

EVENING SITTING

COMMITTEE OF THE WHOLE

Mr. Kowalsky: — Thank you, Mr. Chairman. I would request leave of the House to introduce some guests.

Leave granted.

INTRODUCTION OF GUESTS

Mr. Kowalsky: — Mr. Chairman, there are two guests in your gallery that I would like to introduce, two students from Vickers School, Jennifer Brooks and her brother, Cameron. They've come here to the legislature and they're touring it today and learning a little bit about government, and they want to sit here and watch us. And they've brought their parents, Frank and Joanne Brooks, to the legislature with them. And I would ask all members to welcome them here to Regina.

Hon. Members: Hear, hear!

COMMITTEE OF THE WHOLE

Bill No. 82 — An Act respecting Health Facilities

Clause 1

Mr. McLane: — Thank you, Mr. Chairman. Mr. Minister, in the piece of legislation that's before us, we have been talking a bit about insured health services and how it relates to this Act along with private clinics in the province. I'm just wondering why you deemed it necessary in the Act to include some specific terminology under insured services, such as the magnetic resonance imaging services, which is of course the MRI (magnetic resonance imaging) or the computerized axial tomography or the CAT (computerized axial tomography) scan and the diagnostic and therapeutic radioisotope procedures in nuclear medicine. Why did you have those specifically listed?

Hon. Mr. Cline: — The reason for the inclusion of those services is they are not actually insured services within the meaning of The Saskatchewan Medical Care Insurance Act, but they are services that the province pays for so they are included specifically.

Mr. McLane: — Is there any thought then, Mr. Minister, to having those included under the medical insurance Act, and the reasoning that they are not under that to begin with?

Hon. Mr. Cline: — We'll certainly take that suggestion under advisement. At the present time, since they're not insured services, they have to be referred to specifically in this formulation of the legislation.

Mr. McLane: — You've talked considerably about the insured services as being part of services that are carried on in hospitals in the province. Is that the only place that we have insured services being provided for?

Hon. Mr. Cline: — No, that is not the only place that insured services are provided. Obviously, insured services are provided at doctors' offices as well.

The intent of this legislation however, is not to interfere with what goes on in doctors offices; it's intended to deal with services that are provided in hospitals. And it's intended to say that we ought not to have private facilities competing with hospitals, requiring people to make payment for medical services, that those services should be provided through tax money, publicly, in the public sector.

Mr. McLane: — So then when we're referring to the licensing of agencies or facilities throughout the province, what exactly does that pertain to then, Mr. Minister?

Hon. Mr. Cline: — What section is the member referring to?

Mr. McLane: — No particular section, Mr. Minister, I'm just talking about the licensing of facilities. When you're talking about facilities needing a licence, are we only talking about hospitals; or are we talking about some of these offices that do provide some insured services?

Hon. Mr. Cline: — We're talking about private facilities that would provide insured services. Those facilities would be required to be licensed.

Mr. McLane: — And those would include doctors' clinics, any other facility that would provide that service?

Hon. Mr. Cline: — Doctors' clinics *per se* would not be covered by the legislation except to the extent that they would purport to provide insured services that are normally provided in hospitals. If a doctor's clinic purported to go beyond what they presently provide to provide a service that is presently provided in a hospital, the doctor's clinic would have to be licensed for that purpose.

Mr. McLane: — Could you give us an example of that service that would be . . . that would require the license?

Hon. Mr. Cline: — Yes, if a physician, for example, wanted to do cataract surgery in his or her office, that's a service that is normally provided in a hospital at the present time which is an insured service. If a physician wanted to set up a clinic in his or her office to provide cataract removal, the physician would have to be licensed for that purpose.

Mr. McLane: — Thank you, Minister. Going back to the accreditation operator, for example, the member from Wood River has talked a bit about the powers that this Act does give to the minister in charge. And that certainly applies to the accreditation program and the operator, whereas, of course, the operator would be . . . could actually be chosen by you, and the program can as well be dictated by you and certainly you have the right to withdraw a licence from an agency or the right to grant one. That's pretty broad power for the Minister of Health as I see it.

And I'm just wondering, why do you think that it needs to be that way as opposed to a laid-out criteria reviewed by some sort of an advisory board or a group of that nature.

Hon. Mr. Cline: — These are broad powers. I would not describe them as unusual powers. The reasons for a licensing provision would be to ensure that any private facility that wanted to be licensed to provide ensured services within the medicare system should be publicly accredited in a public way to ensure that standards relating to competence and public safety were met.

Mr. McLane: — Okay, thank you, Mr. Minister. As the licensing agreement works for the individual agencies now . . . Of course within the districts you have the affiliates, and you also have other agencies as I alluded to in an earlier discussion today. What is the procedure for those agencies to ask for a . . . request a licence? Is it up to the district to request it on behalf of all agencies within the district, or are the affiliates and the others separate applications?

Hon. Mr. Cline: — Affiliates are specifically excluded from the definition of health facilities in section 2(1)(i), so they are not required to be licensed pursuant to this Act.

Mr. McLane: — And the other agencies within a district, where they might not be an affiliate, who applies for the licence?

Hon. Mr. Cline: — They would apply to the minister for a licence.

Mr. McLane: — The individual agency would apply for the licence?

Hon. Mr. Cline: — The operator, that's correct.

Mr. McLane: — For example, in the matter of the General Hospital in Regina, it would be the General Hospital that would apply for the licence, or . . .

Hon. Mr. Cline: — No, the General Hospital is operated by the Regina Health Board. They would not be required to apply for a licence pursuant to this Act.

Mr. McLane: — Anybody that's . . . let me ask you this question then, Mr. Minister. Anybody in the province that is providing an insured service has to have a licence under this Act; is that correct?

Hon. Mr. Cline: — That is not correct.

Mr. McLane: — Could you then explain who needs a licence under this Act?

Hon. Mr. Cline: — Yes. An operator defined as a health facility would need a licence under this Act. A health facility would be a place that provides an insured service that is presently provided in a hospital.

But according to section 2(1)(i) of the Act:

"health facility" means . . . (a) place . . . where a diagnostic or therapeutic medical procedure is provided, but does not include: (if the member would look at the first page of the Bill):

. . . a place or facility operated by the minister, a district health board or an affiliate, as defined . . . (by) *The Health Districts Act*;

In other words, the sorts of places we would expect at the present time would be providing health services, such as hospitals or clinics run by the province or affiliates, do not need to be licensed. But if somebody comes in and they want to provide an insured service — that is, a service covered by medicare — for profit and for fee, they have to be licensed by the public through the provincial government.

Mr. McPherson: — Thank you, Mr. Chair. Mr. Minister, you know obviously when we're going through the licensing requirements, you of course have a lot of control, which is a bit of a surprise then when we see that beyond the control and beyond everything you can do in regulation in controlling who gets a licence and for what, then you can attach terms and conditions onto the licence, as in section 8. So can you give us some examples of terms and conditions that you would impose?

Hon. Mr. Cline: — It's possible, for example, that a person applying for a licence may be competent to provide a procedure in one manner but not another manner. And the accreditation committee which would be a committee of the college of physicians and surgeons . . . (inaudible interjection) . . . I think the member, Mr. Chair, is indicating that he's having difficulty hearing me so I'll repeat the answer.

It is possible that the accreditation committee of the college of physicians and surgeons may approve someone applying for a licence to perform a procedure in one manner but not another manner. So putting a condition on the licence that the operator could perform the procedure in the manner approved by the college would be an example of the sort of condition that you might want to attach to the licence, out of reasons pertaining to consumer protection and public safety.

Mr. McPherson: — Are any of the terms and conditions that you place upon those that require a licence . . . could you in fact impose terms and conditions that would move them beyond where they would — Mr. Chair, it's getting a little noisy in here — take them beyond where in fact they would rather not go?

Let me give you an example of affiliates that . . . Because they're still going to need a licence if they're going to have insured services offered in . . . Oh they're not? Oh well then you might as well stop me there and fill me in on . . .

Hon. Mr. Cline: — As I just indicated to the member from Arm River a few minutes ago, health facility, if you turn to the first page of the Bill, it does not include a place operated by the minister, a district health board, or an affiliate.

An Hon. Member: — Where are you looking?

Hon. Mr. Cline: — I am looking on the first page of the Bill, section 2(1)(i), which says, “health facility” means . . . And as you can see, it says it means a place or facility where a medical procedure is provided but does not include, and the first subclause is: a place or facility operated by the minister — that would be a provincial facility — or operated by a district health board or an affiliate.

Mr. McPherson: — Well then, Mr. Minister, let’s just back up to the affiliates. Can you tell us how they have their licensing?

(1915)

Hon. Mr. Cline: — They’re licensed under The Hospital Standards Act. And standards under The Hospital Standards Act and The Health Districts Act apply to them.

Well, Mr. Chair, I believe the member from Wood River is having difficulty hearing my answers and I certainly don’t want the member from Wood River to have difficulty hearing my answers. And I think the member is raising a point of order without raising a point of order that he would like the House brought to better order, as I understand it.

The Chair: — If the member would like to raise a point of order on the decorum of the House then he could rise in his place and do that.

Mr. McPherson: — Well then, Mr. Chair, I will rise on a point of order on the decorum and the noise that’s in the House but I shouldn’t have to.

Hon. Mr. Cline: — Well I sympathize actually with the member from Wood River. If he asks a question and I’m giving the answer he’s entitled to be able to hear the answer, as far as I’m concerned. And the answer is . . . I almost forget the question.

But the answer is that the affiliates are approved under The Hospital Standards Act and they must meet standards under The Hospital Standards Act and The Health Districts Act. Their status is not affected one way or the other by this legislation.

Mr. McPherson: — Thank you, Mr. Minister. I see in section 14 there’s additional information there:

14(1) The minister may:

(a) request from a licensee any information that the minister reasonably requires for . . .

Give us some examples of what you would reasonably require for the purpose of this Act and why you would have to have a special section just for additional information.

Hon. Mr. Cline: — Well for example, you might want to know the qualifications of the licensee. That is, whether the licensee met the qualifications under The Medical Profession Act and was properly licensed pursuant to that Act, and whether the facility proposed to be used by the licensee met public health requirements.

Mr. McLane: — Thank you, Mr. Chair. Mr. Minister, could you describe briefly for us how an insured service is brought into the . . . or brought under The Saskatchewan Medical Care Insurance Act. Who decides what’s going to be an insured service under that Act?

Hon. Mr. Cline: — They are medically necessary services, and the cabinet has the power to specifically include or exclude medical services in the case of any doubt.

Mr. McLane: — Thank you. So then, Mr. Minister, under the regulations portion of this Act, 29(d) to be . . . example, where it talks about prescribing:

The Lieutenant Governor in Council may make regulations:

(d) prescribing medical procedures that are insured health services;

So basically, you have the total discretion as to what will be an insured health service.

Hon. Mr. Cline: — Not quite. If you look at the definition section with respect to insured health services, certain services are set out which can be considered insured health services. And the regulation must be considered within the context of that provision as well.

Mr. McLane: — Thank you. Then in 29(e) it also gives you the power to prescribe a place or facility that are not health facilities. So then you could actually designate a facility as a health facility that isn’t one at this present time?

Hon. Mr. Cline: — No, that section says the opposite of what the member is saying.

Mr. McLane: — Could you explain that to us then, Mr. Minister? It seems to me quite clear that you may make regulations to prescribe places and facilities that are not health facilities. So you could indeed create a health facility.

Hon. Mr. Cline: — No, it is the opposite. The member is saying, you could create a health facility. What the clause the member is reading says is that you could prescribe a place or facility not to be a health facility. So it is the opposite of what the member is saying.

Mr. McLane: — Well I beg to differ with the minister. Reading that, one of the first things that comes to mind when I read it, and as I read it over and over, it to me doesn’t say that, what you’re saying it says. I think it says that you can actually create a health facility. Maybe we’ve got a problem in terminology here that needs to be changed and maybe there’s a difference from you being a lawyer and me being a farmer that I don’t understand that. But when I read it, and I read it over, that’s not the impression that I get.

Hon. Mr. Cline: — Well I’m sorry if we have a misunderstanding. But what the clause the member is referring to says is that, going back to the beginning, it says that the

cabinet — it says Lieutenant Governor in Council, but it means cabinet — may make regulations, and then it says, (e) “prescribing places and facilities that are not health facilities.” Therefore what it says is the cabinet can make a regulation saying something is not a health facility. The member is saying, this gives you the power to say something is a health facility. And what I’m trying to say to the member, and I don’t think you have to be a Philadelphia lawyer to say this, is it doesn’t say that the cabinet can say something is a health facility. It says the cabinet can say something is not a health facility.

Now why does it say that? It says that because, as we talked about this afternoon, there are certain services and facilities where you may wish to make a decision that this should not be caught by the Act, that there are some services that should be provided in the private sector that need not be within the public medicare system. And obviously this clause would be intended to jibe with what we were talking about before, that although the goal of the legislation is to say that medically necessary services should be provided within the public system, there may be some services that ought not properly to be provided in the public system, and this is one of the clauses that would enable government to do that.

Mr. McLane: — Thank you, Mr. Minister. I guess I’ll have to take your word for that, but I would almost have thought that a group of educated lawyers maybe could have come up with a little better phrasing of that particular line. Moving on to section (h) of 29 within your regulations, is that pertaining whatsoever to affiliates?

Hon. Mr. Cline: — Nothing in this Bill pertains to an affiliate because an affiliate is not a health facility within the meaning of this legislation.

Mr. McPherson: — Thank you, Mr. Chair. Mr. Minister, in section 16 it deals with the opportunity to be heard:

16(1) The minister shall not amend a licence, suspend or cancel a licence or refuse to issue or renew a licence without giving the applicant or licensee, as the case may be, an opportunity to be heard.

Can you explain to the House what this means? How would they be heard?

Hon. Mr. Cline: — What it means is that if somebody makes an allegation against someone operating a health facility, which allegation might be serious enough to cause the minister to suspend or cancel a licence or refuse to renew a licence, the minister would not do so without giving the licensee against whom the allegation was made an opportunity to give his or her side of the story.

Mr. McPherson: — So what would they do then, Mr. Minister? Would they come to you in your office or is there some sort of a tribunal or go to the courts? What would be the process?

Hon. Mr. Cline: — It would not involve a court proceeding. It would involve affording them the opportunity to present their

side of the story. And the legislation would not require any particular sort of hearing, and it wouldn’t necessarily be a formal hearing.

If I was involved in this kind of situation, I think it would involve the people coming to my office and, having been given notice of what was alleged against them, having the opportunity to prepare their side of the story and then to actually tell me in their own words, in whatever manner they thought appropriate, what they thought the situation was. So I think I would sit down with them.

Other ministers might take a different approach. They might say that it should be in writing or in the form of an affidavit. The legislation is not clear. This is not an uncommon provision in legislation. But the point is the person against whom the allegation is made has the right to be fully and fairly heard. And I feel that, you know, the best way to do it probably is to sit down with them. But other ministers may have a different view.

Mr. McPherson: — Mr. Minister, don’t you think it would be much more appropriate in fact without having to come to your office and convince you personally that in fact there perhaps is no basis for the allegations, that it should go before a panel of professional people or people who deal in the health care field that could give this a more . . . a hearing which would be somewhat more broad than perhaps what they would have in your office?

Hon. Mr. Cline: — No, I don’t feel that’s necessary because it is implied by the principles of our law that people have to be given a fair hearing, and if that is not done, then the minister would be subject to a judicial review in the courts. But moreover, if the minister made a decision which was contrary to law, which would include not giving the people a fair hearing, then pursuant to section 17, which is the following section, the aggrieved party would have the right to appeal to the Court of Queen’s Bench. So that if the person was not fairly dealt with, there would be procedures under the law which would be available to the licensee.

(1930)

Mr. McPherson: — Oh well, Mr. Minister, that’s interesting that then you would talk about clause 17 with the appeals because clause 17 deals with any decisions on a question of law only. So it’s not dealing with in fact concerns that would be dealt without outside of the Act, you know, perhaps where some would say, you know, where we live in reality. But you’re talking about dealing only with the legal aspect of the Act itself when you’re dealing with the question of law only, so that I don’t think is much of an appeal process.

Because firstly, if in fact the opportunity to be heard is going to happen in your office and the only appeal is whether or not you followed the law, it sounds a lot like the North American Free Trade Agreement, and I recall your party was fairly firm on saying that we shouldn’t look at, you know, the question of law only, that it should be broader than that.

And so I could only think that you would want . . . I notice the

Leader of the Third Party is really chirping in and I hope that he's that anxious to talk when it's back to The Election Act tomorrow because he's got a lot to say on that.

Now if in fact we're talking about a decision on a question of law only — Mr. Chair, we absolutely have no control in this House tonight, do we? — a decision on a question of law only, so when we get to that clause, Mr. Minister, I think that we have to broaden clause 17.

So at that point, I will be moving an amendment to clause 17 of the printed Bill by deleting from subsection (1), the words "on a question of law only" and adding immediately after the words "judge of the Court of Queen's Bench" the following:

on any question of law; or on the ground

(a) that there has been a breach by the minister of a provision of the statute that is relevant to the decision appealed;

(b) that the decision is founded on an erroneous apprehension of fact or that the minister has, in making the decision, failed to take into account all relevant facts; or

(c) that the minister in making the decision has not afforded the person a reasonable opportunity to be heard or has otherwise not acted in accordance with the principles of fundamental fairness.

So when we get to that clause, I will move that amendment. But for now we'll send it forward. And I'll send a copy, Mr. Minister, wherever . . . so, Mr. Minister, we'll send a copy of that over to you right away.

And basically what we're saying here is that it's just going to broaden it somewhat so that we're not dealing with a question of law, only in fact. And you may well, as the minister, being in the position where in fact if they're coming to your office to look at this opportunity to be heard under section 16, you may well want to have a little more latitude there by them also. So I think you could see that it's something positive.

Hon. Mr. Cline: — Well we'll certainly take that under advisement and I thank the member for those helpful suggestions which we will look at quite seriously even as we continue to speak.

Mr. Aldridge: — Thank you, Mr. Chairman. Good evening, Mr. Minister, and to your official here this evening.

I've listened this afternoon and this evening to the discussions back and forth here. And what really strikes me the most about this very Bill is just its very presence. What would cause the need for such a Bill as this?

Now I've heard the minister talk that it's to defend public policy. But then I've also heard the minister say that there are no private facilities at this point in time in the province that would require to be regulated by an Act such as this.

I've also heard, well I guess the same line of argument, that it's preventative in nature. So if that is the case then it would seem perhaps that you have had private facilities perhaps threaten to come to our province and to open up shop, so to speak.

Would you be able to elaborate on that? Detail perhaps what facilities may have actually threatened to come to the province and set up shop in that fashion? If you might just comment on that.

Hon. Mr. Cline: — Is the member referring, Mr. Chair, to private facilities which would provide insured services under the medical care insurance Act?

Mr. Aldridge: — Yes, I am referring to that very thing — private facilities which would be offering insured services under the medical insurance Act.

Hon. Mr. Cline: — I cannot refer the member to any particular applications in that regard.

Mr. Aldridge: — Well that would seem quite strange to me then. We're talking about introducing a piece of legislation here that we're arguing is in the public good, but there is no facilities of this nature presently in the province that require the public to be defended from. And you're also saying that there are no facilities that have ever . . . or there's nobody that's came and threatened that they might open these sorts of facilities in this province.

So that would almost suggest to me that perhaps what we're creating here more than anything is perhaps a bit of a paper tiger on the part of this government. Perhaps maybe the real reason for this very Bill is more a political one than it is a public policy one.

It would seem that perhaps given the government's record of damaging our health care system in this province, that a paper tiger at this time would serve their political interests quite well.

If you set up a notion that you have to defend from these sorts of facilities entering the province, when in actual fact you're saying that there hasn't even been any, well as I say, a paper tiger like that might serve you quite well to deflect criticisms off of your government for what has been a failing record in terms of health care in this province. Could you maybe just make some comments on that?

Hon. Mr. Cline: — Yes, I'd be happy to comment on that, Mr. Chair. I'll modify my last answer to the member by saying that actually there was a group of one or more ophthalmologists, I believe in Saskatoon, within the last few years that wanted to set up a private clinic to do cataract removal. And it was indicated to them by government that government would not be supportive of that measure.

Yes, the Bill is preventive. We are saying as a government that we believe in the medicare system and that medical costs should be shared by the people and paid for through the tax system as opposed to the U.S. (United States) style of medicine. And the member says, is that a political statement? Yes, in one

sense that is a political statement. And let me say also to the member that opposition to that principle, opposition to medicare, opposition to sharing medical costs as we do in this province, your opposition to that also, if I may say so, is a political statement on your part.

Mr. Aldridge: — Well, Mr. Minister, we already have a publicly funded system of health care and that's thanks to the Canada Health Act. And a universal system of access and single-payer system should entail that no one would ever want to use a private facility for insured services such as what we're defending the public from here tonight.

If a universal single-payer system was working properly in our province, then there would be nobody knocking at the doors of such facilities as this asking for insured services of them. What this is here tonight, is an expression of the failure of your government in terms of underfunding health care in this province.

This is you trying to do some damage control; trying to create, as I say, a paper tiger — a paper tiger that you can go and defend the people of this province from when in fact, you've told us here tonight, you're defending the people of this province from maybe a couple of ophthalmologists. That's the only example that you can recall in the past couple of years.

So what I would suggest here is that what you're trying to cover up here more than anything in introducing an Act like this, is the very fact, as I say, that you're grossly underfunding our universal health care system in this province. Otherwise you wouldn't have anybody interested in that. So you might just want to comment on that.

Hon. Mr. Cline: — Well I disagree with the member. The history of the province is of course . . . The member refers to the establishment of public health care in this country and refers to the Canada Health Act. I want to say to the member, who may not be aware of this, that actually hospitalization was pioneered in this province in 1948 by the government of T.C. Douglas over the opposition of your party. Medicare was established in 1962 in this province under the leadership of Woodrow Lloyd over the opposition of your party.

The Liberal Party and the Canada Health Act came a little bit later. But I will say to the member that at least with the federal Liberals, they adhere to the principles of the Canada Health Act and have convinced the province of Alberta to adhere to principles such as are in this Bill, i.e., that we should have a public medicare system.

The Saskatchewan Liberal Party stands alone as a Liberal Party in opposition to this kind of legislation. It is the policy of the Liberals in Ottawa to support the Canada Health Act, to support the public medicare system, at least in words, although in funding the federal government and the Liberals are withdrawing funding.

But this party of 10 people in this legislature, in terms of having a right-wing, pro-U.S. style of medicare viewpoint, stands alone among Liberals in Canada as I know it. Very right-wing party.

Perhaps trying to outdo the third party, the Conservatives, who I understand also oppose this legislation.

But your thinking that we should have an American-style health care system, I suggest to you is not mainstream thinking in Canada today.

Mr. Aldridge: — Mr. Chairman, and Mr. Minister, I don't know where you get these words to put in my mouth but it certainly isn't the case, what you're suggesting there.

But you know what? I would just like to know, if you're out defending the public here in this regard, how many people, how many groups, approached you about establishing this very legislation here today? How many people did you consult with? Because I would maintain we're more in tune with what the people in this province have to say about health care than what any member opposite is.

So what groups have you consulted with? What groups came forward saying, we want this particular piece of legislation? What groups did you consult in with respect to drafting copies of this Bill up?

Hon. Mr. Cline: — We consulted with the Saskatchewan Medical Association, the College of Physicians and Surgeons of Saskatchewan, the Saskatchewan Association of Health Organizations, the chiropractors association, the Saskatchewan Association of Optometrists, and the Saskatchewan physiotherapy association. I believe we have also spoken to representatives of the Saskatchewan health care coalition and individual members of the Saskatchewan association for community clinics.

(1945)

Mr. McLane: — Thank you, Mr. Chairman. Thank you. I think the member for Thunder Creek has some valid points. And it's always nice to hear the chirpers from the third party chiming in. It's very unusual that we ever hear them because it's most unusual that they're ever here. And I'm very happy to hear them tonight, that there's at least one over there that's listening to the discussion.

Mr. Minister, back in 1991-92 when your government was proceeding with the wellness model and the health reform, a lot of people in the province had hoped that that would mean exactly what it says — a true health reform taking into consideration all the options that we have in a great province like Saskatchewan. And recognizing that times do change, Mr. Minister, times have changed since 1948 and they will continue to change over the next two or three decades of which we're going to be around in this province, I hope.

And so people were really hoping that the health reform would turn into exactly that, and really it hasn't, Mr. Minister. We hear you saying on your side of the House . . . and that's fair, you have your arguments for defending Tommy Douglas and all he did, and what medicare stands for, and it shouldn't change. And irregardless of how many people are hurt by that, how many people are suffering on waiting-lists or having to go

out of province or out of country for their services, we can't veer from that because that's the old myth of party line, the old socialist philosophy and the old riding-on-the-back-of-medicare and Tommy Douglas.

But the people are clearly saying, as you heard us in question period today, saying, hey things have to change. And we're not advocating that we throw out the Canada Health Act and that we don't have a publicly funded system, but we've got to look at other options to augment that system. And that's what people are asking for. That's what people are wanting to do.

In this Act, under this legislation, you really have all the powers that it takes, Mr. Minister, whether it's you or your predecessor, or someone that will be deemed to look after health in the government of the day, by controlling everything. And most of it's done through the regulations.

And you keep talking in this House about the powers that the district health boards have got; that you've devolved the power from the provincial government down to the district health boards. You've devolved a lot of debt down to them but I'm not sure how much power has gone down to them, Mr. Minister.

And under the regulation you talk again, and of course you say that this Bill doesn't really apply to the health districts or any of their agencies or any government-run agencies, but indeed it does. When you're affecting . . . whether you're talking about the quality and standards of service to be provided at the health facility, you're talking about construction, alteration, maintenance, repair, and location of health facilities under the regulations as it pertains to another private clinic, you're basically dictating to the health districts what they're going to have. They're not going to have anything different in the district. You're going to decide what they can have out in those health districts.

So where does the power come from, Mr. Minister? What powers do the district health boards have? They're limited by the funding; you've done a great job of that. You've got them limited to what they can have for funding in this province through your grants to them. They have no other way of raising money. You've looked after that. And now you've got people out there saying, hey, we're not prepared to let our health facility or any beds close in our community, and we're prepared to do whatever it takes to get that done. And the people in Central Butte and the people in Canora and Kamsack and all over this great province of ours are saying, hey, we're not prepared to sit back and let our services be eroded by a government that's not willing to look at the big picture.

And so when you're talking about private clinics and other people providing services in this province, you're not being very open-minded. And people out there recognize that, and they're getting a little perturbed with you, to be quite frank. And so they're prepared to put in some dollars. Your government's not prepared to look at any other options.

People in Central Butte, the night we were out there, were talking about 30, \$40 a person. That's what they talked about. And they had worked out some numbers, and they felt they

could sustain some services they deemed valued and necessary within their community. And that's the type of dollars they were looking at per capita. The people in Kamsack-Canora area, they had similar views, different dollar figures, but not very high.

Shortly after those discussions, Mr. Minister, I heard you say that, hey, we're looking at at least a thousand dollars. Now to me, that's fearmongering. You're trying to scare people off, saying, oh, we got to have a large amount of money if we're going to sustain some of these things. Well that's not true, Mr. Minister, and you know it isn't.

So why aren't you prepared to look at some other options? Why isn't your government prepared to be open-minded on health in a society where things are changing? Your Premier, your leader, talks about, in the last election, looking out the window and looking into the new millennium and making some changes and doing it the Saskatchewan way. And all we ever hear is about what the Americans . . . how bad their system is. And we certainly don't want to get into a situation where we've got American Medicare, that's for sure. What you're talking about . . . our neighbouring provinces and what they've done and how they've hurt us and how the federal government isn't doing this or that.

But at least the people here are willing to look at some options. And you've got an opportunity here to make some changes and to really save medicare in this province. Because if we don't make some of those changes, we're going to have a lot of people dying on routes to hospitals that are many, many miles too far away for them and any services that they can't access.

So I think that you're not being very open-minded, Mr. Minister. And I guess the questions would be, is why aren't you?

Hon. Mr. Cline: — In answer to the member's question and statement, let me say that one of the things that the minister should do under this legislation in deciding whether to license a private facility is consult with the district health board. The district health board and the community should have some say as to whether we go into private facilities.

The member raises the question of premiums and I realize that premiums have been proposed, as I think user fees are proposed, by the Liberal Party, with respect to the health care system. Let me say to the member that the reason I have difficulty with his suggestion is . . . first of all let me say that if people in a particular municipality, through that municipality, want to raise money to give to the health board to put toward a particular facility or program, there's nothing stopping people from doing that. If people want to raise money in that manner collectively and pool the money, make a deal with the health district board that they will raise a certain amount of money and give it to the board and the district will do something in return, there's nothing in law that says they can't do that. In fact the law contemplates that they will do that.

But I want to say to the member that when you propose a medicare premium, let me remind you that in the province of

Alberta, the premium for a family is 900-and-some dollars per person. In the province of British Columbia, it's some . . . per family, I should have said. In the province of British Columbia, it's some similar amount. What I am saying is that we should raise the money to pay for health care through the income tax system. Why do I say that? Because first of all it is a progressive system in the sense that, if I make \$80,000 per year, I pay a certain amount of income tax and somebody that makes \$30,000 a year pays a lesser amount of income tax. The tax system is progressive in that sense. If you have a premium where everybody pays \$900 per year for their family, then if I make \$80,000 a year, I pay \$900. If I make \$30,000 a year, I pay \$900. And I say that's not fair, because those who have more wealth should pay more — a very simple principle. It's the principle of progressive taxation.

There's a second reason. The second reason is, if I have a premium where everybody has to pay a certain amount of money for their family for medical care, then I as a province have to set up an administration to collect that money. You have to pay for a bureaucracy to collect that money. If you do it through the income tax system, Revenue Canada, which is already in place and collects our provincial income tax, simply collects the money. It makes more sense to do it that way.

Reason number three: if you have a medical care premium, as the Liberal Party of Saskatchewan proposes, then if I don't pay the premium, because of provincial bureaucracy that you have to set up to collect it, doesn't get it — it isn't paid in — you haven't paid it, you show up at the hospital; what am I going to do as a health care system? Am I going to say you can't go into the hospital or go to the doctor because you haven't paid your premium? No, that's not a humane system and that's not the way we should go.

The system we have now is the best system. And if I may close on this point, I would rather have our medicare system where we pay for it through the income tax system, than have the American system where you might pay \$9,000 per year for medical care coverage through a private insurance company. But there's deductibles, so that if I have a baby I pay \$9,000 U.S. extra, but if it's a Caesarean section maybe \$13,000 extra. It doesn't cover everything. Forty million people are uninsured and health care costs continue to be the leading cause of personal bankruptcy in the United States.

And you get people like Preston Manning — and sometimes representatives of the Saskatchewan Liberal Party — who say that we should go for a two-tiered system. Cut our taxes, get rid of our medicare system, and have some kind of private system. To which I say, to Preston Manning and the Saskatchewan Liberal Party, I can cut your taxes. I can cut your taxes by thousands of dollars tomorrow. I can just get rid of the public medicare system. But then what I have to do is say okay, your income taxes are lower, but as in the United States, you have to go out and pay \$9,000 to get some kind of private insurance that isn't going to cover you for everything anyway, and there are deductibles, and every time you get sick it's like going to SGI (Saskatchewan Government Insurance) — the adjuster — you have to justify that you should get treatment.

And so I plead with the Saskatchewan Liberal Party to get off this kick of privatization of medicare. And the member from Wood River objects to my saying that, but what we have heard in this session is the member from Kelvington-Wadena saying we should go to a U.S. style of medicine because she says it's more compassionate — which I reject because people aren't covered.

We have you, Mr. Member from Arm River, saying that people should have to pay for their medicare coverage. And we have other, similar comments from members of the Liberal Party.

And my appeal to you is to say actually, the Canadian medicare system and the system in Saskatchewan is a very good system — it's the envy of the world. It doesn't mean that there aren't problems. There are problems with the system, with any system, but it's a darn good system.

And I had a conversation with a doctor sometime ago where he said well, you can get back surgery faster in the U.S. than you can in Canada. I said to the doctor, listen doctor, before you throw those American statistics at me as to how long it takes to get back surgery in the U.S., you'd better factor in the 40 million Americans that have no health care coverage and never get their back surgery because they don't have the money to pay for it and they don't have insurance. And until you do that, you keep those U.S. statistics to yourself.

So in answer to the question, I say you're asking what kind of system we should have here? We should keep the public medicare system that we pioneered in this province.

Mr. McLane: — Thank you, Mr. Minister. I agree that we need to keep our publicly funded, administered system. There's no question there. But your government seems unprepared to adequately fund it. And what you're doing is you're causing all these problems.

It's not the member from Arm River that brings forward to this House that the people want to pay \$38 a head; it's the people out there, the people of Saskatchewan, that are asking for it. All they're asking is for you and your government to be open, to be open-minded. They're desperate. They're losing their services. They're seeing their health services eroded, their health facilities across the province being eroded, by a lack of funding from your government.

Now you can stand in this House and talk about the American-style health system and fearmonger the people of the province. People in this province won't stand for that because they know full well what happens down in the States. There's many people that travel throughout the United States, and they know what health care is like down there.

But the problem is, is that you're not prepared to fund it up here. In Saskatchewan your government has downloaded to health district boards to such an extent that it's at the point of collapse. You can go to any public meeting you want, Mr. Minister, across this province, given any week, any week of the month, any month of the year, and you will find a health meeting — a health district in crisis.

And so all the people are saying is, hey, help us. Be open-minded. Let's solve this problem. We're willing to help. And your government is not prepared to listen.

You talk about raising the money through the income tax. It's a wonderful idea except that people are so sceptical of governments any more, particularly your own government who's broken umpteen dozen promises since you came into power — that they'll give the money but then the money's liable to go toward a project such as the CCTA (Crown Construction Tendering Agreement) for heaven's sakes, instead of health care.

So how can they ever trust a government such as this to ensure that the money that they're willing to put forward through the tax system is put towards where it's supposed to be and to where it's needed? There's no credibility.

What we've got right now in the province is a system of rationing, Mr. Minister. We see people all over the province on a waiting-list, waiting for services. We see it every day in all corners of the province. And what are they to do? They suffer. They have nowhere to turn. They have public meetings. They're fighting with their district health board. They're fighting with the members of the board who are probably friends and neighbours of them, because they don't know what to do and where to turn. And yet you're not prepared to listen to them.

Earlier in this session we talked in one of the Bills about capitation. Now that's a direct system out of the United States where they use it down there in the insurance system. We all know that. And yet you said you were looking at that. Someone in your own department has written, in some notes accompanying a piece of upcoming legislation or a Bill, that hey, we're moving into new funding system for doctors — capitation is one of them. That's what they use in the States in many areas.

So I'm not sure why you're reluctant to be open-minded and look at different avenues. People are fed up. People are suffering because you're not willing to look at different alternatives.

And many of these things you're trying to do, Mr. Minister, in this legislation is being done through the regulations once again, and that poses a big problem for myself. You're trying to govern, your government is trying to govern this province, through the regulations. They don't want to be upfront and put things into the meat of the Bill and so everything is done in regulations.

(2000)

And because of that, in respect to this Bill, Mr. Minister, when we get to that section, I will be proposing an amendment once again regarding the legislation. And I'd just like to read that for your information and for the House at this point in time, that we'll be asking you to:

Amend clause 30 by deleting the words "on proclamation"

and substituting the words "upon consideration and acceptance by the Committee of the Whole of the Saskatchewan Legislative Assembly of regulations proposed pursuant to section 29".

Hon. Mr. Cline: — Well let . . .

The Chair: — Order. Mr. Minister, can I interject for a minute. Why is the member on his feet?

Mr. Kasperski: — With leave, Mr. Chairman, to introduce a guest.

Leave granted.

INTRODUCTION OF GUESTS

Mr. Kasperski: — Thank you, Mr. Chairman. Mr. Chairman, it's my pleasure to introduce to you and to the other members of the legislature, an old friend of mine who is here with us this evening, Mr. David Lange, sitting behind the bar here. David represented the legislature for two terms in the 1970s from the seat of Bengough-Milestone, and I'd just like all of us to welcome him here this evening.

Hon. Members: Hear, hear!

COMMITTEE OF THE WHOLE

Bill No. 82

(continued)

Clause 1

Hon. Mr. Cline: — Yes, responding to the member, Mr. Chair, I certainly appreciate what the member is saying and it's true that district boards face tight budgets, as indeed the government does, and municipalities, and universities, and school boards, and so on. But I want to say to the member, I don't know if I've mentioned to the member in the past that the federal government has cut health care spending in the country. I believe it's the biggest unilateral decrease to health care funding in the history of the country. And I don't know if I've mentioned to the Liberal Party that the federal Liberals have actually cut health care funding to the province of Saskatchewan by about \$50 million as of April 1 of this year. And on April 1, 1997, the federal Liberals are going to take out \$100 million from the health care system, their share of our funding.

So I agree with the member that budgets are tight but I would say this to the member. This year the people of Saskatchewan, through our government, will be putting into the health care system \$47 million more than they did last year. And next year it goes up to \$100 million because of federal Liberal cut-backs.

I don't know if the member is aware of that but I agree with the member that money is tight. We're putting extra money into the health care system, and I hope the member will acknowledge, and I'm sure as a fair-minded person he will, that the Liberal Party in Ottawa, contrary to the red book, has certainly not been as helpful as we all, I'm sure, had wished.

In terms of the waiting-lists, I want to say to the member that the waiting lists in Saskatchewan have actually been getting better except in three areas, namely orthopedic surgery, ophthalmology, including cataract removal, and gynecology. One of the reasons for orthopedics and ophthalmology has been a dramatic increase in the number of people that are undergoing those procedures.

But generally speaking, the waiting-lists for Saskatchewan are quite comparable to other provinces. But I do appreciate the member's comments, and I am just as concerned with the underfunding of health care, particularly out of Ottawa and the Liberal Party in Ottawa, as the member is. And I know he shares my concern that at some point we have to stabilize funding in this regard.

I would appreciate actually the member's support in talking to the federal government, and I'd be quite willing to jointly, along with the Liberal Party and the third party, make appropriate representations to the federal government. And if the member wishes to meet with me in that regard, I'd be quite happy to arrange a meeting with the member.

Mr. Osika: — Thank you, Mr. Chairman. Mr. Chairman, through you to the minister, just to change the pace a little bit if I may, are you aware of the number of orthotic and prosthetic services that exist in the province, Mr. Minister, that are currently in existence?

Hon. Mr. Cline: — I'm sorry, you said . . . the second word was prosthetic. What was the first word?

Mr. Osika: — Orthotic.

Hon. Mr. Cline: — No I am not aware of the number of services available.

Mr. Osika: — The reason I ask, I was just wondering if, with this new health legislation brought in to deal with private clinics . . . allow for private orthotics and prosthetic clinics. Is any part of that legislation . . . will that deal with those types of services?

Hon. Mr. Cline: — No, I don't believe this legislation would apply to those services because this legislation applies to insured health services. If you look at the definition in section 2(1)(f), that are primarily provided within a hospital. And with respect to orthotic and prosthetic services, I do not believe they are primarily provided in a hospital.

I believe they are primarily provided through SAIL (Saskatchewan Aids to Independent Living) and its agent, the Abilities Council. I could be corrected in that regard, but that's my recollection, is that generally speaking these are services provided outside of the hospital. And I think SAIL, which is the Saskatchewan Aids to Independent Living as the member will know, has contracted this service to the Abilities Council. And I believe for example, if you need a prosthetic leg that you go to the Abilities Council as opposed to a hospital, and they take the appropriate measurements, and they create an artificial leg for you. And because it's not provided primarily in a hospital, this

legislation would not affect the matter one way or the other.

Mr. Osika: — Thank you, Mr. Minister, and again, forgive me. I understand that when a Saskatchewan resident goes out of the province for these services — orthotic and prosthetic services — SAIL will pay the orthotist and prosthetist in those provinces at Saskatchewan rates, but will not do the same for professionals in this province. Is there any reason for that?

Hon. Mr. Cline: — That may or may not be correct, but what I would say to the member is in term of this legislation, this legislation would not I think affect that matter one way or the other.

Mr. Osika: — Thank you, Mr. Minister. I'll defer to my colleagues, and perhaps we can discuss this particular issue in a different forum, perhaps in estimates. Thank you.

Mr. McPherson: — Thank you, Mr. Chair. Mr. Minister, I found it somewhat interesting listening to some of your comments and your of course very political speech tonight, and I guess somewhat consider it to be a lecture. I won't take it that way because I don't think you deserve to lecture anybody on health care. But I did take note that you saw this Bill to be more of a political statement than I guess a true need in health care. And that's your right, to make this sort of a statement.

But I think the point that the member from Arm River made was a valid one in so far as when we're out at these health care rallies . . . tomorrow night there's one in Herbert; I know right now that you won't be there. You haven't been at any of the others, whether it's Central Butte or Kamsack or Swift Current. And so to say to the member from Arm River or myself that we don't know what we're saying when we tell you . . . we come back into the House, and it's day after day after day, and who knows better than you, Mr. Minister, because you have been on your feet I think four or five times more than any other minister in responses in this session. So health care has been dominant in this session.

But what we are continuously hearing is desperation on behalf of the people. And it's not that they want to pay more. In fact you're taking advantage of those feelings by saying, you know, with the view that in fact here is another tax. And it's not whether there should be charges or shouldn't be charges for health care services. You are actually upping the ante and wanting to talk higher dollars. And so I think you're really playing on the feelings and desires of those people out there — the desire to have some form of health care remain in rural Saskatchewan. And for that I think you're wrong.

But to say that in fact what we have here is health care in this province that is second to none, I disagree. I think we did have. But second to none today . . . Look at today's question period, Mr. Minister. Now this is continual; it's every day you're on your feet on two or three or four different issues in health care.

And here's what people say. You don't have to believe us, you know, if you feel that we're not getting the message right, because we're the ones out at these health care rallies and these town hall meetings, when in fact they're trying to save health

care. But what are the people saying?

And right here, in Saturday's *Leader-Post*, and this is the case that I raised with you in question period today. And you may find this to be distasteful after it's been raised — I don't know many times — a couple hundred times that we've raised individual cases in this session alone. And I know I did a few hundred in the last session and then the session before that.

But that's how people find that they're getting health care in Saskatchewan these days. Listen. Here's the comments of a doctor:

'Years ago, I could have admitted her . . .

And he's talking about the lady that had the cancer

'Years ago, I could have admitted her, but now she doesn't fit the criteria.'

Well you know what? When we're talking about these Bills in regards to your department, Mr. Minister, you being the Minister of Health, this is the criteria that people live under. You said it. You said it in regulation, mostly, by this Bill.

And this is really why we can't . . . I wouldn't begin to support a Bill where in fact so much of it is laid out in regulation. What? — 90 per cent of this Bill will actually be dealt with by regulation. So what is it we're talking about here? We don't know. You're going to make those rules up later.

And in fact what is in the Bill, as you're saying, is nothing more than a political statement. If you want our support with the direction health care is or should be going in the province, then don't come in here with your so-called political statements. What good is it? It means nothing.

What means everything to us . . . and, Mr. Minister, what I mean by this when I . . . saying us, our caucus, who will have continuously brought forward these individual cases, is why it is that people have got to use the *Leader-Post* or the Legislative Assembly to get health care. And that falls squarely on your shoulders to deal with it. Not with those individual cases, but it's more than evident that there's a trend . . . (inaudible) . . . likes to call it a trend.

(2015)

I mean people are desperate. They're coming . . . They're using these avenues because that's all that they have left. And that's, at the end of the day, what you're going to be judged for. It's not going to be some Bill that's a political statement to you or that you can quote from at election time, saying, well we were able to prevent those big bad provincial Liberals who are, as you've been saying all night, tied to Preston Manning . . . How you got that one, I don't know, but I thought it was hilarious listening to you.

They're going to judge you on whether or not their mothers and fathers and grandmothers, etc., are getting health care — and they're not. So you can have all your political statements in

here that you want, but at the end of day if you're still closing down hospitals, you're closing down nursing homes . . .

What do you want to govern with the legislation that you're bringing forward? You, by this Bill and by the Bill that we're going to be discussing tomorrow morning, have total control on health in the province, especially over health boards. Well of what? Because you've been busy taking away health. We don't have the service. What do you want to control? You're in control of nothing. You're caving in. So . . .

An Hon. Member: — A little exaggeration goes a long . . .

Mr. McPherson: — Well no, it's not a little exaggeration. It's continual. It's continual — it's continual — dealing with this sort of stuff. You think it doesn't take its toll on everyone, official opposition included . . . (inaudible interjection) . . . Well, Mr. Chair, once again I'm calling on you, as I have time after time tonight, to get a little bit of control in the House. Well look it how loud and boisterous they are. They're so anxious to make public their financial records on secret funds that they just can't control themselves.

An Hon. Member: — Well I went and checked out yours, but you wouldn't give it.

Mr. McPherson: — Oh, is that right?

The Chair: — Order. I would like to remind the members that there is a debate going on in the House and they would like to hear each other. Please allow the people speaking the courtesy of your quietness.

Mr. McPherson: — So in closing, Mr. Minister, we're going to let you move ahead with the Bill and move on to other items here today, but it really is disappointing when we have to continuously bring health care to your attention and to the public's attention, of what it's like out there.

And you know very well when the first round of cuts came about with the health care reform and there was some 52 hospitals affected. Everyone in the province knew it, because there was court actions all over, or threats of court action. But now the people in Swift Current don't know that the people in Kamsack are having a rally and they don't know that the ones elsewhere . . . Those rallies are still happening. You and I both know it and these sort of cases are continuous.

"Like any grieving daughter, Mary cries when she talks about her mother's death." That's quite a way to end it, isn't it?

Hon. Mr. Cline: — Well, Mr. Chair, I want to say in answer to the member very briefly, if I may, the member raises the question of making a political statement, and I want to say to the member there is nothing wrong with making a political statement. If the statement is that we believe in a public medicare system, I think that's not so bad. I think we should make that political statement.

Opposition to that view is also a political statement, as I said earlier. The member says we don't have a good health care

system. I say to the member, you tell me where the health care system is better than it is in the province of Saskatchewan, and be specific about where it is better, because we have a pretty darn good system. Not a perfect system, Mr. Speaker, but we have a pretty good system.

And I want to say to the member that he flatters himself and the Liberal Party a little bit when he says that the only way you can get health care in Saskatchewan is through the Liberal Party, by complaining and then they raise it in the legislature.

Because it's true that the Liberal Party has raised a few dozen cases of people they think have some beef against the health care system in the legislative session, but I want to say to the member from Wood River, that every day in this province under the public medicare system, there are about 27 to 2900 people that are treated in our hospitals. There are 9,000 people that reside in our nursing homes, and there are 24,000 people that receive home care and community services.

And I say to the member from Wood River, that if he's trying to tell the people that the only way that those 2900 people in the hospital get service is because of something the Liberal Party does, he's mistaken. If he's saying that the only way that the 9,000-some people in nursing homes get cared for, is because of something the Liberal Party does, he's mistaken. If he's saying that it's because of the Liberal Party that 24,000 people get home care services or community services in this province, he's mistaken about that too.

The reason those people get services in the hundreds and thousands every single day is because of the dedicated women and men that work in the health care system. And it's because people in this province had the vision to come up with a public medicare system over the opposition of his party.

And I don't want to debate the member about that. But I just say, when the member says you can only get health care in Saskatchewan if you complain to the Liberal Party and have them raise it, I think the member is exaggerating slightly, the role the Liberal Party in Saskatchewan plays in health care.

Mr. McLane: — Thank you, Mr. Chairman. Mr. Minister, I just want to point out to you a few things in response to some of your comments. I thought I was finished but I guess I'll say a few more words.

In response to what you've talked about in terms of premiums that you alluded to earlier, on different issues and the cost of collecting those premiums, I just want the minister to know, in case he doesn't . . . or in case his department hasn't informed him, we have a great, huge part of this system, health system, in the province today that does have premiums, and I'll just name you a few off, Mr. Minister. I just made a quick note or quick list here. I'm sure I haven't got them all.

We already have home care premiums. People pay for some of their home care. What does it cost to collect that, Mr. Minister? We have long-term care charges, Mr. Minister. That's a major fee to a lot of seniors in this province. We have day care. We have day care premiums, Mr. Minister, for people going in for

day care and as well as the night care programs, Mr. Minister. We have the respite program. It's a wonderful program but people have to pay for it, Mr. Minister. We have Meals on Wheels; people pay for it, plus the volunteers that deliver it, Mr. Speaker.

Mr. Minister, we also have ambulance fees. People talk about fees. We have ambulance fees. For those of us in rural Saskatchewan who are seeing our services being eroded and lost and greater distances to travel, we pay for our ambulance. The air ambulance for the people in the North and for extreme emergencies — we pay for that, Mr. Minister. It's a premium. What does it cost to collect it? We have the drugs, our drug plan which you eliminated. A major expense to a lot of us that have to use that plan. Those are all premiums. What does it cost to collect it?

I ask you again to, on behalf of your government, to be a little more open-minded when it comes to lives of the people of Saskatchewan. Health is an important issue, something we want to preserve. We all do. We can sit here and banter back and forth and you can say that we're doing the wrong thing and you're doing the wrong thing and we'll say it. But the crux of the matter is, is that we want a system that we can sustain, that we can pay for. And the only way we can do that is if your party will set aside some of its political history and start facing up to the facts that times are changing. We have to do things differently and we can do them; people are ready to do them.

And so I can only ask the minister that he will be open-minded, and I'm sure he will be. He's one of the more open-minded ministers that we have on that side of the House and I look forward to the next three or four years and making some changes for the good of the people of the province.

Clause 1 agreed to.

Clauses 2 and 3 agreed to.

Clause 4

Mr. McLane: — Thank you, Mr. Chairman. I'd like to move an amendment to clause 4 of the printed Bill, which would indeed:

Amend clause 1(c) of clause 4 of this Bill by adding the word "reasonably" before "considers relevant to the application".

Hon. Mr. Cline: — Yes. I think that that is a reasonable amendment to the Bill.

Amendment agreed to.

Clause 4 as amended agreed to.

Clauses 5 to 16 inclusive agreed to.

Clause 17

Mr. McPherson: — Thank you, Mr. Chair. As we spoke on

this clause earlier, I guess I'll just get right to the amendment. I move:

That we amend clause 17 of the printed Bill by deleting from subsection (1) the words "on a question of law only" and adding immediately after the words "judge of the Court of Queen's Bench" the following:

"on any question of law or on the ground

(a) that there has been a breach by the minister of a provision of the statute that is relevant to the decision appealed;

(b) that the decision is founded on an erroneous apprehension of fact or that the minister has, in making the decision, failed to take into account all relevant facts; or

(c) that the minister in making the decision has not afforded the person a reasonable opportunity to be heard or has otherwise not acted in accordance with the principles of fundamental fairness."

I so move.

Hon. Mr. Cline: — Yes, Mr. Chair. I'd like to propose a subamendment.

That in the amendment the second word "any" be changed to read "a," so it reads, "on a question of law." And then after the word "law," a semi-colon would be inserted and then the word "or" would appear, and the words "on the ground" would be removed. So it would read,

on a question of law; or

... " And then clauses (a) and (b) would be deleted and clause (c) of the amendment would be included but reworded to read:

(b) on the ground that the minister in making the decision has not afforded the person a reasonable opportunity to be heard or has otherwise not acted in accordance with the principles of fundamental justice.

(2030)

The Chair: — The subamendment as moved by the minister to amend the House amendment of 17(1) to read:

Any person who is aggrieved by a decision of the minister, pursuant to this Act may appeal the decision to a judge of the Court of Queen's Bench:

(a) on a question of law; or

(b) on the ground that the minister in making the decision, has not afforded the person a reasonable opportunity to be heard or has otherwise not acted in accordance with the principles of fundamental justice.

Subamendment agreed to.

Amendment as amended agreed to.

Clause 17 as amended agreed to.

Clauses 18 to 29 inclusive agreed to.

Clause 30

Mr. McLane: — Thank you, Mr. Chairman. This amendment, on this particular clause, is in regards to the regulations of which, through the course of this session, we've been talking about.

And in particular, I've been encouraging the government to be a little more open and bring forward the regulations in a timely fashion so that they can be reviewed and debated in this type of forum.

Of course in the government's open and accountable style, of which we don't see much of, this didn't go over very well. And so consequently, we never do see the regulations. And certainly you would think that, when one of the ministers is bringing forward a Bill, that they would certainly have done some work on it in preparation for the Bill.

But however, we'll be introducing an amendment here, Mr. Chairman, to clause 30, and it will be to:

Amend clause 30 by deleting the words "on proclamation" and substituting the words "upon consideration and acceptance by the Committee of the Whole of the Saskatchewan Legislative Assembly of regulations proposed pursuant to section 29".

I so move.

The division bells rang from 8:38 p.m. until 8:48 p.m.

Amendment negatived on the following recorded division.

Yeas — 7

Osika	Aldridge	McLane
McPherson	Belanger	Krawetz
Gantefoer		

Nays — 22

Wiens	MacKinnon	Atkinson
Johnson	Upshall	Kowalsky
Crofford	Pringle	Koenker
Bradley	Scott	Cline
Serby	Stanger	Hamilton
Langford	Wall	Kasperski
Sonntag	Jess	Murrell
Thomson		

Clause 30 agreed to on division.

The committee agreed to report the Bill as amended.

THIRD READINGS

Bill No. 114 — An Act respecting the Establishment of a Crown Foundation for District Health Boards and their Affiliates

Hon. Mr. Cline: — Mr. Speaker, I move that this Bill 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.

Bill No. 120 — An Act respecting the Reorganization of Labour Relations between Health Sector Employers and Employees

Hon. Mr. Cline: — Mr. Speaker, I move that the amendments be now read the first and second time.

Motion agreed to.

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

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

Bill No. 82 — An Act respecting Health Facilities

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

Motion agreed to.

Hon. Mr. Cline: — Mr. Speaker, by leave of the Assembly, I move that the Bill be now read the third time and passed under its title.

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

COMMITTEE OF FINANCE

**General Revenue Fund
Health
Vote 32**

The Chair: — I would ask the minister to introduce any officials that have not previously been with him.

Hon. Mr. Cline: — The officials have all been previously introduced, Mr. Chair, thank you.

Item 1

Mr. McLane: — Thank you, Mr. Chairman. Mr. Minister, welcome to your officials.

A few questions this evening, Mr. Minister. We'll start off firstly with the provincial health association and its relationship with government. Mr. Minister, I wonder if you could tell us

what types of grants that the provincial government provides to the Saskatchewan Association of Health Organizations.

Hon. Mr. Cline: — They receive an operating grant of \$1.281 million, which is their basic funding from the province in terms of their operations.

Mr. McLane: — Thank you, Minister. Do you provide any other payments to SAHO (Saskatchewan Association of Health Organizations) for services such as the . . . for bargaining, that type of service?

Hon. Mr. Cline: — Bargaining would be included in the operating grant.

Mr. McLane: — So the 1.281 million, Mr. Minister, would be the total monies granted to SAHO?

Hon. Mr. Cline: — No.

Mr. McLane: — Could you explain any other payments to them then?

Hon. Mr. Cline: — Yes. They receive \$2.25 million for district information systems and \$98,000 for central services.

Mr. McLane: — Have the . . . I assume, Mr. Minister, that these payments are for this year, that you're referring to?

Hon. Mr. Cline: — Yes.

Mr. McLane: — Have those payments fluctuated over the last say five years to any great extent?

Hon. Mr. Cline: — The operating grant has gone down approximately 10 per cent this year. The district information systems funding has fluctuated quite a bit. Last year there was a compensation classification study which involved a million dollars. Some funding may be approved this year with respect to that matter, which is not approved yet. And central services grant is a new grant this year, as I read it.

Mr. McLane: — What would be involved, Mr. Minister, in that new grant?

(2100)

Hon. Mr. Cline: — It has to do with the fact that 1,400 staff were devolved to the districts from the province and SAHO is receiving some money to help the districts cope with the transition. And SAHO itself must cope with that transition payroll.

Mr. McLane: — Thank you, Minister. You mentioned the 10 per cent decrease in the operating grant to them. Given the times, the increases in utilities and many other things, what was the reason for the decrease in the grant?

Hon. Mr. Cline: — The Department of Health, as the member may know, considerably downsized this year in terms of our administrative costs and we cut our administrative costs by

approximately 10 per cent. And we felt that the central administration of SAHO should do likewise.

Mr. McLane: — Thank you, Mr. Minister. I'm not sure that's a great comparison. I believe that the department's role has decreased as well. However, it would appear to me that the role of SAHO would have increased significantly, certainly over the last year, if not two or three. I'm wondering, how you could justify that same type of criteria for downsizing for the provincial health association?

Hon. Mr. Cline: — It is our objective to put less money into administration, more money into front-line services. And we feel that that objective should apply to the Department of Health; to SAHO, which is the central organization to health districts; and to the health districts themselves.

Mr. McLane: — Is there any monies that are given to the districts directly for membership fees for SAHO?

Hon. Mr. Cline: — Districts receive global funding. Out of their global funding they may pay membership fees to SAHO.

Mr. McLane: — Just keeping with SAHO and its association with the government in terms of the labour negotiations and representing the unions, I wonder, Mr. Minister, if you could describe in your own words the role between government and the Saskatchewan Association of Health Organizations.

Hon. Mr. Cline: — Government approves a bargaining mandate and SAHO would be responsible for everything else.

Mr. McLane: — That leaves a fairly wide scope for them. Are there any negotiations or discussions that take place with the department, your wing of the Labour department, with SAHO, in trying to formulate what type of an agreement you might be wanting them to make with the health unions?

Hon. Mr. Cline: — Not really. But in setting the mandate, government has to have some discussion with SAHO if not both parties. But other than that, the bargaining is a responsibility of SAHO.

Mr. McLane: — Is the department looking at, Mr. Minister, at any other vehicle for this type of negotiation, other than what SAHO has been doing and the former provincial health association?

Hon. Mr. Cline: — No.

Mr. McLane: — Mr. Minister, I think you'd have to agree that most likely the members of SAHO are probably telling their provincial association that their backs are against the wall, in particular in the funding formulas and the funding areas. I'm wondering, as is the case, there's been some wage increases for some health sector unions already. Do you think that, given the tight fiscal crunch that the districts are in, that that's appropriate for the government, through your department, to offer those people wage increases in whatever form, whether it's a direct wage increase or a benefit package?

Hon. Mr. Cline: — I think the health employees should be treated equitably with other employees in the public sector. And if other employees in government and the Crowns have received, for example, a 1 per cent increase, I think the health employees who deliver very important services to the public also deserve that kind of increase.

Mr. McLane: — Would you not then agree that it might be appropriate that the government would fund those wage increases over and above the global budget that the districts are receiving, given that tight fiscal plank that they are walking?

Hon. Mr. Cline: — No.

Mr. McLane: — And can I ask you why not?

Hon. Mr. Cline: — The government is funding the wage increases through global funding. The funding is population-based and needs-based. The government itself is able to give its employees the mandated increase, while decreasing the level of spending on operations quite dramatically over the last number of years.

We expect that by watching administrative costs and performing in an efficient manner, the health districts likewise, like government, like other organizations, should be able to pass on a modest and fair increase to employees while still operating within available resources.

Mr. McLane: — Mr. Minister, would you disagree that any benefit packages to any health sector union at this point in time would directly relate to bed closures and/or facility closures?

Hon. Mr. Cline: — Not necessarily.

Mr. McLane: — Well, Mr. Minister, where would you expect that the districts would pick up the extra funding for, that your government hasn't kept up with, in terms of these union negotiations, the contracts, the benefit packages, inflation costs, increases to utilities — where do you expect the districts to find those types of dollars?

Hon. Mr. Cline: — Administrative savings and rationalizations within facilities, to name two areas.

Mr. McLane: — In terms of administration, Mr. Minister, could you tell us what type of downsizing we've seen throughout the districts and through administrative reductions? It appears to me that we continually see advertisements in the paper for the districts, advertising for directors of this or that and the other thing, so where are the savings?

Hon. Mr. Cline: — The administration is down about 18 per cent across the province in terms of the number of administrators before health reform and after. In Regina and Saskatoon the number of administrators is down about 22 per cent.

It's true that when people leave management there will be advertisements to replace them. The fact is however, contrary to conventional wisdom or what may be promoted by those who

do not believe in health reform, the amount spent on administration and the number of administrators is down rather than up.

Mr. McLane: — Now when you talk about administrators, Mr. Minister, are you referring about administration in general or are you talking to what we used to know as administrators of health agencies and facilities?

Hon. Mr. Cline: — I'm sorry, you'll have to elaborate on the distinction between those two areas.

Mr. McLane: — Minister, I'm trying to get a fix on what you're talking about when you talk about administrators. Are you talking about administration in general? Administrators, there are many administrators of different health agencies and facilities. Is that what you're referring to? Are you talking to administration in general?

Hon. Mr. Cline: — By administration we're referring to executive management, human resources, finance and accounting.

Mr. McLane: — Mr. Minister, do you have a flow chart for districts? Are they expected to follow a certain sector or group of administrative-type people? Would every district be consistent? Would they all have about, depending on the size, the same types of directors in different areas in health?

Hon. Mr. Cline: — It is up to the district.

Mr. Belanger: — Thank you, Mr. Chair. Just a welcome to the minister and his officials. I just have a few questions for you, Mr. Minister.

Basically from the perspective of northern Saskatchewan, could you list some of the affiliates and some of the non-affiliates that your department is working with in terms of allocation of dollars or delivery of services.

Hon. Mr. Cline: — Yes, in terms of alcohol and drug services, there is funding that goes to Beauval, Buffalo Narrows, Creighton, Clearwater, Ile-a-la-Crosse, Mitho Menoo Centre, Pine Island, Robert Simard, Sandy Bay, Recovery Lake, and Pinehouse. There are home care services at Beauval, Buffalo, Creighton, Cumberland House, Deschambault, Green Lake, Ile-a-la-Crosse, La Loche, La Ronge, Michel, Pinehouse, Sandy Bay, Turnor Lake, Wasahaw, and Weyakwin.

And in addition, of course, funding to the St. Elizabeth's Hospital at Ile-a-la-Crosse, Uranium City hospital, St. Martin's Hospital at La Loche, and the La Ronge Hospital, MACSI (Metis Addictions Council of Saskatchewan Inc.), and I think I've mentioned the rest. And then of course money is spent through the northern health services branch as well.

Mr. Belanger: — Thank you. And as you are more than aware, Mr. Minister, we've been discussing issues of northern concern for many months in the House. And one of the specific points that was raised time and time again for northern Saskatchewan is we're really playing catch-up with a lot of the rest of the

province.

And certainly it's foreign to me to see regions discuss hospitals and there's a possibility of 7 or 8 or 9 or 10 hospitals in a certain region, whereas in northern Saskatchewan there may be 4 or 5 at the most for the whole, entire North. And we certainly recognize the differences in travel, and the geographical challenges of delivery of health, and also to ensure that the people of the North have access to health care.

One of the pressing results that people wanted to see when it came to the health challenges in northern Saskatchewan, and was really a surprising matter, they didn't only speak about the need for health districts and consultation with governments. They didn't only speak about better facilities and a wider range of services. But the incredible thing they brought forward, Mr. Minister, was a lack of housing.

(2115)

They attributed pretty well most of the health challenges with the lack of housing. Certainly health facilities are part of the solution, but really the infrastructure in northern Saskatchewan provides a severe challenge to many, many people and especially the children of northern Saskatchewan.

And I got an example here I'd like to share with you. La Loche is a prime example of how desperate the housing situation in northern Saskatchewan is. And I've recently spoken to a mother of four who is living in a substandard home because there is simply nowhere for her to go. Christine Janvier is being asked to vacate the house because there is no provisions made for her to live in the house and there's certainly no provisions for her to live in a different house. And Ms. Janvier has been told to leave one house already due to sewage back-up. And this is not an isolated case. Ms. Janvier has four young children and local housing boards aren't able to accommodate her and aren't able to find her a decent place to live.

And I guess what we're trying to prove at this point, Mr. Minister, is certainly in northern Saskatchewan we have to look at an overall assessment of what the challenges for health care is. And housing is one of the biggest detriments right now to health care.

And I'd like to ask your opinion on this issue. When it comes to the old saying, a pound of cures . . . or an ounce of prevention is worth a pound of cure, would you basically offer your opinion on the situation with housing, helping with the health problems in northern Saskatchewan, and how you feel we need to have this addressed.

Hon. Mr. Cline: — Yes, I'd be pleased to. I'd like to say to the member that I agree with the member when he talks about the fact that in some areas of southern Saskatchewan we're talking about eight or nine hospitals in a given area, whereas the North is very under-resourced in terms of hospital services, if I can put it that way, given the geography.

What I find really strange about the Liberal Party and the member's participation in it, and I don't mean to be too

political, but one of the odd aspects of the member's role as he sees it is the fact that he gets up in the House day after day to complain about the closure of the Plains Health Centre when there are actually three hospitals in the city of Regina, and there are going to be two locations that offer the same services.

And one of the things we're trying to do with health reform is exactly what the member is talking about tonight, which is to take some of the money that goes to institutional services and redirect that money from areas we really don't need to areas where there is great need.

One of those areas is northern Saskatchewan. And it's unfortunate that one of the things the Liberal Party has done, like the Conservatives before them, is to ignore the plight of people in the North and their needs because they're too busy talking about keeping things going down here that we don't really need which, if I may say so, is a very selfish attitude.

And I want to say to the member from Athabasca that I'm quite sympathetic to what he's saying tonight, contrary to what he says day after day in question period, or prior to question period, in the House when presenting petitions, not on behalf of the North but on behalf of people in the South.

More catch-up has occurred in the last few years in terms of hospital services in the North than has occurred in the last 20 years. And I would refer to the fact that the La Ronge Health Centre just opened with hospital services, nursing home services, community services, home care, counselling, and what not. As the member knows, there also will be a facility in the Athabasca basin that will be coming about. As the member also knows, there's a committee looking at what we need in terms of hospital services on the west side, which the member represents.

In terms of housing, I think the member will know that this is a responsibility of the Department of Municipal Government. But having said that, let me say that I think the member raises a very valid point, which is we can't discuss health without discussing housing.

And if we would pay some attention to housing, including housing conditions in the North, in terms of proper insulation, sewage, and water, which this government has been doing more of than other governments — with less support I might add from the federal Liberals than before — and it's my hope that when we set up the new district health boards in the North, that those boards will look at health in a coordinated, integrated fashion such as the member is referring to tonight, including looking at how they should work with Municipal Government in terms of housing. Because I agree with the member. It has a direct impact on health and the health of the people.

What we cannot do, I say to the member, is do as the Saskatchewan Liberal Party does day after day, and that is to say we cannot change the system. The Saskatchewan Liberal Party sees the health care system in these terms: simply, how many people can you stick in hospital beds? How many people can you put into nursing homes? The Saskatchewan Liberal Party does not look beyond the number of hospital beds and

nursing home beds to ask the question, how do you really get at the issue of the health of the people?

And in northern Saskatchewan, the member from Athabasca is saying tonight, you have to look at issues like housing, clean water, sewage, and I agree wholeheartedly with the member. And if we can get beyond the opposition of the Liberal Party to a meaningful look at health reform, I'm confident that we could work with that member to actually improve the health of people in northern Saskatchewan.

Mr. Belanger: — Thank you. Mr. Minister, on reference to the situation with housing, we're glad you're looking at the holistic approach to health care in northern Saskatchewan. But the situation in the North — La Loche is a prime example — it's been what, 16, 17, 18 years that we've had trailers pushed together to form the basis of having a hospital to serve that community.

Mr. Minister, make no mistake about it. This \$114 million cut that every department within your government has been claiming is a direct result of their cut-backs because of the federal government has cut back this province, really the situation is, how many more government departments are going to take credit for their cuts and blame it on the feds?

Now we got 19 different ministers that are claiming 114 million was cut out of their budget because of the federal government. But the fact of the matter, there was no \$114 million cut 15, 14, 13, 12, 10 years ago. This hospital, St. Martin's Hospital, is a bunch of trailers put together to serve the people of La Loche, Garson Lake, Turnor Lake, and Descharme Lake. These are Saskatchewan people. And when we talk about provincial responsibility versus federal responsibility, the federal government, from what I can gather, transfers money to the province to deliver health services as well as social services and education and on and on.

Now my question back to the minister is: in spite of all the money that over the years has been flowing to this provincial government from northern Saskatchewan royalties and from the federal government as well — I'm not defending the federal government in these cuts; I'm just saying that they put money into health care — why is it after 17 years that we've still got trailers put together for a hospital?

Hon. Mr. Cline: — Well I'm in agreement with the member that there should be some improvement in the situation in La Loche that the member describes. We are waiting for a committee of people from the North who will give us some advice in terms of how they think the facilities on the west side should be done or redone and where they think the facilities should be — whether it's in La Loche, Buffalo Narrows, or elsewhere.

And I want to say to the member, without trying to be too political about it, I have sat here day after day, being aware myself of the situation with respect to La Loche, and wondering why it is that the member representing Athabasca gets up day after day and presents petitions on behalf of the people of Regina and the South, who have many hospitals to go to, and

never once has presented any petition, as far as I know, on behalf of the people of La Loche and the North, who actually need some kind of change in the health care system.

Mr. Belanger: — Well, Mr. Speaker, contrary to what the minister may feel, there are petitions coming, and there will be more petitions coming on a wide range of issues. So let me assure you, Mr. Minister, that petitions in reference to health care in northern Saskatchewan are coming.

In the first session I believe my role, certainly here as a member of this caucus, is to represent as best as I can all Saskatchewan people, with the Athabasca people as well, to make sure their needs are integrated with the common front that we want to do to protect health care.

The fact of the matter, Mr. Minister, is that the situation here really doesn't point me to come up and say yes, maybe I shouldn't be speaking about the situation in the South. But really the issue here is not of me defending health care in southern Saskatchewan. The issue really is, what are you going to do about that hospital? That's the question that remains to be answered here. And this is a point and a question I've been asked for the last 17 years. That's the whole issue in reference to St. Martin's Hospital.

Now what we know, Mr. Minister, from various correspondents and complaints we've gotten, you know, the trailers that we have pushed together are certainly not a sound place to have patients live. There are bats in the attic. There are mouse droppings all over the place. And as we all know, some of the mice, the deer mice that are very prevalent in that area also carry . . . are known to carry the hantavirus, I believe it's called. Now that is not a sanitary place to have people and patients live.

And then you go on to talk about the other visitors that the hospital has. Now whether we sit here and argue about whether I speak on behalf of Regina or whether I speak on behalf of the North is not the issue here. The issue is, day in and day out, people of La Loche going to St. Martin's Hospital in a bunch of trailers to receive health care. That's the issue.

So the question I have is . . . certainly not being a politician myself, really I am not the minister of Health. If I were the minister of Health, I would immediately rebuild that hospital to a decent level to show respect to the people of St. Martin's Hospital, to show that these people are indeed part of the Saskatchewan community, that these people have waited long enough, that these people have been patient enough, and that these people have suffered enough through that facility that's called a hospital.

And that's my whole point here. And we're talking about a new mine in northern Saskatchewan. Why do we speak about a new mine? One mine in northern Saskatchewan is valued at \$8 billion, Mr. Minister — \$8 billion. And the people that live in the North with the mining activity of that nature, for one mine alone, have to go to a hospital that have trailers put together.

That is the real crux of the problem here. It's not federal

transfer cuts. It's not whether the member from Athabasca gets up every morning and talks about the health care cuts for this city. The real issue is the people of the North are simply tired of waiting for support and are very impatient when it comes to health care. That's the issue, Mr. Minister.

Hon. Mr. Cline: — Well the member can get up and say he's not a politician, but the fact is that the member is a member of this Chamber. The member is a representative of the Liberal Party. The member was nominated by the Liberal Party, elected as a Liberal. And if I was the member, I might want to disassociate myself with that group of individuals over there as well, especially after the way the former leader of the Liberal Party was treated by that group behind closed doors.

But that's not the issue, Mr. Chair, and I agree with the member in that regard. But I say to the member, not wanting to be difficult or political myself, but the fact is that the member has stood in this House more times and talked about the conversion . . . or the closure of the Plains Health Centre in consolidation of health services in Regina than the member has talked about health services in the North. And I say to the member, you can't have it both ways. You can't have improvements in the North and preventative health, as the member talks about, without changes to the health care system.

And if the member is trying to disassociate himself from the policy of the Liberal Party, I support the member in that regard. And I agree with him that it is not a very forward-looking policy.

But as I've tried to indicate to the member, there is a committee looking at the west-side communities that the member represents and trying to examine the health facilities that are required up there. There's a planning committee of seven representatives of west-side communities, and I think the member will be familiar with that. I and the department are waiting for a report from that committee.

That report from northern people will assist us in terms of planning facility changes in the North. It's my hope, as it is the hope of the member, that some improvement will be made with respect to the situation in La Loche. I'm sympathetic to the member's point of view in that regard.

And when this committee reports, I'll be happy to consult with the member about what I think is much more important than the Plains hospital issue, quite frankly, and that is the issue of health services in the North. And I think the member is right. We have to get off the dime of always discussing what's going on in southern Saskatchewan and sometimes take a look at the health services they have up in the North.

Mr. Belanger: — Thank you. And just to continue on with the estimates section of this particular part of our session, I was going to ask, when you have northern health services branch, what's their total operating cost per year? And of that cost, what is staff versus program cost?

(2130)

Hon. Mr. Cline: — There's a total of \$11.341 million in the budget for this year; of which salaries are 3.956 million; operating is 3.088 million. You'll see that that only totals 7.044 million. That leaves 4.3 million basically, and I'm advised that figure goes to various grants to third parties. And at the moment I don't have a list of those grants, although I think we can probably locate one if the member will bear with us for a few minutes.

Mr. Belanger: — Thank you. While we're getting the information about the grant situation, when we do make a choice, a decision regarding the health districts in northern Saskatchewan, have you got an inkling as to how many health districts may be formed? And if there is an idea as to how many districts might be formed, how will the allocation of funding be? Will we see an increase in this funding of 11 million in recognition of the tremendous challenges facing northern Saskatchewan when it comes to health choices?

And as well, the fact that we haven't got any health facilities and that there's a number of areas where we can use improvements and staff as well. So the situation, the question clearly is, how will you be allocating the staff, and how many health districts do you look at in reference to the budgets and all that? How will we be allocating those budgets to the North?

Hon. Mr. Cline: — I and the minister of northern Saskatchewan will be meeting the local people that are involved in planning the district formation on July 22. And after that we will be making a recommendation to cabinet with respect to the number of districts.

In terms of the budget, I would expect the funding to the northern health services next year to be relatively stable. Our indication has been that we will maintain health care funding at the same level this year, notwithstanding federal cut-backs. We're putting extra provincial money in. Next year, federal cut-backs will be twice as high as they are this year, basically. We will make up the difference for the health districts in northern Saskatchewan and southern Saskatchewan so that they do not lose any money as a result of the Liberal cuts.

But I think the best we can do in view of what the Liberals are doing to health care financing is probably to maintain stable funding. But we'll certainly undertake to do that, and I'm in agreement with the member, that we have to do our best to back-fill for the federal Liberals.

In terms of the figures we were talking about a few minutes ago, the grants to third parties are 2.248 million; and on northern transportation, the sum of 1.049 million is spent. The figure I gave you before for salary and operating was 7.044 million. If you add the grants of 2.248 million and northern transportation of 1.049 million, you get the total spending of 11.341 million.

Mr. Belanger: — Thank you. And of the . . . in reference to the transportation grant of 1.049 million, would you be able to give me a breakdown of those costs as to which people were transporting patients, as well as . . .

Has your government ever done — or your department ever done — a cost/benefit analysis in terms of having services in northern Saskatchewan as opposed to transport them out of northern Saskatchewan to southern locations? Because obviously funding for health care centres and health districts boards will most certainly mean needs assessment. And I'm just wondering if you had any work done in that effort to try and utilize the northern facilities that we are hoping to have built within the next several years.

Hon. Mr. Cline: — I don't have any breakdown of the northern transportation payments. These aren't grants but payments to people who need to be transported out.

And in answer to the question, is an assessment done with respect to the cost-effectiveness of this — yes, that is done on an ongoing basis. That is, the decision is asked . . . or the question is asked, whether it makes more sense to try to treat the person in the North or whether you truly have to take them out. And a decision is made in these cases — the \$1.049 million that they have to be taken out for the treatment they require.

But what we would like to do, to the extent we can, is reverse that, so that if there are services that can be provided at the hospitals in the North, including the La Ronge Health Centre, and perhaps the new centre designed for the Athabasca basin, and on the west side once we get the report of the community people up there and plan accordingly, it would be our desire certainly to provide whatever services could feasibly be provided in the North.

I think the member will know that there are many, many services that cannot feasibly be provided in the North just because of the sparsity of the population, in the same way that they couldn't be provided in many parts of the South. There are lots of services that are just provided in Saskatoon and Regina, and sometimes Saskatoon, Regina, Prince Albert, North Battleford, Yorkton, Swift Current, and so on — Moose Jaw — that aren't provided in the smaller centres.

But to the extent we can, I agree with the member that we should certainly be examining that on an ongoing basis and providing every service we can in northern Saskatchewan.

Mr. Belanger: — Thank you, Mr. Minister. In reference to the 3 million you indicated for staff, as well as the 3 million you mentioned in reference to operating, that totals close to \$7 million. How much of the \$7 million is actually spent right in the town of Lac La Ronge?

Hon. Mr. Cline: — It is difficult to answer that question because many of the people are based in La Ronge but provide services throughout the North. They will travel around providing nursing services or counselling services and so on.

So we don't have a breakdown in terms of what services are provided in La Ronge versus the rest of the North. And that would be quite difficult to come up with in the sense that northern health services is headquartered in La Ronge but provides services throughout the North, sometimes on a travelling basis.

I think though that once we set up districts, assuming that there is more than one district in the North, then . . . I know what the member is getting at, which is, are we spending a disproportionate amount on the east side, La Ronge, as opposed to the west side? But the problem — if there is a problem — will work itself out in the sense that if you have more than one district, let's assume, and you have one on the east side and the west side, those districts will have to be funded presumably on a population basis.

So at that point the funding to the districts will become probably much more transparent than it is now, and it will be quite clear to the member eventually that the funding is done on an equitable basis, or if there's some problem with it, what adjustment needs to be made.

Mr. Belanger: — At this point in time, when you speak about the situation of having equitable funding for different districts of northern Saskatchewan, I think we can certainly support, you know, that effort.

What's been happening is, what we've seen is, the west side certainly have had their share of problems over the years. And it's always an ongoing battle as to what's the best way that we can improve health care. And obviously, Mr. Minister — and I've heard you say it on a number of occasions — is to empower people to make decisions over budgets and services out of the health district.

So in reference to that situation, are you saying to me this evening that, as Minister of Health, that you would ensure — based on the information that if there was indeed three health districts for northern Saskatchewan, excluding the far Athabasca communities; there'd be an east side, there'd be a central, and there'd be a west side health district — that you would fund them according to their population, thereby turning over all control, and hiring decisions, and policy choices to these local health boards.

Is that what I'm hearing you say this evening?

(2145)

Hon. Mr. Cline: — Yes. The districts in the North, like the districts in the South, would be funded on the basis of population. Then there would be a needs-based adjustment. For example, if the population of one district was such that they had more very young children or elderly people, then they would get more, the same way as in the South. You make adjustments based upon the demographics.

And there would be needs-based adjustments as there are in the South, so that if people from one district go to another, some of the funding follows the people and so on. But generally speaking, the system would be the same in the North as it is in the South.

So I think the system would be an equitable system. You can get into a debate, that we often have in this legislature, that everybody would like more money. And I understand that. So all the districts would like more money, but generally speaking

the funding of the districts in the North would have to be justifiable on a certain rational basis, i.e., you know, there are so many people in each area and you start from that premiss and work from there.

But it would not be a system designed specifically for the North. It would be basically the same sort of formula that we have in the South. But we think that that is a more fair and equitable way to allocate health care funding than has been done in the past.

Mr. Belanger: — Thank you, Mr. Minister. The reason why I'm asking that question, Mr. Minister, is simply for the fact that I think it's very important that we look at the point of fair service and access to service. I think that's the whole issue we're talking about when we talk about health care in northern Saskatchewan.

And what I don't want to see . . . and I think a lot people are really watching the particular problem. And if it certainly happens . . . because what we don't want to see is we don't want see the west side completely forgotten. We don't want to see the east side communities completely forgotten. We don't want to see the far northern communities completely forgotten, with La Ronge being the central headquarters and having the whole North as one district.

I think you're hearing that message loud and clear, that the people of northern Saskatchewan feel — because of their particular problems, the lack of infrastructure we've spoken about for many years, and the fact that they're basically not in charge of many of the health care dollars that are coming in northern Saskatchewan — that there is no choice but for the government to recognize these particular regions.

Now if we do go to four health districts, what I don't want to see happen, Mr. Minister, is to have these health districts tied into the La Ronge facility, thereby again creating the same thing but under a different set-up.

And clearly what's got to happen is the health districts, if there are four of them, they got to have control of their dollars. They've got to have control of their decision making, and they certainly got to have some extra dollars to deal with the problems that they've had for many years.

And we've seen Lac La Ronge get a new facility. I realize that there was some federal dollars and perhaps in the Athabasca basin there may be some more federal dollars for the health care facility up there. But my point clearly is that if we're going to have health districts in northern Saskatchewan and if there is four or five health districts, that these health districts certainly have control of their allocation of dollars and certainly have access to decent facilities.

Now again, the point that we raise is, time after time after time, La Loche has been calling for a new hospital, a new health service centre. And then certainly on the other hand, we see that Lac La Ronge has got a brand-new facility. So the point we want to raise and I certainly want to make on their behalf, is that what is good for La Ronge should be good for the west side

as well.

So my point is, can you ensure me today that if there is indeed four or five districts set up, that they would have allocation of funding based on their population and that they would have control of that funding and that they would not be tied into any particular, centralized service plan that you might have.

Hon. Mr. Cline: — Well they certainly won't be tied into any centralized service plan. They will receive population-based funding. I should say to the member, as I think the member will already know, that the per capita funding that will be paid for health services in the North is now and will continue to be higher than the per capita funding than in the South, simply because of the distances and the difficulties that there are in the North. So that's a natural thing.

But the population-based funding will apply in the North the same way as it applies in the South. The districts will certainly not be obligated to use a central health facility as the member is referring to. They will, as the southern districts are, receive certain pools of money, and so they will have a certain amount of money for acute care services or hospital services, nursing home services, community-based and home care services and so on, as they do in the South, but there will not be any special, added-on obligations to the health districts up there that do not apply down here.

Mr. Belanger: — Thank you, Mr. Minister. Just a couple of more questions from my point and I'll turn it over to my colleague.

I guess one of the points I wish to make in terms of health care in northern Saskatchewan, especially the west side, health care dollars for the North, it's very low. And we certainly see that. But the low level of funding is also complicated, Mr. Minister, by the fact that many of these northern Saskatchewan communities don't have much say when it comes to the decisions made for northern Saskatchewan health care.

And certainly northern Saskatchewan appreciates the continued commitment to health care. There's no question about that. But there are still many deficiencies in the health services, and right now as we speak there are no mental health workers for the entire west side.

So my point is that we have to look at how people are placed, how people are hired, and whether the system that we have now spends a tremendous amount of money on either taking care of people that may have been fired or taking care of people that may have been wrongly dismissed, or maybe perhaps people . . . trying to attract people to the North. All these issues really add to a major problem and a major cost.

So the situation is, several people have come to me expressing concerns about how workers are hired; where these workers are placed; the lack of probationary assessment; and certainly whether these people are qualified. And, Mr. Minister, I wouldn't mind hearing from you if you know of anybody that is in northern health services branch that isn't qualified to hold a certain position. And if you are, would you be able to provide

me with that information?

At this point in time, we're seeing that there's very little control over who gets hired and where they're placed by the people of the North. And who decides what area gets funding? Is it officials from your department or is it officials from the northern health services branch? What role is . . . or who fills this role when it comes to deciding who is hired and who is qualified and so on and so forth?

Hon. Mr. Cline: — Well I appreciate what the member is saying. I think when the health districts are created, there will be an opportunity for much greater community control because the community will be selecting the boards that will be running the districts.

I think that there are people working on the west side in the area of mental health at the moment, contrary to the situation several months ago. I think there has been some improvement in that regard, but in any event this will become a matter under local control when the districts are set up.

I'm not aware of any problems with respect to the qualifications of people working in the northern health services branch. If the member has some particular concerns and would like to send me details concerning any individuals, I'd be happy to look into them. I can't say that I'm aware of any problems of that nature tonight.

Mr. Belanger: — Thank you, Mr. Minister. Again, just in closing, I want to thank you and your officials for taking the time to answer some of these questions and also to point out that northern Saskatchewan does have a tremendous amount of problems. And for many years, a lot of communities have been fighting and vying for this brand-new hospital concept we're talking about.

Mr. Minister, we have approximately 15,000 people sharing one facility on the west side, so there may be room for two facilities at the very least. And there may be room for other ways and means in which we can improve health care.

So the situation is clear, Mr. Minister, that northern Saskatchewan people really deserve the respect that they should have gotten many, many years ago by giving them adequate and decent and suitable facilities.

And what we have to do as government is work hand in hand with the people that are affected right at the community level when it comes to the allocation and the decision making of health care dollars. And I cannot stress to you the degree of importance that the people of the North have placed on one fact — that they don't want one health district for the entire North. They do not want that.

Because what that's going to end up doing, it is going to end up centralizing all the services in one location and thereby disempowering people from the process of making decisions affecting their health care and certainly their services that they need.

And I go to the earlier point — all the tremendous social and economic problems we're having in northern Saskatchewan. And yet there is no real clear plan to talk about the mental health workers in northern Saskatchewan to help with some of the problems of living in these northern communities.

And we can go through all the stats, stat by stat by stat. We can talk about the problems with alcohol and drug abuse, the problems with housing, and also the problems with suicide. You know, it's a very, very tough situation when we see young people taking their lives out of frustration and out of a lack of support.

So really the essence here, standing up today and politicking back and forth, is not going to solve that problem. Real, true commitment to northern Saskatchewan is going to solve that problem. And that's where we talk about compassion and this is where we talk about empowering people to make these choices.

So I urge you, with all speed, to try and come up with a successful resolution to this issue, work with the northern people, respect their wishes, and watch very, very carefully that the intent of what you're trying to do when it comes to health care is to empower these regions, empower these communities, to finally have a say in health care and get their . . . finally get their decent share of health services and health support from this government. Thank you.

Hon. Mr. Cline: — Thank you. I just want to say, Mr. Chair, that I appreciate the advice of the member in terms of the formation of the health districts.

And I'll certainly keep his comments in mind as we make a decision, myself and the Minister of Northern Affairs, in terms of that issue.

And I also want to say to the member that in terms of the broader health issues like housing and the problem of suicide in the North, I agree with him wholeheartedly that as a society, not just the Department of Health, but Municipal Government and housing and across the piece, we have to try to integrate and coordinate our efforts in a much better way to try to solve some of the really horrendous problems that there are certainly throughout the province but also . . . and the country, but also in northern Saskatchewan.

And I'm very sympathetic to what the member is talking about. And I hope that some of our resources are in fact directed and channelled to what the member is talking about — more counselling — and try to look at the whole issue of wellness including mental health, and why people commit suicide, and those issues. Those are very important issues.

And I take what the member says to heart and I certainly hope that we make some progress in that regard, in what's a very serious issue, over the next months and years.

Mr. Heppner: — Thank you, Mr. Deputy Chair. And welcome, Mr. Minister, and your officials.

I have one question only and it basically deals with oxygen

supplies, and I'm referring to some of the tragic situations that happen in Saskatchewan through sports accidents. And the situation I'm referring to specifically is a hockey accident where a young man was fairly seriously hurt and has become in need of oxygen.

If he is in the hospital, then SAIL covers the cost of equipment. If he's at home, the equipment is also . . . the cost of the equipment is also covered. However, at present he's at the Wascana Rehabilitation Centre and here he must buy his own equipment.

And I guess I have two questions: why that discrepancy, that while he's at Wascana he has to take care of his own cost of that equipment; and what would happen to him if he didn't have a trust fund that was set up for him to cover those costs?

(2200)

Hon. Mr. Cline: — Neither I nor any of the officials present understand why the young man's oxygen wouldn't be paid for at the Wascana Rehabilitation Centre. We can't think of any reason why his oxygen should be paid for in the hospital and at home, as I understand it, but not at Wascana.

So the only answer we have is, if you would send over — not this minute — but the name of the individual, then we would conduct an investigation and see why it is that the oxygen isn't being paid for, because that does not seem to be the understanding over here, that it shouldn't be paid for.

So we certainly would be happy to look into it, and of course to provide you with an explanation as to what has happened.

Item 1 agreed to.

Items 2 to 7 inclusive agreed to.

Vote 32 agreed to.

Supplementary Estimates 1995-96
General Revenue Fund
Health
Vote 32

Items 1 and 2 agreed to.

Vote 32 agreed to.

Hon. Mr. Cline: — Just before they leave, I'd like to thank the officials from the Department of Health for their assistance tonight, and also the excellent, hard work they do throughout the year on behalf of the people of the province.

Mr. Osika: — Thank you, Mr. Chairman. I too, on behalf of the official opposition, would like to extend our appreciation to the officials from the Department of Health, and to you, Mr. Minister, for assisting in the process this evening.

Thank you very much.

Motions for Supply

Hon. Ms. MacKinnon: — Thank you, Mr. Chair. I resolve:

That towards making good the supply granted to Her Majesty on account of certain expenses of the public service for the fiscal year ending March 31, 1996, the sum of \$118,757,000 be granted out of the General Revenue Fund.

Motion agreed to.

Hon. Ms. MacKinnon: — Thank you, Mr. Chairman.

Resolved, that towards making good the supply granted to Her Majesty on account of certain expenses of the public service for the fiscal year ending March 31, 1997, the sum of \$3,044,553,000 be granted out of the General Revenue Fund.

Motion agreed to on division.

The committee reported progress.

FIRST AND SECOND READING OF RESOLUTIONS

Hon. Ms. MacKinnon: — Thank you, Mr. Speaker. I move that the resolutions be now read the first and second time.

Motion agreed to, and the resolutions read a first and second time.

APPROPRIATION BILL

Hon. Ms. MacKinnon: — Thank you, Mr. Speaker. By leave of the Assembly, I move:

That Bill No. 123, An Act for granting to Her Majesty certain sums of Money for the Public Service for the Fiscal Years ending respectively on March 31, 1996 and on March 31, 1997, be now introduced and read the first time.

Motion agreed to and, by leave of the Assembly, the Bill read a first time.

Hon. Ms. MacKinnon: — By leave of the Assembly and under rule 55(2), I move that the Bill be now read a second and third time.

Motion agreed to and, by leave of the Assembly, the Bill read a second and third time and passed under its title.

The Assembly adjourned at 10:13 p.m.

TABLE OF CONTENTS

EVENING SITTING

INTRODUCTION OF GUESTS

Kowalsky	3097
Kasperski	3105

COMMITTEE OF THE WHOLE

Bill No. 82 — An Act respecting Health Facilities

McLane	3097, 3099, 3102, 3108
Cline	3097
McPherson	3098, 3100, 3106, 3108
Aldridge	3101
Osika	3106
Recorded division (amendment)	3109

THIRD READINGS

Bill No. 114 — An Act respecting the Establishment of a Crown Foundation for District Health Boards and their Affiliates

Cline	3110
-------------	------

Bill No. 120 — An Act respecting the Reorganization of Labour Relations between Health Sector Employers and Employees

Cline	3110
-------------	------

Bill No. 82 — An Act respecting Health Facilities

Cline	3110
-------------	------

COMMITTEE OF FINANCE

General Revenue Fund

Health — Vote 32

Cline	3110
McLane	3110
Belanger	3112
Heppner	3118

Supplementary Estimates 1995-96

General Revenue Fund

Health — Vote 32

Cline	3118
Osika	3118

Motions for Supply

MacKinnon	3119
-----------------	------

FIRST AND SECOND READING OF RESOLUTIONS

MacKinnon	3119
-----------------	------

APPROPRIATION BILL

MacKinnon	3119
-----------------	------