

The Assembly met at 9 a.m.

Prayers

ORDERS OF THE DAY

GOVERNMENT ORDERS

SECOND READINGS

Bill No. 48 — An Act to Provide a Charter of Environmental Rights and Responsibilities

Hon. Ms. Carson: — Mr. Speaker, prior to the election last October, our party made a commitment to initiate an environmental strategy for the '90s based on the fundamental principles of sustainability and stewardship to be achieved through public participation.

The Charter of Environmental Rights and Responsibilities, recently introduced in this House as Bill No. 48, is intended to facilitate public stewardship and thereby enhance existing environmental protection legislation.

We believe that a public review and consultation process, conducted by the new Standing Committee on the Environment, will also serve to confirm and clarify the provisions in the charter itself.

I therefore move that Bill No. 48, An Act to Provide a Charter of Environmental Rights and Responsibilities, be not now read a second time, but that the subject matter of this Bill be referred to the Standing Committee on the Environment.

Some Hon. Members: Hear, hear!

Hon. Mr. Shillington: — Thank you, Mr. Speaker. Having been persuaded by the eloquence of the member from Melfort, I'll now take the opportunity to formerly move The Charter of Environmental Rights and Resolutions for second reading.

Mr. D'Autremont: — Thank you, Mr. Speaker. I'd just like some clarification if I could please. I believe the minister was moving it to go to committee, the new committee that was struck. So I'm just wondering why we are going to be going through second reading now.

The Speaker: — Just a brief explanation. There was a little bit of a foul-up this morning. What should have happened is that the Deputy House Leader should have moved second reading, we should have been in debate of second reading. The Minister of the Environment then should have gotten up and moved the amendment. So we will not consider the question of second reading, but I will ask the Minister of the Environment to move her amendment again and then we will vote on the amendment.

Hon. Ms. Carson: — Thank you, Mr. Speaker. I move:

That Bill No. 48, An Act to Provide a Charter of Environmental Rights and Responsibilities, be not now read a second time, but the subject matter of this Bill be referred to the Standing Committee on the Environment.

Motion agreed to.

Some Hon. Members: Hear, hear!

The Speaker: — Order. Because one of the Bills is under private members' agenda, leave must be asked to go to that particular item.

Hon. Mr. Shillington: — Mr. Speaker, in the spirit of co-operation, I would ask for leave to go to the Scottish clans day of appreciation Act.

Mr. Neudorf: — Mr. Speaker, in the spirit of co-operation, leave is granted.

The Speaker: — Well in the spirit of co-operation, I'm going to leave the chair.

PRIVATE MEMBERS' PUBLIC BILLS AND ORDERS

COMMITTEE OF THE WHOLE

Bill No. 41 — An Act to declare a Day of Appreciation for Scottish Clans in Canada

The Chair: — There is no minister, and I believe . . . so I'm not quite sure who questions might be asked of, other than those of Scottish background, if there are any questions.

Clauses 1 to 3 inclusive agreed to.

Mr. Muirhead: — Thank you, Mr. Chairman. My colleague that brought the Bill forward will be here in a few minutes.

But being by the name of Muirhead from Scotland, I'm quite proud of this. Muirhead's the name of a Scotch plaid in Scotland. And I'm very, very proud that it's being brought forward because I think that the Scotch people were some of the more stubborn people that ever were on the face of the earth. They came across from Scotland in the early days.

And I know my great, great uncle came over in 1854 with four brothers and they settled in Ontario; and the farm land that they got, all they could see they could touch tree to tree. And in 12 years they had about 10 acres. In 12 years they had 12 acres to clear. And I'm very proud of my ancestors. I've been back to Ontario. Naturally I followed through because that's where my father came from. I've seen the grave where this here uncle of mine came from in 1854 over here, and he died in 1858 from hard work. And I'm just very proud of my ancestors, as I know many people here with a Scottish background are proud of the people from Scotland.

And I think that's it's nice that if we could bring this forth, that we declare a day special for the Scottish people. And also anyone that comes from the island — from England, Ireland, or Scotland — there's a lot of them got a Scottish background. And I'd like to say thank you to the member from Kindersley that brought this here forward.

So I'm sure he's got a few words he's going to say on it, and I'll let him respond.

Mr. Boyd: — Thank you, Mr. Chairman. On behalf of the Scottish clans, I'm very proud to be able to bring this Bill before the House. And we had received requests from people in letter form asking for a day of appreciation for the Scottish clans in Saskatchewan. April 6 is a significant date in the Bill, and the reason why it is a significant date was that it marked the signing of the declaration of Arbroath at Arbroath Abbey, written by the Scottish nobles to the Pope in which the line is written: it is not for glory nor riches nor honours that we are fighting but for freedom, for that alone, which no honest man gives up but with life itself. These moving words were used . . . is the reason why this date was chosen — April 6.

Mr. Speaker, I move that this Bill now be moved forward.

The committee agreed to report the Bill.

THIRD READINGS

Bill No. 41 — An Act to declare a Day of Appreciation for Scottish Clans in Canada

Mr. Boyd: — Mr. Speaker, I move that this Bill now be read a third time and passed under its title.

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

COMMITTEE OF FINANCE

Consolidated Fund Expenditure Health Vote 32

Item 1

The Chair: — I would ask the minister at this time to please introduce her officials.

Hon. Ms. Simard: — Thank you, Mr. Chair. To my left is Mr. Duane Adams, the deputy minister, and behind me, Mr. Lawrence Krahn whom I've introduced here on several occasions.

The Chair: — I would like the members to please come to order and respect the fact that we have business to conduct before the committee. If they have other business to conduct, to do so quietly.

Mr. Neudorf: — Thank you very much, Mr. Chairman. And good morning, Madam Minister and officials. Last day, Madam Minister, we were talking about the diabetics and the situation that has been opposed on diabetics. And I notice that the answers were slow in forthcoming. And I gave you an indication, Madam Minister, the last time that we were talking about the estimates in Health, gave you an idea of some of the questions that I would be asking this morning.

Just to refresh our memories, Madam Minister, could you bring us up to date as to how many diabetics there are in the province of Saskatchewan?

Hon. Ms. Simard: — 14,800 families.

Mr. Neudorf: — And that translates into how many diabetics?

Hon. Ms. Simard: — We are unable to determine the number of individuals from our data bank, but you had suggested it might be about 16 or 17,000. And we're prepared to accept that. It sounds like it might be about accurate.

Mr. Neudorf: — Madam Minister, I'm holding a newspaper article in my hand now from the Saskatoon *Star-Phoenix*, May 22, an article written by Randy Burton that says that . . . I'll just read the first paragraph:

Frustration and anger over higher charges for needed drugs is growing as the province's 20,000 diabetics learn about changes made to the provincial drug plan.

Would you accept this newspaper article's figure?

Hon. Ms. Simard: — The department has met with the diabetic association. And I'm advised that we are unable to determine the number of individuals. And apparently, the diabetic association aren't able to accurately determine that at all. But we do know it's 14,000 families.

Mr. Neudorf: — Thank you, Madam Minister. I can appreciate the quandary that you are in, in coming up with the specific figure, but I'm just trying to get it as close . . . nailed down as closely as possible. So somewhere in that neighbourhood then is the number that we're talking about.

Madam Minister, what is the expected generated income that you, as a government, are going to be getting through changes in the prescription drug plan and as they affect diabetics?

Hon. Ms. Simard: — 1.4 million.

Mr. Neudorf: — What is the total generated income through your changes in the prescription drug plan?

Hon. Ms. Simard: — 30.4 million.

Mr. Neudorf: — Thank you, Madam Minister, I appreciate the alacrity of your answering here. So, what we're doing now is we've changed the drug plan — prescription drug plan — dramatically. We're saving the government \$30.4 million because of that. And \$1.4 million is on the backs of the diabetics through your de-insuring of insulin for diabetics.

Now, Madam Minister, why are you singling out diabetics?

Hon. Ms. Simard: — What had happened previously to these recent changes is that there was a price established in 1975 at \$1 a vial that diabetics were paying for insulin. The purpose was to bring diabetic patients under the drug plan in the same manner that other individuals are under the drug plan who are receiving life sustaining drugs. The purpose of the change was to try and create equity within the system by bringing diabetics under the drug plan.

Mr. Neudorf: — By bringing everyone down to the lowest common denominator is what you're saying; is that right, Madam Minister?

Madam Minister, did you consult with the diabetic association in Saskatchewan before you decided to make that jump from \$1 a vial to approximately \$20 a vial — I think we established last time, around \$19 a vial would be an appropriate figure — and the test strips and all these other things that cost about \$180 extra per individual? Did you consult with the Saskatchewan diabetic association before you made those changes?

Hon. Ms. Simard: — The fact of the matter is, is the Department of Health consults constantly with health care people. They did not consult with respect to this particular budgetary item and they did not consult with many budgetary items prior to implementing the budget. But the Department of Health has ongoing consultations with health care groups and stakeholders, and have been doing it for a number of years.

Mr. Neudorf: — Not only did you not consult, Madam Minister, with the diabetic association of Saskatchewan, you did not consult with the Saskatchewan Medical Association either, with the SMA, I know that.

Why, Madam Minister, on such a crucial issue as to this high cost that diabetics are experiencing, would you not want to get some input from the diabetics themselves before you put this plan into effect? Do you know, Madam Minister, the impact that your changes are having on diabetics in this province?

The Chair: — I wonder if the members in the back could take seats, please, the minister, the member for Canora.

Hon. Ms. Simard: — The government does know the impacts the changes are having on the population and on diabetic patients. We are consulting with the diabetic association on an ongoing basis and we are looking at the changes that have occurred and what their impacts are, so we're very aware of what is happening.

And I think it's important to point out to the member opposite that the Saskatchewan drug plan continues to provide a very reasonable level of coverage in comparison to other provinces, given that Alberta, Ontario, Quebec, New Brunswick, Nova Scotia, Prince Edward Island, and Newfoundland do not provide any coverage for persons under 65.

Mr. Neudorf: — Madam Minister, you speak glowingly of the things that you've done to the Saskatchewan prescription drug plan. Madam Minister, you've more than tripled the cost to these people on the drug plan. And now you're standing in your place and saying you're doing wonderful things for the people of this province as far as health is concerned, when you are systematically dismantling much of the health program.

And that is coming from the minister who has consistently said, we'll be spending more on health. Health is something that the NDP (New Democratic Party) have always been so proud of. Now, Madam Minister, you're

doing just exactly the opposite.

And I want to make something very clear to the public here. You are saying that you are doing it on . . . consulting on an ongoing basis. Let the record show, Madam Minister, that you did not consult with these people, with the diabetics, before you made that change. You did not consult. Now you are saying you're consulting with them on an ongoing basis as an afterthought. Let that be very clear, Madam Minister.

Now you also said just now that you understood the impact that your changes were having on diabetics. What is your understanding of that impact?

Hon. Ms. Simard: — The average total cost with respect to a diabetic with insulin and glucose test-strips — we're talking the average cost — comes to approximately \$50.67 a month. I've had the department figure that out in more detail.

That's with the one-third reduction in price that the department negotiated. That doesn't include syringes, and of course they were responsible for that prior to the drug changes. So we have . . . we are aware of what these impacts are on individuals. We're monitoring the situation.

I think it's important to point out at this time as well that the government is facing an extremely difficult debt load, as I know you are aware. We have spoke about it repeatedly in this House. And it's important to note that Saskatchewan's drug plan is still relatively one of the better plans in the country.

(0930)

Mr. Neudorf: — It is a poor shadow of what it was, Madam Minister, before you took control. That is a fact; that is a fact. I notice however that when I ask about the cost to diabetics, Madam Minister, that you skillfully avoided the true cost. I'm not talking only about the monetary cost, as you should be well aware. Because you indicated in a previous answer that you understood the impact that your changes are having on diabetics.

Now, Madam Minister, you speak glowingly of your wellness plan, your wellness model. How does this increase to the cost of a diabetic fit into your wellness plan?

Hon. Ms. Simard: — The department has informed me that out of that \$50.67, the cost to the patient is 38.32. That's a regular beneficiary. If it's a senior family, it's 25.85; and if it's a single senior, it's 23.15 — that's the cost to the patient on the average, on a monthly basis for insulin and glucose testing strips.

Now I think that it's very important to make this point, and I have made it in this Assembly before, that when we move to a broader concept of health, to the wellness concept, this does not mean that the government is going to be fully funding every health care service that is available in the province. The government can't afford that. We have a \$15 billion debt. We're struggling to try and get the annual deficit under control in order to

preserve our programs for future generations. And the government simply cannot fund endlessly programs and all programs that are available.

The government has had to make some difficult decisions. They've been hard to make but nevertheless we have made these decisions. There's no question that many of these decisions we would rather not have made. And had we not faced the kind of debt situation that we do, many of these changes would not have been made. But the reality is, as we're faced there with the debt, we've got to get it under control and we're doing what we can to do that.

And wellness does not mean that the government is going to fund every single health care service that is available in the province. It does not mean that there will be additional funding for all sorts of health care programs under the budget.

I think it's important to note that there are aspects such as controlling the disease of diabetes. And the diabetic association agrees with the wellness approach being taken toward health care, and with diabetics taking more responsibility to control their disease.

And we've spoken to them about that, and we're looking at ways that we can encourage diabetics to take more responsibility to control their disease. So we have had discussions with the diabetic association on the wellness approach, and they agree with it. And they agree with diabetics taking more responsibility to control their disease.

Mr. Neudorf: — Well thank you very much, Madam Minister, for that answer. You make my point quite eloquently.

This is not about wellness. This is not about health. It's simply a case of cut-backs to health because of the deficit. This whole thing is budgetary driven. It's driven by your Minister of Finance who has said to you: cut. And now you are hacking and slashing your way through the Health department to save money for your Minister of Finance. That's what this is about. And that is what you have just confirmed, Madam Minister.

You are saying now that we have to cut back because there is a deficit. You have just said now that you could not be expected to put in additional funding. That's what you just said. And I agree with you, Madam Minister. That's not what I'm asking about.

I'm not asking about why are you not making additional funding, although that was your promise during the election. That's why you were elected. You were elected because you said you would spend more on health. So we're not talking about additional funding here.

What we're talking about is your wellness program which is supposed to be a preventative program, prevent sickness. Yet you just finished saying now that you wanted the diabetics to be more responsible. You wanted them to accept more of the responsibility for this deficit. So you're singling out diabetics. And you're removing them from the insurance program. That's essentially what

you're doing. That's essentially what you're doing. And yet we find out that the diabetics have not been consulted about that.

Wouldn't you agree, Madam Minister, that the impact that you so skillfully avoided answering, the impact question, is that many of these diabetics now — to save money, because they are no longer being covered by your plan — to save money they will not do what is right for their disease. Their disease, would you not admit, Madam Minister, is a life-threatening disease? But what you're essentially saying is, take care of it yourself; the government is not going to accept any responsibility for it simply because we have a deficit.

Now you fight your own illness, is what you're telling the diabetics. But on the other hand, you talk so fondly about your wellness program, Madam Minister, which is preventative. And that's well, that's fine. But at the same time you're removing support for a process so that diabetics can forestall serious illness. And you do the same thing on the other hand. We know that one of the . . . not the causal, but the effects of diabetics is on the eyesight. And yet because of the potential impact that it can have on eyesight, you're removing optometry as an insured service at the same time.

And, Madam Minister, what I'm asking you is why are you doing so many things that are so counter-productive — counter-productive to your own wellness program? I cannot see how the two jibe. Could you explain that for me?

Hon. Ms. Simard: — The fact of the matter is, Mr. Chair, is that we do . . . When we speak in terms of accepting more responsibility for controlling their disease, we're talking in terms of the monitoring of the illness, for example. The diabetic association recognizes that that's necessary. The wellness approach . . . One of the aspects of the wellness approach is more individual responsibility, where that's appropriate and possible, for one's own health. That's one of the aspects of the wellness approach.

The fact of the matter is, is within the health care system it's also important for us to repriorize our spending in order to direct more funding, for example, to community-based services and more funding to other programming in health care such as therapists, for example.

There are still substantial benefits to diabetics under the health plan, under the drug plan. They're not being cut off. They are put in the same position that asthmatics and coronary patients are who are dependent on drugs for good health and to live. And asthmatics and coronary patients are under the drug plan and pay as much as diabetics do and in some cases more, on average.

Now the diabetic patients will still receive substantial coverage under the drug plan. And if they take other drugs in their family, they will receive even more substantial coverage because the figures that I gave you, of 38.32 a month for the average individual who is diabetic — that's their cost for insulin and glucose testing strips — that does not take into consideration if that family or that individual takes more drugs under the drug plan because it would be

less than that, if that's the case.

Now with respect to the issue of wellness, I think that even though we have our huge deficit in this province, even though it's important for us to take tough decisions to try and preserve programming such as this for future generations so that we can still have a drug plan that's amongst the best in Canada — we do have to get a handle on that deficit — but that doesn't mean that we can't look at health in a broader sense and look at preventative programs that require individuals and society to take more responsibility and be more conscious about those things that can affect a person's health.

Mr. Neudorf: — Well, Madam Minister, thank you for that answer. I will let the diabetics of the province of Saskatchewan determine themselves how much solace they are receiving from the Minister of Health in the province of Saskatchewan this morning.

You say you want to teach responsibility; that's what you said. So you want to teach responsibility to diabetics; that's what you said. I'm sure they are grateful for that comment.

You also said it that is up to us to repriorize our spending; that's what you said. And I'm sure that the diabetics in the province of Saskatchewan take much solace in the Minister of Health saying that they are no longer a priority because you have repriorized. That is what you're telling the diabetics of the province of Saskatchewan this morning, Madam Minister. I just want to point that out to you very, very clearly that that is the message you have sent to them. And that's . . .

The article that I referred to previously, there's a Janette McDonald of Regina, this article says, and I'm referring to the May 22 article in the *Star-Phoenix*:

Janette McDonald of Regina is one of those upset with the changes. Her 15-year-old son Dylan has been diabetic for 10 years and needs to regularly monitor his blood sugar level.

He needs four to six insulin bottles a month, an expense of more than \$100. He also needs two packages of blood test strips for another \$90 a month, which also are no longer covered. Needles cost another \$25.

Now, Madam Minister, you can do your own math on that. And if you're going to tell me that this individual is giving the wrong figures, then you tell her that she's wrong.

But she also continues, Madam Minister:

"This is life-threatening (especially) for kids. If they don't get it (insulin), and they don't get the testing and all the other things that are necessary, this health system is going to be paying a lot more than they think for all the medical care that will be required" . . .

Madam Minister, that article summarizes what I've been saying to you over the last couple of weeks. Too many of

your programs are being counter-productive. You want to obey your Minister of Finance's orders, who gets his orders from the Premier, and you're trying to cut the deficit. But by so doing, you're causing a lot of grief, misery, and apprehension in the people of the province. And on top of that all . . . It's not my words. These are the folks out there that are saying that you are being counter-productive. You are being counter-productive, Madam Minister. That's the concern. I have lots of letters. I only have a few here. But I've got lots of letters from people who are writing in expressing their concern to me. From Kim Fisher from Warman writes to me: The recent announcement by the Government of Saskatchewan related to insulin and glucose monitoring supplies puts the management of diabetes at risk.

This is a letter that I got in, totally unsolicited. It's a concern they have. It goes on and on for three or four paragraphs. Then she says: We urge the Minister of Health and the Government of Saskatchewan to reconsider their stand on this matter and to meet with the Canadian Diabetes Association to address these concerns.

Now that is a concern from an individual in Warman, and we could go on and on and on. I have another one here from Kindersley and so on.

You are meeting with the diabetic association as an afterthought, Madam Minister, to do some damage control. But won't you admit that what you're doing to diabetics now is not consistent with your wellness approach. Won't you admit that, Madam Minister?

(0945)

Hon. Ms. Simard: — Mr. Chair, no one in this province who has a hardship situation and can't afford their drugs will do without them. If they make an application to the government we will provide them with assistance. There's absolutely no need for anyone to claim that they cannot do without their needed medication, because the government has set up a safety net that will help people in low income brackets to pay for their drugs.

So the fact of the matter is, is diabetics are still receiving substantial relief under the drug plan. And the second fact is, is those who cannot afford their drugs will be taken care of.

Mr. Neudorf: — Madam Minister, it must be awfully frustrating for the diabetics out there to hear an answer like that. You talk glowingly about a safety net. We know that the 90,000 people that are on social assistance and that are on FIP, the Family Income Plan are going to be covered. I'm talking about the majority of people out there, the low income earners that don't fall within your safety net. And please admit that. I'm talking about those people, relatively low income, that will also repriorize.

You said you have prioritized the spending and diabetics no longer count. That's what you said. Now these people are going to be forced to repriorize as well. They may have money. They don't fit into your safety net, but they're going to have to now make a decision. And they're going to use fewer testing strips, you know that.

They're going to use less insulin. You know that. Those are the folks that we're talking about and then the result and complicating factors that are going to surface as a result of that.

That's a fact, Madam Minister. Please get up and admit that because there are people listening it us, and there will be people reading the results of these estimates. And I think that you're insulting these people when you just simply get up and say there's a safety net. We know there's a safety net, but there's those that are not eligible for that safety net that are still going to have to make decisions.

How does that fit into your wellness plan?

Hon. Ms. Simard: — Mr. Chair, there is a safety net to help people who can't afford their drugs. There have been people in income brackets of 25 to \$30,000 who have received assistance under the safety net.

What happens is anyone who needs assistance applies for assistance, and the government looks at it on a case-by-case basis and takes into consideration, not only the income level, but also how many drugs the family has to pay for and other relevant factors to determine whether or not a person needs assistance.

And there have been people with relatively reasonable incomes who have received assistance because of their individual circumstances. We've repeatedly said that there is assistance for low income people and that there shouldn't be any hardship cases.

So we urge people who feel they must cut back on strips or cut back on insulin to apply, and we will provide them with whatever help that we can.

Mr. Toth: — Thank you, Mr. Chairman. Madam Minister, I think in light of the position that you now face and the position that you had as an opposition critic responsible for Health . . . and having been involved in this legislature for the last six years, I'm not sure if it's frustrating, but I find it very interesting that some of the arguments we're presenting today and some of the arguments that you are taking are totally opposed to what you raised as an opposition member — continuously accusing the former government of not spending enough, not putting enough emphasis on the health care field, not putting enough money into health care to address the needs of people in general and specifically individuals who ended up in circumstances due to no fault of their own such as diabetics.

The interesting thing you mentioned about the fact that people can contact your office or contact the department. I'm wondering, Madam Minister, what process is used, or do you just wait until someone makes a complaint, raises a complaint through an MLA (Member of the Legislative Assembly) or through an individual or have you . . . what kind of informative basis have you set out or set forth that people can follow up on so that they have access, whether it's 1-800 number or they have knowledge of the department, to the personnel to contact, when they find out that they are in situations where their income is being tested because of the added burden placed upon them

through the changes to the drug plan, specifically diabetics?

Hon. Ms. Simard: — Now with respect to . . . the member opposite indicated that when we were in opposition we were taking one position and now we're taking another. I would like to remind the member opposite that prior to the election we were assured that the annual deficit for '91-92 would be what — 265 million or was it 256 million? It was somewhere in there.

What happened is that it was substantially larger than that — substantially larger. And the fact of the matter is, is in order to . . . if we had maintained the status quo, the annual deficit this year would have been 1.2 billion — 1.2 billion — based on what you were spending and predicting.

So I think it's really . . . the member opposite is being somewhat inconsistent in his approach. The fact of the matter is, is the financial situation of this province came to full light after the election. And the consequences of the way the pattern was going came to light, and are horrendous.

This province is in a position where it'll virtually never get out of this debt — never. It is going on and on and on and escalating and escalating and escalating. And what your government did to the future generations in this province is just absolutely unforgivable.

This government has to make some tough decisions. And that's what we're doing. And the people understand it.

Now with respect to the safety net, with respect to the safety net, I want to make this point — that we sent a letter to all the diabetic families in the province advising them of the safety net. Every diabetic family that is listed on the department's computers received a letter telling them about the safety net. We have notified all the doctors in the province about the safety net. We have notified all the pharmacies in the province about the safety net. We have left application forms at the pharmacies in the province for the pharmacists to encourage people to send in their application forms. There is a toll-free government number that people can phone if they require assistance. And there is a 24-hour WATS (wide area telephone service) line for emergency cases.

So the government has taken a number of different steps to make sure that people have access to the application form and the government in the event they need assistance.

Mr. Toth: — Mr. Chairman, I find it appalling that Madam Minister could stand in her place today and suggest that she had no knowledge or that her party had no knowledge of what the deficit of this province was prior to October 21, in light of the fact that the present Premier, as the NDP leader and opposition leader, even admitted in the public debate that there was more than \$14.2 billion deficit in this province; in view of the fact that it was her government back in the '80s that didn't fund public pension plans and so decided to change the plans because the funding wasn't there.

And it's interesting to see the minister stand up today and put all the blame at the feet of the former government, the former Conservative government, when the deficit was already building back in the '70s, in the good times, and prior to that. And it's easy to just talk about a consolidated deficit on the side of the Consolidated Fund. Any area of government in this province, any Crown corporation that's in debt, that's a debt to the people of the province of Saskatchewan. You can't just hide behind the fact that it was the Consolidated Fund.

The minister talks about the former minister bringing in a budget in 1991 that predicted a target figure of \$269 million deficit in the budgetary . . . on the Consolidated Fund. She neglects the fact that since October the government has taken in a number of areas . . . they've transferred funds, deficits from the Crown corporations to the Consolidated Fund and written off substantial debt, therefore ballooning the 1991 deficit figures.

And in fact, Madam Minister, in Crown Corporations the auditor even questioned some of the budgeting and the accounting factors that were being used by the government of the day regarding transferring funds and then writing off. And his question was, he doesn't understand why the government would have taken long-term debt and written it off all in one year. Why did the government take the recreational grants that were staged out over a three- and four-year period and all of a sudden pay them all off, put them under the 1991 deficit?

Madam Minister, it's easy to sit down and transfer figures. It's easy to take figures just to use for your benefit. And we were into that argument last night, presenting the scenario: is it the intention of the government to put all the debt on the former government so that in four years from now or three years from now all of a sudden we have this glowing report of money flowing into the Consolidated Fund and the government's going to be able to do all this for the people of Saskatchewan.

And I'm not sure the people of Saskatchewan are ready to buy the argument. The people of Saskatchewan didn't really want to accept the fact that the deficit must be met and be paid for. They didn't want to accept it because they believed the members opposite, when they were here in opposition, that there was so much money available that all they had to do was get rid of waste and mismanagement and they would have more than the 2 or 3 per cent for health that the provincial government put into health last year. And this year it's a decrease.

And we just take a look. I think when rural people began looking at what the present government is doing and they look at the fact that they may not have a hospital in their community in the near future, they're going to ask themselves, well what did this government really mean.

And if they did take a serious look, anyone . . . the one thing about it, Madam Minister, anyone who has a family member who is on substantial drugs and now realizes . . . and the questions are coming across my desk as well right now. Many people did not realize the changes that took place in the drug plan until they went and made that extra purchase that all of a sudden they found when the receipt was laid across the counter that they were already at \$150

and they were wondering why they had to pay the full amount for the drugs. And the druggist told him, well that's because in this year's budget, you're now . . . the deductible has gone from 125 to \$380 per family. That's put an added burden.

Now for the families that have the ability to pay for that, Madam Minister, it's fine. For the individuals making the decisions, making the suggestions, coming to the minister and coming to the government saying this is what we should do, that's fine, because I suggest that the salaries they're living on are a lot higher than many of the people that have to pay the bill.

And I find it very interesting, Madam Minister, that you would stand here today, and as always . . . mind you, we shouldn't find it interesting because as we have seen, as always, the government or any minister today always takes the view that we go back and we blame the former government even though we've ballooned the deficit, we just blame the former government. And I would find that even officials would find it difficult in justifying what has taken place at this time.

So I'd suggest, Madam Minister, that we should have more of a direct policy that targets . . . well I shouldn't say targets people, because I believe, I've believed all along that we all must take a responsibility for our health costs, that we all must take a responsibility as to how we address the health issue. And I think it's healthier for most of us, or for all of us, if we don't get into a strong dependency on drugs. But there are some people who don't have the control over that because of problems, physical problems they face, that fortunately I'm thankful I don't face.

And I think, Madam Minister, we should have an easier method whereby people can be addressed, their drug costs can be addressed, versus forcing the individuals to always come begging the government to help them out in a time of difficulty.

(1000)

Mr. D'Autremont: — Thank you, Mr. Chairman. I have a question for the minister concerning diabetics and glasses. If they are low income and are not collecting any social assistance but are low income and cannot afford to pay the fees necessary for all the checks for their eyes, will the government provide any support for that, Madam Minister?

Hon. Ms. Simard: — Yes, if they are on SIP (Saskatchewan Income Plan) or FIP, low income working poor, they will . . .

An Hon. Member: — SAP (Saskatchewan Assistance Plan).

Hon. Ms. Simard: — Well SAP, SIP, or FIP — they will receive full coverage. Or if they're under 18, they are fully covered.

Mr. D'Autremont: — Okay. Thank you, Madam Minister.

I have another issue I'd like to bring up to you. I sent you a

letter on July 21 and you responded on August 21, concerning a lady with trimandular muscular joint dysfunction. And she is going to the doctors quite often for infections and other problems, and her doctor has referred her to a dental surgeon to help correct the problem.

You cover part of the costs that are associated with this but there's other parts that are not. If she doesn't get the work done, then she's going to be a continual burden on the medicare system. If she gets the dental work done, then it's over and done with. And she would like to have some assistance in getting the work done.

And I would like to read to you from the letter that she sent. She contacted her dental insurance company but they won't cover the costs because it's not a dental problem. TMJ (temporomandibular joint) is not a dental problem; it's a surgical problem. She then contacted Saskatchewan Health and they say they won't cover it under the Saskatchewan health program because the treatment is done by a dentist and not a medical doctor.

She writes: this is a medical disorder that never heals itself without treatment. And I can honestly say, if I hadn't been referred to an orthodontist for treatment, I would probably be under care by medical doctors, being treated for infections for the rest of my life. Now I really think that would be an abuse of the Saskatchewan health care system.

So, Madam Minister, will you under your new wellness model, which is partially, in my mind, a preventative medicine type of thing that takes people out of the system by curing them before they have to continually spend all the money necessary to go through the medical procedures, will you provide some assistance for people who have TMJ?

Hon. Ms. Simard: — Mr. Chair, when the members opposite were in government they did not cover TMJ, and there were people at that time asking for coverage. It was not covered under your government.

The wellness approach does not mean that we will pay for every health care service that a person can possibly obtain in this province or the country. The government cannot afford to pay for everything; the taxpayer cannot afford to pay for everything. TMJ was not covered by the Tory government and it's not covered now.

However, if a person is low income and requires assistance, the Social Services program will provide them either with social assistance if they're in the social assistance bracket as a result of obtaining medical services. Or if it puts them onto FIP, there will be some assistance from social assistance.

The many dental procedures are not covered by government. And I want to make the point that TMJ was not covered under the former government and wellness does not mean the taxpayer is going to pay for every service that's possibly available out there.

Taxpayers can't afford it. We've got a \$15 billion debt created by the former government.

Mr. D'Autremont: — Madam Minister, I'd like to point out to you that it wasn't my government. I was not a part of the government previous to this particular election.

Your wellness model, you seem to be pushing the prevention part of medicine quite strongly in it; and I think this is one of the areas, Madam Minister, where if there is a method to save the health care system some long-term expenses, that it should be utilized. And I believe this is one of the areas where that can be done.

And I would strongly suggest, Madam Minister, that you take a serious look at this kind of an issue.

Mr. Britton: — Thank you, Mr. Chairman. Madam Minister, I have been listening to some of your answers in regards to diabetics and things like that. Could you tell us in layman's language, the steps that have to be taken for some of my people who are diabetics and they haven't . . . they're in the low income bracket. Would you tell me what I shall tell them on how to get this extra assistance you've been talking about.

Hon. Ms. Simard: — The first thing they should do is go to their pharmacist and their pharmacist will have an application form. They can fill in the application form and send it to the Department of Health and then someone in the Department of Health will get in touch with them.

The other possibility is for them to phone this toll-free number: 1-800-667-7581.

Mr. Britton: — My colleagues tell me that you've gone through this but I just wasn't here, so I'm going to ask you again. I understood there was something about a means test. Will this application take care of that?

Hon. Ms. Simard: — They will be asked . . . I don't believe the application form is detailed with respect to, you know, criteria. Because what happens is, is the Department of Health looks at the drug costs of the family, of the total family, what their drug costs are; looks at the income of the family and looks at what other expenses they have, and based on that makes a determination as to whether or not the family can afford to pay for their drugs or whether they need assistance and if so, how much.

I have a copy of the form here that is left with the pharmacist. But my suggestion is that they phone the toll-free number — the Department of Health will deal with them on the telephone — or they go to their pharmacist and get a copy.

And it's income tested in the sense that the Department of Health looks at all the criteria, all the income, the expenses and so on, and makes a determination as to whether or not any assistance is required and if so, how much; and attempts to help people pay for their drugs. So there should be no need of a hardship case if you have any constituents who are having difficulty affording their medication.

Mr. Britton: — Thank you, Mr. Chairman. Madam Minister, would this also then apply to people with

glaucoma? We have people who have glaucoma and we find that they are being referred from their optometrist to an ophthalmologist, and some of these are 2 and 300 miles away. Is there some assistance for those people who are not close to an ophthalmologist; they are suffering with glaucoma; they need periodic check-ups on their eyes? Is there some assistance for those?

Hon. Ms. Simard: — Any medical condition like people with glaucoma if they have a medical condition and they go to a physician or an ophthalmologist they're covered. Now an optometrist cannot perform the services an ophthalmologist does with respect to a medical condition of that nature. But if they have a medical condition, they're covered under insurance, under the medical care insurance plan.

Mr. Britton: — Madam Minister, maybe I didn't put the question properly, but I'm asking you, for those people who suffer this and are not in contact or not close to an ophthalmologist is there any help for those who are . . . extra travelling costs and things like this where they have to get to an ophthalmologist, and how do we help those people?

Hon. Ms. Simard: — No, transportation costs are not paid to get to an ophthalmologist, but that's never been the case. There's never been funding to get from a community to an ophthalmologist in a situation like that. Now if they're on social assistance, there is assistance for them.

Mr. Britton: — You used to be able to go to their regular check-ups and then the . . . not the ophthalmologist the optometrist would then tell them they need the extra help. Now if they go and get a test, they have to pay for that. They have to pay for that first test because the optometrist is not covered. This is where we get into a little problem here. We have the ophthalmologist in the larger centres and the optometrists in the smaller centres and it's been the custom of these people to have a regular check-up at no cost. Now under this system they don't get that coverage.

So I guess what I'm saying is they'll have to go to a doctor, find a doctor to refer them to an ophthalmologist and bypass the optometrist. Now this can run into some pretty expensive manoeuvring. And I'm wondering if you would take a look at that maybe and see if there's something could be done there.

And while I'm on my feet, Madam Minister, I'll ask you one more question which is in the same vein where seniors who are unable to pay for eye examination seems to be not coming in for their regular check-ups. These seniors are people whose eyes are failing and we find a situation where they're not covered and there's a danger that they could be driving on the road somewhere with impaired driving because they're not getting their regular check-up. They used to be able to be paid for that. Is there some . . . have you looked at that and is there some hope that you will take a look and make sure that this doesn't happen?

Hon. Ms. Simard: — I want to advise the member opposite that the Department of Health is monitoring the

situation and we don't have any evidence at this date that seniors are not using their best judgement as to when to go for an eye exam.

Now if they are low income seniors, they're fully covered. If they're on the senior income plan, they are fully covered — all of their routine eye exams — and they should be aware of that. Other than that we are not aware that seniors aren't using their best judgement as to when they go for eye exams.

I think it's important to note also, the member opposite should note, that in some other provinces the coverage for optometric services, it simply isn't there. We are covering low income seniors. We are covering children under 18. And I would advise the member opposite as follows.

If he has a special case with respect to a senior with glaucoma that he was talking about or an individual with glaucoma, would he please bring it to our attention and we'll take a look at it and find out what entitlements this person has and we'll take care of it for him. If he would just give us the individual's name and telephone number and address, we'll take a look at it. And if there are some services this person should be accessing and isn't getting, we'll do what we can to make sure they have access to the services they need.

Mr. Britton: — Thank you, Madam Minister. Madam Minister, you've already been notified. I have copy of letters that has been sent to your office and you haven't replied to them. And what the other provinces do, Madam Minister, doesn't interest me at all. We're talking about Saskatchewan.

You have stood in your place, and I've heard you for all the time that I've been here, hollering about the previous government not looking after health. Now you're telling me that because somebody else doesn't do it that you're not supposed to do it. You have stood there and told us how great you were going to be. How great and wonderful it's going to be under the NDP government.

So don't try to side-track off to what Alberta's doing. I'm not concerned about that. I'm concerned, Madam Minister, with the people that are coming to me with these problems. And I don't want to be too harsh but I just can't get interested in your rebuttal that Alberta or somebody else is not doing it.

(1015)

What I've asked you, Madam Minister, is concerns of people who have contacted you and then have contacted me because there's been no communication. And as I say, I'm not concerned. These are not just . . . I just didn't pick these out of the air. These are people that have written to me and got these problems. And I sincerely hope you'll take them seriously and get off the rhetoric about what we did and didn't do. It's what you're going to do, is what our people are interested in.

Hon. Ms. Simard: — They're also interested in what you did to devastate this province.

Now with respect to this individual case, if this person wrote and didn't get an answer, I will check into it. I can't tell you why now because we get a lot of letters and I don't know the particular case. But if there's no answer, I'll check into it. Give me the person's name. I'll find out why it wasn't responded to, and we'll respond to it.

Mr. Neudorf: — Madam Minister, as I listened to you giving answers to some of the questions being asked by my colleagues, it became abundantly clear that all of your answers are budget driven. And it just amazes me how you could during the election time . . . And we've got countless numbers of quotes from you saying that you were going to be spending more on health, more on education. That was your election promise, Madam Minister. That was the promise that to a large degree got you elected.

Now you're sitting there as the Minister of Health saying we must fight the deficit on the backs of the sick and the poor and the elderly. That's essentially the message that you're delivering here.

Now that, Madam Minister, is hypocritical. To get elected, you say one thing; then after election you go and say, whoops, sorry there was a deficit that we didn't know about. And of course Donald Gass, your own commissioner there has refuted that. And certainly, Madam Minister, your Premier was totally aware of it because even in the leaders' debate he made mention of the \$14.2 billion debt.

But in spite of your knowledge that there was this debt, you said, you elect us and we'll be spending more on health because, Madam Minister, when we spent 4 per cent more on health you chastised us, to put it mildly, for wrecking the health system in this province. That's what you were doing.

Now the first tenure, the first part of your tenure as Minister of Health, you cut it by that amount and are promising to do that next year again. And I remind people who are listening: this is only the first series of cut-backs in Health. You are committed to another round of cut-backs like this next year. So the people should be prepared right now to tighten their belts. Or are you going to accuse me of fearmongering, that that's not the case?

And, Madam Minister, if you can get up and assure the people that that will not happen, that there will be no further cut-backs whatsoever in Health, I would be pleased to apologize and accept your assurance that Health once again will be treated with the priority that it deserves.

Madam Minister, we can cut this whole thing very short here on diabetics. Madam Minister, will you get up and commit to the diabetics of this province that you will restore, that you will restore the cost of insulin to them to the rate that it was prior to your election?

Hon. Ms. Simard: — Just for the sake of the record, because we've debated this here at length in this House and I am trying to be as co-operative as I can with respect to the estimates, but I must just state this for the record.

The fact of the matter is, is during the election what we said is that we would balance . . . try to work towards balancing the books. Our health care programs were subject to the financial situation allowing us to work in that direction. Every single pamphlet that was dropped in across my constituency, and I believe throughout the province, made it perfectly clear that spending and program improvements would be subject to the financial means being available.

So it's incorrect when the member opposite says, during the election we promised to put more money into health. It's inaccurate. The promise was to get a handle on the deficit and to improve programming within the financial means of the province and as we could afford it. And so I put that on the record.

Now with respect to health care, I want to say that what the government is doing is implementing a long-term, strategic plan to try and reorganize the health care system and get more input from individuals in communities as we move to co-ordinate and integrate programming so that it is more effective and provides a higher-quality health care within the financial means of the province.

The member opposite is quite right; we do have a huge deficit in the province that has to be taken care of. He's right that we have to get a handle on the debt and that the government is keeping its spending down in order to do that. That's quite right. And that will be the government's approach next year as well as this year, is to try and maintain government spending in order to get a handle on the deficit so that we can preserve medicare and other social programs in this province for future generations.

Mr. Neudorf: — Thank you, Mr. Chairman. Madam Minister, what you have now told the people of the province, the reason you were elected is because you recognized that there was a deficit and you were telling people, elect us and we'll fight the deficit because we will cut spending in health. We will cut spending in education if you elect us. And if you elect us we promise that we will cut spending on universities. And what you're saying, Madam Minister, is that the people of this province elected you because you told them that if you elect us we will increase the SaskTel rates. We will increase the SGI (Saskatchewan Government Insurance) rates. We will increase the SaskPower rates. We will increase the commercial rate on income tax. We will increase the education and health tax, E&H tax, from 7 to 8 per cent. We will do all of these things for you folks, if you elect us. That is what you're telling the people of Saskatchewan when you get up and make a comment like that.

Madam Minister, I submit to you that the four or five years that you were the critic of health, you spent five years indoctrinating the people of Saskatchewan, raising their expectations of what you would do. Now you're saying that in the dying days of the campaign you distributed a pamphlet in your constituency that said there is a deficit. That's what you're saying, Madam Minister. Now the credibility of that I leave up to the people who are listening and the people who will be reading the transcripts of this debate to make their own decision as to the credibility of what you're stating right now.

Madam Minister, the member from Morse has a question for you.

Mr. Martens: — Mr. Chairman and Madam Minister, I have a couple questions about health care that I want to talk about a little bit. The first one has to do with diabetics. A person often makes some very generic kinds of assumptions until some of these things begin to strike your own family. And I have a member of the family who has, in the last year, discovered that they have diabetes. He's been fairly well stabilized with one shot a day, and so he's not a major user on long-acting insulin.

However what a person who has, let's say, four shots that he has to take a day would have a significant amount more of cost. This member of my family has also been able to reduce the volume of strips that he uses to check his blood sugar level to one a day. And what that . . . the reason he does that is because before it was partly covered under the drug plan and each one of those strips costs a dollar. So if you were supposed to do that four times a day, that's \$4 a day, just on checking the blood sugar level.

I just wanted to talk to you a little bit about the aspect of wellness in this. It's the constant application of the checking that gives you an opportunity to maintain your blood sugar level at an adequate volume. And if they don't check it, then it seriously could impair their vision later on; seriously impair their circulation in their feet and their hands later on. And I know that they have no other option to take. They have no other option that they can use to live.

People may be able to change what they do in a life-style — let's say a heart condition or whatever — but a person who is a diabetic has no option on change. And that will be very likely with them for the rest of his life.

Then I also want to point out an individual who I played hockey with when I was a little younger. He's had diabetes since he was a young boy. And he comes from a large family. And his brother gave him a kidney about two years ago — a significant contribution to that individual's life because his kidneys were not functioning any more. So we have a serious involvement on a contribution in a health sector that is very seriously impaired by the costs.

Now I know that he — the fellow that had a kidney transplant — has had to have significant medical treatment in order to maintain his own life. And the longer you can defer by very serious systematic analysis on a daily basis for a person like that, the longer the person stays out of medical attention that is far more serious. And that is the kind of thing that I think that we need to take a serious look at. Because there are people. . . and you say, fine if they can't afford it, let them go get some help from Social Services or whoever.

But there are a lot . . . and all of these people that I've talked about this morning are in agriculture and they don't have that extended opportunity to go to these other places. The one family has a very small farm and they don't have any of that kind of opportunity to get that assistance from other agencies of the government. In fact the community went together to assist him in the cost of

his operation, in the cost of doing all of the things that were required. His brother who works for New Careers had to leave his job for almost a year in order for him to function properly. And all of those things.

Now, Madam Minister, there's a sacrifice being made by individuals who have this disease, who have this problem. And people in the province, I don't think want to have these people cut off from being involved in . . . their very existence. So I guess that's the kind of the problem that we see in what you've done with a drug plan, in relating it to diabetics, specifically diabetics.

I want to point out one other thing about the . . . Another constituent of mine who is a registered nurse at the Swift Current Union Hospital, works in the operating room, and she has an injector that she wears on her belt. That injector I think costs about \$3,500 itself to not only to purchase it, which she's already done in order to maintain a constant blood sugar level.

And I think that these people have sacrificed a whole lot in their life-style. They've sacrificed a whole lot in their economic ability to pay for this problem they've got, and then to see this pull-back on that very specific one. A heart patient, he gets all of his functions of recovery looked after in a health care system. And he may have one or two . . . high blood pressure pills or those kinds of things. He might have to pay for some of that, but the diabetic doesn't get those same opportunities.

And I say to you that you should change your mind about this very, very important group who are at the edge of staying alive by the very fact that they have to have a continual monitoring of what they do and how they handle their own blood sugar levels.

(1030)

Hon. Ms. Simard: — Thank you, Mr. Chair. With respect to this whole issue I want to simply say that it was, in the minds of the government, an equity issue. And if the members opposite feel the way they do, I wonder why they didn't cover cardiac patients and asthmatic patients the way they did diabetic patients when they were in government. Because cardiac patients and asthmatic patients have very high drug costs as well. And if they require any gadgets or devices to assist them, they pay for those.

And cardiac patients, asthmatic patients, and diabetic patients who have medical conditions arising as a result of their condition are covered under medical insurance. Now if the member feels that way, I'd like him to tell the Assembly why they didn't cover cardiac patients and asthmatic patients when they were in government, who face very high drug costs and on the average face higher than what diabetics pay.

Mr. Martens: — Well I'm not going to argue with you; I'm just stating the opinion that I have. We covered them. You said you would do it better with less and do more with less, and now you're doing less and less and less with less. And that's the difference.

I just want to point out, you'll probably be able to pick out

one or two that you can say, oh this we didn't do or that you didn't do. Well, Madam Minister, you can use those excuses. But those excuses don't impact on those families in that same way that you're talking about.

And I just raise it for a matter of my opinion that I believe you're wrong in what you did. We can talk about asthmatics and heart patients on a different agenda, if we want to talk about that, but don't compare the two of them. And, Madam Minister, I just want to point out, a friend of mine just got a pace-maker put in, I think for \$5,000 and he didn't pay — maybe it was 7,000 — he didn't pay for any of that. And yet this woman who works at the OR (operating room), she has to pay for that whole apparatus that sits on her belt to give her insulin injections.

And that, Madam Minister, is the kind of thing we're talking about. I really think that if you want to make comparisons, we can compare. But I'm talking about insulin users, the diabetics, and I want to know why you took them off. Why did you take them off? And that's the question that I have for you.

Hon. Ms. Simard: — As we pointed out earlier, it was an equity issue.

Mr. Martens: — Well equity to what, the lowest common denominator? Equity to what? There's a serious flaw in your argument, and that's why you always have to go back to: you didn't do this and you didn't do that. But some day, Madam Minister, it's going to be your turn to say, well I didn't do it. And this is why we're pointing to the fact now. You didn't do it; you didn't do it in diabetics. And we're just saying why? You said equity, but that's not a good enough reason. That's not nearly a good enough reason.

And what I'd like to ask the minister is how much you saved . . . You told the Leader of the Opposition here the other day, when we were talking about the optometrists and the chiropractors, about the volume of saving. How much did you save in the drug plan by moving the diabetics out?

Hon. Ms. Simard: — The 1.4 million with respect to . . . We didn't move the diabetics out of the drug plan; we moved them into the drug plan. They were brought under the drug plan, as every other person in the province is. The diabetics were being treated specially. They were paying a fraction of the cost of the drugs, \$1 out of a cost of I think it was \$25 a vial, which was the price in 1975. It was \$1 out of the cost of \$4. It was 25 per cent of the cost in '75. In 1991 it was substantially less than that. Diabetics were being treated specially. They were not taken out of the drug plan. They were put into the drug plan and they received the same benefits of everybody else in the province who is under the drug plan. That's what the facts are and that's the reason why diabetics were put under the drug plan. That's why it occurred, because they were receiving special treatment and it was felt important to try and equalize the situation throughout the province.

I want to point out as well once again, because I've said it earlier this morning, that with respect to the individual

cases that you raise, if there are any hardship cases, the Department of Health has a safety net that will help these people pay for their drugs. If they can't afford them, we will help them and so I want to urge people to contact us if there is a hardship case.

Mr. Martens: — Well, Madam Minister, as I went through the various estimates of other ministers, I ran into a number of categories that had ministerial discretion on miscellaneous things that would be coming in, and 1 million here and 3 million there and 2 million in other places. Have you got that in your budget?

Hon. Ms. Simard: — The Department of Health does not have a slush fund, if that's what you're talking about. With respect to discretion within the drug plan, the discretion is with respect to the safety net. There isn't 1.4 million floating around, if that's what you want to know.

Mr. Martens: — Well I'm trying to find it under the Minister of Finance. I think it was two and a half million dollars that he had for discretionary fund that was in a part of his budget. Why don't you go ask the Minister of Finance to do something for health care and ask him to give some of that money over to you in a warrant. There isn't anybody that would complain about the 1.4 million extra cost it would provide to the diabetics so that they could have that service provided instead of having the Minister of Finance have this discretionary fund that he wants to run around the province with.

Hon. Ms. Simard: — The Department of Health does not have a slush fund. And as to your suggestion that there is money floating around in the Department of Finance, I can't comment on that. I don't know the details of the Department of Finance situation, but I'm sure that if the Department of Finance has a fund for certain purposes that it has been targeted and is something that is crucial to that particular department.

Mr. Martens: — Well, Madam Minister, you left \$150 million in the Liquor Board. You left \$118 in Sask Power Corporation. That's in last year's surplus.

You left 40 million in SaskTel. You left 15 million in SGI for total of almost \$400 million, and that doesn't include this year's income with a higher cost per unit and a higher payment by individuals. You're going to have, Madam Minister, you're going to have a bigger surplus in each one of those utilities.

And as much as the Associate Finance Minister wants to talk about it, I am saying to you, 1.4 million would be well spent in the drug plan for diabetics if you took some of that 150 million out and put it in there. That's what we're talking about. Your priorities aren't straight, and that's why we have a disagreement with you.

Mr. Devine: — Madam Minister, I just want to add a couple of points to what the member from Morse has said. Last night we went through some of this with the Minister of Finance, and the Minister of Finance finally acknowledged that his so-called write-offs could actually end up in being capital gains, and he could make money on potash and Cameco.

We also found out that the large degree of tax increases were something that people did not expect, and in fact they're the very opposite to what they campaigned on. And what's bothering a lot of people in Saskatchewan, and certainly bothering the official opposition, is that over and over and over and over and over again you kept telling us when you were in opposition that you needed more money for health care. And you had to help people who were in health care and that much more was needed to make sure that people were protected because you believe in universal health care.

And I'm going to read you some of your quotes because today you're saying the very opposite, and the people know that it's the very opposite. And so not only your taxation has been flip-flopped, because you promised to cut taxes and then you increased the taxes. When you look at the deficit you use an accrual accounting method and you've made a sham of a debt that the minister admitted last night that is not valid. In fact you could actually have a net increase and it could be profitable. And now we find out today that you are doing the very opposite again in health care compared to what you campaigned on and what you promised.

In 1988 in the *Star-Phoenix* you are quoted as saying this, the hon. member, and I quote the newspaper: Simard suggests the province is moving towards a fee-for-service system where quality health care will be available only to those that can afford it.

And you complained, and complained bitterly, Madam Minister, when you were in opposition about any kind of fee. And now you're in government and obviously you've raised the fees considerably; larger than we've seen in any administration in the history of Saskatchewan.

And you go on to say in *Hansard* in 1989: the opposition is going to fight these health care cut-backs and these changes to medicare. It's going to fight the erosion of the principles of medicare. I feel rather certain we'll have change of government next time around and then the public isn't going to have to worry about these problems.

Well, Madam Minister, we've seen the public worrying about these problems more than they've ever thought possible, not only because of insulin, but because of prescription drugs, higher taxes and higher fees. And as we find out now, Madam Minister, you're even going to impose these higher taxes on rural municipalities. And they have an opportunity . . . if they want to save their health care system, they're going to have to raise taxes. And it could look at 50 to 100 mill rate increase because of your new-found system.

And the minister yesterday acknowledged that was a possibility, and what did he say? Well under the wellness model they have a choice. So you could look at 100 mill increase in municipalities in rural areas to defend keeping up their health care system, when you promised the very opposite.

The *Leader-Post*, 1992: as the party which pioneered universally accessible health care in this province designed to respond to need, not ability to pay, we categorically reject the concept of health care deterrent

fees.

Well you're charging fees for virtually everything now. And you promised you'd never do that.

And then you go on to say that, time and time again, that we didn't provide enough money to the health care system and that we allowed people to pay. And what we see now is you've cut back in health care all across the board; you've broken every promise that you've ever been into, and now you're charging people fees — incredible fees. And you're picking up \$13.6 million just with respect to people who are looking at eye problems or back problems, and you campaigned against that.

(1045)

So like the Minister of Agriculture, like the Minister of Finance, like the Minister of Education, like the Minister of Highways, on and on and on, there's this tremendous flip-flop where you promised one thing but you're doing another.

Listen to this. This is the NDP leader, March of 1988: New Democrats would continue to fight to restore social programs such as medicare and the dental and drug plan to their former place of leadership in Saskatchewan.

Now when he campaigned on that, do you think that he kind of slipped out and said, but we're not going to charge you \$125 a family; we'll charge you \$380 a family. And that's what you've done. People are upset. They're disappointed. They feel like you've let them down.

Add then it goes on to say, in 1991 the NDP leader said he doesn't believe health care costs in the province are sky-rocketing: the cost of medicare is well within the budget, but Romanow said there needs to be more of an emphasis on prevention and community clinics to reduce present costs.

So he's saying costs are not out of line. They're going to help people on lower income. They're going to make sure that they restore the prescription drug program. And what do we get, Madam Minister? Exactly the opposite.

He goes on to say in '88: the Conservatives' record of cuts to health care and education and unfair tax increases out of wasteful spending will be among the key issues in the upcoming campaign.

Well what have you done? You've raised taxes. You've raised fees. You've charged people who have diabetic problems. You're charging them if they have eye problems. You're charging them if they have back problems. You're doing exactly the opposite to what you said you'd do.

So the Minister of Finance is questioned in here and he admits he has to raise taxes when he promised to lower taxes. We go to the Minister of Agriculture and he admits he has to cut agriculture spending when he promised to give them the cost of production. We go to Education, and we find out that they're cutting in Education when they promised to do more.

And the member for Swift Current says there's \$14.2 billion, and we find out last night from the Minister of Finance that it's the same debt that was there is there today and it's because of accounting. And he admits it. And he said, all we have is a different accounting method. All we have is a different accounting method, and in fact a good part of the debt that's there is just as a result of the fact that they've brought it all together under a different format. And he said, actually we could make money on this if the share values go up.

What a sham. And now we find out from the Minister of Health that really they didn't promise universal access and care for people who are sick and the elderly, they're going to tax them.

And what we get from the Minister of Rural Affairs is, guess what — rural municipalities can really pay for this; they can increase the mill rate by a 100 mills to help save their hospital, their nursing home. Level 1 is no longer covered. Level 2 is no longer covered. Hospitals are going to close. Nursing homes are going to close.

And guess what — you can pay more for taxes, more for prescription drugs, more if you've got a diabetic problem, with a brand-new NDP administration that is doing the very opposite to what they campaigned on. And they're doing it, Mr. Chairman, because they promised tax cuts they knew they couldn't deliver. Therefore they can't renege on that. So they say, well I guess we'll have to stay with our PST (provincial sales tax) thing but we'll tax everything else, including the sick.

And that's the legacy. That's what we're faced with. The NDP tax the sick. And they're taxing rural communities. They're taxing elderly. They take away their senior citizens' heritage program. They take away funding for level 2 and level 1 care. They close their hospitals. And then they charge them more for utilities. So what do you see? You see their power rates go up. You see the utility rates go up, their SGI rates. The gasoline tax is increased. And now you pay for prescription drugs.

Madam Minister, if you were to put this in a brochure, you wouldn't have no more chance of getting elected than a snowball surviving in Hades. And you know that. And that's why people are upset. And they're going to continue to be upset because you can say, well there was a deficit; we got to do this. Well look it, you campaigned on the deficit. But you said we'll put more money in and we'll make sure that we cut your costs so that the sick will be cared for and the elderly will be cared for. That was absolute nonsense and absolute bunk.

And we've got quote after quote after quote where you promised to make it better. Well who are you making it better for? The taxpayer's paying more. Seniors are paying more. Rural communities are paying more. Those that are sick are paying more. Every family in Saskatchewan is paying more. And on top of that, you said well that's what we got elected on. You never got elected on that at all.

So the Minister of Finance is finally reneging. The Minister of Agriculture is changing his mind. The farmers have had to sue. The Minister of Rural Affairs admits that RMs (rural municipality) will have to raise their taxes to

defend rural health care. Urban people won't be stuck with the same burden. And your claim to fame is, this is the new-found NDP universal health care model.

And you were against every one of these things when you were on this side of the House. You were against tax increases. You were against charging the sick. You were against the prescription drug program when we charged 125. Listen to the member from Saskatoon Broadway: the health situation in this province is out of control. We have a drug plan where people are making decisions between groceries and prescription drugs, too little too late. Your colleague said that, Madam Minister, when we charged \$125 per family and you're up to \$380 a family.

And your member, and your colleague from Broadway, Saskatoon Broadway, is going to vote for this? And she's tripled it? She said people are choosing between groceries and prescription drugs at \$125 a family and you've raised it to 380. A new NDP administration raised it to \$380 a family, and seniors don't know what to do; people that are diabetic don't know what to do. And you complained at 125 and now you have convinced your colleagues in their very partisan basis to vote for this?

You see, Madam Minister, why you have got such a terrible, terrible taste in the public's mouth about your taxes and your increases in fees and your cut-backs? Because you didn't tell them the truth — you didn't tell them the truth. They thought you'd do better, and you've done considerably worse.

And you've taxed them, raised their utilities, increased their prescription drug fees, closing hospitals, not funding nursing homes, cutting off senior citizens' heritage funds, and now you're taxing those that have eye problems, and charging those that have back problems, charging those that need insulin — and you're here in your estimates saying well this is what we mean by the new wellness. In the long haul it'll save us money.

Well are they beginning to wonder? And you say, well other provinces are doing it; we have no choice. Well, Madam Minister, you've had lots of choices. You have priorities. And government is about making choices. What we're just reminding people here today is that how do you justify, Madam Minister, a statement like this?

This is in 1987: The health situation in this province is out of control. We have a drug plan where people are making decisions between groceries and prescription drugs.

Now how do you justify that — by an NDP government member now — when you raised it to \$380? How do you square that circle when you campaign and say that's way too much, they shouldn't charge you that, and then you come in and you charge them triple that?

How do you justify that and why do you encourage the public to say, well this is a really fine idea, when every time when you were in opposition and there was even an increase — and we increased the Health budget every single year — and you said, not enough, not enough, helped them not enough, spend more, spend more, not enough, not enough, and then you come in and you do something like this?

How do you square that, Madam Minister, when you can have an NDP in opposition say that 125 was so mean-spirited, people had to choose between groceries and prescription drugs, and now it's \$380 per family and on top of that you've raised all the utilities and all the taxes and cut the seniors' heritage program, and charging for all of these other items? How do you square that, Madam Minister, in terms of the public that thought that you were going to make it better?

Hon. Ms. Simard: — Mr. Speaker, the member opposite, or should I say the minister of propaganda, has been spreading total misinformation here. First of all, he has said that we have closed rural hospitals. It is he that closed a rural hospital — Bienfait. He has said that we are going to increase municipal taxes by 100 mill. In 1986 the average mill rate for union hospitals was 7.9; in 1992 it's 4.02. So you see the misinformation and the mistruths that the member opposite is spreading. And no one on this side of the House has said that the municipal hospital levy is going to be increased to 100 mill — nobody. The member opposite knows that that is not true and yet he has said that we said that. And what he was telling this House was not true, Mr. Chair.

And that sort of clouds every single comment he just made in the last five or ten minutes. He said we closed hospitals; he closed Bienfait. We're going to raise the rate to 100 mill; it's been dropped from 7.9 during his regime as premier to 4.02 under this government.

Now I want to speak to the fact that the member opposite who stands here and criticizes this government for trying to deal with the deficit — for trying to deal with the huge deficit that the member opposite is personally responsible for creating, the \$15 billion deficit that is drowning this province, that is almost making it impossible for the people of Saskatchewan to hang onto any future . . . Almost impossible because we're strapped with a debt of a government that was gallivanting all over the place, throwing money left, right, and centre, without any long-term plan in any area — not to mention Health.

The fact of the matter is, is by trying to get a handle on the deficit we are continuing to fight for our social programs. Yes, it means short-term pain, but it's short-term pain for long-term gain. And the fact of the matter is, is we are continuing to fight, as we said we would, to preserve and maintain social programs for future generations. And the only way we're going to be able to do that is to deal with the mess that the member opposite has left us. It's the only way we will save our social programs for the future.

And the members opposite stand up in here and they say, well you shouldn't have made this cut or that cut. And the fact of the matter is, is they had a whole slew of cuts prepared in their last budget, such as co-payments for chiros and co-payments for optos and a whole bunch of other things.

And they were hiding it in their budget for after the election. It was going to come on stream in January.

And now they stand up here . . . And co-payments for physiotherapy, co-payments for chiros, for optos,

increases in the drug plan, de-insure List 3 Labs, drug plan deductible increase, seniors' ambulance cap increase, SAIL (Saskatchewan Aids to Independent Living) program changes — that's what you were going to do after October election.

And now you stand up and . . .

An Hon. Member: — Fearmongering, fearmongering.

Hon. Ms. Simard: — It's in writing; it's not fearmongering. And now you stand up and you say, oh you shouldn't have made these changes. You shouldn't make these changes. And the members opposite are saying we don't like these changes, and yet they had rafts of changes in their back pocket that they never told the public about and won't admit to now. But we know that they were . . . they were there. And that's the hypocrisy that comes from the members opposite.

The fact of the matter is, is they devastated this province. They spread mistruths throughout this province about the financial situation, about the annual financial situation and the long-term situation. They devastated this province. Now they can't even stand up and admit they made one, single mistake.

And I think the people of the province want you to stand up and say I'm sorry. I'm sorry you've ruined this province. I'm sorry. I'm sorry the present government is put in a position where it's almost impossible to get out of this debt and manage this province. I'm sorry we did this to your children and your grandchildren in such an irresponsible and selfish fashion. Because that's what you did.

You stand there spreading more mistruths and more propaganda. You stand there making statements like, we have closed rural hospitals. We are raising the rate by 100 mills, as I pointed out earlier. And not once have we heard your Leader of the Opposition, the minister of propaganda, not once have we heard him stand up and say I'm sorry. And you should urge him to do that, Mr. Member from Rosthern because it's time the both of you stood up and said you're sorry to the public for ruining this province.

(1100)

The fact of the matter is, is this government is continuing to do its best to fight, to preserve our programs. You can't spend money you don't have. You can't spend money you don't have. And it's absolutely crucial that what we do is get the financial situation under control, so we can clean up your mess and do what we can to preserve medicare and other social programs for future generations. And that's what's happening in this province today.

And let me tell you that the majority of the population agree with the need to get a handle on this deficit. And they understand only too well. They understand only too well the devastation that your carelessness and your policies and your self-serving administration created with respect to this province.

Mr. Devine: — Well, Madam Minister, I asked you very specifically how you justify your current charge of \$380 per family when I've just read you quotes where you and your NDP colleagues have said, and I quote: We have a drug plan where people are making decisions between groceries and prescription drugs. And that was after we brought in 125 deductible.

Now the facts are, you've taken it from 125 to \$380 a family — terrible increase. At 125 you said people were making decisions and choosing between groceries and necessary prescription drugs. And now you can turn around and charge them that.

And on top of that, Madam Minister, the facts are, you've taken away the senior citizens' heritage program for a large number of seniors. You've charged them a lot more for utilities — their power rates, their telephone rates, their insurance rates. You're charging them for various kinds of health care services.

And now we find rural communities, Madam Minister, asking you for assurances that they won't have to raise their mill rates by 100 mills, so that in fact they don't have to have that kind of money necessary to maintain rural health care services, because what you'll have is non-universal health care. And your minister says well if they want to do that, I guess that's their choice.

And your Minister of Finance said well really it's the same debt; we just positioned it a little bit different. And here we've got you doing exactly the opposite to what you campaigned on. And what's so ironic is that you promised tax cuts — several hundred million in tax cuts — and better service in health care, and better fees in prescription drugs. And guess what you've done? You've raised taxes and you've raised fees when you said you wouldn't.

And that's why you get upset, and why members opposite find it difficult to support you; and why they're so anxious to get out of the Legislative Assembly. Because when we're in here, we remind people of what you campaigned on.

So here you are. You're in a situation where we're looking at and you're looking at the closure or change and closure of 66 rural hospitals. And you've admitted that. You don't fund level 1 and 2 nursing homes. You've admitted that. And you've broken all of these promises and certainly you've been very, very difficult for people who have eye problems and back problems.

And on top of that, we've got people like the member from Churchill Downs that says, and I quote — this is 1991 in May: The NDP won't raise any personal taxes for four years. Imagine the campaign rhetoric. Won't raise any taxes for four years. At 125 people have to choose between groceries and prescription drugs and we're going to make sure everybody's better looked after. We're going to give the cost of production for farmers. We're going to build a lot more health care facilities.

And when you get into power, guess what? Taxes went up in the first budget a lot. Personal taxes, retail sales taxes and now universal health fees, costs, and services — 300

per cent increase. And they say well what happened to the NDP promises. And I'll tell you what the public are saying. They said whatever was necessary to get elected. They said there was a deficit of \$14.2 billion during the election, but that didn't matter, they were going to manage better without increasing fees and taxes and balance the budget. And people said, well that's nice I hope you can, and guess what? It's impossible.

So you are taxing and cutting and slashing and wrecking universal health care across the province because people on low income, for Heaven's sakes, are paying 300 per cent more than they did under our administration. And this is your new wellness plan.

Well what I'm saying, Madam Minister, is how do you justify \$380 per family on prescription drugs when you and your colleagues said, at \$125 people on that income would have to choose between groceries and prescription drugs. At \$125 deductible, and if that was the case, how in the world do they cope with it at 380. Would you address that super-increase, that burden when you said and your colleagues said, it's impossible to live with 125. How do you justify that to those people who you said you would defend and you increased the cost 300 per cent?

Hon. Ms. Simard: — Mr. Chair, we have a substantially expanded safety net over the one that was there by the former government. For example, if a person needs special assistance under the old plan, they had a 25 per cent co-pay, a deductible of 125 would be removed and they had a 25 per cent co-pay. This government has been removing a deductible of 380, and they go down immediately to 10 per cent co-pay. So special cases of individuals who need special assistance under this safety net is substantially expanded over the former government and in many cases some people are better off. And that's why we urge people who need assistance to apply to the health care plan for some assistance.

This government is maintaining the fundamental principles of health care. And through re-organizing our health care system and re-integrating and integrating health care services, we will be able to improve on health care services in the province and maintain the present health care system, maintain medicare and the fundamentals of health care. And that's what we are doing with our health care reform.

Now the member opposite talked about de-insuring level 1 services with nursing homes. Once again he is spreading another mistruth. Level 1 was not funded by his government. It was not de-insured by this government. Level 2 has not been de-insured. We have simply stated the intention to phase out level 2 over a period of time. And we are in the process of setting up a home care safety net because level 2 people are individuals who don't need assistance and can be maintained in their home through home care.

Level 3 and level 4, if people are level 3 and 4, they will be provided for. But level 2 can be maintained in their home through home care assistance. And we are building a home care safety net. We are building that home care safety net. Level 1 was not funded by the former

government either. So level 1 was not de-insured by this government.

Now with respect to home care, I think it's important for us to note that the government has had increased funding to attempt to deal with the future phase-out of level 2. We have had increased funding for home care. And the budget allows up to 19.5 per cent for home-based services. And we are out there developing the safety net so level 2 people who can be kept in their homes and do not need assistance in a special home, can live in their homes longer.

Now I also think it's important to note that there has been increases in northern initiatives because there has been a huge inequity in health care services in northern Saskatchewan. And although this government has no money, it has attempted to re-allocate some funding to the North. There has been enhanced northern nursing, health educator, dental health, and mental health services.

There's been increased specialist services available in northern Saskatchewan. There's an integrated mobile health team to provide services within communities supported by northern Health and SADAC (Saskatchewan Alcohol and Drug Abuse Commission), with follow-up services through Education and Social Services. There's a new bursary program for northern residents who will return to work in health services in the North.

This government has made a commitment to try and reduce inequities in northern Saskatchewan and has ... (inaudible interjection) ... I know it's not enough money, but it has moved an increase in funding to northern Saskatchewan.

Some of the other health initiatives that have occurred in this budget where there have been some increases — And let's talk about that. There's increases in '92-93 funding levels over the former government's funding levels in the mental health services branch.

Now when I travelled the province as opposition Health critic, I repeatedly heard what a horrible situation mental health patients were in throughout this province trying to access services. And while the members were cutting crisis lines in Yorkton and other places, mental health patients were going unattended to, in many cases. Now that problem hasn't been eradicated, but we've recognized it by increases to the mental health services branch.

And it needs a lot more. I know it needs more, but this government is showing a priority. It has moved some funds in that direction. And some of the increases will include expanded services for respite and enhanced crisis services, services to rural communities, enhanced vocational employment opportunities for chronically mentally ill.

In the northern health services branch there are enhanced psychological services and additional mental health counsellors. There is a funding of over \$1 million to support psychiatric research at the University of

Saskatchewan. And we're looking at a new 24-bed forensic unit at Saskatchewan Hospital North Battleford.

And the point I wish to make here is that the government has said there are inequities in the North, there are inequities in mental health, and we have to start slowly moving towards trying to reduce those inequities. And it isn't going to happen overnight. It's going to be a long haul — there's no question about it. But this government is moving in that direction, and so we've shown our intent.

Other initiatives that this government has undertaken in this Health budget are increased resources for the community therapy program. We talk about the need for more community-based services in the province, and we are attempting to move to more community therapies, for example, and more community-based services.

There has been increased funding for family planning, to address the high rate of teen-age pregnancy in Saskatchewan. Now there again this is an enormous problem in Saskatchewan, and it has long-term effects. And if we can prevent unintended pregnancies, even if it doesn't reduce unintended pregnancies by huge amounts, but if we can prevent some of them through proper programming and planning, I believe that we will make a substantial impact on the lives of many people, of many young women and their children.

And this government has recognized that that was lacking under your policy. Family planning and the need to try and prevent unintended pregnancies was almost not discussed in here. It was like there was something taboo about it. But this government is moving in that area, and we're proud of that initiative. And we hope in the years to come we will see benefits from that specific initiative.

This government has also developed a provincial AIDS (acquired immune deficiency syndrome) strategy. And this began with the symposium in June. And there has been increased funding for this horribly tragic problem of AIDS that we're facing across this country.

There have been family violence initiatives in mental health, SADAC, and community health, because family violence destroys women and children or other individuals who are subject to violence in a family situation. Violence — period — is destructive. And we want to move to a zero tolerance in society with respect to violence, because we believe that violence has an enormous impact on mental, physical, and spiritual well-being. And so the Department of Health has had initiatives in the family violence area.

(1115)

And so what I wish to say, Mr. Chair, is that there is good news in the Health budget for many different areas. And there has been a repriorization. What we are attempting to do in the hospital sector, for example, is to move to more home-based services. With level 2 we're trying to move to more home-based services. Nobody's going to be put out of their home, contrary to what the members opposite say. It'll be a phase-out over a period of time. And we will provide substantial and adequate home care

in the home for those seniors who would otherwise be level 2, who might need some home-based assistance.

The government sees that there are certain . . . And I want to say, give the members opposite credit, at the end of their 10-year mandate the former member from Assiniboia-Gravelbourg, the associate minister of Health, finally realized there was a need to improve home care. And he stood in this House and he said that, that we must expand home care. And I said, finally — we've been talking about it for years here as opposition, the need to move to more home care services, an expanded role for home care and the need to de-institutionalize some of our hospital services and to deal with people in their homes as much as possible.

The members opposite recognize that. They spoke to it in this Assembly as though it was a new idea when it was really 12 years old. Took them 12 years to get to that point but they were finally moving in that direction.

So this government has made a commitment to do what is right in the long term for the people of Saskatchewan, which is to improve our home-based services and de-institutionalize and develop our safety net, to reduce inequities in the North, to reduce inequities in mental health, to reduce inequities for women with respect to family violence and family planning initiatives, for example.

And it isn't going to be easy to solve some of these problems that are out there, especially when you don't have any money. Because we're broke in this province and it's bankrupt. And we don't have any money. And the only way we can get at some of these inequities is by repriorizing funding. And that is what this government is doing.

And as long as we have a deficit of the nature that we do in this province, it will be impossible for us to deal with these problems effectively. We have to get a handle and get a lid on that annual deficit so the interest from the \$15 billion debt doesn't keep adding to the \$15 billion. And even though you may reduce expenditure — and if you looked at the debt scenario — even though we can reduce expenditure in programs and in government, we can still end up adding to the \$15 billion and it goes up and you've got to reduce more the next year because you're paying interest on the interest. And that's what's happening out there.

And until you get a lid on that debt and you keep it at a level that you can maintain every year and you don't add to the deficit, it'll be extremely difficult for this province under any government to improve social programs. And the objective of this exercise is to put a lid on that deficit so for future generations when times are better, we can improve our education programs and our health programs and our programs for seniors. That's the objective.

Because let me tell you, if it continues the way it's continued over the last ten and a half years, it's going to be New York deciding whether we've got health care in this province. It'll be New York deciding and not the people of Saskatchewan.

But this government is going to save medicare for the people of Saskatchewan, and we're going to save it by getting a handle on that deficit. And when times are better, we can improve on the programs that are there.

Mr. Neudorf: — Thank you very much, Mr. Chairman. I have to admit that the last 15 minutes were a total and utter waste of taxpayers' money in this Assembly as we witness a pathetic attempt to deflect the issues that we're facing today, a pathetic attempt, Madam Minister.

As you take on again your role as the government blame-thrower and have a heated blast coming at us as you patronizingly try to exonerate the ultimate betrayal perpetrated on the people of this province by you, your Finance minister, and the Premier of this province, the epitome of hypocrisy drips from your lips. And you speak and try to deflect this entire fact that you are just unwilling and perhaps incapable, Madam Minister, of accepting the responsibility of forming the government of this province.

Madam Minister, you were elected by the people. You were elected by the people to govern and to live up to the promises that got you elected. And you have the audacity to get up in this room and start talking about New York bankers. You know and your government under the former premier of Allan Blakeney know full well all about the bankers of New York as you trod into New York to borrow billions of dollars for what purpose? For what purpose, Madam Minister? To buy dry holes in the ground, to buy potash mines that didn't create one job, that had no spin-off effects but rather put a millstone of taxation on future generations on our children's back. That, Madam Minister, is exactly where the deficit got its original problems from.

And now you're sitting here saying that we must repriorize, Madam Minister. What gall, what unmitigated gall for you to get up and say that we are repriorizing. All right, Madam Minister, who are victims of this repriorization? That's what we've been talking about this morning for two hours.

We've been talking about the diabetics. And you're saying diabetics, you're going to pay. That's what you've been saying. That's your repriorization. You say we can't fund all of these people any more. We can't do that. So you pick on diabetics.

You take and pick on those people who need chiropractic care because for some reason you cannot understand that that is a low cost effective form of treatment that should fit into your wellness plan.

But you say no, we're going to take it out of the wellness plan. It's not part and parcel of my priority. Optometrics — no way, you say. That doesn't fit my wellness plan.

Well, Madam Minister, if these three that I have just recited right now don't fit your wellness plan in terms of preventative measures at low cost, then I don't know what would.

But that's where your priorities are; your priorities now lie

with the Minister of Finance and your Premier who have dictated to you, you've got to cut X amount of dollars off the budget this year. And in the same breath you're saying, folks this ain't nothing yet; wait till next year.

And the member says hear, hear. Exactly. Your own colleagues are well aware of what your long-term plans are, and that is to cut more — to cut, cut, hack and slash your way through.

Now, Madam Minister, if you came up with a plan that was going to save the health care system money . . . and I'm one of the first ones to admit that if you're going to have a substantial impact on the deficit, it must be done on the large and the big ticket items.

We're talking about the Department of Health. It's a third of your budget — \$1,600 for every man, woman, and child. At least it used to be under ours; now it's of course less because you've decided to cut Health. But if you came up with a rational proposal that indeed had the support of the people of Saskatchewan and was not counter-productive, then I would say, Madam Minister, that you would have our support.

But how would you expect me, as a critic of Health now — could you visualize yourself standing where I'm standing . . . or you were over there in those days saying, yes right on, cut the diabetics because we have a deficit; yes right on, cut chiropractors, optometric, triple the deductible on drug costs — that we're going to be going along with that?

Oh we'll get into the wellness plan, the way that's developing. And yet on one hand you talk about the consultative process. You do that. You say, we consult; we will consult. Then in the next breath you say, whoops, enough consultation, it's time to get into action. You'd say that too. And you have said that. You're saying two things at the same time. Which is it?

Hon. Ms. Simard: — The members opposite had a commission that travelled this province and cost the taxpayers \$1.8 million and I think it took two years to report. And I followed it around at my own expense, at my own expense, and listened to what people were saying.

It cost them \$1.8 million, and what did they do with the results of that commission report? They shelved it. They didn't have the courage, they didn't have the courage to even act on what was recommended in that report, even though it was recommended by their own commission.

Now the fact of the matter is, is that there have been many studies taken place throughout this province, and this government is consultative and continues to consult. But at some time people want their government to get on with it.

Mr. Neudorf: — Madam Minister, you talk about the plan that we spent money on, the Murray Commission. You were part and parcel of that, as I suggested to you while you were talking. And yet you roundly criticized everything about the Murray Commission as it was going around and the results of the Murray Commission report. Do you want me to start quoting the things that you said?

I've got them here.

Now you find yourself as the minister, and you've done another about face on many of the issues. How do you account for that?

Hon. Ms. Simard: — We have not done an about face on the issue because the facts of the matter are, is Murray's regions included 40,000 to 80,000 people. We are looking at districts of approximately 12,000. It could be less, could be a little bit more. Huge difference in the minds of the public.

The fact of the matter is, is we've set up a committee to look at the taxation issue. Murray said that there should be a 5 per cent levy, and we are seeking consultation on the whole issue. And we have SARM (Saskatchewan Association of Rural Municipalities) will be represented and SUMA (Saskatchewan Urban Municipalities Association) represented on that committee, which is much different than the Murray Commission report. There were a whole level of tiers in the Murray Commission report that won't exist in the new co-ordinated and integrated system that we want to talk to the people about over the next few months.

There are huge differences between the Murray Commission recommendation and what we have proposed. And the member opposite knows that. The member opposite is aware of that.

Now the fact of the matter . . . the fact is, is that the members opposite did nothing — ten and a half years, no long-term strategic plan, nothing in health. Instead they just let it drift. They showed no leadership, no creativity, no innovation, nothing.

And what this government wants to do is to improve the quality of health care for Saskatchewan people, to preserve the principles of health care, the fundamental principles of health care. In order to do that, we must co-ordinate and integrate our health care system in the province. We must bring it together and reduce duplication and to co-ordinate services. And by co-ordinating services, we also provide a better quality of services. Because by co-ordinating services, we are hoping to reduce the number of people that would fall between the gaps, for example.

So in order to improve the quality of the health care system, it's important to co-ordinate and integrate it. We also believe as a government that in order to improve the quality of the health care system, we must seek community involvement and input.

(1130)

We've been doing that over the last nine months. We will continue to do it over the months to come. I am personally meeting with the health care boards and home care boards throughout this province and talking to them about it and getting input from them, telling them the way we see it developing.

And I think this is a very unique experience to government, a government that is out there talking to

people at the grass roots, getting their input on how we can develop the best quality health care program, how we can co-ordinate and integrate our services, setting out a general framework, working out the details with the people. I think that's quite exceptional. And that's what we're doing. We're working out the details with the people as we go through our health reform, and getting their input and their consultation as we go through this reform.

And it's something the members opposite didn't do. They took no stand. They took no stand — no stand on the Murray Commission report. None at all. They buried their heads in the sand and they did nothing, in spite of the fact they paid a fortune for it. I would have thought they would at least have had the courage to back up the person who did that report, but they didn't.

Now there were problems with it, with their report. And we pointed those out at the time and we have corrected them in our approach. We've corrected them in our approach. And this government understands the need for consultation and this government is involved in consultation throughout the province with stakeholders and other health care groups. This government is consulting in a way the former government never did consult with stakeholders, and we're seeking the involvement of individuals in a manner the former government never did.

Mr. Neudorf: — Mr. Chairman, thank you very much. And I'm sure that the people who are listening and watching are appreciative of the opportunity to listen to what the Minister of Health is saying and engaging . . . or comparing her actions to her words.

And, Madam Minister, you say you want to continue. And that's what I found most disturbing about your little political speech that you just finished — most disturbing that you want to continue on in what you are doing. And I'm sure the people who are listening are shaking as well, as you say that you are . . . And you are promising. You just promised right now that you are going to continue, in your words, to improve the health care situation in the province.

Well that's a damning indictment of your intentions, Madam Minister. I think the people have had quite enough of your improvements. You talk to chiropractors and optometrists. You talk to the level 2 folks and find out if they are so enthralled about your improving that you're talking about and doing. You talk to the diabetics. You talk about all of those who have to participate in the increased prescription drug plans, whether they are in tune with your improvements.

Madam Minister, as I said yesterday in question period, if you would do nothing in Health, that would be a tremendous improvement. That's the bottom line. That's the bottom line, Madam Minister.

And you wanted to talk about consultation. All right, let's talk about consultation. I have a good example, Madam Minister, of how you consult, how you hold hearings with the real people out there. Madam Minister, as you consult about your wellness plan, I can recall the report I got on

your meeting in North Battleford. Do you recall that meeting in North Battleford, Madam Minister? You didn't even inform the chairman of the local hospital board that you were coming into town, Madam Minister. Imagine that. The Minister of Health did not inform the local chairman of the hospital board that she was coming. Why? Because you thought it was more important for you to get a good spot on the local news, the local evening news. And I say this because the only people you talked to in North Battleford in your consultative mode was the media. You didn't talk to the local people. You talked to the media.

The leaders, Madam Minister, the leaders of the local hospital didn't get a copy of your white paper until the following day. And you were there in your consultative mode. Is this your idea of a consultative government, Madam Minister?

Hon. Ms. Simard: — All boards were mailed a copy the day it was announced. And we will be meeting with North Battleford when the meeting is set up. The purpose of the meeting in North Battleford was not to meet with all the health care stakeholders. There were some individuals that were met with. And the media was also met with. There will be meetings in North Battleford. We will be talking to health care stakeholders in North Battleford. That will come. We will be meeting with as many people as we can throughout the province. And we've done a substantial amount of that in the last three weeks. So we will continue to do more of those meetings with health care stakeholders through the province. And I will be going to North Battleford again, and we will be in touch with administrators when that date is set.

Now the member opposite says that we shouldn't do anything in health care. And I'm not surprised he would say that because that's what they did for 10 years — nothing in health care. They did nothing to improve the health care system. They poured a lot of money into capital construction but nothing to improve the health status in the province and the health care system.

Mr. Neudorf: — You're right, Madam Minister. We put a lot of money in construction. Remember the last six years of your government? You put a moratorium on nursing homes; folks had no place to go. You built Liquor Board stores; you were great at that. I've got some in my constituency to prove that. And yet you left the seniors out, out in the cold literally — total moratorium. What would you expect us to do for the first parts of our term? All we had to do was try to play catch-up for the lack of building that you did, Madam Minister.

I found out a good idea and a good example of your consultative mode which you conveniently got off of when I started talking about the North Battleford fiasco that you created. And I also was in Eastend, Madam Minister, to see how your consultative mode . . . when you send your bureaucrats, when you send your officials to meet all day with a board, to indoctrinate them, to literally threaten them so that the end result is going to be to your liking.

Well, Madam Minister, with consultation like that — and we'll be talking more about that later on — why don't you

just simply send an edict out saying that this is the way it's going to be? Because essentially that's what the people in Eastend and surrounding area — from Kincaid and all the other surrounding towns . . . were basically brought to their attention with an ultimatum that said, this is the way it's going to be, or sorry, folks, there's \$140,000 taken out of your funding.

That's the master hand that you're holding. That's your ultimate trump card that you're holding in this whole wellness plan. And we're going to be pursuing that further yet.

But at this time I just ask you: is that your idea of consultation, as it was in Eastend where your member there from Shaunavon was kept busy all night trying to extricate himself from the mess that you had put him in by the way that you were handling it? And he made a firm commitment on your behalf to the people of Eastend that you, Madam Minister, would be there three weeks later. And that's two weeks ago, those three weeks later. Can you tell me now that you have been there and that you have listened to them personally, without sending bureaucrats?

Because, Madam Minister, ultimately that's what you're going to have to do. You're going to have to sit down with the people locally. Don't just go to the Rosetowns and the Meadow Lakes and the Shaunavons to get a good ear. Go to the smaller communities. Will you commit to go to Kyle, to Beechy, to Dinsmore, to Eastend, to Kincaid and tell them how well this wellness model is going to treat them?

Hon. Ms. Simard: — We were at Dinsmore. And with respect to the . . . And we spoke to people from the communities of Kyle and Beechy and Outlook. We spoke to individuals, and I heard what they had to say. And the meeting took place in Dinsmore. The meeting took place in Dinsmore.

Now the fact of the matter is with respect to Eastend, there have been extensive consultations with the individuals involved in Eastend. And it's my understanding that the Department of Health and the officials in Eastend are working together very well, and that they are coming up with a solution to their problem. And they will continue to have that good working relationship with the officials from Eastend.

Now I want to talk in terms of consultations. When we were looking at health care reform, in reviewing proposals that have been made in the past and new proposals, we met with, for example, in Regina: the Aboriginal Women's Council of Saskatchewan, the Chiropractic Association of Saskatchewan, the city of Regina health department, the Saskatchewan Alcohol & Drug Abuse Commission, the Saskatchewan Association of CNAs (Canadian Nursing Assistants), the Saskatchewan Association of Special Care Homes, community services, health care association, home care, medical association, mental health, pharmaceutical, psychiatric nurses, registered nurses, urban municipalities association, Service Employees International Union.

In Saskatoon, we met with the Association of Non-Status Indians, College of Nursing, College of Medicine, College of Physicians and Surgeons, Community Health Co-operative Federation, Federation of Saskatchewan Indian Nations, medical services branch, Health and Welfare Canada, Metis Society, the ambulance association, the association of optometrists, the association of rural municipalities, cancer, public health, union of nurses, community health unit, Senior's Secretariat.

We've met with other organizations and individuals. Archibald from the Sherbrooke Community Centre, Armstrong from Wynyard Community Clinic, Gloria Barnett. And I've got a list of names here that goes on for a page and a half of other individuals and organizations. We've received written briefs from Allergy Asthma Information Association, Breastfeeding Matters Group; Canadian Cancer Society; Canadian Diabetes Association; Canadian Institute of Public Health Inspectors, Saskatchewan branch; Canadian National Institute for the Blind; Canadian Organic Producers Marketing Co-op Ltd.; Canadian Physiotherapy Section; Canadian Red Cross Society; Catholic health association; chiropractors association; city of Regina Health department; College of Dental Surgeons; and it goes on. There are one, two and a half pages of written briefs that were presented as a result of a request for briefs. And some of this was followed up in individual think-tank environments.

There has been a lot of consultation throughout this province. At some point in time, I say to the hon. member, at some point in time you have to get the job done.

Mr. Neudorf: — Madam Minister, my colleague had used the term yesterday in this House to describe what you just did, but I'm informed that's an unparliamentary term so I won't describe your litany in those terms.

A fairly simply question to you then, Madam Minister. With all this consultation why is there so much apprehension, fear, and misunderstanding and ambiguity out there? Explain that.

Hon. Ms. Simard: — The members obviously haven't been reading the newspaper. There has been support shown for our plan by a whole range of people, by SUN (Saskatchewan Union of Nurses); by the SHA (Saskatchewan Health-Care Association); by SASCH (Saskatchewan Association of Special Care Homes); by the College of Physicians and Surgeons. There has been an overwhelming support for the new direction.

Yes I know the members opposite are trying very hard to raise as many concerns as they possibly can amongst people because their objective is to obstruct the reform. They sat on their hands for 10 years; they didn't want to do anything and they don't want this government to do anything. Because their philosophy is it's better not to do anything at all. In fact I remember George McLeod's memo to the Department of Health telling them in effect, don't mess up. Now the word wasn't mess; it was something else. But I won't use it because that's probably unparliamentary.

That was his instructions. That was his instructions to his people. He was afraid to do anything. So I can understand, I can understand why you do not want to see this government do anything, because you didn't have the courage to do anything — not one little ounce of courage. No courage at all. Just maintain the status quo.

The fact of the matter is, is that there has been virtually overwhelming support for the wellness initiatives. Overwhelming support. And there are some concerns which we will work through with communities. We will work through these concerns. And that's why we're going through a consultation process — to determine what the concerns are. And we will deal with them.

(1145)

Mr. Neudorf: — Thank you, Mr. Chairman. You talk about headlines. You talk about overwhelming support, Madam Minister. I'll give you an example of the overwhelming support.

First of all you say, Madam Minister, that the whole reason we're gutting the health care system is because of a deficit. You're responding to a deficit. You're trying to cut money; you're trying to save money. That's your overriding principle in your own words. And therefore we're willing to gut the health care system as we know.

Then you pick up a letter from the . . . into the *Star-Phoenix*. It says: Wellness model likely won't reduce cost of medicare. That's your overwhelming support, Madam Minister.

Another one says: "Gov't will call shots for boards . . ." No local control. Headlines saying, government will still call the shots. The article goes on and says your government's health district board ". . . has more to do with politics than with health care . . ." That's not me saying it. It's a health economist saying it.

Further it says:

In spite of the emphasis the government is putting on local control . . . the boards "will be the servants of the Department of Health . . ."

And you say everybody's in favour, Madam Minister.

It goes on:

The government's argument about local control rings hollow . . .

The government's move is simply "political flim-flam" in order to find a palatable way to close hospital beds . . .

Madam Minister, and you've got overwhelming support?

It goes on to say:

. . . the truth of the matter is we're moving further away from local input by doing that.

You say you have overwhelming support. Madam

Minister, I will grant you one thing. When the initial response and the initial white paper got out, there was on the surface of it a lot of support. But in the mean time almost every one of those organizations had said whoops, hold on now; we didn't understand the implications. We didn't understand the impact that this potentially could have. And we find more and more of that type of support waning as people begin to realize the impact that it will have on their community.

I saw that. I saw that at work where after a board's report to the constituents or to the members in that particular locality, the board members were giving solid support to your plan. The doctor was giving solid support to your plan.

And it seemed to me, and I was there to listen as part of my responsibilities and duties as a critic in Health, I said to the colleague that had gone with me there, after the first hour of the meeting, well I guess there's no reason for us to stay because it appeared as if there was solid support. And if the community supports it, I as a Health critic support it because I have no right to resist something that doesn't have the concern of the people behind it.

So I was prepared to leave until that proverbial little old lady in the crowd got up and asked, do we know what we're doing? What are we doing to ourselves? What are we doing to our community? Legitimate questions. And from that point on, the board was under fire. The doctor was under fire. And certainly your MLA from that area was under fire and called to task a number of times because the well gates opened up, and the concern that was inside these people came forth.

It welled up and spilled over to immediately following that where your own board members and your own doctor began to question your officials and said, yes what about this? What about that? What about the fact that if we lose our acute care beds, the building is not built the way it was anticipated, that had been approved. If this turns out now that this is a bad move on your part, Madam Minister, and government, will you commit that we will still get those facilities that we lost in the interim?

So, Madam Minister, when you say you have overwhelming support, I say at best, as one article that I have here says, cautious support, SARM, SUMA. I can read that, and I will later on — cautious support. The implications are beginning to sink in, Madam Minister; that's all I'm saying. Implications of many areas are beginning to sink in. And these people want to know the true impact of your wellness plan. They don't know that yet, and they are questioning, they are wondering, and they're worrying. And they're telling me, where's the Minister of Health?

That, Madam Minister, is why I want you to commit to true public consultation. What you've been talking about so far is a farce. You send officials there, and they meet. You go to North Battleford, and you stand in front of the camera and you call that consultation. That's not consultation, Madam Minister.

We can get off this topic by you just simply getting up and saying yes. This is my question: will you commit to full

public hearings? You've got standing committees in the government left and right. Even this morning and yesterday, another standing committee established. I don't know how many that is. Maybe you can answer. Is it 12, 15 standing committees? How much is that . . . all those committees costing the taxpayer of this province? How much money is being invested in it?

So if you're in that mode already, why would you not do what is right — set up a standing committee of this legislature where all three parties can be involved so that there is no hint of politicization of the process as it is under your dominating influence right now. Why not do it that way? Remove it out of the realm of politics, Madam Minister.

I think you would admit then too that that's what would be happening. It would be removed out of the realm of politics, because that's where it's in right now. I recognize what I'm saying. A lot of this is politically motivated, just as your — I'll call them speeches — just as your comments were and have been for the last hour. And it becomes a political football. I recognize that. I hope you recognize that.

So I'm quite prepared with one or two of my colleagues to sit on a committee like that with you and whoever you choose with the Leader of the Liberal Party and we'll do it right. Because, Madam Minister, this is a major, major change in direction of health care in Saskatchewan and we want the people to be part of it.

We don't want a predetermined document with predetermined boundaries and so on set up for the people. We want them to have that input. And they're not getting it the way it's going right now, I assure you, Madam. They are not getting it. And I'm not the one that's saying it; they're telling me that.

Would you consider that, Madam Minister?

Hon. Ms. Simard: — Well first of all the paper has only been out for a couple weeks, as the member opposite is aware. The Minister of Health can't be everywhere at once. But I will be going throughout Saskatchewan over the next two months and meeting with as many communities as I possibly can, as is physically possible. It's impossible to be everywhere at once. And so we beg people's indulgence and we'll get out to see them as quickly as we can.

We will also ask other individuals such as officials in the Department of Health and other people involved in the system to get out and talk about this. This is what this is all about. Yes, you're right. Some people raise concerns, and that's what this model is all about, is people getting together in groups and talking about what is happening and asking questions. That's what we're doing here. We're trying to generate discussion on the health care reform.

That's what it means, a local model. People in Eastend getting together and talking about it and raising concerns. That's what it's all about. And this is the sort of discussion that we welcome in the months to come. And we will be attempting to get to as many communities as we can as

quickly as we can to provide them with as much information as we can and to hear what their concerns are and how we can work through these concerns and develop solutions.

Now the fact of the matter is, is there has been an enormous amount of support and recognition for the need for health care reform and the need for organization on a district basis. And that became clear when the paper was made public.

We have headlines here that talks about health reform gaining support. This one: rural health boards to manage services. Health groups were universal in their praise for the document, calling it a valuable and long overdue first step.

He says they don't understand. He says that the SHA — the Saskatchewan Health-Care Association — the Saskatchewan Association of Special Care Homes, the College of Physicians and Surgeons, they don't understand. They don't understand. He's saying all these people who work in the health care sector day in and day out and have worked there for years don't understand.

Of course they understand. And the fact . . .

An Hon. Member: — Don't put words in my mouth.

Hon. Ms. Simard: — No, well that's what you just said. They don't understand.

Here's another: health care leaders embrace; giving control to communities described as long overdue. It's high time local communities had control over and ownership in the health system. We have heard talk of change for many, many years but we've never seen anybody at the governmental level finally make that commitment to change, by a major leader in the health care area.

Health care leaders embrace planned reforms. We believe that when the communities take over responsibility for care, our members should be able to continue providing care. Dennis Kendall, registrar for the College of Physicians and Surgeons, called the paper a positive plan that might help to attract doctors to rural communities. That's what the registrar of the council of the College of Physicians and Surgeons said. And it goes on and on.

The fact of the matter is, is there's a recognition that we need change. There's a recognition that we should co-ordinate and then organize on a district basis. And we have put that framework forward for the people. Now we are going out and asking them to tell us what our concerns are and to talk about possibilities of organizing in districts and what it may mean to them.

And there'll be a lot of consultation to come. And this is the process we are engaged in and I believe that this is a very effective process. And wherever I go, people are welcoming. They are welcoming this input. They are welcoming the opportunity to be able to talk about what it means to them and how it would evolve in their . . . with respect to their hospital or special care home, for

example. And I think it's important that this consultation takes place over the next few months. And we've been doing it. And we will go to as many places as we possibly can, as I indicated earlier.

It is clear, it is absolutely clear that the public recognizes the need for health care reform. It is also clear that we need to co-ordinate and integrate on a district basis but not districts that are too large; districts that are at a size that we can deliver the kind of programming that we would like to deliver to our communities and still have local input and control.

So we will be talking to people about what kind of input and control they would want on a board, for example. Do they want an elected board? Maybe we should have elected boards. And we'll be asking communities as we go through the province — do you want the permanent boards to be elected? Or do you want them . . . one community already told me, no, they want a combination of appointed, elected.

So these sort of things we have to think through in the weeks and months to come through the consultative process. That's why this health care reform is a framework for change. It's a framework. Here is the general direction. Now let's talk about how we make it work to our advantage in our communities. And if there are concerns, let's deal with them to the satisfaction of everybody involved.

That's the way Saskatchewan people work. They work together, co-operatively, with a goal in mind. They organize and integrate, and they work together with that goal in mind in a co-operative fashion to improve services for their families and for future generations. And that's what we're asking people to do with this health care reform.

I know the members opposite say we're trying to get everybody fighting. We're not. We're trying to get them together to consult and talk about what this means. It's not us who are pitting communities. It's the member from Rosthern who's trying to pit communities against each other.

We are trying to bring people together to look at the goal and what is for the benefit of their communities. We've had an enormous amount of input in the last 12 years from communities and stakeholders. Everybody knows what the general direction should be. But not everything has been worked out. And that's why this is a developmental model; that's why I talk about community development. We want the people involved in the health care sector, the stakeholders, the boards involved, municipalities involved, coming together and talking about how we can make this framework work for the benefit of their children and their grandchildren. And that's the process that's going to be taking place over the next six months to a year.

(1200)

And so I invite the members opposite when we have a meeting in an area, to come if they want. And I hope that we have a co-operative approach to this. We're not trying

to force health reform on people. We chose a community development approach to take a few months to talk about it and see how it works.

In New Brunswick they came in with a blueprint that defined every boundary in the province, and they imprinted it on the province and they wiped out every board in the province and replaced it with a few boards. That's what they did in New Brunswick.

This government, in a co-operative spirit, chose to put forward a framework and to go out and talk to the people, and that's what we're doing.

Mr. Neudorf: — No, Madam Minister, no. Unfortunately that's not what we are doing. You talk a good line, and I would appreciate it if you wouldn't put words in my mouth as to who understands and who does not understand. That's not what I said, and you fully well know that.

My concern, Madam Minister, is that people as they are gradually becoming more and more aware of the implications of your plan, are beginning to realize that they will not have local control. The boards that are going to be appointed by you are not going to have the final say. It is going to be the almighty dollar, the almighty purse-string that you are controlling that will dictate what these communities can and cannot do, because they will be limited by your funding.

And, Madam Minister, the Finance minister has dictated to you to save money. This is a mechanism and a means whereby you can accomplish that off-loading to municipalities. That's the concern that SUMA has; that's the concern that SARM has. And those are your intentions, precisely.

And as far as co-operation, Madam Minister, we would like to co-operate. And the idea that communities should co-operate is something that's long overdue in Saskatchewan. And although we're making a lot of progress — I come from rural Saskatchewan, we have all our towns — the competitive spirit is there and it's always been in sports and athletics and so on. But, Madam Minister, what you are doing is pitting one community against another. You are asking in a co-operative spirit for a community to give up its schools, its hospitals, its elevators. That's what you're asking these communities to do.

Now I know what's going to happen. Financing is the bottom line in all of this and these boards are going to be limited as to what they can do. Municipalities will be limited as to what they can do. And the only way that they can have that enhanced health care that the government will not be funding, is to pass it on to the local tax base.

Madam Minister, if you can assure me that the local tax base will never, ever be used to supplement your down-loading, then I would say 95 per cent of this program of your wellness program has been taken care of. I know you're going to get up and say health boards will not be given the right. That's not what we're talking about; we're talking down to the local tax base. If you can get up and say municipalities will not be allowed to tax

for enhanced health services, if you commit that, that funding will come from the provincial coffers, we'll be a far . . . big step forward.

Thank you, Mr. Chairman.

The committee reported progress.

The Assembly recessed until 2 p.m.