf:** — All right, Madam Minister, I guess that will have to do. I will appreciate getting that information once you have found out for yourself the impact that your decision is going to have on people.

Now am I to understand now . . . You talked about retinal detachment, you talked about the identification of cataracts, glaucoma, retinal diseases, and so on. These are the kinds of things that optometrists would be doing. Now your government, our government, till you made this decision, insured those services, because we felt that it was important for people to understand the development of their eyes and possible diseases that were

setting in, so that preventative measures could be taken.

But now you're saying no; on second thought the deficit is very high, it's very important, so therefore the preventative diagnostic tests that optometrists could be taking are not significant any more, so therefore we will not pay for them. Therefore we are going to get the people to pay for it themselves, or by doctor's referral they will now have to go to the much higher cost of ophthalmologists. Where's your rationale in that, Madam Minister?

**Hon. Ms. Simard:** — There are other services. The member opposite . . . first of all, let me state that people will still receive optometric services in the province. They have to pay a fee for it. That's the difference. They will still receive the service. The diagnosis will still take place. And if they have a disease, it will be looked after by a physician. Those are the facts.

To suggest that people aren't going to be . . . glaucoma isn't going to be treated or a detached retina isn't going to be treated is far-fetched. People will be treated for eye disease. They will be paying for their optometric eye exam. That's the reality of the situation, providing they're over 18 or they're not . . . they will pay for it, provided they're over 18. Under 18 is covered, and working poor on FIP, seniors on SIP, and social assistance people will be covered.

Now the fact of the matter is, is there are other services in Saskatchewan that people pay for. And these health care people, such as dentists, are also in a position of detecting disease such as oral cancer. But we pay for our dental services. So this isn't something completely new to Saskatchewan. People have been paying for dental services for years, and dentists detect disease.

**Mr. Neudorf:** — Madam Minister, how does this, what you've just said, fit into your concept of the wellness model? Could you explain that to the people? You talk about the wellness concept, and I'm assuming now that your wellness concept is basically preventatively based — prevention of disease.

Yesterday, I think, in this House, or the day before — my concept of your wellness concept is that you better get well and stay well or farewell. Because that's essentially what you're doing. I don't see how de-insuring optometric and chiropractic services play into the role of the wellness model, premised on the fact that it is preventative. We're trying to prevent deteriorative conditions resulting from diseases, that it will go now undetected.

What, Madam Minister, what kind of incentive is there now for people now to make sure that they get their yearly, or for that matter bi-yearly eye examination if you're a diabetic? What incentive is there for them now to make sure that they're going to get this done on a preventative basis?

I don't understand how you put the two and how the two are compatible at all. I'd like you to explain that to me.

**Hon. Ms. Simard:** — Well I have much more respect and

confidence in the people of Saskatchewan. People who need an eye exam will go and get it. And I believe people will get routine eye exams. Before optometric services were insured, people got routine eye exams.

People are responsible in this province and they will take care of themselves. To suggest that people aren't going to go and see an optometrist because the government's not paying for it is really, is just going too far.

**An Hon. Member:** — How can you say that?

**Hon. Ms. Simard:** — Well that's what you've just said. The fact of the matter is that people will obtain medical services, but they will be required to pay for the routine eye exam. In the same way they will participate and pay for a portion of chiropractic services.

Now with respect to the wellness approach, or the preventative approach to health care, I want to make this statement: that we have never said that there wouldn't be increased consumer participation.

In fact the preventative approach talks in terms of the need for more individual responsibility for health care at a number of different levels, at understanding what healthy life-styles are, and in terms of simply taking more responsibility.

The fact of the matter is, as I've pointed out earlier in this Assembly, is that although we will be moving to a more preventative approach of health care, it doesn't mean, it doesn't mean that we are going to be paying for every single preventative health care measure that's available out there across the country.

(1045)

**Mr. Neudorf:** — Thank you, Mr. Chairman. Madam Minister, you say people will continue to have their examinations because people will continue to pay, that they don't mind paying \$50 for their health.

Madam Minister, I have statistics already since you implemented this program since June 1, that categorically deny exactly what you have said — categorically deny that.

If it wasn't so sad, I would really laugh about the comment that you just made. The buzz-word, the new coined word, the new phraseology that you use when you say, increased consumer participation — increased consumer participation, and you said that without even blinking an eye. You know what that is — that's user fee. It's a user fee.

The Minister of Health, who was the Health critic for four years or five years, roundly condemned the previous government for any attempt to put a rationalization in the expenditures of government, now has coined the term increased consumer participation. If you want to stay healthy, if you want to make sure that you're going to be healthy, you got to pay your way for that.

What about universality, Madam Minister? What is this going to do to universality in medicine? Is this going to be

equal access? Is this the accessibility that you talk about? You're fond of talking about what you're going to be doing for those on social welfare. You're fond of talking about how you're going to support senior citizens with your SIP program. You're fond of talking about what you're going to be doing for those low income earners just above welfare rates, the FIP people in other words. You're fond of talking about those 90,000 people that you're going to be covering.

But what about the other 990,000 people? What about the other 91 per cent of the population of Saskatchewan that's now going to have to pay their own way? You choose not to talk about those, Madam Minister.

I have a series of questions that I want to ask you now. Some of them will be somewhat repetitive. But because this is coming from an organization that's very, very concerned about health care and about vision in particular, I'm going to ask you, first of all, there was a period of time, Madam Minister, when it looked as if the chiropractors, along with optometrists, were threatened that their fees would be capped. And of course the reason that these fees are going to be . . . well I'll ask you, why are you threatening that their fees are going to be capped?

I'm not talking about the \$40 that we're covered under the insured program before, but now that you've de-insured them, optometrists are saying to me that you are threatening right now that you're going to cap the fee that they can charge, that they will not be allowed to charge \$55 or that the fellow down the street will be prevented from charging \$60 if he or she chooses to do so. Is there truth in that? Is that what you're contemplating?

**Hon. Ms. Simard:** — The professional organizations have told us that they'll be very responsible with respect to the fees that they're going to be charging and that they will be monitoring their professions to make sure that outrageous fees aren't charged. We believe them that they'll be doing this, and we're prepared to allow them to control their professions.

**Mr. Neudorf:** — So, Madam Minister, you are giving me now your unequivocal commitment that the government will not step in and regulate in any way whatsoever, optometric fees that have been de-insured.

**Hon. Ms. Simard:** — I think what's important here is to realize that there are two values that are operating. First of all, we believe that the professions will be responsible. The government also has a duty to the public and the public interest. And we believe we've got no reason to believe at this point in time that the professions will not be responsible. They've told us they will be and we believe them, and so we are not moving to cap the chiro and optos.

**Mr. Neudorf:** — Your escape hatch, I think, is apparent to anyone who's listening. So what you're essentially saying now — confirm it for me that I've understood you correctly, Madam Minister — is that as long as you are able to threaten the optometrists to maintain a reasonable rate for their optometric fees, you will leave them alone. But as soon as they step out of line, you will use the threat

of what's good for the public interest, and come down and legislate a fee schedule for the optometrists. Is that correct?

**Hon. Ms. Simard:** — I'm not going to speculate as to the future because I believe what the professions have told me. The professions have told me that they're going to be reasonable, and I believe them.

**Mr. Neudorf:** — I think you've answered the question for me. In other words, that threat of a capped optometric fee legislated by the government hangs over the heads of the optometrists right now if they dare step out of line. That is what you just said, Madam Minister. And if not, then please get up and say no, Mr. Member, you are wrong. Tell me that.

**Hon. Ms. Simard:** — I think it's important to note that Bill 71 that we are dealing with here today has no provision in it to cap optometric services. And the reason for that is that we believe what the optometrists have told us, which is that they too want to make sure that the fees that are charged to the public are reasonable and fair, and that that's what they'll do, and that as a profession they will monitor them. And I believe them when they tell us that, and there's nothing in this Bill to cap optometric fees.

**Mr. Neudorf:** — You keep talking, Madam Minister, that the optometric profession is telling you this and telling you that. Am I to understand that you've met with them?

**Hon. Ms. Simard:** — We've had several meetings with them since the budget on this specific issue. We've also had members of our caucus meet with them. I have met with officials from the optometric association. The department meets with them on an ongoing basis, and there's been ongoing consultation.

**Mr. Neudorf:** — Madam Minister, with whom did you meet in the optometric profession and when?

**Hon. Ms. Simard:** — Dr. Larry Selvig and that was in June. And the other names of the individuals that people have met with we will have to . . . I'll have to compile that list for you if you want further details.

**Mr. Neudorf:** — Thank you, Madam Minister. I would appreciate that if you could do that for me. And there's no specific rush for that information. But as soon as it's available, I would appreciate that.

What time in June?

**Hon. Ms. Simard:** — I'll have to get you that information. I don't remember the time.

**Mr. Neudorf:** — When did this de-insuring of optometric services come into effect?

**Hon. Ms. Simard:** — June 1.

**Mr. Neudorf:** — So you met with the optometric profession after the deed was done, after the de-insuring took place?

**Hon. Ms. Simard:** — The officials have met with the

optometrists prior to that on a number of different occasions to work out the details with respect to the de-insurance, prior to June 1.

**Mr. Neudorf:** — So in other words, Madam Minister, what we see here is an example of what you mean by the consultative process. If it was not the opposition bringing out the fact that these kinds of things were happening, the public and in fact and indeed, Madam Minister, the professions themselves would probably not be aware of your intent until the deed was done.

So as an after-effect, once pressure from the public and from the professions rises to such a level, then you will condescend to meet with them. I think, Madam Minister, that's a further example of insulting the professions of our province. And I don't think that stands you in very good stead as being an open, honest, forthright, consultative government that acts first and then reacts afterwards.

Now, Madam Minister, getting back to the example of the fees — and I'm still with the same questions, but I guess we will be doing some tangential work as we branch off onto different areas depending on what type of answers you will be giving me — I know that you have now said to the optometrists, look out, because if you charge too much we're going to legislate you and we're going to cap your fees. Just for everybody's edification, would you confirm that again, Madam.

**Hon. Ms. Simard:** — I want to simply reiterate the government's position, which is that we have been advised by the professions, by optometrists, that they will be monitoring their profession as all professions do. The Law Society monitors their profession for fees that are out of control, and the optometrists will be doing the same thing.

As a result, this government has no intention of capping fees with respect to optometric services.

**Mr. Neudorf:** — Never?

**Hon. Ms. Simard:** — I think it's important for me to ask the members opposite what they would like us to do. Would they like us to never, never do anything in this area to protect the public interest if fees got completely out of control? Is that what the members opposite are asking us to do?

**Mr. Neudorf:** — Well, Madam Minister, I'm very pleased to tell the people of Saskatchewan that we never de-insured optometrists at all. We have never done that. So why are you asking me that kind of a question? You are the government, Madam Minister, and it behoves you to accept the responsibility that goes along with forming a government. And these are your options; these are your choices. You are making these choices.

Now don't give me a lot of political rhetoric about the deficit again. We've heard that 10 times. And on the back of the sick and of the elderly and of the blind, you are fighting the deficit. And that's all I'm asking. I want a commitment from you what your intentions are.

I recall now one of your previous answers. You were

talking about the fact that it took an Act, a change in the Act. Well, Madam Minister, it doesn't take a change in the Act to make regulations. Any Act has a set of corresponding regulations. Is that how you're going to limit them, through regulations?

**Hon. Ms. Simard:** — Well obviously the member opposite is prepared, if optometric services and optometrists started charging outrageous prices — which I believe they won't do because they said they wouldn't — but let's speculate, because that's what the question is, it's speculative. Obviously the member opposite is saying the government should not exercise any control or concern over it. And on the other hand he says, you have to make the decisions and you should be concerned about these things.

The fact of the matter is, is as a government we have the responsibility in this area. And we believe the profession when it tells us it's going to be reasonable, so there's no need to do anything. But we will not for ever foreclose government responsibility in this area as the member opposite is asking me to do. He's asking me not to have any position, and to suggest that even if these get completely out of control, that we leave it be.

Well I'm not going to do that, Mr. Member, because we believe the optometric profession when it says that they're going to monitor it and it'll be reasonable. And there's no need for me to speculate on what's going to happen in the future unless something did occur. Then we can talk about it again. But at this point I will not speculate on that because I believe what I've been told by the profession.

Now with respect to whether we need an Act or not, my officials advise me that there's no power, no regulation-making power to deal with optometrists in the legislation.

(1100)

**Mr. Neudorf:** — So what you're telling me, Madam Minister, is that like a lot of Acts that regulate . . . Acts can be empirical, but the definitive nature of the actual costs that are going to be charged in most cases are set by regulation subsequent to the Act.

So what you're telling me, Madam Minister, your officials are advising you that this Act does not have the parameters to allow for regulations to regulate those kinds of fees. And if that is the case, Madam Minister, if that's what you will confirm when you get up, you are telling me then that the only way that you would be able to do that is to make an amendment to this Act. Is that correct?

**Hon. Ms. Simard:** — That's correct.

**Mr. Neudorf:** — Okay, thank you, Madam Minister. It seems to me that another factor that will come into play here, as it does in the market-place of every commodity, if we could bring the optometric services to that level, that there is a self-regulating mechanism out there that anyone charging an exorbitant fee as opposed to someone else is obviously not going to have a long line of potential patients. So in that sense it should be self-regulating.

But on the one hand if you agree with that, and you are, on the one hand, if optometrists charge a routine examination of the eyes is \$34.35 for a complete examination, then would you not agree, Madam Minister, that there seems to be a discrepancy in what people are charging. Because that selfsame examination performed by an ophthalmologist is not going to be \$34.35, but rather in the range of 85 or \$90 for the very same examination. Why are you prepared to allow that to happen?

**Hon. Ms. Simard:** — We have been advised by the optometric association that they will be charging in the range of 50 to \$60 for routine eye exams. It was formerly 34 plus 8, which is 42. And for what the government . . . and the government was paying 42. For those services they've advised us that they would charge somewhere between 50 to 60. Now if they start to provide . . .

**An Hon. Member:** — The ophthalmologists or optometrists?

**Hon. Ms. Simard:** — Optometrists. Now if they were to provide other services as well other than the routine eye exam and tonometry there might be some other costs in there. And I don't have the details of that.

But basically for the services that have been de-insured it's my understanding that it's 50 to \$60 will be the sort of standard fee. That's what we've been advised. And yes you're right that optometrists are self-regulating and we understand that they have a very strong regulating body and that's the reason why we are not moving in this area to cap fees.

**Mr. Neudorf:** — You're not moving now, Madam Minister, but you are poised to strike at any moment when you so decide.

Madam Minister, the Saskatchewan Association of Optometrists tell me that they have two basic requirements that they want to see protected for the citizens of this province. One of them is that there be a minimal safety net. And I know that we've spent a good portion of this morning talking about a certain safety net and I think we have defined the safety net right now as approximately encompassing 90,000 people or approximately 9 per cent of the population.

Now the other thing that they want and are quite adamant about when I speak to them is that there will be an insured service commitment to medical referrals. That is what they are asking. Medical referrals in other words are to be an insured service. How do you react to that?

**Hon. Ms. Simard:** — I think it's important for us to say at this point, that with respect to the minimal safety net, for example, the safety net and new services being insured, I think it's important that the department have ongoing dialogue with the optometric association. Naturally we will be reviewing the program.

Now if there's an opportunity for the government in the future to extend optometric services, from a fiscal point of view and also from taking other matters into

consideration, that these discussions can continue. Now I don't want to mislead people into thinking routine eye exams are going to be insured. That's not what I'm saying here. But I do think that we have to have ongoing dialogue with the optometric association, as we do with other health care professionals in Saskatchewan. And if there's some opportunity for us to expand services and financially the government can afford it, we can look at that in the future.

**Mr. Neudorf:** — Well two things in response to that particular statement, Madam Minister. First of all, you are again reconfirming that your wellness program, which involves de-insuring and cutting back on expenditures in many of our health care services, is totally budget driven. It's deficit reduction driven. That's what you're saying again. So it doesn't matter whether it's good for the people, if it's good for the welfare of the citizens of Saskatchewan, you are making choices and you are prioritizing, and your priority is the deficit over health.

I have to say that. I have to say that because the thing that bothers me in this whole thing is the counter-productivity of many of your government's actions, not only in the field of the wellness program but in many other aspects. You're doing things that you think are going to be productive in terms of saving money. But in the long run — and we're going to be going through this time after time after time — it's not going to save you money. It's not going to save you money in the long run and at the same time you are jeopardizing the health of many of the citizens of this province. That's what you're doing and that's why we're taking a long time on this particular Bill. It's very, very fundamental.

The other aspect of your response I am sure is going to please some of the people that are listening, because you are admitting now that there should be an ongoing dialogue, that there will be a consultative process. Madam Minister, this program was designed to the exclusion of the health care givers and the health care receivers. It was essentially done by you and your bureaucrats. That's where this program is at.

Now in response to the pressure and the heat that you are feeling, particularly from the health care givers at this point but also the health care receivers . . . Because Madam Minister, if your program is so tremendous, why are we getting the number of petitions in right now? We've got thousands, thousands of people who have taken the effort of signing their name to petitions, saying, Madam Minister, please reconsider, please reconsider; your program is not good.

Why are we getting those in then? Not only from the health care receivers but also particularly for the health care givers that have an overall, encompassing view of how your programs are affecting the people.

Madam Minister, the Saskatchewan optometrists association believe further that the following should be exempt from optometric fees, and I've already indicated medical referrals as one of them, but also diagnosed diseases. How do you react to diagnosed diseases?

**Hon. Ms. Simard:** — There has been ongoing

consultation with the department and professional organizations throughout the years, I am told, and that is continuing of course. Now with respect to major budget reductions of course, as I indicated earlier, because of the secrecy surrounding a budget, it isn't appropriate to have consultations about specific budget reductions. It's not appropriate, and the members opposite understand that.

Now with respect to diagnosed diseases, I'm not quite sure what the member is talking about. I indicated earlier that if a disease is detected in a routine eye exam, that a physician is covered to treat that disease. And I also want to make this point once more: that the department will be having ongoing consultations with the optometric association. And if within the fiscal format there is an ability to look at new ways of doing things, that the government and the department would be amenable to it. But I want to point out again that it will have to be done within the fiscal format of the government.

And I also have to say once again for the purposes of the record, that I recognize that the budget reductions that occurred in the budget are tough decisions and that it means consumers will pay for optometric services and a portion of chiropractic services, for example. But I want to say that these steps and these decisions were made by the government in order to preserve the financial situation of the province so that we can continue to afford health care programming of this nature for future generations.

**Mr. Neudorf:** — You talk glowingly of your consultation and so on that you had with the optometrists. Why then were they not aware of the significance of the changes that you were contemplating? They were caught totally by surprise. That does not seem to me that you were keeping them well informed and that they were a part and parcel of the process.

And you talk also about the secrecy of the budget, that you had to maintain the secrecy of the budget. Well that was the most leaky document I think that Saskatchewan has ever had. So there was not much secrecy involved there.

The diagnosed service diseases on the optometric fees, why are people going to have to pay them, is what I'm asking. And the same thing with diabetics. When a diabetic goes to an optometrist for . . . and they have to go twice a year. What is the position of your government, Madam Minister, in terms of optometric fees for diabetics?

**Hon. Ms. Simard:** — Diabetics who go to an optometrist for a routine eye exam will be required to pay for their routine eye exam. And if they do that twice a year, then they will pay for it on a twice-a-year basis. With respect to diagnosed diseases, if that's discovered during a routine eye exam, the person who obtained the routine eye exam pays for the routine eye exam. The treatment of the disease, however, is paid for under medicare when the person goes to a physician.

(1115)

**Mr. Neudorf:** — Well that's exactly my point. That's

exactly my point. Here is a person, through no fault of his or herself, comes down with diabetes. And we know the effect that diabetes can have on the eyesight and the vision of individuals.

But what are you doing as a government now, Madam Minister? You're telling that person that twice a year you're going to pay \$50 for eye care, or for an eye examination. And at the same time, what else have you done for diabetics? What about the insulin charge, Madam Minister? It used to cost \$1 or \$1.20. I forget the exact figure. But now it's over \$20 that they are required to pay.

So if you're a diabetic, you have not stayed well. And you talk about your wellness program. What are these diabetics going to do? Are they going to go and visit their optometrist twice a year so that they can continue to monitor the potential deterioration of their eyesight, their vision? Are they going to do that?

Or are some of them going to make choices? Are you going to force some of the lower income people in particular to make choices — whether in your own terminology they're going to buy food for their family? And that's a term that you have used consistently in this House. You're making a diabetic now potentially make the choice between food and going to get a medical examination at the optometrist.

Particularly, and this boggles my mind, particularly a diabetic — and it's well known the extra concern that we should have, the extra potential for a diabetic to have failing eyesight. It's a known fact. And yet you say that doesn't make any difference for us.

You laugh about it now, Madam Minister. Come on. Pay attention. Get serious. This is a very, very serious situation that I'm addressing. Diabetics are getting a double whammy all over. How in the world are they going to be able to afford that?

And you talk about universality. You talk about equal access. Why are you doing that, Madam Minister? We are talking about diabetics here who is known for the potential deterioration of their eyesight. And you are saying, sorry folks, you pay twice. And if you don't want to pay, then don't go.

And who's going to be the end winner on that? You're saving money? This is what I mean about the counter-productivity of many of your programs, Madam Minister. And that's why the optometrists are saying to me, talk to Madam Minister about this. Talk to her about it and see if she will agree that diabetics should be exempt from optometric fees.

Would you agree that that's a logical request, Madam Minister? I'm not the one asking it now, although I guess in a way I am because it's a personal concern. But it's the optometrists particularly, and the diabetic association that I met with in Regina . . . or in Moose Jaw. They are concerned about this. And I think they have a very, very legitimate concern.

They're not . . . this is not normal. I mean, if it was some of

your colleagues or my colleagues here that can well afford to pay that, I guess we'll pay that. I've done that. I'm wearing these things for the first time in my life this fall — or this spring.

**An Hon. Member:** — It hasn't helped you to see straight.

**Mr. Neudorf:** — And it hasn't helped, the member says, to see straight. Well that may well be. That's a matter of debate, I would suggest.

But we're talking about a very serious concern that the optometrists have asked me specifically to bring forward to you. Madam Minister — the politics aside and the political rhetoric aside — would you not agree that they have a legitimate concern here because of the seriousness and the gravity that diabetics and vision have? Would you not agree, Madam Minister?

**Hon. Ms. Simard:** — First of all, I want to say this because of comments the member opposite made which were somewhat misleading: that this government takes the situation of diabetics very seriously, and that we are concerned about diabetics in the province, and we do not laugh at their situation.

The member opposite however becomes very self-righteous in his remarks for a man who has participated in a government that has led this province to a \$15 billion debt that makes it almost impossible for this government to maintain social programming at the same level. So for him to be as self-righteous as this, when he should be taking responsibility for the actions of his government which have led us to this situation, I find that rather laughable, his self-righteousness, Mr. Chair.

Now with respect to the diabetic issue, I want to say this: that the Department of Health is meeting with the Canadian Diabetic Association and they have an ongoing consultation process with them where they are examining issues that the member opposite has raised. And in fact I met with them myself back in June, I think it was, or this spring some time. And we will be having ongoing consultation, we will be monitoring the situation, and we will be looking at ways that we can be helping diabetics, for example, within the fiscal framework.

So we do not take the situation lightly. We understand the impact of many of our decisions. We attempted to provide a safety net to deal with people who could not afford services. We have sent correspondence out to diabetic people with respect to drugs, for example, to inform them of what services are available if they couldn't afford the service. We have told people if they can't afford optometric services and they're on FIP that they will be covered. And the government is doing what it can to help out low income people and people on social assistance, and we are having ongoing discussions with the Canadian Diabetic Association.

So this government doesn't take the situation lightly, and I don't want that impression left to the public. We take it very seriously. And we're doing what we can under the circumstances, where we are faced with a financial situation that is devastating.

**Mr. Neudorf:** — Well, Madam Minister, we're back to square one again in your answer on this one. Fifteen billion dollar deficit and you rest your case, you sit down. That's what you said. That's what you told me. We'll go talk to people, but we won't do anything about it. And you say you're concerned.

You have the one deficit and then you're trying to work on that deficit on the backs of the sick. That's just simply not good enough, Madam Minister. You have a lot of choices. You had a lot of choices in dealing with that deficit.

And I could go into a harangue about the horrible situation that your Economic Diversification minister is making here, in terms of what is happening to the potential economic recovery of this province. We could talk about the AECL (Atomic Energy of Canada Ltd.) agreement that you forfeited. We could talk about all the other kinds of economic activity that we could have in this province, from Piper to whatever; oil upgrader the Minister of Energy has let go down the tubes — all of these kinds of things that we could talk about where you could stimulate economic recovery. But you refuse to do that. And instead of what you're doing, instead of taking that approach, you're taking the approach of saving money.

Now I understand that Health is one-third of our budget. It's a big-ticket number. And if you're going to have an impact on the deficit, there's no point in taking a look at Parks and Renewable Resources budget or some of these smaller ones, because that's not where the money is. The money is in Education. The money is in Health. And that's why you've put a 4 per cent reduction in each of those. You're making choices.

And all I'm saying to you is that while you're making the choice for diabetics to pay for their two eye examinations on their own, I'm saying I don't think that we would have made those choices. There's other ways in which you can do it, and that's why you're misguided. And that's why your cost recovery is not on the right path.

And you can talk to me about your concern; you can talk to me about your ongoing consultation with the Canadian Diabetic Association. I didn't hear you mention anything about the Saskatchewan chapter. But I'm assuming that that would have in due course been . . . and I'm assuming that you forgot to mention that.

You say you're continually monitoring the situation. Would you please for me and for the people who are watching and the people who are listening, would you describe to me what that monitoring system entails.

**Hon. Ms. Simard:** — Thank you. Mr. Deputy Chair, what is happening is that we are having discussions with people, as I indicated before. We will be compiling data through the information that we receive and the feedback that we receive from groups and organizations with whom we talk, as well as any sort of statistical data that the department may have. And when we talk about monitoring, I'm talking in terms of receiving that information — the data, the discussions with individuals. And as we move into the next budget cycle, we will develop whatever is necessary, within the context of the

budget and the fiscal restraint the government is implementing, whatever programs are required for the purposes of providing health care services for the people in the province.

So we are having ongoing discussions. We are reviewing data. We're getting feedback. And we'll be putting that all together as we make decisions for the future.

**Mr. Neudorf:** — Just for clarification. From whom are you getting feedback?

**Hon. Ms. Simard:** — We are getting feedback from people such as the diabetic association. We're getting feedback from individuals, diabetic people for example. We're getting feedback from other health care professionals. We have statistical data that the department has access to, as we look at who's using what services and how the budget decisions have been implemented. And we will be putting all that together as we move into the next budget cycle in determining what programs will be initiated or what decisions will be made in the next budget cycle.

**Mr. Neudorf:** — What type of feedback are you getting, Madam Minister? I'd like to get a sample of what you're talking about.

**Hon. Ms. Simard:** — Well for example, I met with the Canadian Diabetic Association. They were concerned about the drug plan changes. However they weren't fully aware of the safety net was there, the safety net that was available for people who couldn't afford it. And when we explained that to them, that provided them with some further information. We'll be having discussions with them. We will be having discussions with them with respect to things, preventative measures that could help diabetics in terms of monitoring the disease on an ongoing basis; what sort of programs can be devised in that area, for example; can the government afford them. We'll be having these kind of discussions with them.

And at that meeting I can remember telling them that some of the suggestions they were making in this regard sounded very positive. So we will be getting this kind of feedback from health care people as to new directions we might take and new ways of dealing with some of these health care difficulties.

**Mr. Neudorf:** — You talk about feedback and statistical information that you're receiving now. This new program was implemented on June 1, and here we are, getting well into August. So I would assume that you've got that back and that you've taken a look at the first month at least of the month of June, possibly July. What does that indicate to you?

(1130)

**Hon. Ms. Simard:** — At this point in time I am advised that it's too early for us to take a look at all the data, for example with respect to optometric services and chiropractic services. There was a . . . prior to the budget restraint coming in, there was a rush on the programs. I am told that it is . . . At this point in time it's too early for us to put the data together that comes to the department and

draw up a conclusion.

**Mr. Neudorf:** — Thank you, Madam Minister. What you are telling me then is that you're working in limbo and you have really no idea at this time the effect that your program is creating on people. That's what you just told me. You have no idea.

You talk about your consultation that you did. And do you know what was remarkable in your litany of people that you had talked about? That you did not mention the Saskatchewan chiropractic association. You didn't mention them at all, that there was any feedback from them. And the people themselves . . . and I know they are because I've got the letters, I've got the petitions on my table, and I'm sure you do as well. You chose not to mention that.

And believe it or not, Madam Minister, I still am on track here with what I'm trying to accomplish, and that is that the optometric association of Saskatchewan has said, these are the types of people that should be exempt from optometric fees. And I've gone through a list of them from the medical referrals to the diagnosed diseases to diabetics.

And another concern that they have are the senior citizens. Why are they not exempt from these referrals? We all know that part of the ageing process is reflected upon our vision and the impairments that result from ageing. And you're asking now senior citizens . . . And the other day in question period I was telling you, look, Madam Minister, these folks have \$200 left at the end of the month after they've paid for the increase that you're creating for them as far as living in senior citizens' homes is concerned.

But now what you're asking them to do is also to pay for their eyesight for their examinations, on top of all the other things that you're asking them to do. So, Madam Minister, won't you give consideration to the seniors of our province?

**Hon. Ms. Simard:** — We have had extensive discussions with the chiropractic association and over a period of some time there have been extensive discussions. And with respect to senior citizens, if there is a senior that . . .

**An Hon. Member:** — I'm talking about optometric services, not chiropractic.

**Hon. Ms. Simard:** — Well you said chiropractic.

**An Hon. Member:** — I'm sorry, that was a mistake. I meant optometric.

**Hon. Ms. Simard:** — There have been discussions with the optometric association as well, and I did mention that earlier when you were asking me questions. And the caucuses met with them. The department officials had a number of meetings with optometric representatives.

With respect to senior citizens, the seniors who are on SIP are fully covered for these services. Saskatchewan Income Plan people who cannot afford the service, in other words, will be covered.

I also want to make the point that the senior citizens are prepared to help us in the budgetary restraint. A number of them have indicated that to me. I've quoted from an article that virtually states that, and I won't take up the time of this House to do that today.

But the fact of the matter is, is seniors are prepared to pay their fair share. And if a senior is in a very difficult financial situation, as I indicated earlier, there is assistance from the government.

**Mr. Neudorf:** — Madam Minister, I wish we could get off of your SIP, SAP, and FIP. We know that. We've identified the 90,000 people that you're talking about. I guess they're next perhaps on your hit list; I'm not quite sure. But with the mode that you're in and the direction that you're going, I doubt even if that is sacrosanct, that they can sit back, resting assured that they are going to be covered.

You say senior citizens are willing to pay their fair share. Now I'm assuming now, Madam Minister, when you say that, you're talking about the rest of the senior citizens beyond the SIP program. And you say that they're willing to pay their fair share, and you say it as if . . . well because if they're willing to pay their fair share, we don't have to be concerned about it any more. It's a done deal.

Again, the front line care givers, the front line care givers, the optometrists are telling me a completely different story. They are the ones who are the front line and know what's going on. They are the ones that are getting the phone calls from the seniors.

And the seniors will phone in and make an appointment to have their eye tested. And you know what the optometrists are telling me, that when the seniors phone in, make an eye appointment, and find out that they're going to now get a \$50 bill, that they're cancelling the appointment. They're cancelling the appointment.

What do you say to these senior citizens, Madam Minister, that are forfeiting, which I think you would agree to, an important examination for the welfare of their being because they cannot afford to pay for it, or it's going to take a big bite. They may be able to afford it, so let's get out of the SIP angle of it. They may be able to afford it, but there comes to a point where they have to make choices. And the choices of being able to buy their grandchild a present or going into an optometrist's office for an eye appointment and pay \$50, they're not going to do that.

You talk about universality, Madam Minister. How does this compute with universality? How does this compute with equal accessibility? Are you not creating a two-tiered health system, Madam Minister?

The thing that you objected to so vehemently over the last five, six years — is this not precisely what you're doing to the senior citizens, Madam Minister? And are you not prepared to have a second look at this and take the advice of the front line care givers, the optometrists of this province, who are saying to you these folks should not have to pay for the deficit?

**Hon. Ms. Simard:** — I want to make this point, and that is that we will be looking at the situation as this develops. The member opposite says optometrists are telling him seniors are cancelling their appointments. And I think we have to look at . . . If that is indeed happening, we have to look at that and why they're cancelling and who they're cancelling and how many eye examinations they've had in the past. And there's a whole range of information that would have to be reviewed in that regard.

So this is the kind of feedback that we're hoping to receive from the public. And we do have sympathy with people who are in low income brackets and feel that paying for optometric services puts a squeeze on their budget. We understand the problems that that creates.

I also want to point out to the member opposite that some seniors have also said to us that their dental needs are their greatest concern, and they now pay for those. So I think it's important to note that there are other services that aren't insured — not just optometric services — in Saskatchewan and that the government is attempting to look at who is affected by the new changes, as well as who's affected by other services such as dental services that may not be offered free to people in the province.

And we are reviewing the situation and reviewing the safety net to see what we can do to help people out and if there's anything further we can do to help people out. That will be an ongoing process. And there will be decisions made in that regard as we move into future budgets.

**Mr. Neudorf:** — Madam Minister, you indicated that . . . you acknowledged the fact that I told you that optometrists are telling me that senior citizens are actually cancelling appointments.

And you say, well if that's what optometrists are telling me, if indeed that is the fact . . . well, Madam Minister have you taken no initiative yourself? When you talk about monitoring the system, have you not picked up the telephone and called the optometric association and asked them what's going on? How's it going? What is the reaction? What impact is it having?

Two and half months after the implementation of this program, you sound to me as if you're surprised by the fact that optometrists are saying people are cancelling. You sounded surprised. You didn't know that. I'm surprised at that. Why would you not want to make contact with that organization on an ongoing basis to, as you were saying, to monitor?

**Hon. Ms. Simard:** — I want to make this specific point — that is, that we are having ongoing discussions with the optometric association. And we will expect that they will be raising these concerns with us, and indeed they have raised a number of different concerns with us. And we will be having these discussions with them.

I think it's also important to note that I believe in some situations, that seniors are exercising their best judgement. And some people may very well not be taking on annual routine eye exams and may be asking themselves the question as to whether or not they actually

need that particular eye exam on that date.

So when I say that we have to review all the facts surrounding the circumstances, that's the kind of thing that I'm referring to.

**Mr. Neudorf:** — Madam Minister, another scenario that is being painted for me is that patients are going to their doctors and getting referrals to ophthalmologists. They're going to their doctors, getting referrals to ophthalmologists, even though an optometrist could perform that function. Is this true? Is this something that you're getting a feedback on? And what's your reaction to it?

**Hon. Ms. Simard:** — The member raises a good point, and the member from Saskatoon Greystone had also mentioned that. The routine eye exams are not insured with ophthalmologists, and any eye disease that they attend to is. But the routine eye exams are not. The medical profession is co-operating and monitoring the situation to ensure that the budget restraint is applied fairly with respect to ophthalmologists as well.

So there is a situation where the medical association is working very closely to make sure that the new measures are not being overridden by going to ophthalmologists instead. So there is a monitoring of that situation taking place. And what has been de-insured for optometrists is de-insured for ophthalmologists.

**Mr. Neudorf:** — So what you're telling me then, Madam Minister, is that the optometrists that are fearful that people will be going out of province to see ophthalmologists because of the longer waiting-lists and so on that are potentially there as far as ophthalmologists are concerned, that that is a totally unfounded fear that optometrists have. Is that right?

**Hon. Ms. Simard:** — I am informed that ophthalmologists are very interested in treating eye disease and doing that type of treatment for patients in Saskatchewan. They will be charging for refractions. They will be charging for refractions, so there isn't any advantage in an individual going to an ophthalmologist for a refraction. They will obviously then go to an optometrist for that refraction because I believe ophthalmologists are very busy in the province and their primary interest would be in treating eye disease.

(1145)

**Mr. Neudorf:** — Well it's not necessarily what the prerequisites or the procedures that ophthalmologists are necessarily most interested in, but rather the effect that it's going to have on potential patients moving in that direction. So they may be forced into a situation that might not be one of their druthers, but the reality of it will still be of that nature.

I'm going to read a statement for you that I have from the ophthalmologists . . . pardon me, from the optometrists. And it's kind of a recap of what we have been talking about over the last 10 or 15 minutes. It's simply this. "The number of patients . . . "

And this is what the optometrists are telling me:

The number of patients having eye exams has dropped significantly since the NDP made these decisions. In keeping with the wellness model, the government will not be saving money in the long run. This is because of the increases in refractions and glaucoma and so on that will not be detected in the early stages. Thus (they conclude) the government picks up a larger tab in the end.

Could you dissect that statement that I just read for you, and give me your impressions of the various components of that statement?

**Hon. Ms. Simard:** — I am informed that during the month of May that there was a very high number of refractions that were done, and that there was a substantial increase in the number of examinations. And then of course they fell off in June. This is what I'm . . . And it's understandable, because prior to the budget cuts coming in, people went and got . . . many people went and got their refractions done. July and August are summer months, which are slower, I'm advised.

And therefore the Department of Health advises that it's too early for us to make a determination as to whether or not there has been a huge decrease in the number of exams being done.

**Mr. Neudorf:** — The month of May, you said, Madam Minister, there was a large increase in the number of refractions done. Was this in anticipation of what was going to happen on June 1?

**Hon. Ms. Simard:** — I believe that that arose as a result of the budget announcement and the anticipation that services would be de-insured as of June 1, that there was a very high increase in refractions in May.

**Mr. Neudorf:** — Madam Minister, then you said, in June it fell off. Now you're suggesting by that that anybody who had anticipated doing an eye exam got it over with in May to beat the deadline in June, so that therefore there was nothing left in June. Is that right? Or fewer left for June.

**Hon. Ms. Simard:** — I think that, first of all, the optometric association advises us there was a drop in June. It's the optometric association that advises us of the drop in June. We are not insuring the service, therefore we don't have data as to how many eye exams were done in June. But from the information we've received from the optometric association, there was a drop in June.

We have the information for May because it was insured, and therefore we would have been paying the bills, and so we'd have the information. There was a very high increase in May. Optometric association says it dropped off in June. And this is why it's important for us to have ongoing discussions with them.

**Mr. Neudorf:** — Could you inform me then, from the information that you have, Madam Minister, would the drop-off in June and then what happened in . . . The drop-off in June, would that have been lower than in

April, let's say? In other words, we had in April, we had a steady, ongoing, I suppose a normal pattern, then in May there was that tremendous increase because of the anticipation of June 1. And then in June there was a drop-off. Was that June drop-off, how did that compare, let's say, to April?

**Hon. Ms. Simard:** — The optometric association would have to compile that information for us and they have not given us the details. They've given us a general statement that there was a substantial drop in June.

We know from our data that there was a substantial increase in May. We don't have the details from June because we haven't been given the details from the optometric association.

**Mr. Neudorf:** — Thank you, Madam Minister. Would you care to react to the rest of the statement? That was the first sentence of my statement that I read to you. Would you care to react to the rest of it, or would you want me to re-read it for you?

All right, Madam Minister, I will re-read the significant portions of it. It continued after the fact that there was a significant drop. It continued:

. . . in keeping with the wellness model, the government will not be saving money in the long run. This is because of the increase in refractions and glaucoma and other diseases that will not be detected in its early stages.

And — I'm paraphrasing now — because people are not going to be able to come in and pay the cost that you're injecting upon them.

So that in the long run it's not going to be cost saving. It's going to be counter-productive and the government in the end will be picking up a larger tab. That's my feeling. Those are not my words. These are the words of the profession of optometrists.

**Hon. Ms. Simard:** — Well first of all, with respect to the drop in June, that does not mean that people will not be receiving routine eye exams and optometric services. What that says is that prior to the budget cuts coming in, that optometrists worked very hard and people made a point of going to their optometrists for their routine eye exam. That's what the May blip means.

The June drop means that most of those people had it done in May that maybe were anticipating having it done in June. So, you know, to base a statement on that one data is to jump to conclusions.

Now the fact of the matter is, is we do not believe that people will be irresponsible about obtaining routine eye exams. We think that people will still obtain their routine eye exams as they have done in the past. That is our belief.

And in those provinces, in those provinces . . .

**An Hon. Member:** — It's not the fact.

**Hon. Ms. Simard:** — Well it is the fact. The member says

it's not the fact. I've just explained to him that the drop in June is as a result of people going in May instead of June because we have an increase in June. And we usually in the past have had, in the summer months, a slow-down. Now with respect to . . . So it's too early for us to make that assessment.

And I want to say this. People in provinces where optometric services are not insured I do not believe face any greater health risk to eyesight than people who have routine eye exams insured. Now I say that because what I'm saying is I believe people will be responsible. And I believe that people understand the need for a routine eye exam and that people will attend to have their eye examinations done on a regular basis.

**Mr. Neudorf:** — Well to the contrary, all indications are over the first few months that that's exactly not the case, that there's a great deal of risk. And you're saying that you believe in the people of Saskatchewan. Well I do as well.

But, Madam Minister, you're forcing them into a position where they're going to have to prioritize. And what we're saying is there are going to be a significant number — now I'm not prepared to put a number on it, and I don't think you would be either — but there is the potential for a significant number of people to choose not to have that eye examination, not perhaps to pick up the glaucoma, for example, that may be setting in. That's going to have devastating effects down the road. And we're saying that there will be a number. I don't know how many. Will it be 10 or will it be 1,000 in the province of Saskatchewan? But I don't think the number is significant. But for each of the individuals, for every one of those individuals that will be affected detrimentally this way, it is a significant thing.

And what we're saying to you is, have another look at it. We'll help you as an opposition if you have to save money and work on the deficit. And we know the big numbers are in Health and Education. We know that there has to be some things done there. But let's do it in a coherent manner that is going to save money and not cost the health of the citizens.

Now you're continually talking, you're continually talking about this being a deficit-driven wellness program. You're continually talking about the fact that — and she has brought it up continually this morning — that we have a \$15 billion deficit. And that's confirmed. All the members across the way are shouting, we do.

So making that as a given, making that as a given that this is a deficit-driven initiative, a budgetary item, that it does not matter . . . and I'm getting that impression after this morning's discussion because you have not moved on one thing. I've thrown a lot of scenarios at you. I've thrown a lot of options at you.

And I don't for a moment pretend that I know anything about health. I am the Health critic, but I am speaking on behalf of the people. I'm speaking on behalf of the care receivers and the care givers. Those are the ones that I have a lot of confidence in and those are the words, poorly as I am, that I'm trying to convey to you. That's what I'm trying to do here, Madam Minister.

Now given your words that we have such a tremendous deficit and it's our fault — that's what you say, so don't go through that; that'll be a given for the moment — so we have a tremendous deficit that you have to contend with, budget restrictions that the Minister of Finance, sitting in the background giving you all of this kind of advice . . . and that is questionable, very questionable. Given those facts, Madam Minister, given those facts can you tell me how much — and I'm restricting it now to optometric services — how much money are you going to save?

**Hon. Ms. Simard:** — I want to state this: is that first of all, a lot of the problems that the member's talking about, as for them existing on a long-term basis, I want to point out once again that's it speculative. I also want to point out that we will be evaluating it over time. We are always reviewing our programs. So we will be evaluating it, we will be talking to the optometric association. But to say now that it creates this major problem and all of these diseases is totally speculative.

It's also important to note that the department spoke to Newfoundland, who de-insured their services in 1991. And Newfoundland did not identify any implications of the nature that the member opposite has been raising as being problems. So I think that's important. And I say that in this vein, that it is too early right now to assess the situation and that we will be reviewing the program as on an ongoing basis.

Now as to the cost savings with respect to de-insuring certain optometric services, it is 4.5 million in 1992-93 and 5.9 million annually thereafter.

**Mr. Neudorf:** — Thank you, Madam Minister. You're saying that my comments this morning and the fears of the senior citizens and the other folks and the care givers that have contacted us are speculative. We really don't know what we're talking about, is what you're saying. We have no proof positive, is what you're saying. And what else, Madam Minister, you are saying to the people of Saskatchewan is, I don't care, I'm willing to take that chance. That's what you're saying: we don't have any proof, it's speculative, but I'm willing . . . You're saying, as Minister of Health, I'm willing to take that chance with your health, because we have a deficit.

Now that is a very cruel way of looking and thinking, I would suggest to you, Madam Minister. Now do I have the figures right? — 4.5, did you say, saving for '92-93 and 5.9 for succeeding years? That's the cost saving, what you're telling me. Now give me your calculations of the opposite side of the coin; because for every saving, there's a cost. So in your calculations, what factors have you factored in of a higher cost — higher-cost care, more disease because of fewer people accessing the program, and the other side of the coin? So give me the down side now that you've given us the 4.5.

The committee reported progress.

The Assembly recessed until 2 p.m.