

The Assembly met at 1:30 p.m.

Prayers

## ROUTINE PROCEEDINGS

### PRESENTING PETITIONS

**Mrs. Bergman:** — Thank you, Mr. Speaker. I rise to present a petition on behalf of the citizens of the village of Ebenezer who are concerned about the construction of a chemical storage facility within the village. The prayer of the petition reads:

Wherefore your petitioner humbly prays that your Hon. Assembly may be pleased to cause the government to immediately investigate the situation through an inquiry or other appropriate means.

I so submit, Mr. Speaker.

### READING AND RECEIVING PETITIONS

**Clerk:** — According to order a petition requesting delay in the passage of Bills 32 and 54 presented on May 25 has been reviewed, pursuant to rule 11(6) and rule 11(7) and is found to be irregular and therefore cannot be read and received.

### INTRODUCTION OF GUESTS

**Mr. Lyons:** — Thank you very much, Mr. Speaker. Mr. Speaker, to you and to all members of the Assembly, want to introduce five students in your Gallery. They're ages 13 to 15 and they're from Dale's House in the constituency of Regina Rosemont. They're accompanied today by Darryl Browne and Carol Dawson. And they'll be touring the building up to 1:45 and they're going to be meeting in the Speaker's boardroom, your boardroom, sir, following question period for a photo and drink opportunity. So I would ask all members to please welcome these students here today.

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

**Ms. Bradley:** — Thank you, Mr. Speaker. Mr. Speaker, it's with great pleasure I wish to introduce to you and through you to the members of the Assembly, a group visiting today from Gladmar School, a grade 11 class. And I will be meeting with them later today at 2 o'clock, I think, after question period for drinks and a picture and a time to discuss.

With the grade 11 class today they have their teachers Ms. Judy Bendickson, Mr. Kirby Boychuk, and chaperons Lynne Hoffart, and bus driver Janice Muxlow. I wish everyone to join me in a warm welcome to the students from Gladmar School today.

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

**Mr. Toth:** — Thank you, Mr. Speaker. To you and through you, I am pleased to introduce a group of grade 12 students — 11 students in fact — from

Wawota accompanied by their principal and teacher, Mr. Harold Laich. I look forward to meeting with the students after question period. I trust they have an informative time here in the House and in the city. I would like to ask the members to join me in welcoming the students from Wawota.

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

## STATEMENTS BY MEMBERS

### Wadena Wildlife Wetlands

**Mr. Kluz:** — Thank you, Mr. Speaker. Today I'm pleased to announce to the Assembly that the Wadena Wildlife Wetlands will officially open Friday, May 27. The Wadena Economic Development and Tourism Association is constructing a special viewing tower and an exciting interpretative area on what was known as the Little Quill Lakes Heritage Marsh. The name change of the area to Wadena Wildlife Wetlands is also part of the program.

The official opening of the wetlands will kick off the Shorebirds and Friends Festival being held on May 27 and the 28. Many dignitaries have been invited to the opening including representatives from United States, South America and both the federal and provincial governments.

The network of marsh land in the Quill Lake system was identified as a Ramsar site, which means it is a wetland of international importance. This also means that these wetlands will receive official recognition as a western hemisphere shore bird reserve network site. The Wadena Wildlife Wetlands is host to thousands of ducks, geese, and migrating shore birds. Several of these birds are included on rare, threatened, and endangered species lists. With such a great variety and number of birds, both casual tourists and serious bird-watchers alike will enjoy visiting the wetlands.

Mr. Speaker, I urge both the members and the public to come to this historic event at the Wadena Wildlife Wetlands, and enjoy the festivities as well as the wildlife.

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

### Prevention and Support Grants for Community Agencies

**Ms. Stanger:** — Thank you, Mr. Speaker. Prevention and support grants of 1.4 million are now available to community agencies under Saskatchewan action plan for children. Community groups can use the grants to establish projects that focus on prevention programs and support services for children, youth, and families.

A key feature of these grants is that they are community driven. Communities will have two opportunities to access grant funding — June 24 and then again in the fall. The grants are part of over 4.4 million announced earlier this year under the action plan.

A number of projects and services have already been initiated to respond to community initiatives. Some of them include the Children's Advocate, the family law court division, expansions to legal aid, and support services to poor families, new outreach services for victims of family violence, and support for pre-school pilot projects in La Loche and Prince Albert.

The grants allow us to allocate funds for preventative service and early intervention programs. By developing services earlier or before problems develop, the need for higher-cost, more intensive service is reduced. At the same time support grants will enable to ensure that vulnerable families receive the support they need to help restore their health and social well-being. The preventative and support grants enable communities to work effectively to improve the lives of many Saskatchewan children, youth, and families.

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

### Broadway Comedy Festival

**Ms. Lorje:** — Thank you, Mr. Speaker. I'm going to say this one with a smile on my face. Next week is Tourism Week and rather than waiting until then to inform the House about an important event, I want to tell you today that there will be, for the first time ever in Saskatoon in the Broadway shopping district, a comedy festival. They're all set to fill the streets of Saskatoon with fun, laughter, and good old-fashioned humour from June 17 to 19.

During the last four years, the Broadway shopping district in Saskatoon has been the home to the alternative theatre festival — the Fringe. This year, from July 29 to August 7, the Fringe is moving downtown. But the people at the On Broadway Association and all the Broadway merchants decided that summer is too good a time to pass without a festival on their street. So they organized the Broadway Comedy Festival.

There will be three very funny headliners at the Broadway Theatre and several more roving comedians popping in and out of at least six restaurants on Broadway. And if they don't get totally sidetracked with the fun and good food, they'll also go along to the outdoor stages to join others there for free entertainment. I've even heard rumours there's a theatre company getting into the act and a couple of street dances on Friday and Saturday night.

Definitely Broadway in Saskatoon is the place to be from June 17 to 19. If the opposition members can tear themselves away from the Legislative Assembly, then I invite them to come to the Broadway Comedy Festival.

### New Transportation Service in Rosetown-Elrose Constituency

**Hon. Mr. Wiens:** — Thank you, Mr. Speaker. I'm pleased today to announce a new transportation

service in the Rosetown-Elrose constituency. The communities of Wiseton, Dinsmore, Beechy, and Lucky Lake will be served by a new bussing arrangement. This comes about because of a concerted effort led by the Coteau Hills Rural Development Corporation, and the various municipalities involved, and supported by the STC (Saskatchewan Transportation Company) and the Department of Highways and Transportation.

With the discontinuance of the rural transportation assistance program in 1993, a bus system in the Outlook-Beechy area was threatened. Concerned communities and agencies, which I previously named, worked together to sustain bus service in the area.

The Saskatchewan Transportation Company, which set up an interim bus service in the area until the proposal was in place, assisted in many ways. They helped in obtaining equipment and qualified staff; set up guideline figures for the development of rates, revenues, operating costs, and schedules; and worked with communities in the area in financial development and planning.

The Coteau Hills Rural Development Corporation led the development of agreements to allow community participation. They also acted as a liaison between operator and the communities involved. The Department of Highways and Transportation also played a major role.

Mr. Speaker, this new business service in the Outlook-Beechy area went into effect May 2. I'm happy to say that bus service connecting the towns of Saskatoon, Outlook, Wiseton, Dinsmore, Beechy, and Lucky Lake is now operating.

I want to congratulate the community leaders and all the agencies that supported this new, local initiative.

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

### Aliens in the Legislature

**Mr. Cline:** — Thank you, Mr. Speaker. There's an old command in the writers' profession that says, write about what you know. Murray Mandryk definitely lived up to this command yesterday by writing about weirdness and aliens, subjects with which he no doubt has great familiarity. But as usual, he was a few light years off the mark when he reported that these aliens were actually magpies and foxes.

The real story, right under his nose, was in *The Weekly World News*. This paper, which can be read while waiting in line at any supermarket, reported that at least a dozen U.S. (United States) senators have been exposed as space aliens. Not only that, five have come out of the space closet and proudly admitted their origin.

Where was Murray? Murray Mandryk chose not to cover this. Is it because he himself is a space alien? Perhaps a Liberal Klingon?

Where, for that matter, was the member from Moosomin? He will want to know if the Human Rights Commission has jurisdiction over these aliens and will it openly promote the alien lifestyle.

So many questions, so few answers. Unfortunately, Mr. Speaker, journalists and opposition critics have failed to boldly go where no one has gone before.

Thank you.

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

## ORAL QUESTIONS

### Douglas Government Anniversary Celebrations

**Mr. Neudorf:** — Thank you very much, Mr. Speaker. My question would be directed to the Premier, but failing that, then to his designate.

I'd like to read a quote, Mr. Deputy Premier, from someone in your own party which provides, in my opinion, one of the most telling commentaries on your government that I have seen in a long, long time. And I want you to listen carefully to this quote. And I quote, Mr. Speaker:

Losing the farm, well it hurt. But there's no shame in it now. Pretty well everyone around here is behind in their taxes. Mostly I'm afraid for the children. We can barely feed them. They stay home from school because they don't have shoes or a warm coat. How can a government watch this happen to us and do nothing?

Mr. Minister, my question is about priorities. Do you think your government should be dealing with the serious economic problems in this province like those that I have just outlined? Or do you think your time would be better spent going around the province and throwing a big party for NDP (New Democratic Party) members?

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

**Hon. Mr. Tchorzewski:** — Thank you, Mr. Chairman . . . Mr. Speaker. I'm pleased to respond to the member opposite and I want to say this: that historical events are something which the people of this province, as any people of any society, should and want to celebrate. The 50th anniversary of the election of the Tommy Douglas government is, I think, a very historical event not only for Saskatchewan but it is a historical event for all of Canada because of the things that were initiated because of that particular election.

This would be done in the case of any such historical event. There is going to be on June 15 an unveiling of a plaque in the Legislative Building. There will be a reception, a very modest one, to which all members of this legislature have been invited.

For those kind of events, the government will expend money. But any events which may be of a political

nature are going to be sponsored by the New Democratic Party and paid for by the New Democratic Party and not by the treasury of this province.

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

**Mr. Boyd:** — Thank you, Mr. Speaker. Mr. Speaker, the quote my colleague from Rosthern just read, as you probably know, is the opening to the NDP's big, multi-image presentation that's going to be part of a series of parties the NDP is holding all over this province starting June 3.

Our office received a complete package on this province-wide party from a disgruntled NDP member, who obviously shares our opinion that your government's priorities are badly misplaced.

We have 16,000 fewer jobs in this province than when you took office; we have 80,000 people on welfare; we have a record number of people using food banks; we have the highest tax burden in Canada. So what's the NDP's solution to dealing with these problems? Shut down the legislature and go and throw a big party.

Mr. Minister, do you think this is the best signal you could be giving Saskatchewan people? Do you think you ought to be throwing a big party at a time when so many people are suffering in this province?

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

**Hon. Mr. Tchorzewski:** — Mr. Speaker, I really think these questions are out of line because they have nothing to do with government policy or with expenditures of money from the treasury. But I will respond to the question anyway.

Mr. Speaker, I want to say very clearly to you and to the member from Kindersley and everyone in this House and everybody in Saskatchewan that the people who are members of the New Democratic Party, and I think people of Saskatchewan, by and large, are proud of the accomplishments that were brought about because of the election of the Tommy Douglas government in 1944.

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

**Hon. Mr. Tchorzewski:** — I think they're proud of that, and I think that the people of this province, putting aside all partisan affiliations, will want to recognize that event, that 50th anniversary, and indeed even celebrate it even though there are disagreements on a partisan basis.

And I'm able to say, Mr. Speaker, that all of those events have been . . . everybody is invited, including the members opposite, and they'll be welcome and treated very well.

And all of those events are being organized by the New Democratic Party, they're being funded by the members of the New Democratic Party. And the

public is invited and no money from the provincial treasury will be expended for them. I make no apologies for that.

In fact I rise in this House to express my pride in the fact that our party is still proud of the fact that it can look at its heritage and its accomplishments and say that we think it's worth celebrating.

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

**Mr. Swenson:** — Thank you, Mr. Speaker. Well, Mr. Minister, I understand that the party is to celebrate the 50th anniversary of the election of Tommy Douglas and I suppose that's reasonable because if I had your government's record I'd want to talk about Tommy Douglas too, Mr. Minister.

Now we've seen some pretty good musicals in the province, Mr. Minister, lately you know; we've had *Cats* and *Les Miz* and the *Phantom of the Opera*. And now we get the NDP production of Tommy. Only in this version it's the current NDP Premier that's deaf and blind to the problems of Saskatchewan, although I must admit, Mr. Minister, he plays a mean VLT (video lottery terminal).

Now in 1991, Mr. Minister, your Premier had this to say about Rally Round Saskatchewan — remember that, Rally Round Saskatchewan? — and I quote the Premier of the province:

The PCs are currently sponsoring a series of parties around the province hoping that Saskatchewan people will ignore their economic record.

Mr. Minister, isn't this exactly what the Tommy tour is designed to do, so people will ignore your economic record?

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

**Hon. Mr. Tchorzewski:** — Mr. Speaker, let me say this to the member opposite. After the election of the Douglas government in 1944, the people of this province saw the bringing about of medicare, of hospitalization, of balanced budgets, of rural electrification, Mr. Speaker, just to mention a few because there's only so much time in responding to a question.

I think that we are quite prepared to match those accomplishments to the \$15 billion debt which that party opposite chalked up in the 1980s. And that's a pretty good comparison, Mr. Speaker. And we are proceeding, since 1991, to follow up on the heritage of the Douglas administration because we are doing something about that deficit.

We are going to have a balanced budget by 1996. We are involving the people in the policy decisions of this government. And we are doing the kinds of things that are cleaning up the mess which the members opposite created in the 1980s. And we're following in the footsteps and the tradition of the Douglas government

which was elected in 1944, of which, I repeat again, we are extremely proud. Which is something members opposite can't say for the period of the 1980s when they were in the administration of this province.

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

**Mr. Swenson:** — Well, Mr. Minister, no one in this House is attacking Tommy Douglas. It's just sad that your party hasn't had a new idea in the last 50 years. That's the problem, Mr. Minister. See, there's nothing positive in your current record. So I think that's why you're digging up a past premier of this province to talk about.

I'm disappointed that this current production of Tommy, Mr. Minister, isn't having a showcase in Moose Jaw. There's plenty of space available in Moose Jaw, Mr. Minister. You could hold it in the Woolco store that your government refused to help keep open. And you know what, there's a 140 former employees there, Mr. Minister, that could be hired to help you put on the production of Tommy.

So why don't you get down to dealing with the real problems of the province, Mr. Minister? Instead of holding a party around this province, why don't you get on with the agenda that people all across the province are telling you about; the 500 in Saskatoon and the thousands of others that don't agree with the mess you're making in this province. Why don't you do that, Mr. Minister?

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

**Hon. Mr. Tchorzewski:** — Mr. Speaker, let me say to the member opposite that this is the 50th anniversary of the election of the Douglas administration in 1944. That's an interesting contrast to the fact that the Progressive Conservative Party gets elected once every 50 years in Saskatchewan, when people have forgotten the kind of legacy that they have left behind.

Now, Mr. Speaker, I'm prepared to talk about the period between 1929 and 1944 when there were Conservative and Liberal kinds of governments, and what was done between 1944 and 1962 when all of that had to be corrected and cleaned up. And I'm prepared to talk about the record and the legacy left behind between 1982 and 1991, and what this government is having to clean up, which is a pretty fair comparison to the period of time which I talked about earlier.

And I'm prepared to talk about what others are saying of the accomplishments of this government, including the investments in Saskatchewan; including business people in Saskatchewan; including Mr. Gass, who is a prominent analyst in the city of Saskatoon — all of whom say very clearly that this province and this government are leading the way in Canada in financial management, dealing with the deficit that is there, and that it's a model which other jurisdictions in Canada should be following.

That's the accomplishment of this government. And it's an important accomplishment because it's providing hope for the future for our investors, for our workers, for our farmers, and most importantly for our children.

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

### **Radisson Housing Authority**

**Mr. D'Autremont:** — Thank you, Mr. Speaker. I would like to direct my question to the Minister of Municipal Government. Madam Minister, this question is in regard to the Radisson Housing Authority. After failed attempts by the Leader of the Third Party and the member from Regina North West, the federal representative of the housing authority nominating committee has come to us and asked you to listen.

Last February the nominating committee composed of local representatives from the federal, provincial, and municipal governments arrived at a deadlock over new appointments to the board of the local housing authority. The committee is expected to act on a consensus basis in selecting its board members, Madam Minister.

However, information that we have received from the federal representative indicates that your representative on this board refused to even discuss names brought forward by the other two representatives. Word around the community is that only NDP Party members need apply for these positions.

Madam Minister, the community is in an uproar over this heavy-handed interference by your government in local matters. Can you tell us, is it the policy of your government to ignore the wishes of the majority, to ignore the input of the community, and to turn local volunteer boards into political tools?

**Hon. Ms. Carson:** — Thank you, Mr. Speaker. Yes, I would be pleased to answer that question. The community of Radisson for many, many years has had a deep rift within it, and there have been factions in that community that have been disagreeing with each other for . . . probably since 1975 when the first housing authority was established. Now there's a lot of history here, and I don't want to bring it out for everybody, but I think there is always two sides to every story and we should always be aware of that.

I will say this however: the provincial rep tried to arrive at a consensus. She had three names; the other people had three names. She deleted two of her names as a compromise and still that was not good enough for the other two committee members.

But this is more than just about who sits on the housing authority. This has to do with the management of the housing authority. And the first decision that the new housing authority made was to decide to tender out the maintenance contract. The maintenance formerly was done by the manager, and he was paid for that on

top of his administrative salary.

Now this of course has blown up into a disagreement between different political factions and different groups of the community, but there's more to this than meets the eye. We have now sent our officials in to do an audit of that housing authority and I just ask all members of the House and of the community at Radisson just to let this thing resolve itself. Those people who are on the housing authority are competent, capable people and they will deliver the best services available to those people who live in those social housing units.

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

**Mr. D'Autremont:** — Thank you, Madam Minister. I'm glad that you say that these people are competent, but when the nomination board presents names and the provincial representative on there deletes two of hers and allows one to stand, and won't even listen to what the other two representatives are presenting, that's hardly a compromise, Madam Minister.

Madam Minister, the people of Saskatchewan, the people who elected you, are demanding that they be listened to, that their voices be heard. Two days ago we saw business people from across the province meet in Saskatoon to demand, in vain as it turns out, that the Minister of Labour listen to their concerns. People are demanding that elections be held for district health boards this fall, a demand which your government again chooses to ignore. Here once again we see the citizens of this province speaking up against the heavy-handed politics of your government.

You have received extensive correspondence from the residents of Radisson on this particular issue. Petitions have been sent to you from the town of Radisson and from the seniors' complex. Madam Minister, when will you get the message? When will you start to listen to the people?

**Hon. Ms. Carson:** — Well I thank again the member for that question. And it reminds me back to the time when I was mayor and I got a call from the former housing minister, Mr. Jack Klein, and when we were making a nomination to the Melfort housing board and he said: mind your own business, Carol, stay out of it; MLA (Member of the Legislative Assembly) Hodgins will make the appointment.

So you are very hypocritical over there, preaching to us about how we should follow this. From your past experience, you had no idea what the word compromise and consensus was whatsoever.

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

**Mr. D'Autremont:** — Thank you, Madam Minister. As the old mayor of Melfort, perhaps you had that occur to you. But as you say, that member is no longer here. Madam Minister . . .

**The Speaker:** — Order, order. Order. Will the

members please come . . . Order! Will the members please come to order.

**Mr. D'Autremont:** — Thank you, Mr. Speaker. Madam Minister, you had one appointment on that board. I'm not sure how many more you wanted to have.

Madam Minister, the federal and municipal representatives to the nominating committee are holding a press conference in Radisson this afternoon, in one last attempt to get their concerns heard. The situation in Radisson, which you created, has become a crisis in that small community. The mayor opposes the board; the town council opposes the board; the community opposes the board; the former manager of the seniors' complex, who you have forced out of work, opposes the board; and now the seniors themselves are refusing to pay their rent until you replace the board and your representative to the nominating committee. That's what this has come to — a seniors' revolt.

Madam Minister, local people in this province have lost confidence in your government. They have learned that you do not listen. Will you give us your commitment today that you will meet with the nominating committee and with the town council of the town of Radisson, to sort out this mess that your government has created?

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

**Hon. Ms. Carson:** — I will say this: the local housing authority is comprised of competent and dedicated people that will deliver a very high quality service to the people who live in those socialized housing units. Those people are there because they are the community's choice. I have told you before, there is a rift within this community that is long-standing and has not been healed for a number of years. There is always two sides to this story.

We are leaving the housing authority in place. I have met with the mayor. Those people will solve their own problems as long as other people stay out of the way. And that's the best thing that we can do for them.

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

### Retraining for Older Unemployed Workers

**Mrs. Bergman:** — Thank you, Mr. Speaker. My question is for the Minister of Education, Training and Employment.

Economic conditions in Saskatchewan have resulted in older, more experienced workers suffering unemployment problems. Of the 39,000 people in Saskatchewan who are unemployed today, 20 per cent are over the age of 45.

Minister, do you consider this problem to be a serious one, and what are you doing to correct it?

**Hon. Mr. Goulet:** — Mr. Speaker, over the years

we've developed institutions in this province with different policies. I remember the universities who had open admissions policies for people who are older and I remember different policies that have been developed through SIAST (Saskatchewan Institute of Applied Science and Technology) and the colleges.

I feel that the system has been strained over the past couple of years because of the Tory policies of the \$15 billion debt and so on. But I think that the systems that are out there, with all their experience and so on, are providing an excellent education for people, for all its citizens.

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

**Mrs. Bergman:** — Mr. Minister, these people need jobs. The federal and New Brunswick government recently signed a guaranteed income program for unemployed older workers. This program will offer a minimum annual income of \$12,000 to individuals to work on municipal improvement projects, environmental projects, and other meaningful forms of employment.

Mr. Minister, have you met with other levels of government to investigate the potential for a program like this for Saskatchewan?

**Hon. Mr. Goulet:** — Yes, Mr. Speaker, in response to her questions, if you look at the Liberal governments right across Canada, there's tremendous unemployment: Newfoundland has 23.1 per cent; P.E.I. (Prince Edward Island), 22.3 per cent; 15 per cent in Nova Scotia.

Mr. Speaker, in regards to programs in the province, we've done extensively well in regards to the New Careers Corporation in this province. But we're trying to get further cooperation from the federal Liberal government, and I certainly hope that the member across joins us and works with us in making sure that the feds live up to their side of the bargain and work with the people of the province in providing education in these areas.

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

**Mrs. Bergman:** — Are you saying, Mr. Minister, then, that you are consulting with the federal government on this type of program? The \$12,000 these people earn under this program is over and above what they get on welfare. It will provide work and a life of dignity for many citizens who at this stage of their lives have great difficulty finding jobs. It would also help communities carry out projects they might not otherwise afford.

Mr. Minister, other governments recognize the problem and are taking action. If your government does care and does wish to provide hope, how does this group of unemployed, older workers fit into your education, training, and employment program?

**Hon. Mr. Goulet:** — Mr. Speaker, here we have a member from Regina North West. She's busy

protecting the Liberal government at the federal level. She should be fighting for her constituents. She should be fighting against the offloading of the federal government. She should be doing many things in regards to supporting us in making sure that the New Careers program is up to par. I think that's what she should be doing rather than sitting here and protecting the Liberal government in Ottawa.

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

**Mrs. Bergman:** — Mr. Minister, I'm asking you about a specific group of people who are hard to re-employ. People in their middle years often have dependants and debt. They count on this time to earn their living not only for their families in the present, but also for their future security. Their need is urgent.

Mr. Minister, will you outline your plans today that will help these people in need?

**Hon. Mr. Goulet:** — People in need — I think that we've seen the changes in policies in regards to UIC (Unemployment Insurance Commission) and many others in regards to offloading by the federal government. You should be standing up for, again, the people — your constituents are the people that you mention — to make sure that the federal government quits the offloading and works with us to make sure that indeed we have the programs that you suggested be the ones that are beneficial for them.

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

#### Arts Board Grant

**Mr. Boyd:** — Thank you, Mr. Speaker. Mr. Speaker, my question is for the Municipal Government minister. Madam Minister, on May 19 I asked a number of questions regarding your review of the \$9,500 grant awarded to Christopher Lefler for his clearly defamatory artwork. The minister of gambling took notice on your behalf. I was pleased, Madam Minister, to read in today's newspaper that you've taken some action in this matter, although I'm not sure that the action goes far enough.

Madam Minister, have you received any response to your letter to Mr. Schmalz? Will the Arts Board be withdrawing this grant, Madam Minister?

**Hon. Ms. Carson:** — I thank you for that question. I have not received a response to my letter to Mr. Schmalz. The Arts Board is reviewing the matter and at this point in time that's all I can say.

I think it's important to understand that under the legislation that sets up the Arts Board as an arm's-length agency, the Arts Board has the autonomy to make these decisions and the minister cannot overrule those decisions, and I cannot dictate to them what they should do; so we have to wait for their reply.

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

**Mr. Boyd:** — Thank you, Mr. Speaker. Madam Minister, you shouldn't be asking the Arts Board to withdraw this grant; you should be telling the Arts Board to withdraw this grant. Your government has no business giving taxpayers' money to someone whose work clearly defames or hurts another person.

Madam Minister, the other day on CBC Radio (Canadian Broadcasting Corporation), the executive director of the Arts Board defended this grant, saying the community's standards and defamatory nature of the project were not even things which the Arts Board should consider.

Madam Minister, in Alberta the minister for arts funding has just announced that artwork which offends community standards should not receive public funding, and if the Alberta arts foundation continues to award grants to those types of projects, they'll have their funding cut off.

Madam Minister, will you follow that example and send a clear message to the Arts Board in Saskatchewan that taxpayer funding of defamatory or offensive work will not be funded in this province.

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

**Hon. Ms. Carson:** — Mr. Speaker, I think that would be a very, very dangerous course to follow. We have for many years deliberately set up the Arts Board at arm's length so that there would not be political interference into the definition and meaning of art; and I think it should remain that way.

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

#### MINISTERIAL STATEMENTS

##### Announcement of Major Motion Picture Project

**Hon. Ms. Carson:** — Thank you, Mr. Speaker. Mr. Speaker, I'm pleased to be able to inform this House, as a minister responsible for SaskFILM, that Minds Eye Pictures, one of Saskatchewan's leading film companies, is making the final arrangements in securing a \$2.9 motion picture deal. *The Hunted*, which is the film's title, will commence shooting in Regina and northern Saskatchewan on July 18 of this year.

I am equally happy to announce that Kevin DeWalt of Minds Eye Pictures has been able to demonstrate to his Los Angeles associates that Saskatchewan is an excellent place to do business. And it is my understanding that two more films will follow within the next few years. This province was chosen over Mexico as a site location for the film called *The Hunted*.

Negotiations are currently concluding with ACTRA, the Alliance of Canadian Cinema, Television and Radio Artists. I'm pleased to say that a very positive working relationship exists within these groups.

The use of Saskatchewan unionized labour through

ACTRA proves that we have the expertise to compete at the international level and attract new and important levels of investment to this province.

It is my understanding that the Saskatchewan and Los Angeles companies are already in production and will soon be in the La Ronge area shooting the action-adventure film. I want to congratulate all those people who have worked so tirelessly to make this project a reality.

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

**Mr. Swenson:** — Thank you, Mr. Speaker. I'd like to congratulate the minister today on being part . . . and I'm not sure exactly what part she's played in this particular movie, but I tell the government that they should keep promoting our fine province because this is an excellent place to do movies. They've been done in the past and I think that Saskatchewan people, on the artistic level, can certainly contribute to things like this.

And that's all the most reason, Madam Minister, that we should have a very clear understanding in our arts community about what is good and what is not good. So congratulations once again on bringing this forward.

## INTRODUCTION OF BILLS

### **Bill No. 72 — An Act to Establish the Saskatchewan Gaming Investment Corporation and to enact certain consequential amendments arising from the enactment of this Act**

**Hon. Mr. Lautermilch:** — Mr. Speaker, I move that a Bill to Establish the Saskatchewan Gaming Investment Corporation and to enact certain consequential amendments arising from the enactment of this Act be now introduced and read a first time.

Motion agreed to and the Bill ordered to be read a second time at the next sitting.

## ORDERS OF THE DAY

## WRITTEN QUESTIONS

**Hon. Mr. Lingenfelter:** — Mr. Speaker, as it relates to question no. 61, I move they be converted to motion for returns (debatable).

**The Speaker:** — Question 61 motion for returns debate.

(1415)

## GOVERNMENT ORDERS

## COMMITTEE OF THE WHOLE

### **Bill No. 56 — An Act to amend The Automobile Accident Insurance Act**

**The Chair:** — I would ask the minister responsible for Saskatchewan Government Insurance to please

introduce the officials who've joined us here this afternoon.

**Hon. Mr. Goulet:** — Yes, I have with me here Bill Heidt, the president of SGI (Saskatchewan Government Insurance); and also, behind me I also have Jon Schubert, the AVP (assistant vice-president) for claims; and Doug Moore, the manager of litigation.

## Clause 1

**Mr. D'Autremont:** — Thank you, Mr. Chairman. Welcome today, Mr. Minister, and your officials. We've had some discussion in the past in second reading about this Bill. We haven't had the opportunity to really ask you any questions about it, but there has been a lot of questions asked in question period; there's been a lot of questions asked by the public, in public forum nature of the newspaper; but there has been no public debate in the essence of you going out and meeting the public. You had one debate with some people in Prince Albert but you refused to participate in any debates any place else in the province.

When you were called upon to debate the president of the Saskatchewan bar association, you refused to do so. When we called upon you to hold consultations throughout the province, with the public, to allow the public to have the opportunity to gain some more information as to what no-fault was all about, how it would impact on their current protection by insurance when it comes to injury claims, you refused to do that. Your response was, oh well we have a 1-800 number and that's what we're using to consult with.

Well, Mr. Minister, when we phoned the 1-800 number there was no consultation process available. They expected you to ask them questions and when we did ask questions they didn't have the answers. They simply said, we'll have to get back to you later.

So, Mr. Minister, I'd like to ask: why did you refuse to debate in the public to provide the public with information, other than simple television, radio, and newspaper ads outlining your proposals?

**Hon. Mr. Goulet:** — First of all, the premiss of the argument is based on a faulty perspective. I will start out by reminding the member about a short historical overview on it. When we had Sobeco Ernst & Young report in December of '92, there had already been consultations taking place, and people that were in the committee were a group of very distinguished people from the province of Saskatchewan.

We had, for example, Rodger Carter chairing the committee, and we know that he was a dean of the College of Law in the province, in Saskatoon, and he'd been there for many years. As a matter of fact, he also helped set up the native law program which graduates 80 per cent of the Indian, Metis, and Inuit lawyers right across Canada. So he's been well renowned in regards to his knowledge of law and his knowledge about the history of Saskatchewan, and his concern,



you know, of the social and economic conditions of this province. And I do not need to say, you know, much more than that. But he is well known by many people in the legal community.

The other person that was in the committee was Pat Harrison, from the Canadian Paraplegic Association, Saskatchewan branch. Again she has done a lot of work in this area, being an injured person herself. And she had inquired into other jurisdictions besides Quebec, you know, where there was an insurance program that was similar in nature. And she has done a lot of work.

As a matter of fact, she had made statements wherein the present system, for every 10 people injured in the condition that she was in, only two were handled by the system right now. The system presently knocked out 80 per cent of the people, and that was her position. And she felt that this new system, you know, would provide the benefits for it.

We also had Merv Eisler, who was a person that was experienced in the area of insurance; Karen Rutherford, was also the past president of the Insurance Brokers Association of Saskatchewan; and we also had John Green, who was also experienced in the area of insurance. Dr. Ann Dzus, a surgeon from the department of orthopedic surgery who has handled many cases, you know, that has come through from a medical viewpoint; we've had Arnold Nelson, was many, many years experience in SGI board itself and also has worked in the system. We had Craig Vickaryous from the Consumer's Association of Canada who was part of that committee. So here we had a committee that was well represented by all groups that would be impacted by insurance.

And for the member across to dispute that these people did not consult is bordering on insult to such a distinguished group of people. I think that they have done a tremendous job in regards to the proposal on the Sobeco Ernst & Young report. They've provided very important information to the board. And when they presented that to us, you know, last year, we did not have time, because of the time it was presented, to look forward in legislation. So over the years we've done some consultation.

Between January 20 and May 9 — January 20, 1993 and May 9, 1994 — we had six meetings with the Saskatchewan Trial Lawyers Association. Between January 20, '93 to May 9, 1994, we had five meetings with the Law Society. Between January 20, '93 and May 4, '94, we had nine meetings with the Canadian Bar Association. We also had a separate meeting with another lawyers' group on March 10. We also had another lawyer group which we met four times.

We've met with workers in the province — three meetings between April 2, '93 to April 3, '94. We met with IBAS (Insurance Brokers Association of Saskatchewan) on May 13, '93 to May 5, '94, four meetings. The Saskatoon Chamber of Commerce we met with a couple of times; the Regina Chamber

a

couple of times, in again '93 and '94, in both years; the Saskatchewan Chamber of Commerce on April 14, 1994.

We also, on the health side, we have met with the Saskatchewan Chiropractors Association, February 16, '93, March 13, '93, April 13, '94. We met with the Regina Health Board in '93 and also in '94; the Saskatoon Health Board in '93 and '94; the medical staff at the Royal University in May 6, '93; we have met with doctors and therapists at the Wascana Rehabilitation Centre, you know, three times, twice in '93 and also in '94; doctors at the Saskatoon City Hospital in February 19, '93; the Saskatoon medical association, April 22, '93, April 13, '94; the Parkridge rehabilitation centre, '93 and '94; the Saskatoon branch of the Canadian Physiotherapy Association, April 13, '94.

And we've also met with the Saskatchewan insurance associations four times in 1993 to May 16, '94. We met with the Canadian consumers association three times; the Provincial Council of Women, Senior Power, Women's Secretariat, the Federation of Saskatchewan Indian Nations, Canadian Paraplegic Association, and of course they had a member on the advisory board.

We also met with the Workers' Compensation Board. We also met with editorial boards of the two papers. We met with Saskatchewan Safety Council and the Canadian Automobile Association.

So you can see that indeed we have consulted with a broad range of groups in meetings. We've also had the 1-800 number.

Of course you may want to shoot down the idea of a 1-800 number. But you've got to respect the people of the province when they phone in. You've got to have respect. I can say no wonder your government was removed out of office. You have to respect individuals when they phone you. You have to respect individuals when they write letters to you. You have to respect them when they form committees. You have to respect their organizations. You have to show a certain amount of respect.

You cannot simply say that you want a televised type of debate for 20 minutes which will resolve all the issues of communications. Communications is a continuous process which we have been involved in over the past two years. And this is the basis of the decision.

You know yourself; you've been quoted in the paper. Consultation on the 1-800 number. We've made amendments in regards to impaired driving. And you yourself have said, look, we have listened to the consultation process of people and we have made changes in that regard. So that is basically my answer in regards to your question on consultation.

**Mr. D'Autremont:** — Well thank you, Mr. Minister. It's very well on you . . . I agree with you that we need to respect the public. But consultation goes beyond

respect. There's another word involved in consultation and that's listening and acting upon the concerns.

You acted upon the concern we brought forward about drinking and driving and I thank you for that. But there are a good many other concerns and the public never — the public was never given the opportunity to go to some location and hear a meeting, to hear a presentation that dealt with the benefits of no-fault and the cons of no-fault, the things that are wrong with no-fault.

You went through quite a list of people that you claim to have met with. If indeed you have met with all of those people, and in meeting with them you would seem to suggest that all of these people agreed with you, then why are there ads appearing in the newspapers opposing no-fault?

Why are there people writing letters to the editor opposing no-fault? Why on the open-line shows do people oppose no-fault? If you've consulted with all of these people, and as you seem to suggest, they agree with you, then why is this happening? Why did the consumers' association come out in opposition to no-fault?

Why did the head injury association provide opposition to no-fault? They agreed with some parts of it but they're also still very concerned about the fact that people do not have recourse to a third-party arbitration, namely the courts, under no-fault insurance. If you met with all of these people and they're all so happy about having met with you, why is there still this opposition in the public?

(1430)

**Hon. Mr. Goulet:** — Yes, I think what I will do is provide the member with the people who have provided tremendous support. Not only have we got tremendous support, you know, from the people in regards to the seniors because for the first time seniors are properly respected in regards to the situation.

We've also made some changes in regards to home-makers and a lot of them are very happy, you know, with \$400 a week in regards to child care benefits that were not there before as well as the 550 a week on personal care; and the students for the first time recognized in legislation, you know, up to \$13,000 for the students.

And I think that when we're looking at 90 per cent, you know, of the income of a person being paid up to \$550 a week when presently all we have is 150 or \$200 a week, I think those are tremendous improvements that people have talked to us about.

And I might remind the member that he's very selective in regards to reading comments. He does pay no respect to the Canadian Physiotherapy Association of applauding the decision. And we have looked at the fact that the Saskatchewan Medical Association, you know, have agreed with our

decision.

When you look at the interconnections from a long-term, between business and the corporation, the insurance brokers, you know, have supported the Bill.

We've had members of the Lac La Ronge Indian Band, the largest band in the province of Saskatchewan, has written a letter to me, congratulating me, saying: look, this is about time; this is a Bill that will be very important for a lot of people, especially in northern Saskatchewan.

We've have had the Saskatchewan Federation of Labour supporting the Bill. We've had all kinds of people supporting the Bill and I think that the member pays little attention to those people that have said so.

And I've also looked at this headline, even in the *Star-Phoenix*, that was on May 25, you know, of '94.

And we had a meeting with the consumer's association of Saskatchewan, of Canada, and we had a special meeting with them recently. And they went through a lot of questions in regards to the system. And basically it's a major change, they said. And their basic view is that they wanted to . . . they were very happy to see a switch from an adversarial system into a system that is more of a mediation type of viewpoint.

So I think that they also really like the appeal that we had, because contrary to what you've been saying, the old system was such that you could appeal only internally. Now we can appeal outside SGI to an independent mediator. I think that's extremely important. That is one thing that you have not read in regards to the Act. We have an independent mediator outside the SGI process. Also, over on top of that, even if you disagree at that point in time, you could always go to the Court of Queen's Bench where you could have a fair hearing.

And I think that's very important so that there is two independent steps of appeal in that regard. The other major point that you forget to mention is that the right to sue — which was an important argumentation not only from the legal profession but from others — we have kept the right to sue and the principle of the right to sue intact in the system. We have moved from the area of the right to sue on the area of pain and suffering to now we have moved it to the right to sue in terms of economic loss. So the idea and the principle of law in regards to the right to sue still remains intact.

So I think that, you know, the member from across is very selective in regards to his hearing. And I know that other groups may have different concerns; and there is no legislation that you can pass without people voicing this and that concern about it. There is no perfect legislation that exists in the world.

And there will always be people who will be opposed to certain types of legislation and I accept that. I mean that's a democratic part of our system and it's an important part of the system. To be able to freely oppose in this system is an important part of a

Canadian and Saskatchewan democracy. And I accept that.

Look, there could be improvements on the Bill in the future. I said to you, there may even be amendments in this legislation. Now you know I have listened. You know that the people, what they told me in the 800 number, they know I have listened. They know that what they said counts. They know that I have respected their opinion and that's why we had the amendment in regards to impaired driving. And also to the head injuries association on acquired brain injuries. So they know that I have responded. And that is the basis of fact in this province.

**Mr. D'Autremont:** — Well, Mr. Minister, you covered quite a large area of territory there and we will come back and go over it.

You mentioned that the dean of law from the U of S (University of Saskatchewan), I believe it was, was part of your committee. Can you tell us who that was, please?

**Hon. Mr. Goulet:** — Rodger Carter is the dean of law.

**An Hon. Member:** — Rodger Carter?

**Hon. Mr. Goulet:** — Rodger Carter, yes, was the dean of law. And he was also, as I said, instrumental in having the first native law program across Canada. And he was well known in regards to, you know, development in regards to the legal community and he's a highly respected academic. I mean he's a professor emeritus, you know, from the University of Saskatchewan. So that is the basic background of Rodger Carter.

**Mr. D'Autremont:** — Thank you, Mr. Minister. When the committee did its studies and its report, was the report unanimous?

**Hon. Mr. Goulet:** — Yes, it was unanimous.

**Mr. D'Autremont:** — Thank you, Mr. Minister. Did this committee have any public hearings?

**Hon. Mr. Goulet:** — They did special consultation meetings with the people that were directly affected by the proposed changes in regards to the report.

**Mr. D'Autremont:** — Thank you, Mr. Minister. So the only hearings they held were with people that they specifically invited to come before them?

**Hon. Mr. Goulet:** — If you look back at it, on the names that I gave, they looked at their respected organizations and met and consulted with those respected organizations. And that was, you know, the basis of the consultation meetings that they had.

**Mr. D'Autremont:** — So, Mr. Minister, there was no opportunity for anyone who wished to present an opinion on this particular issue, who was not part of that selected group, to make a presentation then to the committee?

**Hon. Mr. Goulet:** — The committee operated on the same fashion that most committees operate. I mean anybody was welcome to do presentations and so on. And we know that most organizations work through their organization . . . (inaudible) . . . because they have staff who can do reports, etc., and make presentations on behalf of their memberships. But it was open in the sense that people could make representations.

**Mr. D'Autremont:** — Well, Mr. Minister, did the committee solicit any opinions through the public? Did they advertise that they were prepared to accept submissions? How was the public to know that this committee was indeed taking place?

**Hon. Mr. Goulet:** — There was no official public hearing in the way that you state.

**Mr. D'Autremont:** — Well, Mr. Minister, it's difficult for someone to make a presentation to the committee if they don't know the committee is sitting. If the committee did not inform the public that they were actually holding committee hearings, how was someone supposed to know that it's taking place?

Mr. Minister, what did the committee study? Did they study the Sobeco Ernst report? Is that what report they were studying or were they gathering information from at large?

**Hon. Mr. Goulet:** — Basically they consulted, not only within the province, but they have consulted widely internationally. I've looked at statements in there of tremendous overview on the length of consultation. And they've gone through and consulted and looked at the debates and the statements and the research that was done in United States, right through Canada and then, as I mentioned, internationally. So they've done an extensive amount . . . there was an extensive amount of knowledge base that was acquired through that process.

**Mr. D'Autremont:** — Well thank you, Mr. Minister. Was their study based on the Sobeco Ernst report?

**Hon. Mr. Goulet:** — I'll read to you the section on the Sobeco report itself:

The role of the advisory board was to provide independent and impartial observations and advice with respect to study findings, alternatives, conclusions, recommendations, and the public hearing strategy.

The members of the advisory committee I've mentioned already.

**Mr. D'Autremont:** — Thank you, Mr. Minister. Did the committee study the findings and reports of Professor Carter dealing with no-fault insurance?

**Hon. Mr. Goulet:** — Well Mr. Carter was a member of the committee back in '76. I mean he was involved on a no-fault insurance program at that time and because

the government agenda at that point in time in history was fairly full it did not go through.

But I think it's very important to recognize that his expertise in regards to law and how it relates to insurance was therefore utilized in this future context and we were very, very pleased to have a person as knowledgeable as he was in this whole field of law and insurance, you know, be able to deal with it back in '92 when they presented that report.

**Mr. D'Autremont:** — Thank you, Mr. Minister. I have a letter here and I'm sure you most likely received a copy of it, dealing with no-fault insurance, and it comes from Professor Gary Tompkins, associate professor and head of department of economics from the University of Regina. And I think the last sentence in this letter explains it all. It says:

The provincial government will be well advised to not use the Sobeco report as a foundation for anything other than possibly to demand to renegotiate the fee paid by SGI for the report.

Mr. Minister, how do you respond to this professor in his evaluation of that report?

**Hon. Mr. Goulet:** — Not only did I receive a letter from Mr. Tompkins, he was also present at a meeting I had with trial lawyers and also the Canadian Bar and the Law Society. He was present at that meeting. In that meeting I threw back a question at him. And I asked him, I said: what would you do, if indeed you are voicing displeasure on the Bill, what is your alternative? And do you know what he said in regard to his alternative was: that the taxpayers pay.

And in my own opinion that simply raising the rates 8 per cent a year, and having 24 per cent increase in the next 3 years, was simply not on the agenda of this government. It may be that Mr. Tompkins could pay for it, but there's a lot of people in this province who simply do not have the extra hundred dollars to put out and pay for what he says should be the solution.

And therefore I considered that this solution of a 24 per cent increase is the same solution that you and the Liberals provided. I mean you are on the record when we were dealing with that judges issue that you wanted a 24 per cent increase for them, but when it come down to the people of Saskatchewan, you would penalize them 24 per cent, you know ordinary people in the province of Saskatchewan. And I've always found that amazing in regards to your position. So I feel that the position, the alternative, that Tompkins relayed in going for increases, was just not tenable for this government.

(1445)

**Mr. D'Autremont:** — Well, Mr. Minister, you have provided no evidence at all that there would be a need for a 24 per cent increase. You've kept stating that, certainly, but you have provided absolutely no evidence whatsoever than an 8 per cent increase per

year, or 24 per cent increase over all, is warranted.

If you look at the insurance costs in other jurisdictions that's not warranted what you're proposing. If you're going to save \$70 million as your proposing to do with no-fault insurance, there should be a decrease in rates, and you haven't proposed that either. You said yes, we won't have an increase this year, and maybe next year we won't have an increase.

Well maybe isn't good enough, Mr. Minister. If you're going to take \$70 million out of the pockets of the victims of accidents in this province, you're going to have to come up with something better than no rate increase this year and maybe no rate increase the year after that.

**Hon. Mr. Goulet:** — Just in case the member wasn't listening properly, there will not be any rate increase for the next three years. There is no word "maybe" in there. There will not be a rate increase.

**An Hon. Member:** — How about a drop?

**Hon. Mr. Goulet:** — There will not be a rate increase.

Now they're always changing their mind. Two weeks ago, they wanted a 24 per cent increase. You're sounding like the Liberals now. This week they want it to drop. Could you make up your mind? Do you want a 24 per cent increase or do you want it to drop? I mean, you know, one week you'll say this and the next week you'll be saying that.

I would say this much. Every year we have audited reports. I mean you've got to respect the auditors and that profession in this province. They make reports, they look at our revenues and our expenditures, and they make the decisions in that light, according to the laws of the province.

They show that indeed we had a loss and that indeed — 60 million in over three years — and we needed to do something about it. We couldn't continue to go the way we were. Where we were going, without making any changes, we would have a 24 per cent increase. And I would trust, you know, the auditor's report rather than the expertise that you choose.

For nine years you were in government. You used to use . . . when I was in opposition, you used to quote experts all over the place. Expert this and expert that supports this thing. And in all those years you put this province in the hole by 15, 16 billion now. We now, the taxpayers, have to put \$850 million on interest payment on this thing. And I think it's very important to realize that if people are . . . would have believed you at that time, the record shows that they shouldn't have.

You know, one year you were out by \$800 million in regards to budgeting. And I think it's very important to recognize that we have to pay respects to the audited reports that are there, and that's what is there and we will proceed to do that. Just because some expert says that this is not good, well they have no basis in fact.

They haven't checked the books out; they haven't done this; they haven't done that. So I would say that it is mere speculation in that regard.

And I might say again, you have used all kinds of experts through your term in office and the end result, they were proven dead wrong in regards to how you governed. It was fully mismanaged after nine years of Tory rule.

**Mr. D'Autremont:** — Well, Mr. Minister, I find it very interesting that you bring up the Provincial Auditor in this debate. The Provincial Auditor's report suggested that the debt of this province should be rated at 21 to \$22 billion. That's from the auditor's report — 21 to \$22 billion. In 1991, during election time, you were claiming the debt was 14 billion. After the election you were claiming it was 15 billion. Now in the House you claim it's 16 billion.

Well if you look back, Mr. Minister, in the Gass report, you'll find that a good portion of that debt came into place prior to 1982, when you were government. So, Mr. Minister, a good portion of that debt is yours. And if the debt is, according to the auditor, 21 to 22 billion, and the debt was 14 billion in 1991, where did the extra \$7 billion come from, Mr. Minister, since you became the government?

Mr. Minister, we also have another report dealing with the Sobeco Ernst report, written by Rose Anne Devlin, assistant professor of economics, University of Ottawa. And, Mr. Minister, her conclusions corroborate Mr. Tompkins's, that this report, the Sobeco Ernst report, is not a valid report. And her report says, this assessment has outlined a number of flaws in the Sobeco Ernst report.

She goes on to say that it ignores the deterrence effect of liability insurance regime. She says that the actual causes of current . . . it does not analyse the actual causes of current insurance difficulties in Saskatchewan. The report suggests some possible candidates, but it does not analyse whether these factors, increased damage awards and so on, are short-run or long-term phenomena.

Mr. Minister, are they short-term or are they long-term and do you have any analysis to prove either way?

**Hon. Mr. Goulet:** — Of course, it's long-term. The fact is from 1946 to the mid-'80s the amount we spent on injuries was about 10 per cent in total. And by the mid-'80s it was 30 per cent. And it was by the . . . by this date we're over 50 per cent on the injury side. And when you look at the past 10 years, that amount was about \$40 million on the injury side; it is now 160 million — a 400 per cent increase, \$160 million.

And I think it's important to recognize that there was a gradual increase, you know, over the years. It took 40 years to rise by 20 per cent; it took 7 or 8 years to rise another 20. So the rise has been going about 12 per cent a year, and people call it either legal tort or social inflation. And I think that it's important to recognize that fact.

You look at the United States. A lot of the people in many fields are not insuring basically because the litigation costs, you know, have sky-rocketed. And we see that, you know, today in this case.

And I think that the other major point is this. When you look at the report, the Sobeco Ernst & Young report, I mean these are internationally recognized people. And it has also been reviewed by the insurance advisory organization, another international organization. And I think it's very important to recognize that it has been done by reputable firms, and I think that it would be hard pressed for the member to deny that. So I feel that, you know, that's the answer to his two questions that he raises.

**Mr. D'Autremont:** — Well, Mr. Minister, are then you suggesting that Gary Tompkins and Rose Anne Devlin are not reputable people?

**Hon. Mr. Goulet:** — I asked for Mr. Tompkins's advice and he said that I should have rate increases. We've been given advice by people from various advices. He may be able to afford the 24 per cent increase because that is the only way that we'd be able to get away from the situation we're in, a 24 per cent increase. And there is no way that I can agree with that.

And I think that we'll . . . I'm simply saying that in many cases, you know, the minister has to agree or disagree. And in this case I will disagree with him in regards to a solution.

And in regards to Devlin and so on, well I will have to agree to disagree with her as well. I mean she wants to keep the tort system, you know, that was there. And she figures that the way it's increasing should be the way it goes, and there is no way that the people of Saskatchewan, you know, can afford that in the long run. So that's the way it is. It's not a matter of disrespect, it's simply a matter of disagreement.

**Mr. D'Autremont:** — Thank you, Mr. Minister. The fact that Mr. Tompkins may be able to afford a 24 per cent increase, does this somehow negate his criticism of the methodology and analysis and conclusions reached by the Sobeco Ernst report?

**Hon. Mr. Goulet:** — We've had an international, reputable firm having the facts at their disposal within SGI. And Mr. Tompkins does not have at his disposal the factual information that was required. Who would you suggest that we will agree with? I mean in regards to Sobeco and Ernst & Young, the only way you could say is that you have chosen not to respect, you know, the report by Sobeco Ernst & Young. What I am saying on this side of the House is that we do respect the agreement.

Sobeco Ernst & Young report asked for a pure, no-fault insurance scheme. What we have done in this case is have a system where the right to sue remains intact. It's a modified version — it's not the same as in

Quebec, or it's not the same as in Manitoba — it's a modified version. You have the right to mediation. You could mediate after you go to SGI — if you do not agree you can always go to an independent mediation. You can then also go to another process of independent . . . to the Court of Queen's Bench. You have access to the court. You also have access to the court on the right to sue on loss of income.

So I really feel that overall I think that we have a fairly good program and that indeed we've even had suggestions from you in regards to change on it.

**Mr. D'Autremont:** — Mr. Minister, what was the direction giving to Ernst & Young when you asked them to do this study?

**Hon. Mr. Goulet:** — Basically they were asked to review the situation. When we looked at the sky-rocketing rates, we had to look at the question of fiscal integrity which this government is well known for. We also were looking at the fact that people in this province cannot afford a 24 per cent increase. So they had to look at that question of affordability basically because affordability and that type of thing have always been important questions and issues of Saskatchewan, and also in regards to this program.

We also wanted to look at the issue of benefits. Many people have said that the benefits were inadequate in this province and we had to improve on those benefits. And when we improved on those benefits, we had to say they had to be fair to different groups in the province of Saskatchewan, and I think that's what we have accomplished in this case.

**Mr. D'Autremont:** — Well, Mr. Minister, it's very interesting that in your direction to SGI, that rates and the fiscal integrity of the corporation would be paramount — that would be the first request.

What about the insurance company's duty to the people who are buying the insurance, providing them with protection? Was that a consideration in your request for this study to Ernst & Young? After all, the people who are buying the insurance expect to receive a certain amount of coverage, and up until this date, they have received that.

They don't have an option, Mr. Minister, of saying we don't want to buy your insurance. If you wish to drive a vehicle and license a vehicle in Saskatchewan, you're not given an option. You will take whatever SGI offers.

And, Mr. Minister, when your study's prime requirement is the consideration of the fiscal integrity of the corporation that does not take into account the victims of accidents. That's looking at the bottom line of SGI. And that's all very well — SGI has to be a profitable corporation. But they don't have to do it at the expense of the victims of accidents. And that's what you're proposing to do.

I questioned you earlier about a drop in the rates and you said, is that what you want? Well, Mr. Minister, if

you're going to provide less coverage for the insurance then a drop in the rates is indeed appropriate.

**Hon. Mr. Goulet:** — I think the member might be misreading the Bill, and I mentioned that before. We are going to provide legislative coverage; we'll be providing better benefits.

Well I guess it's not surprising that you tend to dismiss fiscal integrity as an unimportant issue. Fiscal integrity became an important issue because when your colleagues on the Tory side were governing, fiscal integrity just simply did not exist. And I think that we have moved towards this area, to move on fiscal integrity, because it's important for us.

But a conjoint question on it is the issue of affordability. People cannot afford the 24 per cent increase. Maybe when you were governing you did not care about increases but on this side of the House we care about these increases, and I feel that that's what we deal with in regards to this Bill.

(1500)

Benefits — we have the best in regards to seniors, whether in law or whether in no-fault systems or threshold systems, in the world; seniors are only dealt with about four years after they reach 65 or quit working. In this case, we will help them for life in regards to loss of income. And that's the first of any insurance plan anywhere.

And I think that we pay respects to the seniors, you know, for their length of service in building this province and we have a plan that now supports them, and I think it is the best anywhere that exists. I think that's the type of thing that is very important in this regard, because I know that you have never said anything about it; you have neglected to mention it, but I know you probably support it.

And as well on the aspect of the students, 13,000. Before, the word "student" did not even exist in the legislation. Now we have up to \$13,000 for students.

Home-makers, they only existed for two years in the previous law, and I think in the legislation basically because they could have got \$150 for a period of two years. There was one legal decision of \$86,000 about a year and a half ago, but other than that, I think it's very important that \$400 a week in benefits, \$550 a week on personal care, \$400 on child care, are important and integral features that are very important and beneficial to this province.

So I think we have made . . . not only I think, I know we have made important decisions in this regard for the students, the seniors, for the income earners of the province of Saskatchewan.

**Mr. D'Autremont:** — Well, Mr. Minister, you talk about fiscal integrity, and the fiscal integrity you're concerned about is the fiscal integrity of SGI, not on how it will impact on the people who are buying the

insurance — who are forced to buy the insurance from SGI.

You talked earlier about the increases, 20 per cent in the first 30, 40 years of the existence of SGI, and so forth and so on up the line. Well, Mr. Minister, during that period of time there was a very low inflation rate. But perhaps in the next period of time that you had mentioned the growth taking place, throughout the late '60s and early '70s, you will remember something called wage and price controls that was brought in by the Liberal government because inflation was running very high. Throughout the '80s inflation was running very high.

Mr. Minister, since the inception of SGI in 1946 or '47, there has been very dramatic increases in the capabilities of the medical system to deal with injuries. In 1946, if you suffered a major car accident and suffered major physical damage, in likelihood you would die from the results of that. And today most injuries can be treated medically.

But what is the result of those kind of treatments? It's a very dramatic increase in the costs. Now are you suggesting perhaps that we should simply let the people die on the street to save SGI some money? I rather suggest not, Mr. Speaker, that that is not the proper manner. So the costs to SGI relate to our capabilities to deal with injuries people are suffering. And it's not because people wish to try and rip the system off, but rather because we can now treat them.

So, Mr. Minister, when you're suggesting that SGI's rates . . . costs to SGI for injuries have increased dramatically, perhaps you need to look at the reasons that's happening, and did the Ernst & Young report consider those? According to Rose Anne Devlin, they did not do a proper analysis of what the reasons were that the rate that the insurance industry costs were increasing.

**Hon. Mr. Goulet:** — When I gave you the facts before, that when you attempt to try and look at the thing simply in terms of inflation, well on the collision side, on the car side, of our costs, that has been very stable and it has gone up according to inflation, you know, over the years. But inflation hasn't gone up only by 400 per cent. I mean inflation did not rise by 400 per cent in the last 10 years. The costs went up from 40 million to \$160 million on the injury side. It was around 110 million in regards to the claim costs on vehicle damage and it remains about 115 today.

So when you're looking at the overall costs, you have to understand that that has happened on the injury side. And a lot had to do with the decisions at the court plate. If you look at it, the number of injuries, and the severity of the injuries, has remained approximately the same. And yet the costs have gone up from 40 million to 160 million.

Therefore, you recognize that even in one decision back in '91, on whiplash, there was a decision that moved overnight from 25,000 to 50,000. So it gives you an indicator about how costs have risen through

time.

**Mr. D'Autremont:** — No, Mr. Minister. The technology involved in fixing a bumper on a car hasn't changed a lot from 1946 till today. A bumper is still a bumper, and you either chrome it or you pound it out or you get a new one or whatever it is. And sure inflation has provided some increase in that cost, but the technology is basically the same.

In 1946 you got your arm cut off or pulled off in an accident, they buried the arm and they cauterized the wound and away you went again. Today, you carry the arm into the hospital and they attach it back on again, and six months later you're in therapy and you're using it. That costs money. And those kinds of costs have increased.

In 1946 we didn't recognize soft-tissue injuries, but today you recognize that fact — that when people suffer a whiplash injury, their neck is very impacted by it, there's an injury there; they suffer headaches and migraines and a number of other symptoms and we pay compensation for that. The result you talked about going from 25 to \$50,000, that decision was made by a court. And the court said yes, we agree that you have suffered this injury and deserve — deserve — compensation for it.

Now SGI is saying, well we don't agree with that court decision; we don't think you should have any compensation for a whiplash injury, and so we're going to deny you pain and suffering. If you can prove to us you have a permanent injury, we will give you some compensation. We'll give you up to \$125,000.

And that \$125,000, Mr. Minister, I would suggest you have to be very permanently injured, because otherwise it's prorated down. If you lose your arm, as in 1946 and they can't sew it back on again, you're not given the full \$125,000 — you're given a portion of it and a small portion at that. The suggestion has been that for a whiplash injury — a permanent whiplash injury — you might get \$2,500, Mr. Minister, might get \$2,500.

If we look at our neighbouring provinces . . . let's go back a little further. A settlement was made that gave for pain and suffering hundred thousand dollars . . . is what the Supreme Court decided would be a fair amount to pay for pain and suffering, and since that time that has increased up to \$250,000 because of inflation. Our neighbouring provinces provide \$250,000, but you're going to drop it down to \$125,000 for permanent injury as a maximum pay-out — \$125,000; half of what our neighbouring provinces are providing.

Mr. Minister, it all goes back to the fact that this is a dollar-saving measure for SGI without any regard for the victims.

You talked about earlier that under the current system you have an internal appeal process only. Well perhaps you do have an internal appeal process. But if you disagree with what SGI offers you, you have the

ability and the right to go to court and the courts will decide. And as you yourself suggested, they awarded from 25,000 up to \$50,000 for a whiplash injury.

Well under your proposal you say you have external appeal processes — you can go to an external mediation service. Under the Bill that's true. But what is that person who mediates limited to? He's limited to whatever SGI is prepared to provide under the Act. Not in excess, only what's in the Act.

So if you're limited to \$550 a week in lost income, that's the maximum that person can award you, the mediation services. And let's say SGI — I've received a number of complaints about the adjusters and how they make determinations — so let's say they offer you \$100 and you disagree with that; you think you should be receiving more than that. You go to mediation. Mediation says okay, we'll give you \$200, and you disagree with that. Do you have the right to go to the Court of Queen's Bench?

What can the Court of Queen's Bench do? They can't go beyond the \$550. They're limited to that by this Act. They could increase it up to 550, but what if you were earning \$750 a week? You don't get the extra \$200 because you're limited under this Act to \$550. And fact is you're limited to 90 per cent of whatever your income was.

But you have the right to sue, you say. Yes, you do, if you earn more than \$50,000 you have the right to sue. But if you are between 28,000 and \$50,000 you don't have the right to sue.

So, Mr. Minister, when you talk about your appeal process, your mediation, and your Court of Queen's Bench, it's a very, very limited right. It's limited to whatever you put in this Bill and that's it, Mr. Minister. And if it isn't, I'd ask you to explain exactly how it will work then.

**Hon. Mr. Goulet:** — Well there was quite a series of questions in this regard. I'll start out with the latter ones and I'll work backwards.

I would like to explain the aspect of your comments on 550 and where they don't have the right to sue. They have the right to sue. They have the right to sue after the 550 a week. You can buy top-up insurance — this is an interesting point that you probably have not read into the Act yet. If you're at fault you cannot collect; because in the courts, once you get in the court system, that's the way it is. When you have the right to sue, providing you're not at fault, and providing you have top-up insurance, then you can then be able to sue, and you'll get those benefits over 550.

And on anything under 550; say 28,000 to 50,000 — actually 28,000 is the net income on that 50,000 gross. But I think it's important to recognize that in regards to that, 90 per cent of a person's income, up to 550, is a lot better than the 150 or \$200 that is presently existing. A lot better. I think a lot of people will be very happy, you know, when they get paid

over \$400 a week, up to \$550 a week, in regards to their salary and income today, that exists today. It's very difficult to pay mortgage payments, and vehicles, etc., for \$200 a week, as it exists today. So I think that's very important for the member to recognize.

In regards to your talk on appeal, internal appeal — well your original argument was that there was no such thing as an external appeal. Well we do have an external appeal. You're wrong on it. We have an external appeal in regards to mediation, and in regards to Court of Queen's Bench, and we've already mentioned the right to sue.

(1515)

And the important point is this: right now, as it stands, rehabilitation is really not very much. As it stands now, 70 per cent of the costs are paid for pain and suffering, 22 per cent are paid for loss of income, and 8 per cent are paid for rehabilitation. I looked at the figures on rehabilitation.

By raising the new program from \$10,000 to half a million dollars, by having half a million dollars, we will help a lot of those people who will be severely hurt, that you talked about. Half a million dollars is a lot better than \$10,000, according to the existing plan. And I think that a lot of people will be very, very happy about that aspect of our plan.

So when they're doing appeals, they don't have to go in the present system for seven years in court or four years in court to get a decision. They can get a decision legislated, and decisions to be made within 14 days — every 14 days will be made. And I think that's very important.

And the other thing too is, even in law today, the paraplegic association says that only 20 per cent of the people, you know, are properly dealt with today. Eighty per cent of the people are left out right now.

And I think that when we go into that type of system, trying to defend the fact that we leave out 80 per cent, is that a proper defence? I think in this system . . . and I know in this system we'll be taking care of the majority of the people. And I think that in the external appeals, they'll be able to do a lot.

And I think that in regards to the whole idea of pain and suffering — and we're now moving to permanent injury and \$125,000 for it — a lot of people will be very pleased that indeed it'll be medical practitioners who know the very best about injuries all over the world, in Canada, in Saskatchewan; it'll be medical people who will set the standards on what a person will be getting in regards to the degree of injury. It will not be a judge making that final decision in regards to the scheduling of payments. It has been medical people with expertise on injuries that have made that type of decision.

You may disagree with the doctors and their skill and expertise, you know, throughout the world, but I don't. I feel that what they have laid down in terms of



schedules are important for the people, and I think it is the fairest and more objective way of dealing with it.

**Mr. D'Autremont:** — Well, Mr. Minister, it's very interesting when you say that medical people will be setting the standards, and I don't doubt that they will be. But once those standards are set, Mr. Minister, who determines whether or not an injury victim qualifies for that standard?

I received a phone call from a person by the name of Larry Trew from Moose Jaw, who was having somewhat of a discussion with SGI related to injuries he suffered and how SGI is adjusting those injuries. He has a medical opinion that says he needs certain treatment. The SGI adjuster says no, I don't think so; we're not going to pay for it. So while you set the standard, a medical doctor may set the standard, Mr. Minister, it's your adjusters who are making the determination whether or not a victim qualifies under that standard.

What medical training, Mr. Minister, do your adjusters have in making that determination?

**Hon. Mr. Goulet:** — First of all, there is a false premiss behind how you look upon the present system. I know of a case — and we can throw around cases back and forth — I know of a case where a person went to court, he won a million dollars, a million dollar settlement, he must have been very happy, a million dollar settlement. You know what he finally got? He got 17,500 for himself and 17,500 for his legal counsel.

The reason is, it's the person at fault and their insurance plan that determines what you will get. Because a person only had basic insurance, that's all could be covered. All your own insurance, you may have \$2 million worth of liabilities, does not count. It depends on the person who hits you that's at fault. That determines what you will get.

I think a lot of the people fail to recognize that. So here was a case where a million dollars was awarded in the courts. The person ended up only having 17,500 to himself. I think that there are decisions like that that have been made that a person said that just because the court awards it that it's automatic that you can get it. Well it depends on what you have covering you on insurance on the person at fault.

And the other thing too is that you say that the people in SGI will determine. Well I would say that I do have respect, you know, for civil servants in this province, whether they work in the teaching profession or whether they work in this and that profession. I think that it's important to recognize that they have gone in all through the years and become skilled at the levels that they are working.

Definitely we will be able to look at improvements in regards to the new aspect of moving, for example, from 10,000 to half a million dollars on rehabilitation and we'll have to be able to refocus our people, you know, a bit more in dealing with the new, more wellness model approach to insurance.

And I think that they also know that their decision may not necessarily be final. After you agree . . . or after you disagree with the adjuster, you can always appeal. You can always go and appeal to the mediator. And if you disagree at the point of the mediator you can always go to the Court of Queen's Bench where they may have a hearing and the final decision will be made. So you have two independent phases of appeal. I think that is very important and I'm glad that you had raised that question in regards to the appeal process.

**Mr. D'Autremont:** — Well, Mr. Minister, you didn't answer the question. What medical training do your adjusters have?

**Hon. Mr. Goulet:** — As I mentioned before on the schedule of payments it is the doctors who are skilled in knowing what injuries are, and they determine the schedule, and you agreed with that.

And in regards to SGI, they will be . . . individuals will be having recommendations from their doctors in regards to their degree of injury. It's not the adjuster who knows what the medical injury is. The person will have, you know, a medical doctor examine themselves and make that determination.

And I think we will be looking at the schedule that is there and dealing with it that way. So I think it's very important for you to recognize that adjusters deal with legal people. They don't need a master's degree in law to do that. They will deal with doctors. They don't need a Ph.D. (Doctor of Philosophy) in medicine.

They will be able to deal with the doctors in the same way that they have dealt with lawyers, in the same way that they have dealt with insurance brokers, and in the sense that they have met with the public before. So I have faith in our staff and I believe that our educational process will be effective in dealing with the new developments that we do have.

**Mr. D'Autremont:** — Thank you, Mr. Minister. I agree that your adjusters don't know what the injuries are but I want to know what medical training they have.

**Hon. Mr. Goulet:** — Well it's the same way, I mean . . . and I'll make it very clear. The adjusters today deal with lawyers. They don't need a master's degree in law to deal with lawyers. Adjusters today deal with medical people. They don't need a Ph.D. in medicine to deal with medical people. They are trained as adjusters to work with adjusters.

Definitely this new approach which combines with our wellness model on rehabilitation will require some upgrading of people in our focus now on wellness rather than legal decisions. We now will be focusing in on the aspect of a greater aspect on rehabilitation. I mean half a million dollars. What this means is that right now we spend about \$5 million, \$5.5 million on the area of rehabilitation. This new plan will provide up to \$26 million in regards to rehabilitation, a great increase.

We'll be able to work with medical people. We'll be able to work with the health boards. We'll be able to work . . . last year with the Royal University on whiplash we had a research plan of a quarter of a million dollars. I think that the involvement of the medical people and integrating our planning strategy with them, from the adjusters through the medical people, will be an important developmental phase in the history of this province.

**Mr. D'Autremont:** — Well, Mr. Minister, what medical training do your adjusters have to make their evaluations?

**Hon. Mr. Goulet:** — I think the member from across persists in regards to asking this question. Of course they're not Ph.D.s in medicine. It's very clear. But they were last training to work with medical people in much the same way that they've worked with lawyers without having a degree in law. They are adjusters. They're not doctors. They're not lawyers. They're adjusters.

I think you have to remember that we will have an educational process that'll be important in this regard. And we've been doing this whole issue of impairment for 50 years. When you were in government and the Liberals were in government, you were doing the same thing. You had adjusters. I didn't see you hire Ph.D.s in medicine when you had adjusters when you were governing, and neither will we.

I think that we will be dealing with effective adjusters that will liaise with medical people who make the assessments on individuals. The adjuster doesn't make the medical assessment on the individual. I mean the medical people will make that assessment, not the adjuster.

**Mr. D'Autremont:** — The difference is, Mr. Minister, that under the present system and since 1946, people who have disagreed with the evaluation of the adjuster had the right to go to court and you're taking that away. Mr. Minister, currently — and it will become even more so under no-fault insurance — when a medical practitioner prescribes a therapy, the adjuster determines whether or not that is a valid therapy.

In the case of Mr. Trew that I mentioned, his adjuster determined that the therapy prescribed by his doctor was not valid, and then SGI would not compensate him for that. The adjuster is making the medical evaluation that the doctor's diagnosis is wrong. Now perhaps the medical profession should be sending their doctors to insurance school to learn how to make proper diagnosis of injuries, I'm not sure.

But the adjusters are making that evaluation, and Mr. Trew has the right to go to court and he's exercising that right. Under the current . . . under the no-fault system, he will not have that right. He'll have the right to appeal internally, he'll have a right to go to mediation, but at the end of the day his right to go to court ends at Court of Queen's Bench for income loss.

So, Mr. Minister, there is a big difference between no-fault and what's happening today, and how adjusters today do their evaluations, and how adjusters in the future will be treated. Today an adjuster who makes a mistake in an evaluation, SGI can be taken to court for a settlement.

So, Mr. Minister, when you talk about going to court and you talk about the Court of Queen's Bench right the victim has to sue, he has the right to sue up to the limit set in SGI today. It means he can't sue for pain and suffering; he can sue for loss of income up to \$550 if he earns less than \$50,000. But I don't see a lot of other areas in which a person can sue.

(1530)

**Hon. Mr. Goulet:** — I think in many cases you've got to put the thing into perspective. When you look at the paraplegic association, and they say that 80 per cent of the people are left out by the legal system, you have to look at the accidents in the province. I mean 2 per cent of the people go to court in the province of Saskatchewan.

And we also have to look at the fact that indeed, for the member across, I looked at the Conservative government in Manitoba, your colleagues in Manitoba. Now you look at your colleagues in Manitoba. They have a pure no-fault system. The Conservative colleagues in Manitoba looked at the rates — they were going up. Their decision was to go to a pure no-fault system.

We didn't quite agree with the Manitoba approach in full because the right to sue was not kept in as well as independent mediation and so on. So in this system in the province of Saskatchewan, we kept the right to sue intact. We moved it away from the subjective areas of pain and suffering where the costs were escalating, to the areas where we could control the costs more in the area of economic loss.

It is simply a matter of good management for a person to do that. And I think that as a government, you know, we have moved towards doing that. So I thought it surprising that you haven't even consulted with your colleagues in Manitoba who had the pure no-fault system. Here in Saskatchewan we have independent mediation processes at two levels. And I think we have a tremendous improvement in the province of Saskatchewan in that sense. But maybe you should give your colleagues in Manitoba a call.

**Mr. D'Autremont:** — Well, Mr. Minister, we're dealing with the people of Saskatchewan and SGI and not whatever is going on in Manitoba. Stating that I should be contacting my colleagues or people with the same political name in Manitoba is like suggesting maybe you should be talking to your colleagues in Ottawa who don't even want to keep the same name you have politically, Mr. Minister.

Mr. Minister, when it comes to the right to appeal to the court system, exactly what can you sue SGI for if

you earn less than \$50,000?

**Hon. Mr. Goulet:** — What you can appeal is any actual economic loss. And this includes not only in the area of income, but medical and home-making cost as well. So it's a fairly flexible spectrum in that sense. So that's basically, you know, what it does cover.

**Mr. D'Autremont:** — Well, Mr. Minister, let's say a woman of 55 years old, who has no children at home, suffers an injury and is not capable of performing her housekeeping duties such as cleaning and cooking. What kind of compensation can she receive?

**Hon. Mr. Goulet:** — That person will get up to 550 a week for personal care benefits. And if a person has dependants that person may also receive up to \$400 a week for child care benefits.

**Mr. D'Autremont:** — The lady in question is not employed, Mr. Minister; she's a home-maker and receives no economic income whatsoever. Is she still entitled to the \$550 economic loss?

**Hon. Mr. Goulet:** — Yes, she's still entitled to 550 a week on personal care as well as the child care expenses of \$400 a week and also half a million dollars in regards to rehab.

**Mr. D'Autremont:** — Well, Mr. Minister, I stated she didn't have any children at home, and you said that the \$550 was for economic loss. She suffers no economic loss, but she is not capable of performing her duties at home.

**Hon. Mr. Goulet:** — Yes. If she's not capable of taking care of the home and so on, that's the general . . . When we talk about personal care, that's what it covers — 550 a week.

**Mr. D'Autremont:** — Thank you, Mr. Minister. For how long a time period would this \$550 be in place?

**Hon. Mr. Goulet:** — It'll be in most cases up to \$500,000 worth. I mean the rehab benefits have moved from 10,000 to 500,000. So in most cases, it'll most likely be for life or the length of her injury.

**Mr. D'Autremont:** — So, Mr. Minister, if the lady in question was to hire somebody to come in to care for her home because she's unable to, that would be classified as rehabilitation?

**Hon. Mr. Goulet:** — Yes. Those would be the personal care expenses. We will pay that person up to 550 a week in regards to personal care at home.

**Mr. D'Autremont:** — Well you stated that would come out of the \$500,000 that would be available for rehabilitation. Is that correct?

**Hon. Mr. Goulet:** — Yes. The personal care expenses will come out of the half a million dollars expenses. You've got to realize today that there's only \$10,000 in it — \$10,000 is not going to last too long. Now

we've got a new program that's half a million dollars. It jumps from \$10,000 to half a million dollars. I think that's a tremendous benefit and gain for the people of the province.

**Mr. D'Autremont:** — So the maximum coverage for the whole life of the person involved would be \$500,000 regardless of where that was paid, whether it was paid for economic loss, whether it was paid for injuries, whether it was paid for permanent injury or rehabilitation; it's a \$500,000 cap on what a person can receive.

**Hon. Mr. Goulet:** — Theoretically they can receive up to about three and a half million dollars. The \$500,000 there is for the rehabilitation costs.

Indeed if the person had been working, you know, previously and so on, there is a clause on the loss of income wherein we will ascertain what her wage had been before and ascertain the level of payments. We will get 90 per cent of that wage, you know, for the length of her injury. And if it's for life, it'll be for life.

**Mr. D'Autremont:** — Okay, so she can get economic or wage loss for life. But if she has to hire someone to do her work for her, that is applied against her rehabilitation costs. Is that correct?

**Hon. Mr. Goulet:** — That's correct.

**Mr. D'Autremont:** — Okay, what happens in the case of the individual who's self employed, suffers an injury, and has to hire someone to do his job? Does his payments go against his rehabilitation?

**Hon. Mr. Goulet:** — They will get up to 550; they will get up to half a million dollars. The 550 a week will be there. As well we will pay for . . . if the person is disabled and cannot work, we will pay for replacement labour costs.

**Mr. D'Autremont:** — Would the replacement labour costs be applied against his rehabilitation costs?

**Hon. Mr. Goulet:** — That's on the income replacement side. That's the side where we say loss of income, 90 per cent of your income. So the costs of replacement labour is on that side of the section of the Act.

**Mr. D'Autremont:** — Well thank you, Mr. Minister. I would suggest then that every spouse start paying their spouse for home-keeping. Therefore those costs would not be then applied against their rehabilitation costs; they would be applied against loss of income. So that's perhaps something the public should be aware of, that you should start giving your spouse an income a week, and then she can turn around or he can turn around and buy the groceries out of it. And if you ever do get involved in an accident with SGI, you'll at least have an income there to which SGI would apply their formulas and you could still get your half a million dollars in rehabilitation costs.

Mr. Minister, in the Act, I wonder if you'd mind

pointing out the section in here to me that does say that you can receive compensation for home-making without having any employment income.

**Hon. Mr. Goulet:** — If you look at division 7 on page 34, section 158(1) it says:

Subject to the regulations, if the victim is unable because of an accident to care for himself or herself or to perform the essential activities of everyday life without assistance, the insurer may pay a benefit to reimburse the victim for expenses related to personal home assistance.

(2) The maximum amount of a benefit pursuant to this section is \$550 per week.

**Mr. D'Autremont:** — Thank you, Mr. Minister. Okay, Mr. Minister, if the person was also employed and was entitled to the \$550 wage loss, would they also be entitled to this benefit?

**Hon. Mr. Goulet:** — Yes.

**Mr. D'Autremont:** — Well, thank you very much for the short answer for once, Mr. Minister.

Mr. Minister, it's your contention that no-fault insurance will keep the rates down. But the experience in Quebec would not indicate that on the long term that is the case. On the short term, perhaps it is; but on the long term, it's not. We've been talking about injuries and that a person is entitled up to \$550 a week or the benefit for home care.

What is the long-term impact of that kind of a payment structure where you will continue . . . certainly come January 1, you'll start out with a very small base. Just anyone who happens to get injured on January 1. But that will progressively grow larger and larger as time progresses, until either these people are rehabilitated and no longer injured, but if they're permanently injured and suffered a permanent income loss that base is going to continue to grow.

What's the long-term impact for SGI going to be for that?

**Hon. Mr. Goulet:** — I'll give you two examples. One is Quebec because that's the longest-serving example. The costs for the injury side in Quebec, on insurance, was approximately \$100 in 1978 — approximately \$100 in 1978. In 1994 the costs are approximately \$100 and so it's approximately the same from 1978 to 1994. In 16 years there is relatively little change in regards to the costs of insurance in Quebec.

Now once in a while, you'll see a report — and you're probably searching for that right now — that will say and quote an example of a particular car in the province of Saskatchewan that says \$600 insurance for this car and a thousand dollars in Montreal. It's true.

But what they don't tell you is this: in Saskatchewan our costs are half and half on injury and the vehicle, about \$300 on the injury side and approximately \$300 for the car. On Quebec the injury side is this: it's a hundred dollars and \$900 for the car. The private insurance scheme on the car side in Quebec and a number of accidents has escalated their costs. But the very important thing to remember is that it is only a hundred dollars on the injury side whereas it is \$300 — 300 per cent more — in the province of Saskatchewan.

It is very important to know that in Quebec, and we met with the paraplegic association . . . (inaudible) . . . on this, they had talked to their colleagues in Quebec and they have said that they have increased their benefits in Quebec from 1978 to 1994. That increase has been 35 per cent increase in benefits. When they had phoned their colleagues and the head injuries association and paraplegic association counterparts, they have found that indeed that was the case.

And it's also very important, and that's why I suggest that you maybe consult your colleagues in Manitoba. In Manitoba, they have come out with a press release — and I saw it about a month ago — and that press release says that in their first year of no-fault insurance in Manitoba, they will have a \$48 million saving. Maybe you should take up the question to your colleagues in Manitoba and ask them if they're telling the truth. Find out what . . . where they got their facts from because they seem to be saying, which I tend to agree with, that they'll be saving close to \$50 million.

So I think that the member should do a little bit of research and come out with proper facts. And so I guess in that regard, I'll wait for the next question.

(1545)

**Mr. D'Autremont:** — Well, Mr. Minister, when people in Saskatchewan go to pay their licence fees, they look at the total number. And the total number in Quebec has gone up. Now you can claim that it's a hundred dollars for the medical side of the insurance and that it's \$800 for the vehicle costs, but I would find it very surprising that it costs three times as much in your numbers to fix an automobile in Quebec as it does in Saskatchewan. Perhaps if you have to put French labels on all the fenders, it costs more. I don't know, but I rather doubt that it does. So, Mr. Minister, when you say that it's \$900 for fixing the vehicle and \$100 for the medical insurance, do you have some numbers, some proofs of that?

**Hon. Mr. Goulet:** — Yes, we could provide you with that information. And the other thing too is there has been certain things that have come out on the news over the years that I've seen in documentation where they said that accident rates went up in Quebec. It was a very interesting viewpoint from a research perspective because indeed there was in 1978 about 1,642 accidents — I mean fatalities — in Quebec. And what happened is that there was a blip — in 1979 it went up to about close to 1,800. But what they neglected to do in research — this was very faulty

research — they didn't look at the long term.

By 1991 that had gone under 1,100. I might say that in 1994 the degree of fatalities in Quebec are less than a thousand. In other words, there's 600 to 800 less fatalities in Quebec since no-fault insurance went in in 1978.

**Mr. D'Autremont:** — Mr. Minister, do you think the fact that seat-belts are now used have any impact on that?

**Hon. Mr. Goulet:** — Yes.

**Mr. D'Autremont:** — Well perhaps maybe it has nothing to do with no-fault insurance then, the fact that fatalities are down.

**Hon. Mr. Goulet:** — Contrary to the other opinion, I've never stated that it had anything to do with no-fault insurance. All I was doing was stating the fact. Because the opposite argument was this: there would seem to be saying that there was more accidents, more fatalities, because of no-fault insurance. And I just blew that apart, because there's 600 to 800 less accidents in Quebec.

But I don't attribute that to the no-fault insurance plan. I never have and I never will, basically because it has to do with education of the drivers in Quebec and the laws and the types of lights and everything like that that are important in regards to safety for the province of Quebec.

And I think that in regards to their higher insurance rates, on the fact that it only cost them \$100 for the injury side and \$900 for the car side, is that they still have quite a larger number, degree, of accidents which impact on the cars in that regard. But overall it's still only \$100 on the injury side in Quebec in 1978 and it still is today in 1994.

**Mr. D'Autremont:** — Well, Mr. Minister, while no-fault insurance will save SGI some money, it'll cost the victims of this province \$70 million. Of that money, using your own figures, 10 to \$15 million of that would have gone to lawyers. So 55 to \$60 million of that will come out of the pockets of victims. There's no other way to explain that.

Now if you have some other way perhaps you could do that. But I'm not sure how you can explain the fact that \$70 million is going to be saved by SGI, and the only people that SGI pays under personal injuries are the victims. So therefore the money has to come from the victims.

The thing besides money that SGI is taking away from people is their democratic right to appeal the decisions of a government body, and in some cases a heavy-handed decision by government bodies, to the court. The Supreme Court gives us that right. The charter of rights gives us the right to appeal to the courts of this land for restitution and for a decision.

Now I realize that it's the tradition, becoming the

tradition, of the NDP government to deny people the right to have access to the courts. They did that for civil servants; they did that for farmers with GRIP (gross revenue insurance program). They tried to do that with co-op members in the Co-op upgrader, but the reason they failed there is the Co-op decided they had enough money to challenge this government in the court system and the government backed off. And now in this session the Minister of Justice himself broke the law and denied judges the right to appeal to the court system.

And now you are providing that same removal of rights to the court to the people who buy insurance in this province, automobile insurance. And, Mr. Minister, that is wrong.

You can provide other avenues that would save SGI some money. You could provide a deductible in there for personal injuries. I believe that the number . . . the average settlement for injuries in this province for pain and suffering is \$10,000 — the average across the board. If you were to put into place a \$5,000 deductible for pain and suffering, that would make a significant saving. But no, you would prefer to deny people the right to go to court. That's your settlement. That's how you are going to save money for SGI.

Some place in here I have further items that you could do that would provide a savings for SGI without denying people the right to go to court.

And the second item you're even contemplating, and that's a graduated licensing system for people, because it is the young people who have newly acquired their licences which suffer a larger proportion of accidents. With a graduated licensing system, you could reduce the number of injuries that our youth have and you could reduce the amount of claim settlement that would be awarded, because with a youth, you're looking at a very long, extended period of time, a very long period of possible earnings time.

Another suggestion is to amend The Pre-judgment Interest Act to 3 per cent. I'm not sure what it's at right now, but this is another manner that has been suggested to me that would save a significant amount of money. And this would bring it into line with Manitoba and Alberta, but it would save some money.

I see you recognize some of these suggestions and perhaps you have seen them before. But these are some items that would have provided some savings for SGI without denying people the right to have a court settlement. You could have even instituted your mediation services in there at some point that would have allowed people to have the opportunity to go to a person without having to go through the entire legal process.

But at the end of the day, Mr. Minister, what did you choose? You chose to deny people the right to go to court. You chose to deny them their democratic right as outlined in our charter of rights. That's what you chose.

Now I have expounded on some of the negatives of no-fault insurance, but it's not all negative, and I will agree to that. There are some good points to it. And I haven't had the opportunity to look over your amendments yet because I just received them as this debate started, but from our discussion yesterday — and I thank you for that, where you invited me to discuss the amendments, to meet with you — it is very important that more support be given to people who have suffered a head injury, a brain injury. And it's very difficult to measure that. And that again comes back to my argument about the SGI adjusters and their medical training, because it's going to take some very specialized people to make a determination as to the extent of a brain injury.

I mean if the person suffered a massive brain injury, it's going to be fairly evident. But in some cases it's not totally evident. It's a reoccurring thing; it's not always there. And those kinds of settlements, a person may not be able to carry on with their employment. They may be able to go down and buy their groceries, but nevertheless they should be entitled to some compensation and some rehabilitation.

And it's going to take some very specialized training by your adjusters and the people that they visit with to make a proper settlement. And if these people don't have the right to go to court they may not have the opportunities for a proper settlement.

I've received a letter from a lady from my own constituency that I have been trying to provide some assistance for, since I became elected, and I discussed this case of her son with you the last time we met in Crown Corporations. And there we discussed the lack of the amount of support under the current system. And I'm pleased to see that someone in the future who will be injured with this kind of injury will receive greater support, but the people who are currently under the system, under the present system, are still in need of support. So, Mr. Minister, that is one of those areas that you have improved in this no-fault insurance.

The issue of the person who, through criminal activity, injures themselves and someone else — because we brought that up, because other people contacted you, it was a major concern about the person who drinks and drives, is involved in an accident and injures somebody else, that they might be compensated in a manner greater than a victim that they may have injured. I'm glad that you have changed that. And again I haven't had the opportunity to review those amendments, but I thank you for at least bringing in an amendment that does change that because a person who does commit a criminal act should not benefit from that.

So, Mr. Minister, while there is some good points in this Bill, I think the fact that you are taking away the right of people to have . . . to exercise their charter of rights is a very big negative in this and needs some very, very serious reconsideration on your part. Thank you.

**Mrs. Bergman:** — Thank you, Mr. Chairman. I'd appreciate the opportunity to preface my questions with a few remarks today. In this legislative session the government has forged ahead on a great deal of questionable legislation that will alter the landscape of the future of Saskatchewan.

One such Bill is the Act to amend the insurance Act. To the public this Bill seems to come from nowhere. And the questions I am most frequently asked by my constituents and others in the province is why. This is an easy political sell for the government because they have put the public in a no-win situation on no-fault insurance.

First the policies of the government take more disposable income from the public than the peoples' budgets can bear. Then when the administration knows that the entire population is feeling financially vulnerable, the government chooses to put them between a rock and a hard place. They do not ask the public to examine a new system of insurance in comparison to the existing one; they do not embark on an unbiased public relations campaign to bring people into the decision-making process.

What the government does with no-fault is to put peoples' wallets against the wall and then say, do you want to pay more for what you are getting now or switch to a new system and avoid a premium increase? Unaware of the shortcomings of the no-fault system, the financially weary public has little defence against the threat of a 24 per cent rate hike, which is a questionable threat upon closer examination.

The reality of insurance is that more people pay premiums and stay healthy than pay premiums and get injured. However, the unfortunate percentage of people who fall victim to accidents — which by the way is why we buy insurance — those unfortunate few will find the lower premiums they have paid to be small consolation when they are undercompensated or not compensated at all when tragedy befalls them.

The fact is the government is playing to a very large audience of people who cannot afford to pay another dime for anything, even if it were medicine that could save their lives.

(1600)

The government is playing to a very small audience of people who permit themselves to believe that they could one day be the victim of an accident that could render them incapable of earning a living or sustaining any quality of life because of the ongoing pain and suffering resulting from an accident.

But, respected colleagues, those people do exist. And when an accident happens to them or to one of us, we all give sober second thought to what is about to happen in this Assembly over the next day or two with respect to our automobile insurance plan in Saskatchewan.

I am gravely concerned that the public is being left out of this debate. Saskatchewan people are highly responsible as a society. They care about their long-term security and their families and their dependants. The government may, in this case, be misjudging the priorities of the majority because if they understood what these changes could mean to their families in the event of an accident, they might choose to make sacrifices to pay extra for insurance.

I do not know that to be true but I believe it is very unjust to presume what the priorities of people are on such an important issue. The only way to know for certain is to inform the public of their options, engage them in debate, and act on the public will that emerges.

SGI, however, has learned from the 1970s that public debate and full disclosure of their plans in relation to no-fault can be hazardous. They did not intend to make that mistake again and have lobbied legislators behind closed doors. By the time the people were brought into the loop on this issue, the legislation was drafted, the pamphlets printed, and the government had stopped listening. That, in democratic terms, is a tragedy. The attitude of the minister throughout this debate has been one of arrogance and defensiveness.

It is my personal view that no matter what case one might make, it would be ignored. Dozens of people with high levels of expertise in this area, professionals who have worked within our present tort system for years, who understand that no-fault system, have made representations to the minister, written letters to the newspapers, and lobbied every individual in this Assembly. They all came away with the feeling that they had been listened to but not heard.

It is shocking to me that a government who relies upon the expertise of the legal community at every turn has been so deaf to the concerns of the trained professionals who advocate for the victims of accidents. It is distressing that a government who seeks advice from doctors and nurses on health care, from teachers on education, from farmers on agriculture, would completely ignore the legitimate concerns of the legal community on this critical issue.

Lawyers are an easy political target, and thus the government sees no fallout in dismissing their concerns. Frankly, the most important critic of the insurance system are the advocates, the lawyers who pursue settlements from the insurance company on a daily basis. Who better knows the strengths and weaknesses of the system than people who challenge the system on a daily basis?

Mr. Minister, there is a common error committed by people elected to this Assembly. That common error is in making the assumption that somehow the day one is elected one inherits a certain level of expertise in matters about which one previously knew nothing.

How can 53 members opposite have no doubts, no questions, about this proposed change to our system when the experts, the accident victims, and the

leading economic authorities at the University of Regina have called the alternative system into question on so many levels?

Mr. Minister, I believe that the question period is a very bad forum in which to get answers to crucial questions. I have observed your responses in question period and I give you full marks for politically correct answers but no marks for answering the real questions you have fielded on no-fault.

Rather than making a lengthy second reading speech, I have chosen to incorporate my remarks into a series of questions today in Committee of the Whole. Mr. Minister, I hope you will refrain from political rhetoric and ask your officials to provide you with direct and understandable answers to my questions for the public record.

Let us begin with your initial premiss that SGI is broke and no-fault will fix it. Mr. Minister, in 1992 SGI increased its reserves for future claims by \$49 million, resulting in a year-end loss of \$35 million. You have used this loss of 35 million to suggest to the public that the personal injury awards are sky-rocketing; and number two, to justify and threaten the motoring public with unacceptable and unsupportable premium increases of 24 per cent.

As of today, how much does SGI actually owe in unpaid claims — not what has it committed to its reserves — what is the actual indebtedness for unpaid claims as of year end 1993?

**Hon. Mr. Goulet:** — I think, for the member, I'd like to clarify one thing for her. On the reserves, there is \$384 million in reserves, and that's to pay for the cost of the existing claims. I mean the claims are going to continue and that's the estimate in regards to the cost.

Now on other comments, you seem to imply that in this legislation there has been no type of consultation which is reflected from the legal profession in regards to the Act. I think that your position there is inaccurate.

Number one point, the most important point that they raised with me was the right to sue. The right to sue is intact in the legislation. And that's the most important point that was ever raised with me by the legal profession. We have moved the right to sue from the sky-rocketing area on the pain and suffering claims to the area that was more manageable, in the area of economic loss. We felt that putting food on the table for your children, in regards to economic loss, needed to be improved and made better, and this is what we did. So that indeed the right to sue for economic loss exists. You can also take people to court in regards to medical and personal care expenses. I think that this new Bill keeps intact the right to sue. And therefore it's not accurate for you to say that we have not listened. We have indeed listened on that point.

Many legal professionals may say they will still disagree with it, but they cannot say that the right to sue has disappeared. The right to sue is still intact. It

has been moved from the area of pain and suffering to the right to sue for economic loss.

The other thing I think . . . and there wasn't always complete agreement among the legal profession either on the idea of mediation. There were some who favoured mediation and there were some who did not favour mediation. I would say that on mediation we have an independent process. They were afraid that SGI would be the final arbiter. They wanted an independent process. We have complied with that request.

And it was not only a request from the legal profession; it was a request from the head injuries association as well as the paraplegic association and others. We have complied with the idea of an independent process in regards to mediation. You can have your choice in that regard. The other thing over on top of mediation, is the idea of appealing to the Court of Queen's Bench. You have access to the Court of Queen's Bench. And I think in that sense, that is an important addition to what has taken place by the Liberal government in Quebec and the Conservative government in Manitoba. I think we have made improvements in that regard and I might add as well that they asked for the elimination of prejudgement interest and we have complied with that — we have agreed with that. It is in the legislation.

So we have made a lot of decisions that were made to us in regards . . . from the legal community and from many others in this province. And I think it's inaccurate for you to say that we have not listened. We have indeed put substantive aspects of involvement on recommendations that they have made within the Bill.

Now on the question that the legislation is questionable. Well I think your own logic is questionable. A lot of the people in this province don't want a 24 per cent increase. You may believe, as members of the Liberal Party, that people should be given 24 per cent increase; this NDP government does not feel that a 24 per cent increase is in the interests of the public.

I think many times as you go about in regards to legislations, you have to make that decision. You have to be either on the side of the people or against them; in this case you're against the people. You want to provide them a 24 per cent rise in regards to their rates.

We on this side of the House disagree with that approach. You may feel that you could afford it, but there's many people in this province that don't want to pay an extra \$100 in regards to their insurance rates. So I think that in regards to the idea of questionable and in regards to misjudgement I think you are the one that is misjudging the situation today.

I think that there are many other important points that you neglect to answer — the fact that seniors, for the first time, are recognized across the world in regards to loss of income. We are the first to do that anywhere.

And you are neglecting to deal . . . and pay respects to the fact that seniors are recognized. Maybe the Liberal Party is against the seniors; maybe they don't want to see the rate increase; maybe that's what it is.

For the first time, students in this province are recognized in legislation. Part II benefits right now — nothing for students. Up to 13,000 for the students — maybe the Liberal Party and the Conservatives are against the students. We on this side of the government support the students, support the seniors.

Maybe you are against the home-makers; we have \$400 for child care. We have 550 for personal care. For the first time, the home-makers are recognized. We recognize the importance of work at home; we recognize the importance of care for children.

Maybe the Liberal Party does not like that. Maybe they'd like to keep it that way on injured people; 80 per cent of them are not properly addressed in the existing system. Maybe the Liberal government stands only for 20 per cent of the people, but I believe that we need to become involved in supporting 100 per cent of the people in the province of Saskatchewan, and that's the statement I'd like to make for you.

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

**Mrs. Bergman:** — Actually, Mr. Minister, the question I asked was: what is the actual indebtedness for unpaid claims at the end of the year, in 1993? Not about the reserves, but what is the actual indebtedness?

**Hon. Mr. Goulet:** — Again I will provide that information to you. The liability is 384 million.

**Mrs. Bergman:** — Mr. Minister, how much would rates actually have to increase to offset that amount?

**Hon. Mr. Goulet:** — Those are past claims. I mentioned before, at the beginning, that those are for . . . that reserve is there for the past claims, and we have to pay for those past claims. There's a legal process, you know, taking place right now. What we are talking about — and I'd like to make that very clear — when we did the analysis, our own audited statements on a year-by-year basis on the Sobeco report, it is very clear that it will require 8 per cent rise on the rates in the province of Saskatchewan. It is very clear that that's what it is. Maybe you want the 24 per cent increase in the next three years, but we don't.

**Mrs. Bergman:** — Mr. Minister, you keep referring to the cost of insurance, the rates, and the deficit. You haven't gone on about that, but the deficit of SGI. Michael Rushton of the University of Regina economics department and the committee to investigate the system of compensating motor vehicle accident victims in Saskatchewan, urges the government to delay the implementation of no-fault insurance until the policy has been assessed with the care it warrants.

(1615)



Mr. Minister, if you won't take any more advice from the legal community, proven experts in the field of accident injury awards, will you listen to some one who has no vested interest in the SGI system, no matter what form it takes? Professor Rushton says, "The issue at present is not whether no-fault insurance is good or bad policy." And I agree with my colleague; there are some good aspects to what you are attempting. In the final analysis he says, "it may turn out to be the best option." And I couldn't agree more, Mr. Minister. But he goes on to say, "The policy is based on a poorly-done study and more investigation is clearly required."

If that study contains any valuable advice it is that it is, to quote:

It is anticipated that additional public review and widespread consultation concerning this report and the recommendations contained therein will be sought through a public hearing process.

Mr. Minister, you did not have a public hearing process. How in good conscience can you proceed to change something as fundamental as public motorist insurance without using sound research and public hearings?

**Hon. Mr. Goulet:** — The research is sound. We've been waiting two years. I received the report in December, '92 and we had a careful examination, and we can't afford 24 per cent increase.

Improvements for the seniors, they can't wait another year. Maybe the Liberals want the seniors to wait, maybe the Liberals want the youth to wait, maybe they want the home-makers to wait. On this side of the House, they should not wait. We should provide those benefits as quickly as possible to them, which starts in January, '95.

**Mrs. Bergman:** — Mr. Minister, I would like to suggest that we not go further with this legislation till there's a full public disclosure of all the reports supporting calculations you repeat over and over again concerning the financial prospects of SGI under the current system.

Would you direct such a disclosure, Mr. Minister, so that your calculations and predictions can be verified?

**Hon. Mr. Goulet:** — The report is public, it's been public. And we released it some time ago and maybe you should have a close examination of the report.

**Mrs. Bergman:** — I don't believe the report covers those basic financial calculations concerning the financial prospects of SGI under the current system.

Mr. Minister, do you feel no onus on the government to let independent sources examine the books publicly to bear out or disprove your claim?

**Hon. Mr. Goulet:** — We've had an internationally

recognized firm, Sobeco Ernst & Young, did a report. We have audits on a yearly basis. What you're saying is that you're disagreeing with these audits. That's exactly what you're saying. We agree with the decisions on the audits. And for you to say that these audits don't count is very problematic.

**Mrs. Bergman:** — Mr. Minister, you have not published estimates of the increased overhead or the increased bureaucracy to administer no-fault. Will you open the projections for examination? Will you show, for instance, the increased costs for the bureaucracy, the increased overhead? Because there will be a lot of bureaucrats trying to administer justice so that people will be denied the right to sue. This will be very much like Workers' Compensation and it won't be cheap to administer.

Will you show us your numbers and prove that we won't need increased premiums to pay for the no-fault bureaucracy after two or three years?

**Hon. Mr. Goulet:** — Well I think that, on the one hand, you talk about protecting this group and that group, and on the other hand you want to beat up on the workers of SGI. I think that in regards to the increase on administration, we have about 7 per cent administration rate in regards to the company, which is pretty fair in regards to operations of this nature, you know, throughout Canada.

And there will not be an increase. As a matter of fact, my prediction is that there will be less. And I really believe that if you look at the press statements in Manitoba, etc., and also in Quebec, you will see that admin costs over there are less than what you see elsewhere.

**Mrs. Bergman:** — So you're saying that administration costs will fall, and then you'll reduce the premiums?

**Hon. Mr. Goulet:** — What I'm saying is that there is . . . You're implying that there's going to be an increase in administration costs. What I'm letting you know is that there will not be an increase in administration costs.

**Mrs. Bergman:** — But you will not guarantee any kind of reduction in rates should costs fall?

**Hon. Mr. Goulet:** — Well you've got to understand that the benefits on home-makers are extremely poor right now. Benefits to seniors discriminatory, basics on youth. We are increasing benefits to the people of the province. And what we have done is shifted it from the area of pain and suffering to this area. And I think it's very important to recognize that we have increased benefits and there are increased costs in that sense. But I think that overall there is fiscal integrity because there are savings from shifting the right to sue from the area of pain and suffering to the area of loss of income.

**Mrs. Bergman:** — Mr. Minister, how large will the bureaucracy be growing under no-fault, and will you

make public the calculations SGI is using to explain how they will replace the role of the legal system under no-fault?

**Hon. Mr. Goulet:** — I've answered that already. There'll be no increase in the bureaucracy.

**Mrs. Bergman:** — Mr. Minister, no-fault never ends. It's like Workers' Compensation — there are no lump sum settlements, and victims who have serious injury and long-term disability will be forced to go in administration . . . to undergo an administrative assessment whereby benefits are paid every two weeks, every month. And how will that work?

**Hon. Mr. Goulet:** — Just for your information, on the lump sum payment idea, if you check in the section on permanent injuries, you will see that there are possibilities for a person to receive a lump sum payment in regards to a permanent injury . . . and on death benefits, I mean. And I think that's important for you to realize.

So on this idea that there's nothing on lump sum payments — there is in fact.

**Mrs. Bergman:** — So the lump sum payment would be general, or are you saying that . . . What I was asking about is in terms of long-term disability and assessment and payment of that.

**Hon. Mr. Goulet:** — It's on the death benefits. They could have an option. It's an optional position. They could either go for a lump sum payment, or they can go on weekly benefits. It's up to the individual to make that decision.

**Mrs. Bergman:** — How will it work on a weekly basis or however? How will that not cause increase in administrative costs?

**Hon. Mr. Goulet:** — The technological administration is already set up. I mean all you're doing is typing figures. And whether you type a cheque on a lump sum payment or whether you do it on a weekly basis, on a regular type of system the way we have, the costs are pretty virtually minimal. I mean it's done on a regular basis.

**Mrs. Bergman:** — Thank you, Mr. Minister. If someone has a debilitating injury, someone from La Loche for instance, how do you propose this individual communicate with SGI and what do they do for follow-up on their claims?

**Hon. Mr. Goulet:** — Basically the same as they do today; they'll be referred to their doctor.

**Mrs. Bergman:** — Mr. Minister, you know that no-fault will not fairly allow for loss of income in kind for aboriginal people who contribute to their economic well-being by fishing and hunting, something an accident could render them incapable of doing. You also know that many aboriginal people would not be in a good position to advocate for themselves due to isolation from claim centres,

unfamiliarity with medical terms and conditions in the white man's medical system, and a general intimidation with the bureaucracy.

And I'm not trying to be patronizing here; I'm trying to have a serious discussion about reality for many, many people in Saskatchewan.

How do you, as minister of SGI and an aboriginal person yourself, intend to address the inequities that no-fault might create for your own people?

**Hon. Mr. Goulet:** — For a lot of people in my constituency the access to the courts at the existing time are relatively poor. There is a legal aid system and the legal aid system does not cover insurance, so that there is really no, you know, benefit. There have been . . . (inaudible) . . . made by an aboriginal lawyer moving into the North a bit, but the length of coverage is not the way it is, let's say, in an urban setting.

Now on aboriginal people, the largest band in the province of Saskatchewan with over 5,000 members is the Lac La Ronge Indian Band. Chief Harry Cook sent me a letter of support in regards to the personal injury protection plan. His statement is very basic, that many of the people in our area cannot afford the existing system the way it is. Many people cannot afford the package policies. Many people only have the basic insurance so that they're only covered for \$150 to \$200 a week. They're only covered 10,000 benefits. They're only covered 10,000 rehab. They are only covered on the most basic, minimal sense the way the part II benefits outline.

So the idea that aboriginal people are somehow put in a tougher position in regards to personal injury protection plan is completely false. The new plan will provide 90 per cent of their income. And many of our people in the North — there are 600 of them — have started to work in the mines. You know some of them work for the government services areas and many other areas.

And in regards to people who are small business, whether it is into wild rice or whether it's the fishing and trapping, we will look at what their records are. If somebody is hurt over the years, we will take the average wage of that area that they've been in and that's what we will provide payment for. And in that sense it's a lot better for them, basically because on the situation right now they'd be out of luck in most cases.

And I think that the new system provides a lot more benefits, you know, for them. And the half million dollars too on the rehabilitation will be very important for them. So overall, aboriginal people are a lot better off in this new program than what exists today.

**Mrs. Bergman:** — Thank you for clarifying that, Mr. Minister. I hope that's in fact how it is in the Act. Mr. Minister, inasmuch as there are many people involved in the rehab process for accident victims, there will be also an entire bureaucracy of people to supervise payments; supervise victims' entire health team,

including doctors, therapists, physiotherapists, massage therapists — how many people will be needed to supervise and conduct surveillance on all of this? And how will people who live far away have access to their adjusters or case workers, or whatever you call them?

**Hon. Mr. Goulet:** — You'll have to remember that right now with a system of tort there are people who are involved, working with the legal side of the question. Because the right to sue has become more manageable there would probably be less people in that area, so what we're going to have to do is retrain some people to move into the medical areas.

So there will be adjustments on staff from that which exists. There'll probably be fewer people that we will require to deal with the legal court system.

So what we will have to do is, because we are moving to a more wellness rehabilitation system, we will probably have those workers, you know, shifted into these areas and that's what's probably going to happen. We will need six new case workers that have to be shifted in immediately to deal with the new situation.

**Mrs. Bergman:** — Thank you for clarifying that. There are an estimated 85 per cent of injuries in motor vehicle accidents which are whiplash or soft-tissue accidents. Some of these injuries are mild and they make up a large part of the smaller claims for pain and suffering.

Can you tell me how many pain and suffering claims were made last year and how many of these were settled for less than \$5,000?

(1630)

**Hon. Mr. Goulet:** — On the whiplash idea, the percentage are 83 per cent on whiplash of the claims and they constitute about 70 per cent of the cost.

**Mrs. Bergman:** — I'm sorry, I missed part of that, Mr. Minister. Could you repeat that for me?

**Hon. Mr. Goulet:** — On the claims, 83 per cent of them are on whiplash. They constitute about 70 per cent, you know, of the costs, which is approximately \$80 million.

**Mrs. Bergman:** — How many of them were settled for less than 5,000?

**Hon. Mr. Goulet:** — About 70 per cent of them.

**Mrs. Bergman:** — Thank you. Can you tell me, of all the pain and suffering awards, how many of those were awarded to women?

**Hon. Mr. Goulet:** — About 55 per cent.

**Mrs. Bergman:** — Mr. Minister, yours is a government that claims to care a great deal about women and the family. Well, Mr. Minister, as a woman with a family,

let me tell you that I have looked at a lot of your policies pretty carefully and most of them don't stand the acid tests very well, and the NDP no-fault proposal has its problems as well.

Mr. Minister, 85 per cent of the injuries in motor vehicle accidents are soft tissue injuries, and 85 per cent of those injuries are to women. That isn't just the luck of the draw or lopsided statistical information, Mr. Minister, there's a reason for it. The fact is that women have far less muscle development in their necks and are therefore far more vulnerable to having their necks injured when hit from behind by another vehicle. Not only did it take years of doing battle with SGI and the courts to gain some recognition of the fact that women are not only more frequent victims of whiplash, which can be extremely debilitating, but women have fought many legal battles to establish precedents for pain and suffering awards when whiplash renders them incapable of attending to the duties they perform in the household.

The move to no-fault will eliminate those claims and turn the clock back on the progress that has been made to recognize that a woman who suffers from whiplash pain that makes it impossible for her to care for her family and tend to her work in the home, is deprived of her capacity to contribute to the well-being of her family.

Mr. Minister, how can you wipe out these decisions with a stroke of a pen?

**Hon. Mr. Goulet:** — In your issue on women, 51 per cent of the population are women and 51, 55 per cent are involved in the claims, you know, as it exists. You've got to remember, on the new benefits 51 per cent of the . . . it'll be a larger number on seniors that will have benefits for life, that do not exist right now. So that the percentage of seniors population that are women are greater; therefore they will have better benefits in that sense.

For youth, about half and half. Women that are youth will get those benefits of \$13,000 that don't exist any more. The fact that 90 per cent of the income and many of the workforce include women, they will benefit from moving from \$150 to \$200 to up to \$550. The workforce, which constitutes a lot of women, will benefit from that.

Home-makers which were discriminated against in the existing system — the majority of home-makers are women — we will provide up to \$400 a week in regards to child care; we will provide up to \$550 a week in regards to personal care — \$950 in regards to the home-maker, who the majority of are women. I think that this program is highly beneficial for women than that which exists today.

**Mrs. Bergman:** — We've talked about soft tissue injuries here, Mr. Minister. I'd like to examine a case, an individual case of a woman who was driving along one day on her way home from the grocery store and she stopped at a red light and another driver slammed into the rear end of her car causing a whiplash injury,

a severe injury.

After months of therapy she is able to perform only essential duties. All major tasks — lifting the children, ironing, vacuuming, even carrying the groceries — result in excruciating pain, headaches, and general misery for this completely innocent victim of another driver's carelessness or an accidental mishap.

Under the current system, this woman who paid insurance premiums just in case of an accident like the one to which she fell victim, could very likely receive a pain and suffering award of 35 to \$50,000 plus a loss of housekeeping ability of 95,000 to \$100,000 and all medical expenses plus prejudgement interest on her claim. The total award could likely be in the realm of 135 to \$150,000 if the injury were deemed by qualified doctors and experienced impartial judgement in the courts to be debilitating to the victim.

Mr. Minister, the judgement would not restore the victim to good health. It would not give her back the quality of life she experienced up until that moment. No insurance scheme in the world can change history but at the very least the award for pain and suffering serves to pay for substitute help, for therapy and hope for the occasional and temporary relief from the pain and suffering arbitrarily imposed on an accident victim.

Under no-fault, a 15,000 award would be the best one could hope for, small compensation for what could be a lifetime of interminable suffering. As I said, the no-fault system will be very tough on women and most unfair to victims. The scenario I've referred to above was one in which the victim's pain and suffering was ongoing and permanent.

Under the old system the victim could sue, just as this one actually did, and receive a judgement of combined pain and suffering and loss of home-making income — 150,000 may sound like a lot, but spread over 20 years, it works out to a little more than \$500 per month. A small help when one considers paying someone to do all the work in the home, as well as cover the costs of therapy and medication not covered by health care. Under no-fault the settlement received, spread over 20 years, would be less than \$100 per month, not even enough to pay for painkillers.

Mr. Minister, what happens when the costs of living, and treatment, and painkillers, and health care ultimately increase? Can the victim appeal for an increased settlement?

**Hon. Mr. Goulet:** — I think I'll provide you a straightforward example in regards to home-makers. Supposing that the victim is a 35-year-old home-maker who sustains an injury to her spine. She's the mother of three children, and has been a nurse but decided to take time off to be with her children. She requires assistance for her children and also home care assistance. After five years she is rehabilitated sufficiently to return to full activities. In the new plan,

she will get approximately . . . she will get \$304,600. In addition, she will get up to half a million dollars on rehabilitation.

On the current plan, she can get up to the \$16,100 on part II benefits. If she was at fault, that's all she would get. If she hit a deer, that's all she would get — \$16,100 versus \$304,000 in the new plan.

In regards to having to be not at fault, and you have the liabilities backing you up on the existing system, what you will get on average payments in regards to the record in the province of Saskatchewan is this: you'll get approximately 34,000 to \$104,000. That is what is on the average. So the new plan, even in this case, the person will get three times more than even the best legal decision you will get.

And that is the way the new legislation is for . . . (inaudible) . . . And I'm not even talking about the person in regards to overall. Let's have an overall review. They can get up to 550 a week on personal care. They will get up to 400 a week for child care that was never there before.

You don't have to wait for a legal decision over a five-year period. You don't have to wait for five years. You can have that within 14 days. You don't have to go through lengthy worries about whether or not you will ever win a court case. Sometimes you get a good lawyer; sometimes you may have an excellent lawyer, but the decision may not go your way. And sometimes in many cases you will have technicalities that you deal with and you have to wait a long, long time. In this case, you will be able to move forward and get properly protected.

In whiplash, we have support on a whiplash clinic to try and determine, you know, soft tissue injury. And also the other major point — right now, once a decision is made it is final in the courts. In this case, if you suffer a relapse, you have a chance to get back on the benefits. Right now, once a decision is made in the courts, that is the end. In this new law, if you have a relapse, we will be able to help you again.

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

**Mrs. Bergman:** — Mr. Minister, in the issue of no-fault and fairness, currently all accident . . . I'd like to quote Jack Carr from the University of Toronto, economics professor:

Currently all accident victims receive accident benefits and those innocent accident victims who have permanent and serious injuries can claim for compensation for all their losses. Under a pure no-fault system, the right of all innocent accident victims to claim full compensation for losses are eliminated. Under a pure no-fault system, accident victims will receive accident benefits and nothing else. Thus a Quebec no-fault system will substantially reduce the level of compensation to innocent accident victims.

Could you make a comment on the comparison to what this legislation is doing?

**Hon. Mr. Goulet:** — In regards to the new system . . . and you saw the Sobeco Ernst & Young report. I mean there was about \$15 million worth of contingency fees in the legal profession. And in this case we don't have to look at that particular cost to as great an extent, you know, as before.

And we're looking at, as well, this whole idea that indeed the benefits that we see, you know, accumulating from this is essentially where it's at. And I feel that as far as overall costs, I mean, it'll be a lot less in the long run. And I've stated it before, administration costs are going to be less, etc. And I feel that the shift is definitely from pain and suffering.

Certainly, the cases on pain and suffering where we have a lot of payments, you know, for low-level injuries, they're not going to be there because we're looking at permanent injuries. Definitely we will have more for permanent injuries, people who are badly hurt. That's where the majority . . . that's why we have shifted from 10,000 to half a million dollars on rehabilitation. And that's where the shift, you know, takes place.

**Mrs. Bergman:** — Mr. Minister, Jack Carr said in his study of no-fault:

Owners of small businesses also can have serious, uncompensated losses under a pure no-fault plan. If a small-business owner is the innocent victim of an automobile accident, as a result of an inability to run the business while recovering from the accident the business becomes bankrupt, the owner of the small business receives no compensation for the loss of his business.

How would you respond to that and what assurance can you give to small-business people who might find themselves injured under a no-fault system?

**Hon. Mr. Goulet:** — I think you're quoting from Carr, who is looking at other no-fault plans, and that's true. But you have to read the legislation as it stands today in the province of Saskatchewan. The legislation has a clause where the person can hire replacement labour. So that's an important difference between that which you quote Mr. Carr as stating on the no-fault plans in Manitoba. So they could have replacement labour. I think that's an important change in regards to the people, the business people, in the province of Saskatchewan.

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

**Mrs. Bergman:** — It never ceases to amaze me that New Democrats, a government that is constantly talking about being the government of the little guy, the government which claims exclusive, compassionate rights for all women and children, the government who claims to be so interested in doing right by the Indian and Metis people of Saskatchewan,

is the same government who introduced policies which victimized those with the fewest resources.

It doesn't matter whether it's your gambling policy, your no-fault insurance, or even your labour legislation. Ultimately when everything is said and done, it is the little guy left holding the bag with a gambling addiction, the lay-off notice, and now the lack of compensation under no-fault.

(1645)

That's right, the people with good jobs and security and insurance policy should be okay. In fact some people are double covered under the current system, a cost which could be eliminated, but you have done nothing to address that situation. The well-educated people who can advocate for themselves, and can go in and make a strong argument with the adjusters, they will stand a chance. But many people will do far worse under this system.

People who have no options, who don't know their rights, those are the people who will lose under this system because they will no longer have the right to sue; no longer have the right to hire a professional to defend their interests when they have been victimized by being in the wrong place at the wrong time. That seems to be acceptable justice under this administration.

Who will advocate for the poor and the illiterate and the elderly, who do not understand how to advocate for themselves?

**Hon. Mr. Goulet:** — I think it's very important to recognize that . . . You keep on saying that there's no right to sue; there is a right to sue. I mean I think I've been saying that for half a dozen times already, you know, this afternoon.

So I think on the report you're reading, I think that's inaccurate. And even many people . . . I think for a lot of people who are . . . even middle income people, I mean they don't want to pay another 24 per cent. Maybe the Liberal Party would want to have an increase of 24 per cent. But nobody that I have talked to wants a 24 per cent increase.

You keep wanting to keep the system the way it is. And you want, you know, this hundred dollars, you know, for poor people to pay. I mean the poor people have a very difficult time in paying, you know, another hundred dollars. You may have people . . . maybe some of your friends can afford the extra hundred dollars, but not the people that I know. So I think that you have faulty reasoning in regards to who is protecting the little guy.

I mean just a few weeks ago here, you were protecting a 24 per cent increase for judges. And I think we know exactly who you were trying to protect in that sense.

And I feel that in this case, we're looking at increased benefits for the home-maker, increased benefits for seniors, increased benefits for youth — maybe you

disagree with all of that but I think the essence of the program that we have is a lot better than whatever you'll ever propose.

**Mrs. Bergman:** — Mr. Minister, there have been proposals for graduated licensing designed to reduce the number of alcohol-related accidents among young people. Have you seen those proposals and if so what is your reason for not incorporating them in this Act?

**Hon. Mr. Goulet:** — Well I have introduced the legislation in regards to the suggestions by youth. I know that my member from Moose Jaw has also been very instrumental in involving the youth of this province. And we've had excellent ideas in regards to probationary licences on the issue of .08 to .04. We've had issues in relation to making sure that the vehicles were . . . when a suspension was there that the vehicle would be of 30-day impoundments.

And the legislation is there and you've got to understand that when . . . the process we're going through will involve you as a member of legislation. It will involve the members also from the Tory caucus. And we will have a select committee that will look at this and come up with recommendations for next year's legislation and I think you will be involved with that. You'll have adequate time to express your views in regards to probationary licences, etc., and I think we can work together, you know, for the benefit of the people of the province in that sense.

So wait till the select committee is fully rolling and we'll be very happy to have your views expressed at that point in time.

**Mrs. Bergman:** — Coming close to 5 o'clock. Mr. Minister, I would like to know why there have been no public hearings — getting back to the issue of public hearings — at which the people of Saskatchewan could become informed about the alternatives to your proposal.

Have you considered any proposals involving deductibles? And if so, why have you rejected them?

**Hon. Mr. Goulet:** — Yes, we've had a lot of proposals in regards to deductibles. Right now a lot of people have the \$500 deductible and they feel that's high enough. And again that goes back to your question on poor people and that type of thing. I mean what . . . the suggestion I've heard is \$5,000 deductibles. That's 10 times more than what it exists. How can you take money away from poor people and from innocent victims in that sense when you're going to now penalize them, you know, \$5,000 on a deductible? We looked at that suggestion and we disagreed with that in that sense.

The other reason why we disagreed with it is that adjustments would have been made in the process of other jurisdictions who have had experience in this area. And things are inflated, you know, over and above that and the costs still remain. And it doesn't take more than a year and a half for the cost, you

know, to come back again after that.

But over all, bluntly, a lot of people have a tough time dealing with the \$500 deductible, and now you're saying we might have \$5,000. I would find a lot of people would be opposed to that.

**Mrs. Bergman:** — I'd like you to respond to the fact that there was no public information early on in the process of drafting this legislation and consulting, and that all the material sent out has been biased towards no-fault.

**Hon. Mr. Goulet:** — I read the complete list earlier on. Maybe you can read the answers in regards to all the people that I have met with. And I might say this, you know, for your benefit. In regards to a person like Rodger Carter, who was the dean of the College of Law, I mean this is a person who has probably taught, you know, half of the lawyers in the province of Saskatchewan. And he is well recognized; he's a professor emeritus at the university; he was a professor emeritus at the University of Saskatchewan. And I think that a person, you know, with that background and with that knowledge, in regards to not only law but the insurance field, is something that needs to be respected.

And there was people such as Pat Harrison from the Canadian Paraplegic Association. We've had people such as Karen Rutherford from the past president of the insurance brokers. I might add the insurance brokers are supporting this program. I might add that Dr. Ann Dzus from the department of orthopedic surgery has supported it. And I might say that in regards to the process, we've had people such as the physiotherapy association supporting it and we've had the Saskatchewan Medical Association supporting it. So we're got a lot of support from the people and we've had a lot of calls and a lot of letters supporting to the fact that we indeed are having an excellent program.

**Mrs. Bergman:** — Mr. Minister, it seems to me that as you put this down, like so many other pieces of legislation, it was a foregone conclusion that this is how you want it to be. And I realize that you've introduced some amendments today, but it is very difficult for the progress of democracy in our province when a government refuses to listen, to actually listen and hear what people have to say, to make public hearings available to everyone in the province to have their say in what will affect the lives of many, many people in the province.

So with that, I'll thank you for your answers and thank you to your officials.

**Hon. Mr. Goulet:** — I would also like to thank my officials and also the members, you know, from across in regards to their questions, and we will then proceed on.

Clause 1 agreed to.

Clauses 2 to 7 inclusive agreed to.

**Clause 8**

**Hon. Mr. Goulet:** — I move to:

Amend subsection 25(1.1) of the Act, as being enacted by section 8 of the printed Bill, by striking out “section 188” and substituting “section 189”.

Amendment agreed to.

Clause 8 as amended agreed to.

Clauses 9 to 17 inclusive agreed to.

**Clause 18**

**The Chair:** — With respect to clause 18, I’m going to rule that clause 18 is an omnibus clause which has a proposal to add in excess of 100 sections to the Act. I propose that we should deal with each of these proposed sections as a distinct clause — even though members may want to deal with them part by part or division by division — to facilitate the amendments which are before us.

Clause 18 agreed to.

**Mr. D’Autremont:** — Thank you, Mr. Chairman. I thought you were going to go through the clause 18 section by section, but you just passed a motion to accept clause 18.

**The Chair:** — We do have a clause 18 but we also have subsequent to that then clause 100, clause 101, and so on. And so now I’m getting to clause 100, and I know the member has amendments, and when we get to it, I’ll recognize the member.

**Clause 100**

**Hon. Mr. Goulet:** --

Amend section 100 of the Act, as being enacted by section 18 of the printed Bill, by striking out “permanent physical or mental impairment and death” in clause (1)(d) and substituting “any acquired brain injury, permanent physical or mental impairment or death”.

Amendment agreed to.

Clause 100 as amended agreed to.

Clause 101 agreed to.

**Clause 102**

**Mr. D’Autremont:** — Mr. Chairman, I will move the following amendment at the end that we amend Clause 18 of the printed Bill by:

(a) deleting section 102 as being enacted therein; and

(b) renumbering sections 103 through 219 as

being enacted therein as sections 102 through 218 respectively.

This amendment deals with what I consider to be the main subject matter of this piece of legislation and that’s the denial of people to have the access to go to the court system for redress when they feel they are not receiving the proper amount of compensation from SGI.

While the minister has allowed a number of opportunities throughout the Bill if a person does not feel they’re receiving the proper redress from SGI through a mediation service, through a limited appeal through Queen’s Bench court, it still does not provide an overall access to the court system for someone who feels aggrieved by a settlement with SGI. And it’s this section 102 that denies them that right.

I would move the amendment, Mr. Speaker, as I have outlined.

**Hon. Mr. Goulet:** — I disagree with the amendment. The right to sue for economic loss has been changed from the area of pain and suffering, and we would like to keep it that way.

Amendment negated on division.

Clauses 103 to 109 inclusive agreed to.

**Clause 110**

**Hon. Mr. Goulet:** — I:

Amend section 110 of the Act, as being enacted by section 18 of the printed Bill:

(a) by renumbering subsections (1) and (2) as subsections (2) and (3); and

(b) by adding the following subsection before the renumbered subsection (2):

“(1) In this section, ‘*rehabilitation*’ includes any or all of the following measures, programs and treatments that the insurer considers necessary or advisable to contribute to the rehabilitation of a victim, to lessen the victim’s disability caused by an accident and to facilitate the victim’s recovery from the accident:

(a) physical and acquired brain injury programs and treatment;

(b) occupational and vocational training and programs;

(c) alterations to a victim’s residence;

(d) modification or purchase of a vehicle for a victim;

(e) purchase of special equipment for a victim;

(f) any additional measure, program or treatment prescribed in the regulations.

Amendment agreed to.

Clause 110 as amended agreed to.

Clauses 111 to 152 inclusive agreed to.

### Clause 153

**Hon. Mr. Goulet:** —

Strike out section 153 of the Act, as being enacted by section 18 of the printed Bill, and substitute the following:

“153 In this Division, ‘permanent impairment’ includes a permanent anatomical or physiological defect, a permanent disfigurement, a permanent acquired brain injury or any other permanent impairment prescribed in the regulations”.

Amendment agreed to.

Clause 153 as amended agreed to.

Clauses 154 to 167 inclusive agreed to.

### Clause 168

**Hon. Mr. Goulet:** — I move to:

Amend section 168 of the Act, as being enacted by section 18 of the printed Bill:

(a) by renumbering it as subsection 168(1); and

(b) by adding the following subsection after subsection (1):

“(2) Subject to the regulations, the insurer shall promptly release to a claimant, at the claimant’s request, all of the insurer’s information respecting the claimant or his or her claim that the claimant may reasonably require for the purposes of this Part”.

Amendment agreed to.

Clause 168 as amended agreed to.

Clauses 169 to 184 inclusive agreed to.

### Clause 185

**Hon. Mr. Goulet:** — I move to:

Amend section 185 of the Act, as being enacted by section 18 of the printed Bill, by striking out clause (b) and substituting the following:

“(b) refuses or neglects to produce information reasonably required by the insurer for the purposes of this Part or to provide an authorization reasonably required by the insurer to obtain the information”.

Amendment agreed to.

**Hon. Mr. Goulet:** — I move to:

Add the following section after section 185 of the Act, as being enacted by section 18 of the printed Bill:

“No Division 6 benefits if victim at fault

186(1) Notwithstanding any other provision of this Part, a victim is not entitled to any lump sum benefits for permanent impairment pursuant to Division 6 to which the victim would otherwise be entitled if:

(a) the victim is more than 50% responsible for an accident; and

(b) the victim:

(i) at the time of the accident:

(A) was the driver or had the care and control of an automobile involved in the accident; and

(B) was under the influence of alcohol or drugs to such an extent that the victim was incapable for the time being of having proper control of the automobile;

(ii) was convicted, with respect to the accident, of an offence pursuant to one of the following provisions of the *Criminal Code*:

(A) section 220;

(B) section 221;

(C) section 236;

(D) clause 249(1)(a), subsection 249(3) or subsection 249(4); or

(E) subsection 252(1); or

(iii) was convicted, with respect to the accident, of an offence pursuant to a law of a state of the United States of America substantially similar to an offence mentioned in subclause (ii).

(2) For the purposes of subclause (1)(b)(i), a victim is conclusively deemed to be under the influence of alcohol or drugs to the extent that the victim was incapable for the



time being of having proper control of an automobile involved in an accident if the victim is convicted, with respect to the accident, of an offence:

(a) pursuant to section 253, subsection 254(5) or subsection 255(2) or (3) of the *Criminal Code*; or

(b) pursuant to a law of a state of the United States of America substantially similar to an offence mentioned in clause (a).

(3) The insurer shall determine whether a victim mentioned in subsection (1) was more than 50% responsible for the accident.

(4) A victim who disagrees with a determination of the insurer pursuant to subsection (3) may appeal a determination to the Court of Queen's Bench within 180 days after receiving written notice of the insurer's determination.

(5) For the purposes of this section, a certificate purporting to be signed by a judge of the convicting court or other officer having custody of the records of the convicting court certifying that a person has been convicted of an offence mentioned in subsection (1) or (2) is admissible in evidence as proof, in the absence of evidence to the contrary, of the conviction of that person without proof of the handwriting or position of the person purporting to have signed the certificate".

Amendment agreed to.

**Hon. Mr. Goulet:** — I move to:

Renumber existing sections 186 to 219 of the Act, as being enacted by section 18 of the printed Bill, as sections 187 to 220.

Amendment agreed to.

Clauses 187 and 188 agreed to.

#### **Clause 189**

**Hon. Mr. Goulet:** — I:

Amend renumbered section 189 of the Act, as being enacted by section 18 of the printed Bill, by striking out "section 189" in subsection (1) and substituting "section 190".

Amendment agreed to.

Clause 189 as amended agreed to.

#### **Clause 190**

**Hon. Mr. Goulet:** --

Amend renumbered section 190 of the Act, as being enacted by section 18 of the printed Bill, by striking out "section 188" in subsection (2) and substituting "section 189".

Amendment agreed to.

Clause 190 as amended agreed to.

Clauses 191 to 195 inclusive agreed to.

#### **Clause 196**

**Hon. Mr. Goulet:** — I:

Amend renumbered section 196 of the Act, as being enacted by section 18 of the printed Bill, by striking out "section 194" in subsection (1) and substituting "section 195".

Amendment agreed to.

Clause 196 as amended agreed to.

#### **Clause 197**

**Hon. Mr. Goulet:** — I:

Amend renumbered section 197 of the Act as being enacted by section 18 of the printed Bill:

(a) in clause (a) by striking out "section 194" and substituting "section 195"; and

(b) in clause (b) by striking out "section 195" and substituting "section 196".

Amendment agreed to.

Clause 197 as amended agreed to.

#### **Clause 198**

**Hon. Mr. Goulet:** — I:

Amend renumbered section 198 of the Act, as being enacted by section 18 of the printed Bill:

(a) by renumbering subsections (2) and (3) as subsections (3) and (4);

(b) by adding the following subsection after subsection (1):

"(2) If a claimant puts the insurer's findings of fact in issue, the Court of Queen's Bench may hold a hearing to determine the facts"; and

(c) by adding the following subsection after renumbered subsection (4):

"(5) Subject to the regulations, the insurer shall reimburse a claimant who is

successful on an appeal pursuant to this section or section 199 for the claimant's costs on a solicitor and client basis".

Amendment agreed to.

Clause 198 as amended agreed to.

Clauses 199 and 200 agreed to.

#### Clause 201

**Hon. Mr. Goulet:** — I:

Amend renumbered section 201 of the Act, as being enacted by section 18 of the printed Bill, by striking out "section 203" in clause (1)(a) and substituting "section 204".

Amendment agreed to.

Clause 201 as amended agreed to.

Clauses 202 to 216 inclusive agreed to.

#### Clause 217

**Hon. Mr. Goulet:** — I:

Amend renumbered section 217 of the Act as being enacted by section 18 of the printed Bill by striking out clauses (1)(x), (y), and (z) and substituting the following:

"(x) for the purposes of section 190, authorizing the use of ratios calculated pursuant to section 189;

"(y) respecting mediation pursuant to section 196, including prescribing procedures pursuant to which mediation shall be conducted;

"(z) prescribing fees payable by a claimant who requests mediation pursuant to section 196".

Amendment agreed to.

Clause 217 as amended agreed to.

Clauses 218 to 220 inclusive agreed to.

#### Clause 18

**The Chair:** — And with my apologies to the member from Souris-Cannington, who is absolutely right, clause 18 of the Bill as amended, is that agreed?

The division bells rang from 5:21 p.m. until 5:23 p.m.

Clause 18 as amended agreed to on the following recorded division.

#### Yeas — 20

Wiens  
Shillington

Calvert  
Murray

Johnson  
Goulet  
Mitchell  
Cunningham  
Hagel  
Bradley  
Koenker  
Lautermilch

Hamilton  
Sonntag  
Crofford  
Wormsbecker  
Stanger  
Keeping  
Jess  
Carlson

#### Nays — 6

Swenson  
Neudorf  
Boyd

Toth  
D'Autremont  
Bergman t

Clause 19 agreed to.

The committee agreed to report the Bill as amended on division.

### THIRD READINGS

#### Bill No. 56 — An Act to amend The Automobile Accident Insurance Act

**Hon. Mr. Goulet:** — I move that the amendments be now read the first and second time.

Motion agreed to.

**Hon. Mr. Goulet:** — Mr. Speaker, by leave of the Assembly, I move that Bill No. 56 be now read the third time and passed under its title.

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

### COMMITTEE OF FINANCE

#### General Revenue Fund Health Vote 32

#### Item 1

**Mr. D'Autremont:** — They were going to let this vote off before I got a chance to ask my one question.

Mr. Minister, my concern deals with the district health boards and nursing homes. In the community of Carnduff, the district health board has come to the nursing home with the proposal that they can have either a director of education or a community coordinator but they can't have both.

Now they're asking the nursing home board to make that decision. The nursing home board's position and job is to look after the nursing home, not the rest of the community health concerns. So they're not in the proper position to make this kind of a determination for their community because they feel they need both a director of care at their facility, which is a level 1 to level 4 facility. They also feel that there is a need for a community coordinator for health within their community.

Why are they being asked to make the determination? If they choose the community health coordinator, it's to the detriment of their own facility, and yet they're being put into that position of making a determination for the community when that is not their responsibility.

**Hon. Mr. Calvert:** — Mr. Chairman, in response to the member's inquiry, at least individually this is the first I've heard of this particular difficulty in Carnduff, and I'll ask the member if we can have a discussion, maybe follow a little more on the very specifics. There's some detail here that I'm not aware of regarding the facility in Carnduff — whether we're speaking here of an amalgamation of that facility into the district board, or whether there's going to be an affiliation.

But generally let me say this, that one of the goals of district board governance and the whole process of the structural reform that we've been involved in is to try and coordinate much more than we have in past the package of facilities and services available to the community. And so I am assuming that what's happening here is that the district board is working with the community and trying to bring about that coordination.

If the member's interested we can have a further conversation about this either later this day or at some future point.

**Mr. D'Autremont:** — Well, Mr. Minister, when the district health board gives the entire community of Carnduff . . . when they come up to the nursing home and say you can have a director of care, that would indicate to me that there is a need there to have a director of care because the health board is saying we're prepared to fund a position for director of care.

But then when they say, or you can have a community coordinator, and are prepared to fund the community coordinator, that would also indicate to me that there is a need then in the community for a community coordinator.

Well if you need the director of care and you need the community coordinator, why are they not prepared to fund both positions? Why are they asking the nursing home board to make the determination? You can have a director of care or you can have a community coordinator, but you can't have both.

Now if there's a need for a director of care, then they should have a director of care. If there's a need for a community coordinator, they should have a community coordinator. And therefore funding should be provided for both positions. And by saying you can have one or the other seems to indicate that there is a need for both of those positions. So why are they not funding both of them?

**Hon. Mr. Calvert:** — Mr. Chairman, just on the basis of the information that we have here I'm not about to begin to second guess or to insert myself into the discussions that must be happening in Carnduff. As

the member will know, each district board is doing its needs assessment and working with local communities.

This may be part of the needs assessment discussion that's going on — what is the appropriate person or office or service that should be in place in Carnduff. Again I say, I don't insert myself here on the floor of the legislature into a community discussion just on the basis of this little bit of information.

I wonder, has the member talked to the district board about this? I would suggest that that would be an appropriate thing to do, first of all. And again, I suggest that he and I could have a discussion following our discussion here.

**Mr. D'Autremont:** — Well, Mr. Minister, would you then suggest that the nursing home board is the appropriate body to be making that determination?

**Hon. Mr. Calvert:** — I'm sure that what's happening here is that the district board is trying to work with the residents, local residents of Carnduff, including the existing board of the nursing home. But again, I repeat, the goal of the structural reform is to bring integration into decision making and to base our decision making on the needs of the community.

I presume, on this little bit of information, that what's happening here is that the district board is trying to assess the appropriate use of the resources that they have in the community of Carnduff, and I assume they're working with that board to try and determine that.

**Mr. D'Autremont:** — Well if the district health board is prepared to fund a director of care, would that indicate to you that there is a need for that position?

**Hon. Mr. Calvert:** — Mr. Chair, again, I repeat, I'm not going to begin here on the basis of this information to start second-guessing the discussions or potential decisions that are being made in that very local context on the basis of the little bit of information that's before us here in the House.

**Mr. D'Autremont:** — Well let's remove it from the community. If within the province of Saskatchewan a health district board is prepared to fund a position, would that indicate that that position was needed within the health service delivery in that area?

**Hon. Mr. Calvert:** — Mr. Chairman, the member from Rosthern wishes I would just say yes, and get on with it. Again I'm going to say to the member, Mr. Chair, that structural reform in health care means, for the first time in this province's history, much more ability to make local decisions. Local decisions that we want based on real health needs within the population of the district, and so there will be variances in different districts according to needs.

Ultimately, given the resources that a district has available to it — and of course the resources are not unlimited, the resources are not unlimited to any

department of government, not unlimited in health care or anywhere else — based on the limited resources that they will have, they will make choices based on the need; hopefully meeting the needs as best they can. If that requires a director of education or a director of care, that decision will be determined on a local basis.

**Mr. D'Autremont:** — Well, Mr. Minister, since you won't say yes to the fact that if the health board is funding a position that it's needed, what is your response then to the question: will the health board fund positions that are not needed?

**Hon. Mr. Calvert:** — No. Mr. Chair, Mr. Member, as we restructure the delivery of health care in our districts, the district boards are charged with the overall responsibility of assessing the need and then determining what is the most appropriate use of their resources. Now we're not going to get into a situation where we second guess all of the decisions being made on a district basis, here on the floor of the legislature.

**Mr. D'Autremont:** — Well, Mr. Minister, since it's no, that the health boards will not fund positions that are not needed, I gather one would have to then assume that all the positions funded are indeed needed. If that is the case then any community that a health board is prepared to fund a position for must therefore be needed.

And in Carnduff a director of care, since the health board is prepared to fund that, must be needed. A community coordinator, since they're prepared to fund that, must also be needed. I would suggest therefore that both positions are needed.

**Hon. Mr. Calvert:** — Mr. Chair, I hear the member's opinion that both positions are needed in the community of Carnduff. I hear that loud and clear. That will be, I am sure, of interest to the district board who will be working with the local community to decide what can be provided to meet the needs. I'm sure they will be interested to know that the member believes that both positions are needed.

**Mr. Neudorf:** — Thank you very much, Mr. Chairman. Whenever I get this opportunity, particularly in the Health, I suppose it's because of my experience of having been the critic, I get this primordial urgings in my breast to castigate and chastise members opposite for some of the reforms in the health program. I think what we have just witnessed with my colleague from Souris-Cannington, and the associate minister, is a classic example of don't blame me, it's the local board that is making these decisions. And time after time I have made the point that's exactly and precisely the problem.

You've given the responsibility to the district health boards to make decisions as to what they're going to cut and they are the ones that are being forced to make those cuts so that you can say it's not us doing it, it's not my responsibility, blame them. But they have to

make those unfortunate choices because of underfunding.

And that's the whole problem here. You're offloading funding and you're offloading responsibility. And that is what I find so reprehensible about the approach that you are taking.

So if they are going to be making decisions, as my colleague was just saying, on appropriate staffing or whatever, or the delivery of services, then the funding must be in place for that. But certainly, don't put them in the unenviable position of having to make decisions that are not necessarily acceptable or liked in the community, that they have to face the wrath of the community, as is happening in my Rosthern Union Hospital right now.

When this whole program was announced a year ago, they figured they were pretty safe, that they wouldn't lose jobs. But as a result of last week, or the week before, they all of a sudden find out, whoops, yes, we are losing positions, and they lost six or eight positions in the Rosthern Union Hospital.

But it wasn't you that's getting blamed because you didn't make that decision, it was left up to the Rosthern Union . . . or to the health district board to make that decision. And they had to make that decision reluctantly because of underfunding.

Mr. Minister, I'm not even going to get into that topic — that was an aside so far. I want to now get into the issue that I wanted to talk about and that is this — and this is completely on a different topic — you as a government have always, and the Minister of Health and you have always said, if you have a constituent that's got problems and can't cope, bring them to us. The only reason I'm bringing this to you in a public forum as such as this is because it affects more people than the individual that I'm talking about.

I'm going to describe the situation for you and then I want your reaction. The individual that I'm talking about, his name is Elmer Sawatzky. He is from Hague. And this gentleman is 31 years old. He was born . . . well I don't know if he was born with cystic fibrosis or whether he contacted it shortly thereafter. But when he was diagnosed as having cystic fibrosis, he was given 14 years to live. The doctor said that's max.

But as we know medicine is a wonderful thing, and over the intervening years there have always been progressions made in the medical field that has lengthened his life span to where he is now 31 years old. And he's married, has a child and he had a job — he had a job. And being a cystic fibrosis victim, of course he has lived with a lot of struggles in his life. His lungs, and as you can appreciate, have from time to time given him a great deal of trouble.

(1745)

Over the last little while I am told now that there's a new drug, a new medicine called Pulmozyme that has been developed — Pulmozyme. It's a drug, Mr.

Minister, that has the potential of changing the lives of cystic fibrosis people because it attacks apparently and digests the white blood cells. I'm no doctor so please forgive me if I'm not totally accurate. But it does thin the mucus in his lungs so that he can clear them quite readily.

And over the last while this gentleman was on that drug because it was an experimental drug at that time and apparently there were 14 people in the province that participated in that. And he found out now that when the experimental aspect of this drug ran out, now this drug is being charged. And it is a terrifically expensive drug, Mr. Minister; I'm told it costs \$35 a dose — \$35 a dose. And he needs a dose a day, which means \$1,000 a month for this gentleman. And obviously he can't pay that.

He then said, well it's probably not helping me anyway so he went off the drug. After being off the drug for a couple of weeks, the mucus and the phlegm in his lungs became so congested on Friday of last he went into the hospital. But he was not admitted because there wasn't room for him. And being able to walk, he walked out. On Tuesday he was readmitted and this time kept in the hospital. And I didn't check today, but I believe he is still in the hospital, Mr. Minister.

And so what he is asking, and his family is asking me is, here we have a potentially productive member of society who could, with this drug, remain exactly thus. But what I'm being told now is that, because of the formulary plan, it's not being accepted yet as a drug that is covered by the prescription drug. And all CF (cystic fibrosis) patients up until this time have had everything covered. Now here's a drug that could change his life, improve his quality of life, but apparently your committee that's in charge of this is still considering: well is it worth it or isn't it worth it. And yet it is a drug now that has been recognized as a legitimate drug, as a legal drug.

I would much rather have this gentleman working out in construction than lying in the Royal University Hospital where he is right now. And so what I'm saying to you, Mr. Minister, is: here's a case — I'm not condemning you at this time. All I'm saying is let's get on with it — let's get this guy back out as a productive member of society.

Because I'm told by . . . now what was her name? Shirley Patola, I believe is the executive director — if I have her position right — of the CF foundation, and she was the one that gave me most of this information that I'm relating to you now.

And there are apparently, at the max, 40 to 50 people in the province to whom this drug would make such a difference. So I'm saying to you, can we speed this process up; can we get this drug approved so that the people can get on with their lives? I'd like your reaction, please.

**Hon. Mr. Calvert:** — Mr. Chairman, I thank the member for his question around the medication that

may be of some real potential benefit to cystic fibrosis victims in our province.

I am told by the officials that are with us here today, that it will be reviewed at the very next meeting of the formulary committee, which I'm not precisely sure but will happen, I believe, in the month of June. So it is on the agenda for decision at the very next meeting of the formulary committee. And I think the member would admit we want those decisions to be made by the formulary committee, by the professionals involved.

But in terms of speeding the process up, I think it is on the fast track now — it's at the next meeting.

**Mr. Neudorf:** — The fast track means one thing to you and me and it means another thing to Mr. Sawatzky, lying in the hospital. I just want you to be cognizant of that.

**Hon. Mr. Calvert:** — And again, Mr. Chairman, I thank the member for his question and for raising this. It's an important issue — one we're treating very, very seriously.

However now, Mr. Chair, the member had a few comments at the beginning of that discussion.

I do want to point out to the member that in terms of decision making, the district boards will have some difficult decisions to make, and that's true, and some of them are financially related. But already, Mr. Chair, the member will know that our district boards are making some very positive decisions in communities — decisions which they are being applauded for. And so that cuts both ways.

And I think as the months and years evolve, you will see our district boards becoming very positive influences in the delivery of health care in our province, and there'll be lots of credit given to them that some future provincial governments may wish were coming to the province.

**Mr. Neudorf:** — I thought I was finished, but maybe we're on a roll here now. The district boards are making a lot of decisions; there are some of those decisions that are positive, I'll grant you that. A lot of them that are negative, and basically and quite frankly they're doing your dirty work for you and getting blamed for it, to a large measure.

But I would suggest to you, if that is what you think of a board and the potential that these boards have, then why would we not be able to give the citizens of this province the comfort level of knowing that the members on that board are the ones that they want — not you want, but they want.

And I guess that begs the question then, Mr. Minister, let's get on with it. Let's do away with the phoney Garf Stevenson road show, pony show, and get in there and let's hold those elections like the people in this province are asking. Then, Mr. Minister, there would be some legitimacy to what you're saying. So I

challenge you on this issue as well — get those boards elected and then you will maybe have more credibility.

**Mr. Toth:** — Thank you, Mr. Chairman. Mr. Minister, a couple of questions that were called in, and I just want to bring them to your attention and maybe get some feedback from you.

Number one, a number of rural hospitals still continue to have baby deliveries, and in some cases, a choice of whether there's a delivery in the hospital is basically a doctor deciding whether or not they want to proceed and deliver children — or babies — or whether they have the staffing equivalent as well. The question that was called in, apparently in a number of communities, doctors and staff feel they have the qualifications and the capabilities to continue to do birthing in their hospitals, but they're being hindered by local boards from what I understand.

Does the local board make that decision, does the Department of Health make the decision as to what services are available, or who makes the decision whether or not a doctor can provide a service in a local hospital?

**Hon. Mr. Calvert:** — Mr. Chairman, in response to the member's question, essentially procedures like maternity or other procedures are determined by the College of Physicians and Surgeons, that will make the determination about the appropriate placement within the system on where those procedures should be done.

Now there is a relationship, of course, with district boards and their planning and other community concerns. But ultimately for those kind of procedures, they are determined by the college.

**Mr. Toth:** — Would a local doctor and staff have any involvement, any say in the matter of whether they provide maternity services?

**Hon. Mr. Calvert:** — Yes, I'm told by the officials here that the procedure that's usually followed is if a physician in a community wishes to perform — let's use maternity as the example — then that would be coordinated now through the district board, an approach would be made to the district board, the district board then would approach the college for the ratification or the permission to go ahead.

**Mr. Toth:** — So what you've just indicated then, if the physician and the staff feel they have the ability to provide the maternity services they would approach the board and the board then could approach the College of Physicians and Surgeons. If for some reason they've said, no we would prefer no deliveries in that particular hospital, this is an avenue that could be proceeded through to maintain that service or provide that service.

**Hon. Mr. Calvert:** — Mr. Chair, to the member, the college is concerned of course, as all of us must be concerned, about public safety, safety in medical

procedures. But I think if those criteria are met then that's how it would work.

**Mr. Toth:** — Thank you, Mr. Minister. Another question, a question that's been basically on my mind and I think on the minds of a lot of people for quite a while — and it's not just the Department of Health, it's all departments of government.

And it's a fact that . . . and I even look at the district board concept or the boards concept we have right now. I think what you basically have in place is each board is allotted — based on the services that they're providing, the facilities in the area — X number of dollars. And I think over the years what we've seen, hospitals have been funded based on the number of beds that have been utilized.

And on many occasions I think, Mr. Minister, there have been times when local hospitals possibly, the real need maybe was five or six hospitals, maybe they've had . . . or pardon me, beds. They've got a 26-bed facility but there's been occasions when they've been . . . could be down to five or six essential, essentially using five or six beds.

On other occasions, whether it's a flu epidemic breaks out or whatever, they're up to their 26 beds. But basically because of the bed utilization, hospitals have always tried to maintain that high level of utilization which I think at times may not have been the appropriate use of funds.

And I think what I'm seeing here even with the district board level that there's a lump sum of money comes to the boards and the feeling I get, if that money isn't utilized then they are going to lose it down the road. They really don't have access to the funds when they need it.

What I'm wondering, Mr. Minister, is there anything or is the department taking any steps, that would say, if the board is allotted so many dollars to operate the facilities and provide the services in their area and if they for some . . . if they're able to find some ways of savings, that that board doesn't necessarily lose that funding but isn't forced to utilize all that funding?

Possibly it's maybe banked in some case or it becomes a surplus to the department, let's say, in general that could be used in other areas but at the same time that board still has access to the fund should something arise in the next term that indicates that they would have to substantially use all those funds.

Are those types of steps available or being taken, to look at ways in which boards can utilize their dollars more efficiently and so that the taxpayers of the province, their funds are being used carefully, and at the same time receiving the best service for the dollars involved.

**Hon. Mr. Calvert:** — Mr. Chairman, I thank the member for his question. It's a very appropriate question and it's not been only on his mind but on the mind of this government, and I think on the mind of

health care professionals, and planners, and citizens of our province for a long time.

We have had, up until very recently, a system of funding in health care that was based on utilization, and particularly on utilization of existing beds and so on, as you pointed out, with its — as you pointed out — its drawbacks.

I'm pleased to say that we are now the first province in Canada to be pioneering in the direction you would have us go. And that is to move away from strict funding according to past utilization, but to move to health care funding which is based on essentially needs based, a combination of need- and population-based funding. And this is for the very first year we have begun that process in our province.

(1800)

Now as a result of that process, it will mean over the next few budget years there will be continuing changes in some of the historic funding patterns. And so this year, just for your information, based on the new funding kind of formula — it's based on population and need rather than former utilization — seven of our districts have shown a small decrease in their funding; 12 of our districts have shown a minimal increase, up to 2.6 per cent; and 11 of our districts have received what we describe as a moderate funding increase, up to 4 per cent.

And so the point that you make is well made and we're very cognizant of it, and we are, in fact, in this regard, pioneering across Canada. And I can tell the member that we're being observed not only by other Canadian provinces, but by international bodies based on this new method of funding health care.

And finally then to your last point, in terms of monies available to the districts, we are not reclaiming any monies. We want the monies to be there for the district to use to meet the needs of their communities.

**Mr. Boyd:** — Thank you, Mr. Chairman, Mr. Minister, and officials. I have a number of specific things that I wanted to discuss with you and then we'll get into the broad area of health care after that.

I received just this afternoon a fax from a family in Saskatchewan, and they're talking about . . . and I think I'll read this one into the record because I think it highlights the concern that a lot of people have with new drugs that are coming on to the market and all of those kinds of issues that are surrounding that; how quickly they should be dealt with, how quickly they should be put on to the formulary plan, and that sort of thing.

And I'll quote the letter to you now:

I am 29 years old and a mother of a three-year-old girl. I was diagnosed with multiple sclerosis and since that time have had 10 or more severe set-backs. I am a young woman struggling to be a good wife and mother

and would do darn near anything to keep my disease in control and my life as normal as possible.

I realize there is no cure for MS but it has come to my attention that Berlex Canada has submitted a new drug called Betaseron to the health protection branch for its review as a treatment for MS. This drug has been found to be effective in reducing the severity and frequency of MS attacks in people with relapsing and remitting MS. This drug was approved in the United States in July of 1993.

As an individual whose life has been affected by this disease, I urge the health protection branch to expedite the approval of Betaseron for Canadian MS patients as soon as possible. MS patients in the U.S. treated with Betaseron have had fewer hospitalizations which reduced the cost to the health care system. Taking this into consideration, I urge the health protection branch to move quickly in approving the use of Betaseron in Canada as a treatment for MS.

And the last paragraph says:

I love my husband, daughter and family. Daily I pray for a treatment that will make our lives a little more tolerant. Please approve this drug and give Canadians and Saskatchewan people affected with MS a glimmer of hope. Thank you for your assistance.

Mr. Minister, I think what this highlights is the kind of concern that people have out there about new drugs as they come on to the market. And I think I'd like you to respond to that specific one and give some kind of an assurance to this lady and this family that you will be dealing with this particular drug as quickly as possible to give her and her family some kind of comfort.

**Hon. Mr. Calvert:** — Mr. Chairman, let me say this, the member will know from the letter or the facts that he has just read that this particular drug is now at the stage of being reviewed by the federal government. And I'm sure he understands that the system . . . that review is done by the federal government for approval nationally, and then provincially, we review if we are able to then cover it through our formulary process.

Let me say that in terms of any new medication, I think we would be agreed that we want the proper scientific and research work done to ensure that this is an effective and in the long term a drug that we want to have available to Saskatchewan people. I mean, we have had some experience in the past of drugs that have come along and then we've discovered some time later they've created a great deal of difficulty. And so I'm sure we would agree that we want the proper checks and balances in approving new drugs.

Secondly, he will know that with every new drug there are costs, and this becomes one of the very difficult, difficult, difficult ethical issues in terms of provision of

health care when our resources are fixed or limited and we have to ration those resources as best we can.

And so every decision must be very, very carefully made because if we take the tax dollar and spend it in the provision of one particular drug or one particular health care service, that means those resources are not available to another drug or another service. And so the decisions that we try to make with as much care and as timely as they possibly can make.

I thank the member for sharing the letter and the concern about this particular drug.

**Mr. Boyd:** — Can I have the commitment from you and your department then that you will be making representation to the federal government for asking for speedy, not necessarily approval, but looking into this drug as quickly as possible?

**Hon. Mr. Calvert:** — Yes, Mr. Chairman, we'll . . . again there are the mechanisms in place. One does not want inappropriate haste, but then one doesn't want long delays either. We will be in touch with the federal government and the health protection branch to ensure that the process is moving along as it should.

**Mr. Boyd:** — Thank you, Mr. Minister. There's two issues that I raised last time with the Health minister. They were specific areas of concern within my constituency. I raised the situation with Mr. Erwin Jasman, of Eatonia, Saskatchewan and the minister committed to providing some information. I wonder if you have that. And I don't think it's necessary to share the information; it's just I would appreciate it's being sent over. And as well, with Mr. Gordon and Helen Leach, of Eston, with respect to long waiting lists.

And I guess that certainly opens up the larger issue of waiting lists that we'll deal with a little bit later, Mr. Minister. So I wonder if you would provide the information requested on those two specific concerns that I raised last time with you?

**Hon. Mr. Calvert:** — Mr. Chairman, we do not have with us today the sort of the type . . . some research has been done on both of the issues that you raise, or both of the cases, and I'll commit we'll get this material put into a print form that we can get to you in the next few days.

**Mr. Boyd:** — Thank you, Mr. Minister. Mr. Minister, I received a letter from Raymore that I'd like you to respond to. It reads:

I heard a report on TV that the risk of women getting breast cancer increases substantially when they have had an abortion and continues to increase proportionately to subsequent abortions.

Does the Minister of Health have any information regarding this matter, Mr. Minister?

**Hon. Mr. Calvert:** — Mr. Chairman, as the member from Rosthern indicated earlier, neither of us are

physicians or medical specialists. The officials that are with me here today have not heard that that risk exists and so I can't really comment on it.

**Mr. Boyd:** — I'd appreciate it if you would get your department to do some research on that and provide us with an answer to that question, Mr. Minister.

The second question comes from Marg Bergen of Regina. She says that her MLA member for Regina Wascana Plains spoke recently about a \$7.9 million going toward cancer equipment. Ms. Bergen would like to know the following:

What sort of equipment is being purchased? Where does this equipment come from? How is the money split up between cancer institutions in the province?

**Hon. Mr. Calvert:** — Mr. Chairman, the information I have, I think the question is specifically to the 1.79 million increase and that is accurate — that's part of a total of a \$2.5 million increase to the Saskatchewan Cancer Foundation this year; \$292,000 of that will be general operational increase.

The enhancements to the screening program for breast cancer, which will allow that program to be accessed by women across the province, to give women across the province reasonable access, is an addition of \$432,000. And then the special allocation of \$1.7 million to the Saskatchewan Cancer Foundation to . . . it's in essence to replace some very expensive radiation therapy equipment for its clinics, both in Regina and Saskatoon.

The information I have is that the money will be used to buy four pieces of specialized radiation therapy equipment, and I'm told that among them is a linear accelerator.

**Mr. Boyd:** — Thank you. We received a letter as well from an owner of an ambulance care service, and it states:

We are requesting that you check into the situation that is arising with the health boards in the province in regards to the difficulty of ambulance personnel being able to take additional training.

The training is approved by Sask Health and recognized by the provincial government but the difficulty lies with trying to put it into practical use. This company has taken a semi-automatic defibrillator course with SIAST and approved by Sask Health but is unable to use their skills in this regard due to the fact that we cannot get our health board approval.

We feel that since we are a private company and have paid for all of the expenses ourselves and have our physician's backing and approval that we should be able to get our health board's support to benefit the district. This seems like an ongoing problem with any type of training



course that are attempting to take. I'm sure that not only this ambulance company is experiencing this problem.

At this time, most health boards have little or no knowledge of everyday operations, equipment, or level of training that the ambulance personnel have.

Mr. Minister, have you received any letters along this regard, and if so, how have you responded to their concerns and what is the policy that you've handed down regarding ambulance services and training?

And I would be willing to send a copy of the letter to you if you would give the commitment to looking into this.

**Hon. Mr. Calvert:** — Yes, Mr. Chair, I'd very much appreciate it if the member would send the letter over. I have had, not too many weeks ago, a meeting in my office with some of the ambulance owners and we discussed a variety of these issues.

In response to the specific issue there, I would appreciate if the member would send it over and we will certainly respond.

**Mr. Boyd:** — Thank you, Mr. Minister. I understand that plans are being submitted to build a new health care centre in Birch Hills. I have received a number of calls regarding this issue since the people in the area seem to think that the hospital they used to have was just fine until you decided to slash the . . . all acute care funding last year. This seems like a trend, Mr. Minister, you close down the local hospital and then build a brand-new facility. Can you confirm that Birch Hills can be expecting a brand-new health care centre soon?

(1815)

**Hon. Mr. Calvert:** — Mr. Chairman, in regard to Birch Hills, it's my understanding that no official proposal has yet arrived at the Department of Health for a health centre or for construction in Birch Hills. However we do, at this point, anticipate that.

I'm told that part of the planning being done by the P.A. (Prince Albert) district and its board in consultation with the Birch Hills community is they're looking at construction of a health centre attached to or adjacent to the existing long-term care facility to facilitate the integration of services in that community. We've not yet received that particular proposal so it hasn't received formal approval, but I'm also told we're expecting it.

**Mr. Boyd:** — Thank you, Mr. Minister. Who makes the decisions on capital projects and would you also . . . would you provide a list of all capital projects in the upcoming budget year?

**Hon. Mr. Calvert:** — In terms of capital, Mr. Chairman, the situation is today as it has been, I think, for many years, that proposals will be brought to the

Department of Health — request for capital expenditures — and then must receive approval of the department. The proposals used to come from individual boards — be it an individual hospital board or institution, special care institution. Now proposals will be brought by the district board, but the process will remain the same in that the department will need to approve capital expenditures. And we'll be very happy to provide a copy of those capital expenditures approved for this budget year.

**Mr. Boyd:** — With regard to the Birch Hills project that you are giving some consideration to. What is the expected budget of that project?

**Hon. Mr. Calvert:** — Mr. Chairman, because we have not yet received the formal proposal, we're not able to answer that question.

**Mr. Boyd:** — Thank you, Mr. Minister. It is interesting that some communities have no health centres at all, such as St. Brieux and others, and have to travel long distances to Melfort to see a doctor. Yet others like Birch Hills and Gravelbourg now have a shell of a hospital and will soon receive brand new health clinics. Why is that, Mr. Minister?

**Hon. Mr. Calvert:** — Mr. Chairman, in terms of any capital expenditure that is currently happening in the province or that will happen in future, we want that capital expenditure to very closely harmonize with the goals of health reform and to provide the appropriate level of service in communities.

The member refers to the community of Gravelbourg. Well he will know — at least he should know — that the facility that's being replaced in Gravelbourg is a long-term care facility that has been in desperate need of replacement for some many, many years, and indeed presents . . . the existing facility has presented some hazard to the residents.

And so the decisions around capital are being based on very careful criteria — criteria that will include real emergent physical need or expenditures that will harmonize with the goals of health reform. And so in some communities it will be appropriate indeed to build a health centre adjacent to, adjoined to, a long-term care facility so that one can make the maximum use of staff and resources and provide the maximum amount of benefit to the needs of the community.

**Mr. Boyd:** — Another question from a constituent, would like some information on health boards. Are there any individuals on health boards that have gotten laid off, received severance, and then been rehired within the Regina Health Board system or any other health districts?

**Hon. Mr. Calvert:** — Mr. Chair, I'd like the member, if he could, give us a little clarification. Is his question: are there members who sit on the health boards who have received severance and now the place on the board, an active member of the board?

**An Hon. Member:** — Yes.

**Hon. Mr. Calvert:** — Mr. Chairman, in response to member's question, we're just not sure. We're just not sure. Of the 30 boards — and I think it's 12 or 14 members on each of those boards — out of that number of people there may be, but we're not aware of one, or several; and we're just not sure.

**Mr. Boyd:** — Would you give us the commitment that you would look into it and give any information with regard to that? If there are any members of the . . . on any district boards anywhere across the province that have been . . . that are no longer sitting on those boards, and if they've been provided with any severance package or anything with regard to that sort of issue?

**Hon. Mr. Calvert:** — Mr. Chairman, I want to apologize to the member. I misunderstood his question. I thought his question was to the effect, has anyone who has received severance or been . . . in health care, then been appointed to a board?

I think what you've asked here is, has a board member departed a board and received, for that departure, a severance? Well now we'll check that through.

**Mr. Boyd:** — Thank you, Mr. Minister. I received a memo from a doctor from your government which states that under new regulations, that your government is now imposing an annual registration fee for radiation equipment. Can you confirm that, Mr. Minister?

**Hon. Mr. Calvert:** — Mr. Chairman, the Department of Health does not do inspections on the radiation equipment. That would be done, I think, through occupational health and safety.

**Mr. Boyd:** — Mr. Minister, we are told that there is, in some cases, up to a thousand-dollar fee which seems pretty ridiculous. Why did you find it necessary to impose such fees on medical, dental, veterinarian, industrial and educational areas in our province who use this kind of equipment?

**Hon. Mr. Calvert:** — Mr. Chair, it is again, I repeat, not the Department of Health who does that work. We will take the member's question and research it and provide for him an answer.

**Mr. Boyd:** — Thank you, Mr. Minister. I'm going to read a section of a letter that I received on the subject from a concerned equipment owner. And I quote:

The NDP have once again singled out a small group of private business people. In this case, dentists, veterinarians, physicians in private medical clinics and in some private labs, and a few radiologists and chiropractors. People in the above groups have already been taxed to the hilt, paying income tax of the highest bracket, property tax, business tax, sales tax, etc.

This act will only further discourage medical professional people from locating in this province. What is there to say it will stop here? Will the NDPs soon be collecting a fee for any air compressor, farm tractor, or back hoe? It seems to be another attack on private business.

This is how people feel, Mr. Minister. What's your response?

**Hon. Mr. Calvert:** — Mr. Chairman, again I repeat it's not the Department of the Health that does this kind of testing. I'd want to say, and I'm sure the member would agree, when it comes to this kind of equipment, I think we would be agreed that it should ought to be tested.

I will again take the member's point of view here and questions in the correspondence that he has, and we'll get him a response.

**Mr. Boyd:** — Thank you, Mr. Minister. I understand that you have a gentleman working within the Department of Health by the name of Mr. Allan Walker. Could you provide details of the specifics of the study that he is engaged in?

**Hon. Mr. Calvert:** — Mr. Chair, I'm informed that the individual that the member raises is currently with SIAST, and is serving as the dean of general studies at SIAST. And yes, he is coming over to the Department of Health on June 1 — he's not there yet — he is coming as a secondment to the department, and I am told that he will be working in program development.

**Mr. Boyd:** — Will Mr. Walker be receiving contract salary or per diems, or what will his . . . how will the arrangements be for him?

**Hon. Mr. Calvert:** — Yes, he will be a . . . Mr. Chair, he'll be a salaried.

**Mr. Boyd:** — Could you confirm that Kelly Kummerfield-Smishek was hired by your deputy minister in personnel about a year and a half ago without advertising the position?

**Hon. Mr. Calvert:** — Mr. Chair, I understand this, as the member indicates, happened I guess about a year and a half ago. I'm told the individual he asks about was formerly employed at the cancer foundation and so has that health background. We believe there was a competition, but we'll — because it's a year and a half ago, we don't have that information with us — and we'll check it out.

**Mr. Boyd:** — I'd also like you to check out any relationship that there may be between Kelly and Walter Smishek, the former NDP MLA.

**Hon. Mr. Calvert:** — We'll check that out. I note they bear the same name. There may well be a . . . there may well be a family connection there, but we'll check that out for the member's interest.

**Mr. Boyd:** — Mr. Minister, it's my understanding, and

I would like you to confirm this, but is it correct that the district health board in Estevan has appointments . . . or vacancies on the board, and it's our understanding that they're being delayed for some reason. Could you confirm that?

**Hon. Mr. Calvert:** — Mr. Chair, the member may not be aware that there has been a rather tragic circumstance involving Mr. Cal Mitchell, who has been, had been serving as the chair of that district board. Mr. Mitchell was injured in a pedestrian-car accident in Estevan and was very seriously injured, has spent considerable time in hospital here in Regina and now back in Estevan, and he's certainly been in our thoughts and prayers.

And so as a result of Mr. Mitchell's injuries, there has been a change in the chairperson there, but I'm not aware . . . but Mr. Mitchell will still continue to serve as a member of the board, being named as a member of the board. I'm not aware of any vacancy. There has been that change.

**Mr. Boyd:** — Thank you, Mr. Minister. Our office received a phone call today from a woman who said that casual government employees in standard government departments lost their dental benefits as of February. Can you confirm that for us, Mr. Minister?

(1830)

**Hon. Mr. Calvert:** — Mr. Chair, we're certainly not aware of that. We will check with the Public Service Commission and respond to the member.

**Mr. Boyd:** — Thank you, Mr. Minister. Mr. Minister, the calls and letters are not letting up as to the effects of your so-called wellness plan that is . . . and they are being felt throughout this province. It seems to me that a whole lot of money is being wasted by adding many, many jobs to health board training and staff while services are being slashed and cut further.

We've talked a great deal over the past two and a half years, Mr. Minister, about health care services, how you said and your department said that they were going to improve for Saskatchewan people. And, Mr. Minister, I'd like now to take a look at some of those improvements that you and the Minister of Health promised the people of Saskatchewan could be looking at.

Implementing the wellness model — what it did was force local communities into health districts, against their will in a lot of cases, Mr. Minister. To replace former health boards with new boards appointed by the minister, many of whom are NDP supporters who had no experience whatsoever. And I think that's clear across the province, Mr. Minister, that there are . . . it's obvious that that's the case in a lot of areas.

You've closed hospitals in rural Saskatchewan — 52 hospitals; pitting, I say, Mr. Minister, to you, community against community; where one community is wondering why their hospital has been closed and the next one down the road is still open. It's

pitted rural Saskatchewan against urban Saskatchewan, Mr. Minister, where the people in urban Saskatchewan feel that rural Saskatchewan has got too much services and theirs should be taken out; and rural Saskatchewan doesn't feel they have enough services and urban Saskatchewan has them all. That's what your program has done — it's highlighted all of those kinds of concerns for the people of Saskatchewan.

Another improvement was imposing user fees on chiropractic services, something you said, while in opposition, would never happen. You've imposed user fees on optometric services; tripled the prescription drug plan deductible from \$125 per year to \$380 per year, then later basically eliminated it altogether. The deductible is now about \$1,700 a year. Another improvement for the people of Saskatchewan, Mr. Minister.

You've removed insulin and medical supplies from diabetics from the drug plan, Mr. Minister. Another improvement that the people of Saskatchewan have been asked to endure.

You froze a number of services. You've slashed funding to hospitals; eliminated level 1 and 2 funding for seniors in special care homes. You've increased air ambulance services and fees . . . or pardon me, increased air ambulances' fees, not services; cut them.

All of these — and the list goes on and on and on — are the services that have been cut in health care and the kinds of improvements that you talked about that are being asked for the people of Saskatchewan and forced on them to endure.

Increased resident income charges for seniors in special care homes by as much as \$211 per month. You've removed coverage for oxygen users from the Saskatchewan aid to independent living program and forced oxygen patients to pay the bill themselves.

You've eliminated acute care funding to 52 rural hospitals in the 1993 budget and confirmed more cuts to rural acute care beds in 1994. And we can only wonder where that's going to happen, Mr. Minister.

You've increased the auxiliary fee to hearing-aids through the Saskatchewan hearing-aid plan from \$80 to \$230, resulting in the average hearing-aid cost to hearing-aid patients by between 400 and \$550 each. Another improvement for the people of Saskatchewan.

You've eliminated coverage for several types of surgery. You've eliminated funding to the Regina Victorian Order of Nurses. You forced the Wascana Rehabilitation Centre to severely cut back services provided to Saskatchewan children across the province with severe handicaps; closed Myers House, the addiction centre that you promised to fully fund while you were in opposition. You are closing the entire Souris Valley regional health centre 400-bed facility in Weyburn; eliminated most of

out-of-province coverage.

Mr. Minister, where are these improved health care services that you talk about? Where are they? Where are they, especially for people in rural Saskatchewan? They're not there. There are no improvements. There's only less and less services, more and more pain for the people of rural Saskatchewan when it comes to health care services in this province.

There is no improvements, Mr. Minister. And on top of that, Mr. Minister, you and your government said to the people of Saskatchewan that they would have local autonomy. You promised that to the people of Saskatchewan in order to get some measure, I suggest, some measure of support for your health care reforms. And it isn't there, Mr. Minister. There isn't support for this kind of thing any longer because you promised local autonomy, you promised health board elections, you promised a whole bunch of improvements for the delivery of health care services in this province, and it hasn't happened.

And you know that's the case, Mr. Minister. These kinds of things just illustrate and highlight for the people of Saskatchewan the kinds of things that you have done and your department has done to the delivery of health care services in this province.

And I say to you, sir, you and the Minister of Health should be ashamed for the kinds of things that you have done to the health care services within this province, Mr. Minister. Your party, the NDP of Saskatchewan, were always the great defenders, always the ones that stood up and trumpeted the cause for health care in this province. And now we see, Mr. Minister, your true colours.

When you come to office, what do you do? Everything directly opposed to what you promised and said you would do. While you were in opposition you were the great defenders. You've lost all credibility, Mr. Minister, when it comes to dealing with health care services in this province. Your party is no longer the defender of health care services in this province; your party has lost whatever shred of respect it had for health care, Mr. Minister.

Maybe Garf Stevenson should add those kinds of questions to his \$200,000 study on health board elections, Mr. Minister — \$200,000 being spent, wasted, absolutely wasted on something that is no more necessary to this province and you know it — is not necessary to this province.

You gave a commitment to hold health board elections this fall, Mr. Minister — keep that commitment. And we would ask you today, Mr. Minister, that if the people that attend these meetings that are coming up around the province of Saskatchewan, if they call for health board elections this fall, will you and your department heed that call?

Mr. Minister, everyone — SUMA (Saskatchewan Urban Municipalities Association), SUN (Saskatchewan Union of Nurses), SARM

(Saskatchewan Association of Rural Municipalities), and thousands of Saskatchewan people — would like answers to those very basic questions.

You know yourself, Mr. Minister, the Minister of Health has confirmed that it will cost somewhere in the neighbourhood of \$1 million to hold them outside of the municipal election process this fall. A million dollars will be spent to hold those elections outside of the municipal process this fall, all in an effort to deflect criticism of you and your department. That's the sole purpose of Mr. Garf Stevenson and his road show that is going to be staged here very soon.

And on a CBC radio interview here just recently, Mr. Stevenson confirmed that for the people of Saskatchewan; that in every likelihood, he suggested, Mr. Minister, that there would not be health board elections this fall.

The most important question that people have been asking right since the wellness program was introduced — some degree of local autonomy, some degree of control — you have taken away from them in one broad sweep because you have to deflect some measure of criticism from you and your department. And you know that's the case, Mr. Minister.

Mr. Minister, and to the Madam Minister, the people of this province don't trust you on this issue any longer because you have broken your word to them once again, just as you broke your word with respect to the improvements that you promised would be available to the people of Saskatchewan once we embarked on this wellness program.

The Premier said, the train has left the station when it came to health care reform. You would not slow the process down at that point, of health care reform. People all over this province asked for it. There were meetings, large public meetings, large public rallies held around this province, Mr. Minister, that you and your department officials and the Minister of Health attended where people begged you to delay the implementation of health boards so that people had some time to adjust. And the Premier stood in his place in this legislature and said no, the train has left the station; we're embarking on this wellness program; it doesn't matter what anybody thinks.

And you also at that same time promised to the people of Saskatchewan that there would be health board elections as soon as possible, Mr. Minister. But somehow or another the train's starting to back up, isn't it, Mr. Minister? When it comes to health board elections, somehow or another the commitment that that Premier gave to move ahead with health care reform in this province, and the train has left the station, it's stopped, and it's backing up because it doesn't suit the political agenda of your party any longer, Mr. Minister, does it?

It doesn't suit it because the health board elections that will be held this fall — or should be held this fall — will simply open up the sores of health care reform that were there a couple of years ago when this was

embarked on, Mr. Minister. That's what will happen. It will give people across this province a platform to stand on and condemn your government for initiating these health care reforms, condemn your government for closing 52 hospitals across rural Saskatchewan, condemn your department and your minister and your government for slashing services, even though you promised improvements, Mr. Minister. That's what would happen and you know that's what would happen.

Your party's popularity is dropping and you're aware of that. The polls are showing that, Mr. Minister. And one of the things that you know you cannot do is afford further erosion of your electoral base, the one that you could always count on, and that was that you had people believing that you were going to be the defenders of health care services in this province, Mr. Minister.

Mr. Minister, I'll make this prediction to you now and to the people of Saskatchewan. I suspect at the end of September or October we're going to have a cabinet shuffle within this province. And you probably will take over as Minister of Health in this province because of the dreadful, absolutely dreadful, job the current Minister of Health is doing in this province, Mr. Minister.

She will be relieved of her duties by the Premier of this province. And then the people in this province, Mr. Minister, at the next election in this province, I believe will relieve your entire government of their responsibilities, Mr. Minister.

Mr. Minister, this health care reform has been a sham right from the very beginning. It has nothing to do with improvements. It has nothing to do with health care, wellness, or anything else. It was simply a fiscally driven process to try and balance the budget of this province on the backs of health care in this province. And you know that's the case and everybody across this province now knows that that's the case, Mr. Minister.

Mr. Minister, I believe that the people of this province have been deceived by you and your government with respect to health care services in this province, and I don't think they'll ever forget it. And I don't think they'll ever forgive the NDP of this province for what they did to health care.

Mr. Minister, I would at this time allow you to comment on that.

(1845)

**Hon. Mr. Calvert:** — Mr. Chairman, that is very generous of the member to allow me to make a comment, and I fully intend to make a comment. I mean it's very illustrative of what's just happened in this House — very illustrative, Mr. Chair.

We've had some, I think, reasonable discussion around estimates for the Department of Health, some serious health issues. And then of course, at the what I

presume is the close of the member's presentation — at least I hope it's the close — we get about a 15, 20 minute speech which is just pure politics. I mean it's recognized by anyone who may be watching. It's recognized by every member in this House. It's nothing but a political presentation we've just had at the end. And I guess that's fair enough — this is a political Chamber.

But I just wish the member wouldn't use this Chamber continually in his bid for the leadership of that party. I just wish he wouldn't do that.

Now, Mr. Chairman, the member would at least be more credible in his remarks if he engaged some notes of accuracy into some of the things he said. And indeed, in some of the things he said, it's absolutely false, absolutely false in some of his comments. And this is what creates difficulty for Saskatchewan people because they want to believe that members of the legislature, when they speaking on the floor, are speaking a modicum of truth.

Here is an illustration, Mr. Chair. This member stood in this House a few moments ago and said, and I quote, that the Souris Valley Regional Care Centre in Weyburn is closing. That is absolutely false. And if he doesn't know it, he should know it before he says that kind of totally inaccurate statement which causes nothing but grief to those who might, on the outside chance, might believe something that he said. I won't illustrate further in that regard.

He talks about some of the very, very difficult choices that we've had to make as a government in terms of funding for various programs in Health — programs, Mr. Chair, I remind you and I remind all members were programs that were pioneered by this particular political party. You've heard of the drug plan, optometric care, and so on.

He knows; he knows the circumstance of this province. I mean it was his government, his group of political colleagues that put us into this mess, that left us with a \$15 billion debt. He knows that. He knows that.

He knows that it is his federal counterparts, and now the Liberals continue the practice, same thing, same thing in Ottawa, of the offloading onto the provinces of the cut-backs from the federal funding. Do you know, Mr. Chair, that since 1982, while we had Tories in Regina and Tories in Ottawa and now Liberals in Ottawa, this province has suffered a net loss of \$1.47 billion in reductions of funding from Ottawa.

Now you take that loss in our funding base and you add to our provincial budget a cost of \$850 million every year to pay the interest on the debt that those people ran up, is he surprised that we are not able fiscally, that the taxpayers of Saskatchewan are not able to continue all of the benefits which we have once enjoyed and which we pioneered in this province?

Now he would have us believe tonight that somehow

this is only happening in Saskatchewan. I ask him to look a little bit West and see what his Tory colleagues are doing in Alberta; look East, look to see what his Liberal friends are doing in the Maritimes.

Mr. Chair, he had some comments about the Minister of Health and I understand his position. I understand why he does that. I mean it's using this as a political platform and I guess again that's fair enough. And that's his opinion, it may be the opinion of his caucus, but I'll tell you it's not the opinion of the people of this province and it's not the opinion of health care leaders across this country and indeed across this world.

Mr. Chair, I want to refer here to what is the most recent publication in the health care reform field in Canada — a large volume of review of what's happening in health care reform across Canada, written by Dr. Michael Rachlis and Carol Kushner, RN, who have reviewed the process of health reform across Canada. What do they say, Mr. Chair? What do they say regarding the Minister of Health in Saskatchewan?

They say, quote:

There is nothing more gratifying to a politician than being acknowledged as a good leader. In this respect (and I quote, Mr. Chair) Saskatchewan's Health minister, Louise Simard, has been outstanding unlike (quote) some other health ministers who are using slash and burn tactics to cut both hospitals and community care (and I just might insert here, we know where that's happening).

Ms. Simard has taken the long view by putting in place two of the key mechanisms for shifting the way resources are allocated. In 1992-93, Saskatchewan's hospital budget decreased by 2 per cent, while the home care budget increased by over 10 per cent. (Quote) Other ministers of health could benefit from Ms. Simard's example.

And I could go on, I have pages here of comment from that particular work discussing what's happening in Saskatchewan, discussing very particularly the role that the Premier has taken in health reform, the role that the Minister of Health has taken in this province.

Mr. Speaker, there have been difficult choices. But it comes down as simple as this: either we, as a community, as a province, and as a government will reform our health care system, both in its structure and in its programming and its delivery, in a way that makes it sustainable financially not only today but for the next decade and beyond, either we make the changes now, Mr. Chair, or we stand the risk of losing the very basic health and medicare that we have fought so hard for in this province.

I want to ask the member not to always turn this into a political platform or into a political cause. I want to ask him to join with us, to join with us in creative effort to reshape health care and its delivery for the long

term for the people of Saskatchewan.

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

**Mrs. Bergman:** — Thank you, Mr. Chairman. I realize, Mr. Minister, that all of our blood sugar is dropping as we've missed our supper, but I have some questions I'd like to ask.

You wrote to the Leader of the Third Party on February 11 in response to several letters of concern received from students as well as faculty from, I believe, the University of Regina concerning your department's policy for providing health care coverage for foreign students. Could you please update the Assembly on the status of these benefits to temporary students?

**Hon. Mr. Calvert:** — Mr. Chair, I thank the member for that question and I appreciated the letters that her leader had forwarded to me on this issue of out-of-country international students.

I want to indicate to the member tonight what has happened in this discussion. At the time we were corresponding back in February we had . . . the benefits were guaranteed till the end of April. We have extended those benefits to April 30, 1995, so they are guaranteed for the coming year. And we are working with a working group that's made up of federal and provincial and territorial governments to look at this whole issue across Canada.

As you will know or perhaps know, it's currently only Saskatchewan, Alberta, Ontario, and the Northwest Territories who provide full health care coverage for international students. There are limited coverages in B.C. (British Columbia), Nova Scotia, Quebec. And Manitoba, New Brunswick, Prince Edward Island, Newfoundland, Yukon, provide no coverage at all for their international students.

And so we're working with the federal government, we're working with those other provincial jurisdictions, to try and bring some consistency to what's going to happen across Canada. But for those students who may have concerns or those . . . their instructors who are writing and so on, and your leader, benefits have been extended for sure until April 30, 1995.

**Mrs. Bergman:** — Thank you. Are you involving students and faculty from the post-secondary institutions in your department's fact-gathering process?

**Hon. Mr. Calvert:** — Mr. Chair, we have indeed met or officials of the department have been meeting with students and instructors. We are in constant sort of communication with both campuses and we have made this commitment. If there will be any change, there will be a full consultation with them before the change is instituted or applied.

**Mrs. Bergman:** — Thank you, Mr. Minister. We recently received a copy of a letter written to you by Mr. Earl Poidevin of Caronport, regarding the charges

for level 1 to 4 service at the Providence Hospital. And he has agreed to my using his name and situation today.

Mr. Poidevin's specific concern is regarding the charges that he is being assessed for level 4 care for his wife Elizabeth. In his letter he says that during the past six and a half years the cost for his wife's care has risen from 600 per month to \$761 per month, an increase of 27 per cent. Recently, after completing a form outlining his income, he was advised that the cost of care for his wife is now 961, which represents 45 per cent of his total gross income. This latest assessment of charges he must pay sounds very exorbitant to me. Do you have an explanation to offer to Mr. Poidevin?

**Hon. Mr. Calvert:** — Mr. Chairman, it's interesting that the member would raise this particular case. I had opportunity to meet with the gentleman some weeks ago. I have corresponded with him. I understand he's been out of the province. In fact I tried to phone him, and I understand he's been out of the province. He may now . . . he's been out of the province visiting family, I understand; he may now be home, and I anticipate being in touch with him by phone.

**Mrs. Bergman:** — Could you address the issue of those increases at all?

**Hon. Mr. Calvert:** — Let me say generally then to the member that the charges are income-tested resident charges, and I don't want to here on the floor of the legislature discuss the specifics of Mr. Poidevin's income situation. But just to say that those charges are based on income available to families. And it's always ensured that the charge always leaves a certain amount of income available to the individual.

**Mrs. Bergman:** — I appreciate your further contact with Mr. Poidevin. In some cases, large dispensing fees are added to prescriptions. And one case we're familiar with is the fees charged at the Shoppers Drug Mart at Circle Park Mall in Saskatoon. A Saskatoon resident had a prescription for 400 pills, and since it was company policy to not fill prescriptions of over 40 pills, she was charged a fee of six seventy-five for each of 10 orders of 40 pills. She was charged sixty-seven fifty just to fill a single prescription. All the druggist had to do was count to 400 instead of 40, and that person was charged over \$60 more.

What is the maximum dispensing fee that may be charged in Saskatchewan and how does Saskatchewan's policy for dispensing fees compare to other provinces?

**Hon. Mr. Calvert:** — This is a very timely question the member asks, in that there is some small public discussion happening now about the whole issue of dispensing fees, and so on.

The practice in Saskatchewan has been that the Department of Health, Government of Saskatchewan, has provided to pharmacists a maximum dispensing fee — a maximum dispensing fee. Other jurisdictions in Canada have not done that and so you see quite a

variance in other jurisdictions. We've always set a maximum because we've enjoyed a universal drug plan. And so we've inserted a maximum dispensing fee. Pharmacists have been able to charge less than that.

In the circumstance of a maximum dispensing fee, however, it is based on a unit. And that traditionally has been a 34-day or about a month's supply. In some cases it's extended to a hundred-day supply. And this has been as a result of a matter of negotiation with the pharmaceutical association over the years. And every time we negotiate that contract, these issues are set up.

And so that's the situation here as it compares with other situations. We do have a maximum. The pharmacist can charge less. But the dispensing fee is per unit which is generally a 34-day supply.

**Mrs. Bergman:** — Does this particular case impress you as being unusual? Is this something that happens frequently if there is a prescription over . . .

(1900)

**Hon. Mr. Calvert:** — Mr. Chair, what struck me as unusual — I think there are a number of issues here we need to be considering as government and so on — but what struck me I think as a little unusual about the illustration that you bring to us, that that seems to be an unusually long prescription. Now again, I can't second-guess the physicians or the pharmacists involved, but it just struck me as an unusually long prescription.

**Mrs. Bergman:** — Well it would be interesting to have further public discussion of this issue because it certainly can have a big impact on a pocketbook.

I have some other public concerns brought to our attention by private citizens. We were informed by a man from the Stewart Valley area that some members of the Rolling Hills District Health Board are bragging that they make so much for doing so little. He estimates at the time that he was talking to us that they had earned \$6,000 since the board was formed.

Is this a common attitude among board members? And what is the role of a board member, and how do they earn their per diems? And how were the Rolling Hills board members selected?

**Hon. Mr. Calvert:** — The member asks, is that the attitude of board members? And I can say categorically no — categorically no. And I've had the pleasure of meeting many of those who are working in the district boards. I mean in the number of people involved we may find one or two individuals, but generally I say that's categorically no; that those who have volunteered to serve in the capacity of a district board member right now have undertaken a great deal of work. They are literally spending days and days of their lives in terms of this early process of structural reform.

We have set, as the member will know, maximum per diems for board members. Some boards are perhaps paying the maximum, others are not. It will be based entirely on the actual meetings that they are a part of. But given the tremendous amount of work that these members are doing, it strikes me that we're certainly getting good value for the monies being expended there.

I would hope, I would hope that there is no one in our system, no one in the system currently who would take an attitude that we're here because of the money. My observation is that these folks are all working very, very hard and doing a great job.

**Mrs. Bergman:** — Well on behalf of the person who asked the question, who I think asked it in all seriousness and concern, I would appreciate your looking into the Rolling Hills board and just see what might be going on there.

The Swift Current board spent a two-day retreat at Riverhurst last year at the public's expense. Is it common practice for the health boards to spend public money to go away for private meetings?

**Hon. Mr. Calvert:** — I believe maybe what the member is referring to here is that the board may have — I not sure of this — but the board may have taken some time to go away for a planning conference or something. And I think that's typical of most organizations. I'm sure she'll find that the Liberal caucus at some point in time will want to engage in some planning meeting. I think that's true of most any organization. So that may be in fact what has happened there.

**Mrs. Bergman:** — Just one more question about the Swift Current board: apparently they spent \$7,000 on a new boardroom table to ensure it was colour matched with their decor. Were you aware of this, and is colour-coordinated office furniture a priority for the district health service?

**Hon. Mr. Calvert:** — Mr. Chair, I personally was not aware before this move was made. I do understand and was informed in fact at a meeting of the Saskatchewan Union of Nurses in Swift Current, that in fact there had been some furnishings purchased by the district board. I'm not able to confirm the value. Our district boards will need some furnishings to do their office and it would be my hope that each of our boards would look very carefully at their budgets and try and do this as frugally as possible.

**Mrs. Bergman:** — I share your optimism and concern that they would. It's these examples that sometimes lead to cynicism among those of us who are participating in your health reforms.

In terms of the Saskatchewan prescription drug plan, the budget for the plan is staying relatively stable and the actual allocation for transfers to individuals is frozen. How has this been achieved? With a steadily increasing demand, how have cuts been made to keep the budget stable?

**Hon. Mr. Calvert:** — Mr. Chair, in essence, as we budgeted last year, this was with . . . sort of our first budget with the revised benefits and in fact we may have over-budgeted some last year. We also had an experience last year where some were not aware of benefits that were available under the drug plan so we did a direct mailing to all of those who we knew might well qualify. That brought the numbers of people back up and so this year the budget, we expect, will be very close to the accurate need.

**Mrs. Bergman:** — By freezing the amount of subsidization for prescription drugs, there is considerable pressure on some household budgets. What mechanisms are there available for people for appeal or additional assistance in the drug plan?

**Hon. Mr. Calvert:** — Mr. Chair, without describing all of the provisions of the drug plan, I think the member will know that it is income tested but that we have maintained all of the coverages for a list of special conditions and so on and special provision that no one should be denied access to a prescription drug because of need. And of course, those on social services are still fully covered and so on.

If any individual has a particular difficulty or feels that they're not receiving the benefits, I'd encourage them to contact the prescription drug directly or to contact my or the Minister of Health's office and we would try and pursue and help them out.

**Mrs. Bergman:** — The decision to simply not take a prescribed medication is really not an option in a good health care system, but it's a choice many seniors and persons on fixed income face every day. And in this past year when I've been at so many people's doors, I have talked to seniors who, with the cooperation of their doctors, have cut back on their medications because they can't afford it.

Have your officials estimated the number of households or persons affected in this way? And do you have any estimates of people who are reducing prescription drug use to the detriment of their health?

**Hon. Mr. Calvert:** — Mr. Chair, I think we've all been concerned that when changes are made to a plan that some who may in fact need the medication may opt not to take it for the financial reasons. Now we've monitored this very closely, I want to assure the member we've monitored this very closely and our tracking has shown only a small decline in the actual number of prescription drugs being used.

Now on the other side of that equation, I think there may be appropriate circumstances, where we've been perhaps over-prescribed, that there may well be situations . . . I can recall visiting with seniors where over the course of years, in fact we got into situations where we were over-prescribed. But we're sensitive to the concern the member raises and we've been monitoring it very carefully.

**Mrs. Bergman:** — You're monitoring and listening to



this. What can you do about it in terms of making sure that people are able to take the medications they need?

**Hon. Mr. Calvert:** — As I indicated earlier, Mr. Chair, one thing we certainly did do, when it became apparent to us that a number of people who should be receiving benefits simply had not made the approach to receive the benefits, we did by direct mail contact each and everyone to ensure the people were fully aware of the benefits. And as a result of that, I believe we had something over 10,000 new applications.

**Mrs. Bergman:** — That's a rather large response. I'm glad you made the approach.

How many complaints has your department received from people who have trouble affording prescriptions?

**Hon. Mr. Calvert:** — I'm afraid, Mr. Chair, I can't accurately respond to that. We have a toll-free line that comes into the department; I've been there on occasion, and toured, and watched it work. And there will be a number of calls on a daily basis; we don't keep accurate records of all of the issues that are raised in the toll-free line. But the toll-free line is available if anybody has a concern.

**Mrs. Bergman:** — How is that toll-free line advertised these days? I know there was some advertising when it was introduced. How is it advertised?

**Hon. Mr. Calvert:** — Now we're referring here to the drug plan toll-free line. The number will be regularly displayed in pharmacies. We sent out posters and so on; it's regularly displayed there. It will be available in the blue pages of any of our phone books. For the member's information, if she would like to have it for future reference, the toll free to the drug plan is 1-800-667-7581.

**Mrs. Bergman:** — Thank you. We're mercifully coming to the end. I just have a couple more questions.

The nursing home program in Regina was started by the VON (Victorian Order of Nurses) in 1925 and ran until 1985 without any district board structure. Although they were never direct employees of the new organization, they enjoyed a close, direct working relationship. When their services were no longer required, they were not all offered jobs by the Regina Health Board, although SAHO has claimed this in the past. In spite of their innovative and tenacious commitment to wellness and community-based health, the Saskatchewan Association of Health Organizations decided to deny the VON nurses any career adjustment assistance. Are you familiar with this situation?

**Hon. Mr. Calvert:** — Mr. Chair, yes, we've been familiar with the situation and regarding the VON services here in Regina, and we know that the district board worked very hard and through their process of decision making, we know what the result of that

decision making was.

**Mrs. Bergman:** — In terms of the career adjustment assistance, what role does your department play in the health board's decision about the VON?

**Hon. Mr. Calvert:** — The decision was a Regina district board decision. Now of course we're aware of what, you know, the decisions that they make, but ultimately that decision was made by the Regina district board.

I know a similar situation existed in my own community of Moose Jaw some years ago when the home care board there opted to change. This was not unlike that; in this case it was the total Regina district board opted to change from the VON.

**Mrs. Bergman:** — Could you tell me on what grounds the district board denied the VON the career adjustment assistance?

**Hon. Mr. Calvert:** — Mr. Chair, it's my recollection, my information tonight, that the VON nurses were all offered positions in home care. I would ask the member if she wants to really pursue this. I think it would probably be appropriate to make a direct contact with Regina board and I'm sure they can provide full information, would be more than willing to do that.

**Mrs. Bergman:** — Thank you. The Saskatchewan head injury association has been advocating for 10 years to create specialized services for head injured patients. At present there are no specialty services in Saskatchewan; there are minimum services however. For example, the Plains hospital in Regina has the role of stabilizing patients and the role of patient rehabilitation is left to the Wascana Rehab Centre. And that is the extent of services in Regina, in the capital.

Now your cabinet colleague, the Minister of Labour, has proposed that the emphasis in SGI will be on getting injured persons rehabilitated and back to work. Why are there no speciality head injury services in Saskatchewan?

**Hon. Mr. Calvert:** — Mr. Chair, to the member, I don't think she wants to leave the impression there are no services. She identified herself, there are services and we . . . the specialty services, as best we can, are provided to individuals who need those services.

Again, I say to the members — I said to an earlier questioning, in the earlier questioning tonight — these are the difficult, difficult decisions when resources are essentially limited and we have to allocate the resources as best we can. There are many, many, many needs and many, many demands. This is not in any way to diminish the needs of the head injured and we are working with the association, as you know.

But again, we are limited in the resources that we can provide in a small province with a relatively small population. And we are and we do. And I don't think

the impression should be left there are not services available — there are. We might wish they would improve.

(1915)

**Mrs. Bergman:** — Well, given the shift to more funding from SGI for head injuries, will this effect the provision of services? And what is your department doing to prepare for the quite increased, possibly increased, case-load?

**Hon. Mr. Calvert:** — Mr. Chair, yes indeed then, the Department of Health has been in conversations, ongoing conversations, with SGI over this, on this very issue, and we hope that we might see some positive developments as a result.

**Mrs. Bergman:** — In this particular budget then, there wasn't anything in particular to improve rehabilitation services for head injury patients?

**Hon. Mr. Calvert:** — No. In this budget, Mr. Chair, there's no specific identification.

**Mrs. Bergman:** — On a light note, the Saskatchewan health card reads benefits may expire if you leave Saskatchewan. We have received calls and complaints about this. People wonder to themselves what benefits expire? All of them, some of them, which benefits under what conditions? Do they expire if I go to Manitoba or Malawi? Have you received similar complaints?

**Hon. Mr. Calvert:** — No, certainly I have not. And the department officials say they have not had that complaint. It's an interesting comment on the wording on the card.

What we do want to be sure that Saskatchewan people are aware of is if you change your residence, if you leave the province and change residences, that the benefits we provide at some point do end. And arrangements must therefore need to be made in your new locale — if it's another province in Canada or if it's in the United States or in some other jurisdiction in the world. We do want people to be aware that if you're not living here, the benefits will expire.

**Mrs. Bergman:** — Indeed, and perhaps a simple word to clarify it might be helpful. But that'll take a while with our new health cards when we just put the sticker on.

I thank you, Mr. Minister, and your officials, for what's been a short but fruitful exchange and appreciate the answers you've given me.

**Hon. Mr. Calvert:** — Mr. Chair, I'd want to thank the member for her questions and other members tonight for their questions. And I particularly want to express thanks on behalf of the Minister of Health and myself to all of the officials from the Department of Health who have joined us throughout this process of estimates, to thank them for their work in the House and all of their work outside the House.

Item 1 agreed to.

Items 2 to 8 inclusive agreed to.

Vote 32 agreed to.

The committee reported progress.

The Assembly adjourned at 7:22 p.m.