

EVENING SITTING

COMMITTEE OF THE WHOLE

Bill No. 85 – The Post-Secondary Graduate Tax Credit Act

The Chair: — Before I call clause 1, I'll invite the hon. minister responsible for Post-Secondary Education to introduce his officials.

Hon. Mr. Hagel: — Thank you very much, Mr. Chair. I have two officials to assist me in review of the Bill in committee here today. To my immediate left is the deputy minister of Post-Secondary Education and Skills Training, Neil Yeates, and seated directly behind him is a senior policy advisor, Tracy Sletto.

Clause 1

Mr. Hart: — Thank you, Mr. Chair. I'd like to welcome the minister and his officials here this evening. Mr. Chair, before we can consider Bill 85 there are some issues that I feel maybe we should discuss that relate directly to the Bill, and that has to do with funding to post-secondary institutions, particularly the universities. I understand that there was . . . the minister has made a decision on funding to both the universities and that's resulted in a tuition fee increase announced by the U of S (University of Saskatchewan). And I wonder, Mr. Chair, if the Minister could perhaps respond to the significant tuition fee increases that were announced on Friday by the U of S.

Hon. Mr. Hagel: — Mr. Chair, to the hon. member. The hon. member will be referring to the announcement by the University of Saskatchewan on its tuition increases. The University of Saskatchewan will have been advised that the funding to the U of S in terms of percentage increase on their base is an increase of two and a half per cent, and have set their tuitions then, bringing together a balance, Mr. Chair, of their responsibilities. The board of directors is really charged with the responsibility of balancing tuition, which is a cost factor, together with access and quality of education. And they've done that, Mr. Chair, in my view, in a responsible kind of way and have therefore announced the tuition increases for the next academic year.

It is important to note, Mr. Chair, that there has been a long-standing and important relationship between the province and universities — and I know the hon. member for Last Mountain-Touchwood is familiar with this because we've discussed it in this Chamber before — an autonomous relationship which does give the authority for these important decisions to the board of the University of Saskatchewan.

I think it's fair to say as well, Mr. Chair, that in announcing the tuitions that the University of Saskatchewan did point out that they continue to be very competitive compared with this part of the country, and accordingly have set them, I think, with the confidence that they are exercising good judgement in the best interest of students at the U of S.

Mr. Hart: — Mr. Chair, I'd like to thank the minister for his response. I wonder if the minister could provide some information that he was unable to provide to the House during Committee of Finance deliberations, and that has to do with

funding to the two universities in the current fiscal year.

At the time when I asked the minister for those figures, there was some decisions to be made. I would expect that those decisions have been made as to the total number of dollars that each university will be given as far as an operating grant, and also give the percentages of . . . I believe in the fiscal year '99-2000, 70 per cent of the funding went to the U of S (University of Saskatchewan), 26 per cent to the U of R (University of Regina), and 4 per cent to the federated colleges. Have those ratios changed? Could we have the actual number of dollars to each university and the percentages of total?

The Chair: — I will provide an opportunity for the Minister of Post-Secondary Education to answer the question or to respond to the question, but I look at the Act respecting a Post-Secondary Graduate Tax Credit and the Chair is genuinely hard-pressed to see the connection between the connection and the Bill before us. So I'm urging the member to either make the connection or not pursue that line of questioning. I'll give the minister an opportunity to respond though.

Hon. Mr. Hagel: — Thank you, Mr. Chair. I'll not require the hon. member to get creative in his question and simply respond to the question that he put. The hon. member may be aware that I met with the University of Saskatchewan board of governors on Friday and will be meeting tomorrow with the University of Regina board of governors, and then will comment on what has been referred to as the . . . flowing from the DesRosiers report, the university funding formula after that.

But in a nutshell, to respond directly to the hon. member's question, Mr. Chair. As he knows, the funding to the university sector has been increased by 4 per cent in this fiscal year. Both universities have been advised that the increase to their base is two and a half per cent and therefore, Mr. Chair, logic would tell you that one and a half per cent of the university funding will address the funding formula.

And I think that, in a nutshell, summarizes the funding distribution as it breaks down this year.

It would be also fair to say, Mr. Chair, that one of the things that I would look forward to, as would a number of other provinces, would be to see a greater level of assistance by the federal government in support of the operations of not only universities, but other post-secondary institutions as well.

It was a significant disappointment to me this year, when we were preparing the budgetary planning before the budget was set, that the hon. member may recall there was some speculation at one point in time that there may be bad news coming from the federal government through CHST (Canadian Health and Social Transfer) funding; that it was anticipated that the bad news would be that they would provide to all of Canada an amount in the neighbourhood of \$3.5 billion one-time funding not increased to your base.

Mr. Chair, when the federal government announced its budget earlier this year, there was bad news I'm afraid; however, it was not 3.5 billion, it was 2.5 billion. It was one-time funding. But it wasn't for one year, it was for four years.

And what that meant, Mr. Chair, in terms of directing funds to those significant areas in the province of Saskatchewan Health and Post-Secondary Ed — Health being a budget nearly 2 billion, Post-Secondary Ed very close to 500 million — that in a budgetary area of \$2.5 billion, nearly half of the program spending in the province of Saskatchewan, CHST funding worked out to \$20 million per year. So that's placed some restraints.

However having said that, Mr. Chair, I think it's fair to say as well that the province has certainly seen it as a priority to support university as well as other post-secondary institutions with an increase of 4 per cent.

Mr. Hart: — Mr. Chair, I guess the reason for my line of questioning is that Bill 85 deals with access to universities and post-secondary education, and so funding to those institutions is critically important because it is reflected in tuition fees which can limit access to students attending.

But I will go on and deal more directly with the Bill at this point in time. The Bill indicates that the programs that students take to become eligible for the tax credit must be at least six months in duration, full-time study. And I'm just wondering if the minister could provide us with some examples of short courses that students may take that would qualify both and does it apply both to private schools and public institutions?

Hon. Mr. Hagel: — Mr. Chair, the students — graduates I should say — who would be eligible to claim the tax credit, which will have a personal financial advantage to the graduate in the amount of \$350 but is arrived at through a formula, which means that their taxable income above and beyond the basic deduction is \$3,180 in addition to that, before they would pay tax.

This is a benefit that applies to the graduates, then, from programs of six months in duration or its equivalent. And what this would mean, Mr. Chair, is that virtually all of the university and the SIAST (Saskatchewan Institute of Applied Science and Technology) kinds of programs would fall into that kind of category. They generally tend to be one, two, four years or longer and clearly more than six months of study.

But it is important to note as well, as the hon. member raises in his question, that students who are studying at private vocational schools where the course of studies is six months or longer will be eligible to receive the graduate tax credit. And I would also add for his information and the information of the people of Saskatchewan, Mr. Chair, that apprentices who become journey persons will also be eligible to benefit from the graduate tax credit.

The rationale is to provide financial assistance directly to those who are engaged in post-secondary education in a way that offers a bit of a reward. That was consistent with the advice that people told us at the public meetings in January — I know the hon. member attended many of — and also, Mr. Chair, therefore doesn't differentiate between the length of the course of studies, but only to say that if it is a significant course of studies that qualifies a graduate to establish their career here in Saskatchewan, then we appreciate that and we want to assist in the process of covering costs directly and enable those people to

benefit accordingly.

Mr. Hart: — Mr. Chair, I wonder if the minister could indicate how long a graduate would have to take advantage of this tax credit. Quite often students who have graduated find that it's not to their advantage to take tax credits in the first year or first two years of employment and that some . . . quite often there's maybe an apprenticeship program or a training program where they're paid at a significantly lower salary and then two, three, or four years down the road they receive quite a significant increase in salary and it may be to their advantage to defer using the credit for a period of years.

Could the minister indicate how long a graduate would have before they would lose that credit?

Hon. Mr. Hagel: — Mr. Chair, to the hon. member, the graduate can carry it over for up to four years and claim it at his or her preference based on what they see is most advantageous to do. And also I would add, Mr. Chair, that it is, in the Bill, retroactive to January 1 of the year 2000; so in other words a graduate who is graduating by course of studies as of that date or later.

Mr. Hart: — Mr. Chair, I'd like to thank the minister for his answer. Section 4(1) is the area that there's a formula given for determining the tax credit. It's: $TC = 11\% \times \$3,180$. I wonder if the minister could explain how they arrived at that formula?

(1915)

Hon. Mr. Hagel: — Mr. Chair, and to the hon. member, and I will do my best to earn his confidence because I appreciate that he was speculating that my math skills are really fairly well-developed and we'd like to encourage him to retain that conclusion.

Mr. Chairman, the place that the graduate tax, post-signer graduate tax credit, will come on the income tax form reduces the tax payable. And what it signifies is this, is that a post-secondary graduate will be able to make . . . have income of \$3,180 above and beyond the basic tax deduction before they'll begin to pay Saskatchewan tax. And that's precisely why the figure 3,180 applies. And as you see in the Bill, it says then rounded to the nearest dollar. And if you do 11 per cent times 3,180, rounded to the nearest dollar — wonders never cease, Mr. Chair — it will come out to \$350.

Mr. Hart: — Thank you, Mr. Minister, for your answer. I take it that those . . . that formula may change as tax rates change and so on, or would it require an amendment to the Bill — to the Act, I should say?

Hon. Mr. Hagel: — Mr. Chair, I know the hon. member is referring to the fact that there are significant changes in income tax here in Saskatchewan; that in fact they will begin in a significant way starting July 1, this weekend, and then will lead to a new formula for calculation of taxation on January 1 of the year 2001, with some adjustments on years thereafter.

However, I think to answer the hon. member's question directly, I do point out that the calculation which I think many will say is clearest when the proposed income tax changes have been

completed — the calculation will be clearest — 11 per cent times 3,180. But by having it in the Bill in this form, what it means is that even though the tax rates may change, the formula remains the same, and therefore the benefit is the same, without having to amend the Bill in order to keep the same advantage to graduates who are claiming it.

Mr. Hart: — Thank you, Mr. Minister. I just have one more question, I would think, and that is with the administration of this tax credit program. Will there be additional staff required to handle the application forms and the approval procedures and that sort of thing, or will the existing staff be able to handle that?

Hon. Mr. Hagel: — Mr. Chair, to the hon. member. We're currently working on the most effective method of implementing the administration of it. And what we're currently looking at is the means of interfacing with institutions through electronic means to minimize the actual amount of labour that's required in order to implement the tax credit.

For those who are the benefactors, of course, it will just be one additional receipt and one more calculation as they fill theirs out. But I'm optimistic that the implications will be really fairly minor if we're able to use modern technology in order to achieve this.

The hon. member may be aware that just this morning I attended the official opening of another of our career employment service centres in Saskatchewan. And I know the hon. member takes great interest in the use of technology to assist in the whole process of achieving the objectives of Post-Secondary Education and Skills Training, and how we've been able to very effectively increase the volume and the quality of good information to both employers seeking workers and workers seeking employment or training or financial support, including people at the high school level even or institutions. All of this is happening without increasing the number of people who are there providing this because we're able to take advantage of modern technology in order to do that.

So when I look at the implementation of this I see a parallel, and it will certainly be our objective to be as cost effective and to use electronic technology to maximize the administrative effectiveness of this.

Mr. Hart: — Mr. Chair, I'd like to thank the minister for his answer. That would conclude any questions I would have dealing with this Bill. I would like to take this opportunity to thank the minister and his staff for providing the information that we have requested regarding this Bill.

Hon. Mr. Hagel: — Mr. Chair, let me express my appreciation to the hon. member from Last Mountain-Touchwood for his questions. I think, in answering his questions, he's asked a number of the questions that people do want to know and I would hope that he would circulate this exchange as broadly as possible because it would certainly be in the best interest of everyone to have these things that he was asking well known.

And I also want to join him in saying thanks to the officials for their assistance in the design of the graduate task credit and the implementation of it in the interests of students of Saskatchewan.

Clause 1 agreed to.

Clauses 2 to 8 inclusive agreed to.

Hon. Mr. Hagel: — Mr. Chair, I move that the committee report the Bill without amendment.

The committee agreed to report the Bill.

THIRD READINGS

Bill No. 52 — The Wildlife Amendment Act, 2000/ Loi de 2000 modifiant la Loi sur la faune

Hon. Mr. Van Mulligen: — 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. 53 — The Wildlife Act Consequential Amendment Act, 2000

Hon. Mr. Van Mulligen: — 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. 5 — The Parks Amendment Act, 1999

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

Motion agreed to.

Hon. Mr. Van Mulligen: — Mr. Speaker, by leave of the Assembly, I move that Bill No. 5, The Parks Amendment Act, 2000 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. 60 — The Forest Resources Management Amendment Act, 2000

Hon. Mr. Van Mulligen: — 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. 82 — The Income Tax Amendment Act, 2000

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. 81 — The Income Tax Act, 2000

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, by leave of the Assembly, I move that Bill No. 81 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. 83 — The Income Tax Consequential
Amendment Act, 2000**

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. 84 — The Education and Health Tax
Amendment Act, 2000**

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. 85 — The Post-Secondary Graduate Tax Credit Act

Hon. Mr. Hagel: — Mr. Speaker, I move that Bill No. 85 be now read for the third time and passed under its title.

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

COMMITTEE OF FINANCE

**General Revenue Fund
Health
Vote 32**

The Deputy Chair: — I'd like to invite the Minister of Health to introduce her officials.

Hon. Ms. Atkinson: — Thank you. To my left is Glenda Yeates, the deputy minister of Health. To the associate minister's right is Marlene Smadu, the assistant deputy minister. Behind me is Carol Klassen, who is also an assistant deputy minister. And to Carol's right is Rod Wiley, the executive director of finance and management services.

Subvote (HE01)

Ms. Bakken: — Welcome, Madam Minister, and your officials. Tonight I'd like to ask you a few questions about when patients are admitted to hospital. And firstly, when a person is admitted to a hospital, are all the drugs covered when they are staying in the hospital?

Hon. Ms. Atkinson: — All prescription drugs are covered by our publicly funded health system.

Ms. Bakken: — Minister, regardless of whether they are under the normal . . . like paid for normally when you are not in hospital, they are paid regardless of which drugs they are when you are in hospital, is that what you're telling me?

Hon. Ms. Atkinson: — When you are in a hospital in an acute care setting and if you are prescribed a prescription by a physician, your prescriptions would be covered through our public health insurance program.

Ms. Bakken: — Madam Minister, we have some issues then because in our hospital in Weyburn people are being charged for drugs when they are staying in hospital. I'd like you to explain to me why this is happening.

Hon. Ms. Atkinson: — Mr. Chair, could the member be more precise? Which prescription drugs is she talking about?

Ms. Bakken: — Madam Minister, I understood that you just said whatever drugs that they are prescribed when they are in hospital, then they are paid for. I don't have the name of the drug in front of me, but it was something that the doctor prescribed for this person that was in the hospital.

Hon. Ms. Atkinson: — Obviously we need more detail. If the drug was prescribed while the patient was in the hospital, the drug would be covered by our public insurance system.

Ms. Bakken: — Thank you, Madam Minister. Mr. Chair, I'll be happy to get some further information on this for you. But I've talked to some of the other MLAs (Member of the Legislative Assembly) and this seems to be a common practice in the hospitals. So it is something that should be looked into.

Further to that, when a person in Saskatchewan goes to emergency and sees a doctor, is there any fee?

Hon. Ms. Atkinson: — If you visit the emergency room, there are no charges. If you go to the emergency room with a particular broken bone and you want to choose a particular cast or if you want to choose a particular ambulatory item, then there would be a cost for a more expensive item.

Ms. Bakken: — Mr. Chair, and Madam Minister, again we have a situation then where hospitals are now charging fees for emergency care, and I would like to know is this something that the health districts are deciding on their own or are . . . is this something that is the blessing of the Department of Health.

Hon. Ms. Atkinson: — Once again, Mr. Chair, we would need to have more detail. If I attend at an emergency room with a particular problem and I see a physician, I am charged nothing. If I attend and see a physician, the physician fee is covered by the public insurance program.

If I require a cast for my arm and if I want an upgraded kind of cast, that, that would be something that I would pay an additional cost for instead of a plaster cast. We just provide the basic cast if you're attending a hospital. If you want an upgraded cast, you would pay for it.

Ms. Bakken: — Mr. Chair, Madam Minister, this had nothing to do with a cast. It was simply a visit to the emergency. The

person was admitted, and when they left the hospital, they were given a bill for the emergency visit. And I will be happy to get that further information on that for you.

Madam Minister, if a patient goes by ambulance for a procedure, something that the doctor has sent them for, and when they get to Regina or Saskatoon, wherever the procedure's being . . . supposed to be administered and it doesn't happen and they're returned back to their home, who is responsible to pay for this ambulance fee?

Hon. Ms. Atkinson: — If the person was over the age of 65, the public insurance system would subsidize a portion of that, of the ambulance fee. If the patient was under the age of 65, they would be responsible.

Basically the public health insurance program covers physicians, hospitals, and nursing care. That is 100 per cent covered by the public insurance program.

As the member will know, there are many ambulances in the province that are within the private sector, and they are not seen as part of the insured public health system. So there is a co-pay. The Department of Health does provide grants to each health district for emergency services.

The Department of Health does have air ambulance where, I think, the most a person would pay for air ambulance is \$350 if they're transported by air. And if they were a senior I believe that the most they would pay is \$250. The rest would be paid by the public insurance system. And if they're under the age of 65, they would pay for it themselves, and there might be a small, a very small portion that was paid for by the public health insurance program.

Ms. Bakken: — Mr. Chair, Madam Minister. We're not talking about an emergency. I'm asking about when a person is sent by a physician for a procedure. The procedure never took place. They were sent back to where they originated from, and then they receive a bill. Now how is this appropriate when this person went because they were sent by a physician? It was through no fault of their own that the procedure never happened. Why should they be responsible to pay for the ambulance fee?

Hon. Ms. Atkinson: — As the member will know, most physicians in the province of Saskatchewan are not paid like an employee in the health system. They basically are private business people actually that charge the public health insurance program a fee for service. Physicians direct patients to a particular place and they are sent by an ambulance to a particular place. In the case that the member is talking about, if the hospital for whatever reason does not provide the service that they were to provide and the person has to be sent back, that person pays for the ambulance trip if they are not a senior citizen and if they are not covered by a supplementary health program or the children's benefit program or workers' compensation. That person pays for it.

Ms. Bakken: — Well, Mr. Chair, and to the Madam Minister, again I hardly see where this is appropriate. This lady that I'm referring to — and I know this is not an isolated case — her doctor phoned to make sure that the procedure would in fact

take place when she arrived. She was assured that it would take place. She was sent to Regina.

When she arrived in Regina, she had her X-rays with her, but they proceeded to do the X-rays again for whatever reason; she has no idea. So there was a cost to the system. Then she waited two hours to have a CAT (computerized axial tomography) scan and was then told that the CAT scan was not going to happen that day because they were booked till midnight, and she was sent back home. She has now received a bill for \$593 for absolutely nothing. And now she's going to have to take an ambulance to go again because she cannot go by a car. So I would like you to tell me how you find that appropriate.

Hon. Ms. Atkinson: — Mr. Chair, I don't. And that is why we have put together an emergency medical services project. We have contracted with two people who are to make recommendations to me by the end of September outlining a design for a provincial emergency medical service system that is citizen-focused, is coordinated, and it ensures the effectiveness of available resources. And I think we spoke about this the other day and I'll just outline the terms of reference for your information.

The first question that the two project leaders are to address is: how should emergency medical services dispatch and response processes be organized to ensure coordination among EMS (emergency medical services) providers and designated hospitals and health centres? How should the EMS system be structured to ensure consistent and timely response by professional personnel to citizens across the province, and what are the associated costs and the priorities for implementation? And the third question they're asked to address is: based on the recommended design and the cost of a provincial EMS system, how will the system be cost shared between the province and the users of the system, and what is the proposed rate structure for generating the users' portion of the system's costs?

The member is absolutely correct. I've heard this issue myself. And part of the dilemma is that we have physicians who basically operate outside of the health districts, in a sense, because they are private contractors, and then we have the health districts. Physicians are sending people to health centres or hospitals with ambulances, and we don't have a coordinated approach to this. And I agree with the member absolutely that it's unacceptable for a citizen to be transported at the doctor's request to a centre and then they lay there and wait while the MRI (magnetic resonance imaging) is not performed or the CAT scan is not performed. And we absolutely need better integration and coordination, and that's why we've contracted with two people, Dr. James Cross and Richard A. Keller, to put together a framework for a system in the province of Saskatchewan that is coordinated and integrated.

(1945)

Ms. Bakken: — Mr. Chair, Madam Minister, I think that's very encouraging that you are doing this. But I guess my concern is that in the interim the people that are sent by ambulance then receive this bill. Many people can't afford this. It's a hardship even if they get the service — never mind if they don't get the service. And now she's going to have to pay again because she has to go by ambulance again.

So what is your plan in the interim to alleviate this hardship for people that have to go by ambulance and are directed by their doctor to do so?

Hon. Ms. Atkinson: — Well as I indicated . . . And I don't know the person's financial situation, but obviously she's not over the age of 65 or it would be capped at \$250. And obviously she is not a low-income resident receiving Saskatchewan Health supplementary health program or the Child Benefit Program or Workers' Compensation.

The only thing I could suggest . . . and I certainly understand the case that the member makes and it's a compelling case because that case has been made to me. I do know that there is flexibility through the health districts for the person to pay over time. But it doesn't answer her immediate problem, and that's why we have the review going on to try and address the very question that the member raises.

Ms. Bakken: — Madam Minister, this is going on all across the province. And I guess the issue here is that you say you don't know her financial situation.

In the province of Saskatchewan the financial situation shouldn't be the issue. We're supposed to have accessible, affordable health care for everyone. It shouldn't matter if you have the finances to pay for it, or if you are on low-income, or if you're on Workers' Comp. That should not be the issue. You shouldn't have to take a means test to decide if you're going to pay for your ambulance, and especially when it was out of your control.

People don't say, well, when I get to the other end am I actually going to be able to receive care. They take their doctor's word for it that it's going to be there, and they get in the ambulance as they're told and they go; and then they're the ones that are stuck with the bill. So indeed we need to do something about this. And if something could be done in the short term, it would be much appreciated.

I'm going to just move on to another issue and that's about home care. Madam Minister, what is the acceptable ratio of nurse managers to nurses actively serving patients in home care?

Hon. Ms. Atkinson: — Mr. Chair, just before the associate minister answers that question, I would say to the member that ambulance services are not an insured service. It is not an insured service in this province nor is it an insured service anywhere in Canada.

I think that is why one of the questions that the Fyke commission will look at is what's in a publicly funded, publicly administered system. Because originally it was doctors, hospitals, and you know, nurses, the people in acute care facilities. And we have added on to our publicly funded system through co-pays, with our citizenry, whether it's a co-pay for prescription drugs, home care, long-term care, ambulance, and so on.

So I guess I certainly want . . . I respect the member's point. And that's why the review of the EMS services in the province. But also that's the larger question that the Fyke commission

will look at because the health system, as we know it, has gone well beyond hospitals, doctors, and nurses into other areas of health policy.

And we know that ambulance is important, and we know home care is important, and chiropractic care is important, and eye care is important, and dental care is important. But these have . . . historically have not been paid for 100 per cent by our medicare system. And she'll answer the . . .

Hon. Ms. Junor: — If I can remember it.

We don't have a formula for how many managers per X number of staff or for services. We let the districts decide that they have an adequate amount of supervision for what services they deliver.

Ms. Bakken: — Mr. Chair, and Madam Minister, or Madam Associate Minister, have you ever looked at this? Because we're fighting for scarce health care dollars, and in some districts we have one nurse manager for two nurses that are out working in the district. And I find this appalling when we are fighting for people to go out and actually serve clients. We have a shortage in hospitals of nurses, and yet we have got all these nurse managers in home care, and in some cases in acute care, that are being tied down with administrative duties instead of out serving the public.

Have you looked at this or would you be willing to look at this?

Hon. Ms. Junor: — First, generally, I want to say that the number of managers in the system has decreased dramatically with health reform. We have heard anecdotal evidence of some districts that have more managers than others, in particular in home care, but have not had anybody come forward with names of a district or numbers or any substantive proof that this is actually happening.

Ms. Bakken: — Well, Madam Minister, you tell us that the number of managers have decreased, the number of management. In the Living Sky Health District, for example, we have a CEO (chief executive officer), we have 6 directors, we have 22 nurse managers, and we have a board. Now would you like to tell me how you justify that?

Hon. Ms. Junor: — We don't have an organizational chart of the Living Sky area but what we have found, when I said the management has decreased since health reform, most of the districts are reporting about a 3 to 4 per cent of their total global budget in management. Before health reform each of those facilities had management structures in place.

Now they have an integrated system where they actually have . . . they share management structures across many facilities. And they do report, and it's been verified that they do have about 3 to 4 per cent of their global budget on administration.

Ms. Bakken: — Mr. Chair, and Madam Minister, would you like to tell me how you classify a manager then?

Hon. Ms. Junor: — Basically the managers, as we define managers, report directly to the CEO, and they are in finance, administration, human resources. And the direct supervision is a lot of times done by in-scope people, and they might have a dual function — some in-scope, some out-of-scope.

Ms. Bakken: — Mr. Chair, Madam Minister, I guess in light of the fact that we have such a shortage of on-ward nurses, has it ever been considered by your department to look at people that aren't trained as RNs (Registered Nurse) carrying some of the administrative duties so that we can re-engage our RNs on to the wards?

Hon. Ms. Atkinson: — Well it certainly has been considered by the department and the health districts and a number of changes have been implemented in the workplace so that registered nurses are providing more hands-on care instead of a lot of the paperwork that they have to do.

Some of the paperwork is associated, well a lot of the paperwork is associated, with liability questions. People are more prepared to see lawyers these days in terms of medical suits than they have been in the past and a lot of this paperwork and charting has come about as a result of wanting to ensure that everything that was supposed to be done was done so that if something happens, then they are protected by the work that they do through their paperwork.

I can also say that recently we just passed licensed practical nurse legislation which will allow licensed practical nurses to use their full scope of practice, and I think that certainly is going to help registered nurses. Because as was said in the legislature earlier, licensed practical nurses, even though they had the appropriate training, were not able to hand out certain medications, registered nurses had to do that work. That's something that will take some of the load off registered nurses as well as there's LPNs (Licensed Practical Nurse) that can put in catheters. And I think that's going to help a little bit with the workload with registered nurses, and there'll be other things that licensed practical nurses can do to assist registered nurses. And we're hoping to develop more of a team approach to nursing with nursing assistants, licensed practical nurses, registered nurses, and registered psychiatric nurses providing a team approach to nursing care in the province.

Ms. Bakken: — Mr. Chair, Madam Minister, well if there's one complaint that I hear often, and I'm sure most of the members do, is that they go to the hospital, there's all these nurses. But the nurses are the nurse managers. The nurses on the ward are run off their feet trying to actually give on-hands care.

There doesn't seem to be a rationale between those that are doing the book work and managing managers. We have how many levels of managers but they never get anywhere near patient care, and yet the people that are trying to give the direct patient care do not have adequate staffing.

Hon. Ms. Atkinson: — One of the things that we are hearing from nurses on the floor is that they would like to see a nurse manager in their area because with the various changes that have taken place you might have a nurse manager that is managing two wards, and the nurse on the floor doesn't have someone that she can speak to, and they're actually asking us to make sure that there are more nurse managers on the ward because their ward may share a nurse manager with someone else.

Now that is in the larger facilities. Perhaps in the smaller facilities that may be what you're talking about, but I'm told

that nurse managers in those smaller facilities are hands-on nurses, that they are providing not only management but they're also providing nursing care on those wards.

So I guess I'd like to hear a little more detail because that's certainly not what nurses are saying to the associate minister and myself.

(2000)

Ms. Bakken: — Mr. Chair, and Madam Minister, well I'm sure it varies from hospital to hospital and from health centre to health centre. You hear both sides. And some nurse managers feel that they cannot do hands-on work with patients because it is out of their scope; they're not supposed to be doing that.

I've been told by nurse managers that they slip in and help but it really is not what they're supposed to be doing under their mandate or under their contract. So I think we have something strange here because I've been told that they are not to do hands-on training.

So I think that is something that . . . If that is what is supposed to be happening then I think that should be known across the piece and that nurse managers can assist where assistance is needed. And I think that would help in many cases to alleviate the workload of the nurses on the ward. If you could clarify that, please.

Hon. Ms. Atkinson: — Mr. Chair, there may be . . . you may be talking about a sensitivity to the work of the bargaining unit. And, you know, nurse managers are out of scope, and there may be some nurse managers that are sensitive that they may be doing work of the bargaining unit. But I do know that there are nurse managers that are helping out in the wards and they're having no difficulty with the registered nurses on the floor.

Now what you may . . . the incident or the area that you're talking about, maybe there is some particular problem with the nurses on the floor if that nurse manager helps out. But the nurses that I've spoken to don't mind if the nurse manager helps out because they want an extra set of hands to help them on those floors.

Ms. Bakken: — Thank you.

Mr. Bjornerud: — Thank you, Mr. Chair, and Madam Minister. I want to touch on a problem that the member for Weyburn-Big Muddy brought up. And I want to make sure you know, Madam Minister, and I think you do, that these are not isolated cases.

I talked to you about the case where I had a gentleman from Esterhazy was ambulated to Yorkton and by the time he got there, there was no bed; taken back to Esterhazy and within a short time later they realized this man was getting sicker. He's ambulated to Regina, gets to Regina, and guess what? By that time there's no bed and he was ambulated back to Esterhazy.

The story doesn't end there, Madam Minister. It goes on because the gentleman is getting sicker and sicker as this is happening. Finally it gets to the point where they have to get him into Regina, into the hospital here. They do that, realize

just how sick this gentleman is, they air ambulance him to Saskatoon. And, Madam Minister, you know as well as I do — and I'm sorry to have to say this — but the gentleman passed away.

Now no one out there can say for sure that this had anything to do with this gentleman passing, and I'm not insinuating that for a moment. But I'm sure that any person that is sick out there, this ambulance ride is doing their health no good, and it may have had a part to play in that, Madam Minister.

Madam Minister, some of the bills that these people . . . and the member for Weyburn-Big Muddy talked about there, through no fault of their own this happens. They're taken from one place to another; there's no bed there.

We hear of bills out there for ambulance rides of \$1,100, \$800, \$750 — these fees and this amount is not out of the ordinary. And through no fault of their own — there's no bed at the other end when they get there, Madam Minister — usually I think the person that makes the mistake, the Health department at that point, should be picking up this tab.

Our ambulance fees out there, Madam Minister, are high enough as it is, and out in rural Saskatchewan we seem to have what you don't like to call, but I do — it's a two-tier health system — because we pick up the tab out in rural Saskatchewan, where in the city here it doesn't seem to happen that way.

So, Madam Minister, I would hope when the health care report comes in that I hope it addresses this issue and makes this a much more level playing field for rural and urban Saskatchewan.

Madam Minister, that wasn't the question that I had, but I wanted to make sure that you knew that this is not an isolated case.

Some Hon. Members: Hear, hear!

Mr. Bjornerud: — Madam Minister, the question I had is: can you tell me how many people are working in the communications end of Sask Health? How many people are involved in communications? The question is for Sask Health itself.

Hon. Ms. Atkinson: — There are 19 positions in the Department of Health and my understanding is they're not all full.

Mr. Bjornerud: — Thank you, Madam Minister. Mr. Chair, Madam Minister, then can you also tell me then, within the health districts themselves, how many people would be involved in communications?

Hon. Ms. Atkinson: — We wouldn't know. You would have to get that information from each of the 32 health districts. We don't keep that detailed information.

Mr. Bjornerud: — Thank you, Madam Minister. I find that somewhat amazing there's 19. And I know in my health districts out there, I think I'm a part of three, and I think each

one of them actually have people that work in communications. And I sometimes wonder what we're communicating. Bad news, because out in rural Saskatchewan that seems to be all that I ever hear about our health system.

Madam Minister, can you tell me then . . . and I might be . . . correct me if I'm wrong, but the total costs for Sask Health, and if I'm getting the numbers right are \$3.429 million, Madam Minister. Is that the right number for administration of Sask Health itself?

Hon. Ms. Atkinson: — The administrative costs would include the minister's offices, the deputy minister's offices, which would be the ADMs (assistant deputy minister) and the deputy, finance and management services, and human resources.

I just want to make a point about the 19 people in communications. There is a very large correspondence unit because, as you know, you write regularly. All of that correspondence has to be answered. There is also a support to a lot of public health information programs — diabetes, quit smoking, the population health kinds of things. I think we have some people that write speeches for the ministers, or the deputy minister, or the assistant deputy ministers, or whatever, speech writers.

And we have a publication that is sent out to the health districts and that, of course, would be put together by the communications branch, and all of Sask Health's pamphlets and communications like — how does the prescription drug plan work, how would you apply for it — all of the information that is communicated with the public comes out of that communications unit.

So it's not just . . . (inaudible interjection) . . . it's just not PR (public relations). There is a lot of work that's done in terms of public information for the public and how to access certain programs like high cost drugs, chiropractic care, children's health benefits, supplementary health benefits, and so on.

Mr. Bjornerud: — Thank you, Madam Minister. Mr. Chair, Madam Minister, okay, we've got the figure of what it costs for Sask Health for administration. Can you then elaborate on how many people actually work for Sask Health? And I'm not talking in the health districts again, Madam Minister, just strictly Sask Health?

Hon. Ms. Atkinson: — There are 572.4 full-time positions in the Department of Health. And let me tell you I want to go through what they are. In administration there are 55.9 people; district health services, which could include acute and rehab services, long-term care services, home-based services, community services, EMR . . . or EMS services, health facilities capital, and district program support, there's 158.5.

In the provincial health services — this would be the Saskatchewan Cancer Agency, the provincial lab . . . No, it wouldn't be the cancer agency. It would be the provincial laboratory and provincial program support; there are 222 people.

In medical services, now this would be to pay physicians, and chiropractic services, optometric services, dental services, out

of province, all of the payments, people there are 97.6. And then the drug plan and extended benefits, there's 38.4. And they would do administrative work around the prescription drug plan, Saskatchewan Aids to Independent Living, supplementary health program, family health benefit program, the HIV (human immunodeficiency virus) program — that would all be in the drug plan and extended benefits — for a total of 572.4.

What I do want to say to the member is that the provincial lab has 109.4 people and they do all of the lab tests. So that's not a support to me. Then there is a huge number of people that pay out money. That's 97.6 in medical services and another 38.4 in drug plan and extended benefits. And then there is the district program support people.

So from my point of view — I'll just put this on the record because my colleagues think the Department of Health has a lot of people — from my point of view a lot of the people in the Department of Health pay money, or they write cheques and look after all the administrative work around the drug plan, physician services, chiropractic care, optometric care, and so on. There are very few people in the Department of Health that provide support to the people out in the health districts and so on. We really have devolved that to the health districts.

Mr. Bjornerud: — Thank you, Madam Minister, Mr. Chair. Madam Minister, then I think it was the Associate Minister of Health that talked here a few minutes ago in response to a question that administration, and if I heard her right, was running around 3 to 4 per cent. But if you add in, Madam Minister, and a lot of what you've talked about now within Sask Health has to be classed as administration and I know what you've said tonight is some of that does not fall under administration, but some does. But we'd certainly be a lot higher than 3 to 4 per cent if we added all that into the total . . . take that total right out of the 1.9 billion that you're spending on Health and took percentages out of it of what administration actually costs. Would you not agree, Madam Minister, that's far higher than 3 to 4 per cent?

Hon. Ms. Atkinson: — Well it doesn't feel like it's higher because, I'll tell you, it takes — from my point of view sometimes it takes too long to get things done because we have lots of people doing . . . in the department that do blood tests . . . or run the blood tests or whatever, the lab people provide direct services to Saskatchewan people.

And in fact if you look at that, \$40 million is dedicated to programs that benefit all Saskatchewan people through direct provision of various health services, like the provincial laboratory and the immunization programs.

And then there are other parts of the Health department that what they do is they support physicians by paying the money, or pharmacists, or chiropractors, or dentists, or — what else have we got here that . . . where they're involved. I've lost my piece of paper, sorry. The optometrists. Out of province, you know, people who travel out of province for services and various provinces and territories have to be paid. The prescription drug plan, Aids to Independent Living.

(2015)

From my point of view, we could use some more administrative staff to solve problems because there are tonnes of problems in the health system. That's not to say that . . . The majority of the health system works just fine, but there are glitches and problems, and from my point of view we could use some more people to help us solve some of the problems that you raise in the legislature sometimes.

Ms. Draude: — Thank you, Mr. Deputy Chair. Madam Minister, and to your officials, I have a number of questions tonight. And I'd like to start out by asking you about the money that SGI (Saskatchewan Government Insurance) would pay to Department of Health for tests and procedures and treatments that they would require. Can you give me that information?

Hon. Ms. Atkinson: — We get a little over . . . we don't have all the detail that you're wanting so the officials are going for memory — we get a little over \$5 million from SGI to pay for physician services and acute care in hospitals for victims of automobile accidents or vehicle accidents in the province.

Ms. Draude: — Mr. Deputy Chair, Madam Minister, can you tell me how much money you receive from Workers' Compensation?

Hon. Ms. Atkinson: — Well we don't receive any monies from Workers' Compensation. They deal with their program directly with the physicians in the health districts.

Ms. Draude: — Madam Minister, when a citizen of Saskatchewan needs a medical report in order to receive a licence and there is a fee charged by the doctor, does the Department of Health get that money, does SGI, or who receives it?

Hon. Ms. Atkinson: — If a person is required to have a medical then the money is paid by the individual or it could be paid for by the third party requesting the medical, but that money does not come to the Department of Health or the Government of Saskatchewan, that money is paid to the physician.

Ms. Draude: — Madam Minister, I know that there is no direct costs that you can acknowledge for procedures like an MRI, but like in a business you know what it costs you to perform a certain type of treatment. Can you tell me what the cost of an MRI is in Saskatchewan?

Hon. Ms. Atkinson: — Okay, we provided . . . in 1999-2000 there were 10,833 MRIs performed in the province, and there will be more performed because those MRIs, not all three were in operation for the entire fiscal year, '99-2000. So there were 10,833 MRIs performed in '99-2000 in comparison to 5,031 performed in '98-99. Now that was on three MRIs at a cost in excess of \$3.9 million.

So this results in the average cost of approximately \$365 per scan, but that excludes the maintenance contracts on the new units, and there are two new units in the province, one in Regina and one in Saskatoon.

Ms. Draude: — Madam Minister, when SGI or Workers' Compensation requires that one of their clients require an MRI,

did I understand that the health system will pay for that and not Workers' Compensation or SGI?

Hon. Ms. Atkinson: — Workers' Compensation pays, as I said earlier. They pay for the cost of hospital services, physician services. SGI pays the Department of Health I think \$5.5 million a year, and the SGI MRI would be paid for by the Department of Health through the health district budgets.

Ms. Draude: — Madam Minister, you had indicated it would be about \$365 for an MRI. And I don't know what the time frame on that is that you're in the . . . how long you're in the procedure. But I know that if you want to go to Edmonton or to Calgary or someplace, you can have an MRI done, and they charge a certain amount of money.

I would imagine SGI or Workers' Compensation, if they can't get the tests done in the time frame they would like to in Saskatchewan, they go out of province and have it done. Have you had any discussions with them as to the cost of having work done here in Saskatchewan as compared to going outside of the province to have the work done?

Hon. Ms. Atkinson: — The way our health system works in Saskatchewan, people have access to MRIs or CAT scans based on need, not based on preferential treatment because they are a client of the Workers' Compensation Board or SGI.

So if you are in need of an MRI and you are an emergency or an urgent, you get a MRI very quickly. And if you are not an urgent or an emergency person, then it's based on need — who has the greatest need has access to the system first.

Ms. Draude: — Madam Minister, I imagine your department must have discussions with these two agencies. If they have to send a lot of their patients outside of the province, they probably say to the Department of Health, if you had another MRI or if you had more time or personnel to operate the equipment, you could save . . . you could bring a lot of money into the province by allowing us to work inside of the province instead of outside of the province.

So there must be some number that SGI or Workers' Compensation works with to determine to talk about this with your department.

So you had indicated \$365 plus another cost on top of it which is the overhead in any business. So I guess I'm just trying to ask you if you are looking at what we are leaving in this province. If your department is concerned with the number of patients who have to leave the province, whether it is not just exact cost of the procedure, but the travel cost. Whether it's . . . and the time spent outside of the province. That's all cost that comes back to the people of this province, whether it's through our Workers' Compensation rates or through our insurance rates. Maybe there is a way to be saving some money. So, Madam Minister, have you had further discussions with them?

Hon. Ms. Atkinson: — I can tell the member once we added the two additional MRIs . . . we now have three in the province. So basically we've tripled the numbers of MRIs in our province in the last year. And since we've done that, we have reduced the waiting times for MRIs. We've expanded the capacity, the

numbers of MRIs that can be performed in the province because we have three machines. We should be able to provide, you know . . . and I gave you the numbers. Just in '99-2000, we performed 10,833 scans in comparison to 5,031 the year before. That was an increase of 115 per cent. And those machines weren't operating the full fiscal year. So my point is that we've reduced the wait times because we've tripled the capacity, and it's not as much of an issue as it was — say — a year and a half ago.

Ms. Draude: — Madam Minister, I guess when you have your Minister of Health meetings across Canada you must discuss issues like the cost of providing MRIs and that type of service. Is Saskatchewan's rate or the cost of having an MRI in Saskatchewan, is that comparable to other provinces? Is it something that is . . . I'm talking about MRIs, but other surgeries as well, or other treatments. Is it the same cost right across Canada?

Hon. Ms. Atkinson: — What I can tell the member — and this is what I find surprising when I go to ministers of health meetings — because when you're in Saskatchewan you're constantly hearing that our health system needs a lot of improvement, right, and you're constantly being criticized. And this really is a portfolio, not only in this province, but all across the country, where the ministries and the ministers are under a great deal of pressure because there's always more and more that the citizenry and opposition politicians and people just want you to do.

The good thing is that when you do go to the minister of health meetings and you listen to the problems that are being described in places like Toronto or Calgary or Edmonton or Vancouver or Montreal, our problems don't seem nearly as large and as daunting. Because we're a smaller province, you know, we can solve some of our problems. It'll take some money and some reintegrating of the system and reorienting of the system, but we can solve our problems.

And one of the things that constantly amazes me is that people say, you people in Saskatchewan, you're so much further along than we are, and our problems are so much bigger, and you're making your way through this.

(2030)

Now I know that you find that hard to believe. I do know that. And actually, I find it sometimes hard to believe because when you sit here, day in and day out, you think oh, the system is just in a huge difficulty.

But for the vast majority of people, the system is not difficult. It works very well. But there are occasions when it doesn't work well, and that's what we have to fix. We know that there's lots of improvements that are needed.

But it doesn't matter where I go. Yesterday I was at three . . . two 90th birthday parties. And I was at a long-term residents function in my constituency. And person after person told me about their good experience with the health system.

Now one person had a problem with a cataract surgery and it didn't work, and she's upset about it. But for the vast majority

of people — and these are older people — they told me that their experience with the health system was good.

And when I was at a family supper last night, my cousin — who has an entirely different last name than mine — last week suffered some serious paralysis, and she saw her GP (general practitioner). She had an MRI within, I think, 36 hours. She saw a neurologist. She was diagnosed with MS (multiple sclerosis) on Friday, and she's seeing a neurologist today. And is she going to get Copaxone or Betaseron?

The system can and does work very well if you are in an urgent situation or an emergent situation. And in the case of my cousin, I think they might have thought she had a tumour or something like that, but she ended up having MS which is a horrible thing to have happen. But the system worked, and her family was very pleased.

And I know you hear those stories, member, that the system works well. I know you hear those stories because I do, day in and day out.

The difficulty is that when all we hear is about the terrible stuff, people think the system doesn't work. And there are many, many times — most of the time — the system works very well. And I have case after case after case. And people stop me in the street to tell me, gee, I was surprised it worked. I was surprised it worked. They also stop to tell me when it didn't work too, but most times the system works. And I think that we need to be cognizant of that and recognize that the system does work and people are thankful for it.

Ms. Draude: — Mr. Chair, Madam Minister, first of all I'm pleased that your cousin is . . . well I guess having MS is not great. But the system worked; that's fine. But, Madam Minister, I know that the polling that you've done and the polling that we've done has said that 80 per cent of the people in Saskatchewan think that the system is in a failure mode. So that's not something that . . . I don't think most of the people in the province, from all the studies and the surveys that both your government and we here are saying that they have a problem with the system.

Madam Minister, when you talked about meeting with the other health ministers, I guess maybe that's a good thing for the health ministers because misery loves company if you're saying that you get to share stories.

But we have a number of questions that we have to get through tonight, and I'm waiting for the answer to the first one I asked you, and that is, would the cost of an MRI be the same here in Saskatchewan as it is in, let's say, Alberta and Manitoba?

Hon. Ms. Atkinson: — When we do reciprocal billing, with any other place in Canada for an MRI, we pay that province, I believe, \$655. As I indicated to you, the cost of an MRI is about \$365 in the province, but that excludes the maintenance contracts on the new units. So our costs seem to be less than what we are paying other provinces.

Ms. Draude: — Madam Minister, if a patient from Workers' Compensation or SGI is shipped out of the province to do the test, who pays for it — is it SGI or is it Department of Health?

Hon. Ms. Atkinson: — In the case of Workers' Compensation they would pay for it and in the case of SGI they use the publicly funded system.

Ms. Draude: — Madam Minister, we have the two new MRIs in the province now. And you tell me that you've improved it or there is 115 per cent more efficiencies or tests being done. So can you tell me what the waiting list is now for MRIs?

Hon. Ms. Atkinson: — I believe it's anywhere between three and four months depending on whether it's Saskatoon or Regina, whether it's City Hospital, the General, or University Hospital.

Ms. Draude: — Madam Minister, how much money did Sask Health pay for patients to receive treatment outside of Canada last year?

Hon. Ms. Atkinson: — This comes out of the annual statistical report, '98-99. We haven't got the work completed for '99-2000. The United States, for physicians, \$483,000; and for hospitals, \$1.2 million for hospitals.

Ms. Draude: — Madam Minister, is that number going up or down over the last five years?

Hon. Ms. Atkinson: — I'm advised it's about the same.

Ms. Draude: — Madam Minister, because of the way the system works maybe you're not able to keep abreast of the number of people who've decided to have treatment or costs or procedures done outside of the system that they pay for themselves. But maybe when you're having your meetings with your cohorts across the province maybe this discussion does come up.

And I'm wondering if the fact that a lot of people are doing the travelling themselves and paying for it themselves, is an issue that's being brought up with health ministers. Is it a discussion, is it an issue where you can see that across the province this is getting to be a problem?

Hon. Ms. Atkinson: — I'll tell you where it is. I think we're the only province in Canada that is not sending cancer patients to the States for treatment, that we have enough services and service providers in the province of Saskatchewan that we are not sending people outside of our province for cancer therapy, whether that's chemotherapy or radiation therapy. There are many provinces that have entered into contracts with cancer agencies in the US (United States) to provide service because they have shortages of certain personnel. We're not in that position.

As well, the member probably does know that people in the province of Saskatchewan have had a historical relationship with the Mayo Clinic. This is something that goes back into the '30s and '40s and '50s and there are times when people decide to have their . . . they want to get themselves checked by the Mayo Clinic and they make those decisions.

Now if those services are available in the province of Saskatchewan or in Canada, in order to be approved by the Mayo Clinic you need prior approval. If those services are

available in Saskatchewan or Canada we do not give prior approval and people have to pay for those services themselves. And that's their personal decision.

Ms. Draude: — Madam Minister, the prior approval is the problem. It is the issue right now because people determine that they want to have something done, or they feel they need to have it done and they have to wait till someone has told them that this is the right time . . . or it's now the time that they can have the work done.

Madam Minister, this last week past I had someone who . . . one of my constituents said they needed to have an MRI. They said it would be done within two weeks. They received word it wouldn't happen for three more weeks and they made that determination themselves to go to Edmonton so they didn't have to wait. The system had decided that they should wait and they knew they couldn't wait.

So I know that those records aren't something that your department keeps track of but it is happening and we have to not turn a blind eye to it, Madam Minister. It's happening more and more because people are just frustrated. And we have to recognize that just because it's not on your paper doesn't mean it's not happening.

Madam Minister, I also have some contacts in the Lethbridge-Medicine Hat area on the district health boards down there, and they tell me that with the increase in the long-term care rates in Saskatchewan with the recent budget, they have been getting many, many, many phone calls from seniors or people who will be part of a long-term care home, or should have been part of a long-term care home in Saskatchewan who see the benefit of moving to Alberta now because of this additional cost.

Are you getting calls? And I'm sure you must be because I've had the calls myself, from this district health board saying we're going to be inundated by Saskatchewan residents who are going to be trying to use our long-term care homes. How many calls are you getting in this area?

Hon. Ms. Junor: — Actually we're not getting inundated by phone calls. What people are right now getting their incomes in so that by October 1 we'll be able to have the new calculation for fees for long-term care.

I visited a long-term care facility on Friday and answered some of the questions of the residents. Many of them were surprised to know that a significant amount of the . . . or a significant number of the residents will benefit by the new definition of involuntary separation, and many of them had questions about that that were very interesting to answer because there's a lot of misconception out there about this concept and the fact that there will be 900 people that are going to have . . . their rates are going to be lowered.

And there's also the fact there's only 20 per cent of long-term care people will have their rates increased, and that increase will go from a dollar to 464. So there's not going to be a huge increase in all the people, all the 20 per cent.

And I think that people in long-term care just need the right

information and they need some time to get that information. And I think a lot of the districts are doing a very good job putting that information out to the residents. And the people that I met with on Friday were . . . appreciated the information and the correct information.

Ms. Draude: — Mr. Chair, Madam Associate Minister. Madam Minister, you said that there was 900 people were going to have their rates lowered. Is that correct? And Madam Minister, then you use the total . . . the figure of 20 per cent would have an increase.

So let's compare apples and apples. If it's 900 were going to have rates lowered, how many are going to have their rates increased?

Hon. Ms. Junor: — There's just over 9,000 people in long-term care — 20 per cent of those would qualify for an increase in the rates by a calculation . . . the new calculation.

But there is also the second part of the long-term care fee announcement, and that is the definition of involuntary separation and the new calculation that they can avail themselves of, and that is, if one person, the person that's in the home, you use their income alone. You have the option of doing that.

Right now, it's the . . . you combine the two incomes of the spouses and divide by 50 per cent, divide by half. And the new way will be you take the income of the person that's in the home and whatever way is most beneficial to you, whatever's the lowest, that's the one you use. So 900 people will see a difference in that.

Ms. Draude: — Madam Minister, I don't imagine that you are, you're getting calls from people who are trying to figure out what they're going to do with their future. They'd be calling places like Alberta and other places where they're looking at options, and it's going to take a while before it goes through the system. That's just the way things are.

People don't call the minister's office and say today I'm thinking about doing something different because, as you said, with 19 people in communications, they don't have time to listen to what everybody's thoughts are for the future.

So I'm very concerned that we're going to see some . . . losing some of our senior people as well.

Madam Minister, I just have one other area, and I'm just going to clarify. I believe you said that an air ambulance cost was a maximum of \$350. And is that just if you're a senior or is that any air ambulance cost?

Hon. Ms. Atkinson: — Air alone, it's \$350. That's the maximum that you pay.

Ms. Draude: — Madam Minister, then why wouldn't I have my constituents from Kelvington and Wadena and Porcupine get an air ambulance because they're paying 7 or 8 or \$900 or \$1,100 for a road ambulance and you can fly cheaper than that and you'd get there and you wouldn't have to go on the roads. Madam Minister, how can we compare these two issues?

(2045)

Hon. Ms. Atkinson: — Air ambulance is for people who are in critical condition.

Ms. Draude: — The critical condition is determined usually when you get to the hospital, or at some time . . . I mean, there is some pretty critical conditions out in areas. We have accidents all over the place where people are in critical condition.

Madam Minister, this, I would imagine, is going to make a few people frustrated when you figure out that an air ambulance trip is cheaper than a road ambulance trip.

Hon. Ms. Atkinson: — Physicians determine whether or not you're in critical condition. And air ambulances are, you know, regularly sent across the province. And if the person is in critical condition, there could be a pediatric transport team in that air ambulance, there could be paramedics, there could be physicians, there could be registered nurses, highly trained critical care nurses that would travel in that air ambulance. So air ambulance is for people who have been determined through medical terminology and through medical diagnosis that they're in critical condition. And I have never had any complaints about the air ambulance system in this province, which is the oldest air ambulance system in North America.

Ms. Draude: — Madam Minister, I would imagine that everyone is delighted with the air ambulance system because they do work very well. From what I hear they're doing a great job. But if you have to be determined . . . if it has to be a physician that determines you're in critical condition, if there's an accident out by Saint Front, Saskatchewan, there is no physician there. They're going to call an ambulance, which is a road ambulance, and they're going to take him down some of these horrible roads and get you to Saskatoon and then they'll tell them they're in critical condition.

Madam Minister, how can we . . . when you're looking at the whole ambulance issue in this province I do hope you're looking at the idea of ambulance costs being the same for everyone because it's supposed to be accessible to everyone.

Hon. Ms. Atkinson: — The road ambulance system has protocols and they often stop at the nearest hospital or health centre and there are determinations that are made whether or not a person is in critical care and the air ambulance is called. And those people that make that decision are physicians in the province of Saskatchewan.

Mr. Hart: — Thank you, Mr. Chair. To the Minister. Madam Minister, when your government embarked upon a new health care plan in the province, you closed a number of rural hospitals and you gave assurances to those residents of those communities that there would be continued health services in those communities. Does your government still stand behind those statements?

Hon. Ms. Atkinson: — We indicated at the time that health services available would be based on the health needs of the community and we stand by the original goals of health renewal in the province of Saskatchewan.

Mr. Hart: — Mr. Chair, to the Minister. Madam Minister, there is a fear in some communities where hospitals were closed that there may be a further reduction in health care services to those communities. One of those communities is the community of Cupar.

The Boyd report indicated that the Regina Health District should have a look at the services provided in that community. Is your department . . . are you prepared to assure the residents of Cupar that there will be medical services available in that community for well into the future?

Hon. Ms. Atkinson: — Obviously health services are dependent upon citizens living in those communities and the kinds of needs that those citizens have in their communities. Health services also depend upon the availability of personnel that can provide those services. And so what I could say to the people of Cupar is that the Government of Saskatchewan is committed to a publicly funded, publicly administered health system that is sustainable into the future. And what's interesting . . . And I had a very good discussion today with a group of people that were in from a rural community, and we talked about the pressures in the health system and the pressures that they hear about on coffee row.

And let me give you an example. Every day on coffee row, and I bet if you go to coffee row you will hear this, there is a continued discussion about Saskatchewan's tax system and how people would like to see their taxes further reduced. And every day in the legislature we hear calls from members of this Legislative Assembly for Saskatchewan to have a competitive tax system with Alberta. I think your members may have asked for that in the past. Every day in this legislature, we hear about pressures in our transportation system and we need to have highways to get people to and from their places of business or their homes to their services. And then every day in the legislature we hear about the need for additional funding for our health system.

An Hon. Member: — Cupar's closing? Cupar's closing.

Hon. Ms. Atkinson: — I'll just say this. The member asks if Cupar's closing. It's very easy to sit there and ask if Cupar is closing at the same time that you make demands for a competitive tax system with our Alberta neighbours. Every day you talk about more money for health care, every day you talk about more money for highways, and more money for education. And it's very easy to ask for tax cuts and more money.

The question is, how do you do that? How do you do that . . . (inaudible interjection) . . . You can babble from your seats. But every day that's what you ask.

And so all I'm saying is we're going to provide services to the people of this province based upon their health needs and based upon the capacity of the system to deliver those health services in those communities, based on a sustainable tax system, and based upon program spending that doesn't get us back to the dirty old days of the Tories that we all went through in the 1980s.

Mr. Hart: — Mr. Chair, to the minister, I can assure the minister

that there are people living in Cupar and they do require health care services. And the minister will know from your own polling that health care rates very highly among the concerns of citizens of the province. And, Madam Minister, and they feel that that's a very high priority in their lives, and they feel that services should be . . . accessibility should be given to people no matter where they live in the province. And that's an issue that we're dealing with here, Madam Minister.

Now the citizens of these areas that had their hospitals closed and agreed to have a lesser level of service in their communities went along with these closures because there was some assurances given that there would be at least a minimal amount of health care service in the community, particularly when a community has a long-term care home which requires physician services, Madam Minister.

Are you prepared to . . . I guess the fear of citizens in those communities such as Cupar is that if physician services are lost, the next step will be the closure of the long-term care home.

Can you assure the citizens in communities such as Cupar and other communities across the province that that won't be the first step in the complete loss of health care services in the community?

Hon. Ms. Atkinson: — Just for the information of the member, in the province of Saskatchewan we have 41 health centres that are attached to special care homes. And in those health centres we have emergency care, clinical community-based services such as mental health, addictions, health promotion, observation, assessment, convalescence, and respite.

We also have 14 stand-alone health centres that provide clinical care, mental health services, addiction services, and health promotion services. We also have 10 health and social centres where we have itinerant clinical services that are provided along with mental health and addiction services. Then we have six northern nursing stations that provide emergency assessment and triage, as well as clinical care and health promotion. And then we have three community health action centres which provide mental health services, addiction services, and other human services.

And for the information of the member, in 1993, or prior to 1993, there were 11 health and social centres in the province of Saskatchewan which provided physician services on an itinerant basis, as well as other health and social programs. And these health and social centres usually provided services on a less than five days per week basis. In 1993 there were 51 facilities in the province that were converted, so that was between 1993 and 1996. They were converted to health centres . . . not 52, 51, because Loon Lake was identified as a conversion and it never occurred. And yet I always hear people talk about the 52 hospitals; there was only 51 in the province of Saskatchewan.

There have been four additional hospital conversions since that time by the health districts, and they made the decisions based on a number of factors. But what I can say is that the factors could have included availability of physician services and 24-hour, long-term-care nursing coverage, and so on. And those hospitals were in Kinistino, Rose Valley, Cudworth, and Wilkie.

So that's the information I can tell the member opposite, that we have a number of health centres in the province of Saskatchewan and they provide a number of health services, but the health services do vary depending upon the health centre.

Mr. Hart: — Mr. Chair, Madam Minister, it'd be interesting to see what the numbers are after the health budgets are approved later on this year.

I wonder, Madam Minister, in the areas where health care facilities are closed, what is your department's policy regarding disposal of the facilities that are no longer required?

Hon. Ms. Atkinson: — This happened when, for instance, there's been a hospital or a health centre added on to long-term care and the hospital is left and it becomes a vacant building. There have been discussions in the communities and communities have made recommendations on what should happen to the facilities. And they can become community facilities or they can be sold. It really is dependent upon the work that's done between the community and the health district.

Mr. Hart: — Mr. Chair, to the Minister. I would like to just deal with another area of my constituency that would be centred the area of Wynyard. As the minister will know, there is a new facility being added to the hospital, a long-term care home. Also the Living Sky district was rumoured to be considering perhaps closing that hospital two or three years down the road and that sort of thing.

I wonder, could the minister give some assurances to the residents of Wynyard as to the viability of their hospital?

Hon. Ms. Atkinson: — I can assure the member opposite that as long as I'm the Health minister there will be one hospital on the highway between Yorkton and Saskatoon.

An Hon. Member: — How long is that going to be?

Hon. Ms. Atkinson: — And it could be a long time. There are not many people that want this job. So I can assure the member of that.

(2100)

Mr. Hart: — Mr. Chair, I wonder if the minister would care to pinpoint where that hospital will be located on Highway 16? Will that be in Wynyard or Lanigan or . . .

Hon. Ms. Atkinson: — There is a very large capital project that's going on in the town of Wynyard. As you know, I think it's a 51-bed nursing home that's being added on to the hospital. And Wynyard is a very, as you know, it's a large community. It's situated along the No. 16 Highway between Yorkton and Saskatoon. And it seems to me that we would always want to see some form of health service along that highway particularly for people who are going down that highway because there are accidents. As you also know, there are . . . it is located in an area that has quite a large population.

Mr. McMorris: — Thank you, Mr. Chair. To the Minister, I think, especially from our side of the House, we're hearing concerns all over the province in rural communities that have

hospitals of possible hospital closures and that's no secret to you. We bring them to you all the time. I've got a community, actually I'm quite fortunate in the constituency that I represent, Indian Head-Milestone, that there's really a couple of hospitals that remain open. People in my constituency feel that you've . . . that the government's already closed their hospital, and that was called the Plains hospital. That represented . . . that covered a large majority of the people in my constituency.

The hospitals that remain open though, I'm getting lots of phone calls from the people in that area, and one of the real concerns, and I think we had approached your department regarding that, but what are the minimum standards that a hospital has to meet to remain a hospital? People in the community that I'm dealing with . . . is there sort of a checklist, I guess, is what I'm asking for.

People in my constituency have a concern with their hospital. The people in that town may not just necessarily 100 per cent trust the health district, and they don't know if their hospital is being let . . . be run down perhaps a little bit. I have an example of a X-ray machine that is out of date, and the community is thinking about whether they should go together and purchase a X-ray machine to put into their hospital so they meet whatever is the minimum standard.

I think probably the biggest thing that the people in this community are feeling is that they're trying to fight against something that they can't see. They're trying to defend against something they can't see. They don't know what has to be in or what will warrant closing a hospital out of the blue which they have had absolutely no choice of, no chance of defending.

So is there some sort of a checklist, I guess, to start with, that hospitals have to meet?

Hon. Ms. Atkinson: — In order for a facility to be a hospital obviously there has to be . . . you have to be able to have The Hospital Standards Act covered. You need to have 24-hour nurse coverage. You need to have 24-hour physician coverage.

What I can tell you as well is that it is very helpful if you do have acute care patients in your hospital because we do know that there are several times in the province when there are acute care facilities where there is not an acute care patient in that hospital. So it's helpful to have acute care patients in those hospitals.

Mr. McMorris: — The acute care patients . . . and I realize that. I think people in the Wood River constituency have talked quite loudly today on the coalition and what they think of health care and roads and everything else, but that's a whole other issue.

The acute care beds, now is there a minimum, an average, they have to have per night? You know I've heard different situations. Well they have to have 12 acute care positions on average. But then when they keep dropping their acute care beds, they can never go hardly above that, but they can drop below, and then they can't stay to average. I mean it's how they play the numbers.

So how does the, you know . . . I guess what I would like to get from you then is you say you've got to have acute care; I would

like a checklist that I can go back to the communities and say, yes, we meet all these standards; now what are the reasons for closing the hospital?

Hon. Ms. Atkinson: — We'll get the little checklist to you. But one of the things that is important for a hospital to stay in service, you need to have people who are in the hospital. And there are many circumstances where health districts are providing 24-hour nursing coverage, and there may not be an acute care patient in that hospital. And that is obviously a concern.

In order for a hospital to remain a hospital, you need to have patients who are acute care in nature in those hospital facilities.

Mr. McMorris: — Mr. Chair, to the minister then, so does there have to be an average of how many acute care stays over a year? Or what is that?

Hon. Ms. Atkinson: — It helps if it's more than zero. You need more than an average daily census of one in order to maintain 24-hour nursing coverage, and that's part of the difficulty.

I mean I think you're a business person, or you've said you're a business person. You wouldn't have staff covering your business if you had no customers coming through your door on a 24-hour basis. And that's some of the dilemma.

Do you spend \$1.2 million a year to have 24-hour nursing coverage, have all of the people in the building when you don't have enough acute care patients in that facility. And when you're covering that facility 24 hours a day when you may not have an acute patient for two or three or four or five days.

Mr. McMorris: — Mr. Chair, to the Minister. I'm quite aware that if there are no patients in the hospital then what is the point of having the hospital open. That's not the point.

The point was, is what is the census that needs to keep . . . you need to have in a hospital to keep it open. And it's not a little checklist to communities like Indian Head that are going to fight to keep their hospital open.

Hon. Ms. Atkinson: — I said I would provide you with the checklist. We'll get that for you. I don't know why you're getting so upset. I will get that information for you. I was just trying to explain that in order to have a 24-hour acute care facility you need to have enough patients in that facility.

Mr. McMorris: — I've understood that, and I agree totally. My question was . . . and when you — and you can check in Hansard — when you call it a little checklist, when you have people fighting to keep their hospital open — to them it's not a little checklist. Okay? So if I get a little raised up in voice that's the reason.

As far as the acute care census, you never did answer the question. What is the census in the hospital to keep it open in a community? What is the number?

Hon. Ms. Atkinson: — Deciding how and where we provide services is not just a matter of looking at the average daily census

or any other single measure. Services need to be available within a reasonable distance, and there needs to be emergency response services available as well. And this is really part of the larger discussion that the Fyke commission will undertake. And part of that discussion is a service delivery model — whether we locate services, how do we provide those services and so on. And that is one of the mandates of the Fyke commission.

Mr. McMorris: — Mr. Chair, I never heard any numbers as far as what the census is in a hospital over a year per night at all. And that was the question I had asked.

So I guess the whole point is people are fighting mad to keep their facilities and they've got to the point . . . And I know the people that I've talked to have got money that they would like to put into their hospital; they'd like to put it in to keep it up to standard or get past standard once they find out what the standards all exactly are. But they're sure not going to do it and then turn around and have it, three months later, closed.

And that's exactly what people are fighting against in the province right now is that they're sick and tired of the words that are said: well we're not going to close hospitals. No. That's not washing it because they're going to cut them down to health centres and health centres are cut to absolutely nothing.

And the people are looking for answers. They want to fight to keep what they've got in their constituency. And then when we get answers like what I've heard from the opposition . . . or from the government side.

That's exactly why people get fighting mad over it. I haven't heard the number for a census. I'd like to hear a number for a census so that I can go back to my community and say here's what you need to have in a hospital and here's the hospital stays that you need to have so that they know what they're fighting against, so that they got a chance to keep their hospital open. And then when the health district comes across and says it's closing, they can go against them. But right now they don't know who they're fighting against right now.

Hon. Ms. Atkinson: — Thank you very much, Mr. Chair. What I do note with much interest is the words of the Health critic, where he indicated that he could not guarantee all hospitals would stay open in the province of Saskatchewan if the Sask Party became the government in this province.

Secondly, I remember the words of the Leader of the Opposition who indicated that Saskatchewan had too many hospitals in the early 1990s. He said that in *Hansard*, in the House of Commons. And he too has said in this province that we need to take a look at health services. And we have said that we are not going to close any hospitals in this province while the review is going on.

Now the member can grandstand, and he really is a grandstander for his constituents, and I understand that. That is what he sees his role as. But what I will say to the member is that he also comes from a political party that day in and day out advocates tax cuts in the province; let's be like Alberta. In fact we call it Alberta unity that comes from that side of the House.

So they want tax cuts, they want increased spending on health

care, they want increased spending on highways. And I just say to the member, we are not interested in going back to the days of the 1980s when we had the Conservative Party in this province and they put this province into bankruptcy. And we're not interested in going there.

And when the people of Saskatchewan have an opportunity to truly understand the motivations of the members opposite, then they will decide whether they want that member to represent their interests on this side of the floor or whether they want an NDP (New Democratic Party) government to represent their interests on this side of the floor.

And there will be an election. And I know he's excited; they won the by-election in Wood River. And there certainly is a message for the government but this is a government that will learn the lessons of that by-election. And we will see those members in three years in a general election, and we will see who is truly going to represent the members of the . . . people of Saskatchewan.

Some Hon. Members: Hear, hear!

Ms. Julé: — Thank you, Mr. Chair, and good evening, Madam Minister, and good evening to your officials.

Madam Minister, I'd just like to take up where my colleague has left off. And as far as average daily censuses and the determination of what a facility will be in a given community, I'm going to ask you first, Madam Minister, is your government following the recommendations from the Murray report? When that report came through I believe it was called *Future Directions for Health Care*.

If you are following that report there is a very clear definition of different kinds of hospitals in different centres, and one of the criteria that's in that report is that in order to qualify as a specific kind of hospital, such as a base hospital, your average daily census must be at a certain level. In order for you to be qualifying as a community A or a community B hospital, your average daily census would have to be at a lower level than that. And so that would mean that different services are provided in different centres.

So according to that report, if you are following the recommendations of that report, Madam Minister, I would ask you to notify the Assembly here today what a base hospital is and what the average daily census of a base hospital is?

I'd ask you also to notify us here today of what a community A hospital is and a community B? And what the average daily census is in order to have that kind of a facility operate in your community?

Hon. Ms. Atkinson: — We have not adopted that particular recommendation of the Murray commission. What I can tell the member is we have a population-needs-based funding and we do not differentiate between populations.

Ms. Julé: — Thank you, Madam Minister. Madam Minister, I'm really quite surprised to hear that you are . . . say that you are not following the recommendations of the Murray commission in the *Future Directions for Health Care* because it

seemed to me that quite a few professionals and so on were looking to that report as a direction for your government.

(2115)

And I'd like to know what it is that you are following then, and maybe the very fact that you're not following those recommendations — or any other recommendations — explains the reason why health is in such a chaos in this province right now.

Madam Minister, I would like to ask you a few questions about SHIN (Saskatchewan Health Information Network). I'd like to know how much was spent to set up the corporation?

Hon. Ms. Atkinson: — I think the member did make some comments. I do want to say this, that I was a member of the legislature when the Murray commission was undertaken, and in fact Dr. Murray is a constituent of mine. And I've spoken to him about the *Future Directions for Health Care* in the province of Saskatchewan.

What I can tell the member is that there are several recommendations from the Murray commission that have been followed by the government, but I did say I was commenting specifically on his definitions of hospitals and how they were to be funded.

I said that we did not follow those specific recommendations and our funding formula for health districts in the province of Saskatchewan is based upon the needs of the population. It's a population-needs-based funding formula which is adjusted for such things as the age and gender of the population, the health status of the population, the demographics of the population, and if there are First Nations in the population that have higher health needs.

So there will be some regions of the province, based on the population that they have within their health region, which would mean that that health district will get more funding than in other regions of the province.

An example might be in the far west part of Saskatchewan. It's a very young population. They don't have as many senior citizens as other areas of the province, and they don't have as many aboriginal people as other areas of the province. They would have a smaller per capita funding than other parts of Saskatchewan where they have an older population that use a number of health services or an Aboriginal population that use a number of health services.

So what I'm trying to say to the member is that we have gone to a population-based formula which also considers a person's health status and health needs.

Ms. Julé: — Thank you, Madam Minister. Mr. Chair, to the minister. I think that health districts and their boards have put to you a number of times that they wish in fact that your government would consider the unique needs of each district. They have been asking for that and they tell me that they haven't had much response from your government as far as setting up health districts according to the needs in that health district.

Madam Minister, I recognize that you're leaving the room, so that I will I guess issue my questions to the associate minister.

How much, Madam Minister, was spent to set up the SHIN corporation?

Hon. Ms. Junor: — We had a fairly detailed discussion on SHIN with the member from Melfort-Tisdale and shared a great amount of detail with him, that he has.

The original cost of SHIN, what was put towards the SHIN network, the establishment of that was 40 million. To date they've only spent I believe 32 million. And that includes all the projects, all the infrastructure, all the base buildup of the system that we have now, including all the connections that have been made for different programs. But we do have that detailed information and I can give it to you also.

Ms. Julé: — Thank you, Madam Minister. Madam Minister, why was SHIN set up as a Crown corporation rather than an arm of Saskatchewan Health?

Hon. Ms. Junor: — I think everyone knows that I was on the original board of SHIN, and it was set up basically because the health network was going to service the whole health system which included health districts. Many of the provider groups and the board itself was representative of many of those provider groups, and we wanted to have a board so that we would have input into the governance of the health information network as it got going and as it was running.

Ms. Julé: — Thank you, Madam Minister. Madam Minister, are there any — SAIC (Science Applications International Corporation) is involved as far as I understand — are there any similar projects in Canada that SAIC has successfully implemented within Canada?

Hon. Ms. Junor: — I think your question was does SAIC have any other interests in Canada. I don't know their other business interests in Canada.

Ms. Julé: — Thank you. Madam Minister, Harvey McLane has been appointed as advisor to the Minister of Health. SAIC is an American-based company and they have been involved in setting up systems for two-tiered health in the United States. Harvey McLane supports two-tiered health also.

So, Madam Minister, is this not a concern of yours that this all adds up to the promotion of a two-tiered health system? It is a concern of most residents of Saskatchewan.

Hon. Ms. Junor: — Thank you very much. SAIC has done work in the United States with the Department of Defense, which has nothing to do with health. They also have done some work with HMOs (Health Maintenance Organization).

But what we're talking about is an information system which cuts across the whole health system. And we need that technology to move information, to integrate the system, to make the system more efficient. And the information systems in health are quite a ways behind other sectors in the world. Health has come late to the information technology. We're very pleased to have information technology come into Health now,

and certainly see it as something that is nothing to do with privatization. The SAIC provider, or partner, has done many other information systems including the Department of Defense in the United States.

Ms. Julé: — Thank you, Madam Minister. Mr. Chair, to the minister. Madam Minister, speaking of the relevance of SAIC with information technology, I'd like to ask you about the relevance of Con Hnatiuk. He has been set up as the Canadian director of SAIC. Does he have any background in this field of information technology?

Hon. Ms. Junor: — It's not our position to determine who SAIC hires.

Ms. Julé: — Thank you, Madam Minister. Madam Minister, what is Mr. Hnatiuk's role with SHIN?

Hon. Ms. Junor: — Our contract for SHIN, our partner is SAIC. Who they hire to do what is not our concern. We deal with the company.

Ms. Julé: — Well thank you, Madam Minister, but I would think that it would be, I guess, incumbent upon you to look into the roles of people that you have that are representing setting up any kind an information technology or anything else that is connected to your department. I would want to make sure, I think, that the most competent people are in place so that money is not wasted.

Madam Minister, I'd like to ask you how much of the 40 million that is going to SAIC eventually is staying in Saskatchewan or Canada. How much of the \$40 million is awarded to Saskatchewan or Canadian people through contracts?

Hon. Ms. Junor: — I will copy the information we gave to the member for Melfort-Tisdale and give the same to you, if that's what you'd like. Because we have quite a bit of detail on the individual costs of the different statements of work and what actually has been accomplished by SHIN and we have that broken down into different categories with different costs attached. We gave that to the member already but we'll give you a copy as well.

Ms. Julé: — Thank you, Mr. Chair. Madam Minister, will you be including in that statement some information regarding whether they're a Canadian- or Saskatchewan-based company . . .

The Chair: — Order, order. Order. Order. I recognize the Deputy Premier on a point of order.

Hon. Mr. Lingenfelter: — Mr. Speaker, I understand that in the by-election tonight in Wood River the Sask Party had a very big victory. So if the people on the other side want to gloat a little bit I think we all have to allow a little bit of flexibility here tonight.

Some Hon. Members: Hear, hear!

The Chair: — As the Deputy Premier knows that's not a point of order and it's not well taken, however the universe will

unfold as it is supposed to.

I do ask committee members to allow this Health estimates to continue and there will be some conversations go on but I ask that you keep the noise down so that these estimates can continue.

To the hon. member for Humboldt, I cut you off middle of what you were asking so I'd ask you to repeat the question so the minister can hear it.

Ms. Julé: — Thank you, Mr. Chair, and Madam Minister. Madam Minister, in the statements that you will provide to the member from Melfort and myself, I would ask you to also provide information regarding how many . . . not only how many contracts have been awarded to Canadian- and Saskatchewan-based companies, but who those companies were and what portion of the \$40 million in fact will they be receiving as part of their contract? And if you could identify those companies or individuals I would appreciate it very much. Thank you.

Madam Minister, I would like to refer this next question to the Minister of Health because it's somewhat of a supplementary question to the member rather from Weyburn-Big Muddy, a question that she had posed to you earlier this evening.

And it's in regards to whether prescription drugs are being supplied in hospital and when they are not being supplied. Madam Minister, I have heard also that for instance seniors that are in hospital are allowed and are having prescription drugs administered to them free of charge, which seems to make sense. And that is the way it has been forever and a day.

However I have also had seniors speak to me of the fact that they are being released from hospital much earlier than they used to and, if they go back into a nursing home where they came from in the first place, they are having problems having those same prescription drugs paid for.

Now a nursing home is a health facility as well as a home . . . (inaudible interjection) . . . It's not a health facility? Okay, I mean is there the same consideration given as far as granting prescription drugs free of charge to patients that are returned to a nursing home, especially when they consider it prematurely from a hospital, and are they then able to access prescription drugs free of charge once they are back in the nursing home?

Hon. Ms. Atkinson: — First of all, to the member, we have not had drugs available in hospitals free of charge forever and a day. That became available in this province in 1962 when the CCF (Co-operative Commonwealth Federation) government brought in health insurance to the province. So that's point number one.

Point number two, the member will know that our public insurance system covers hospitals, doctors, and nurses . . . (inaudible interjection) . . . If the member has something to say, maybe she should get on her feet and say it.

Ms. Julé: — Thank you, Mr. Chair. Madam Minister . . .

(2130)

The Chair: — Order. Members . . . Order, order. Now I'm simply going to ask that the Health estimates be allowed to continue. The Minister of Health had the floor and give the Minister of Health the opportunity to complete her answer. And I ask for the co-operation of all members in allowing these estimates to continue.

Hon. Ms. Atkinson: — Mr. Speaker, what I can say to the member is that in the province of Saskatchewan, as in the country of Canada, under the Canada Health Act, certain things are covered by our public insurance system. Hospitals, nurses, and physician services are covered by what's called universal medicare, since the introduction of medicare in this province in 1962 and into Canada in 1968.

When the people talk about '62, it is an important year because that's when the citizens of this province decided that never again were people going to be bankrupted because they did not have money to pay for their doctor bills. Now I know that that's not important history for them, but it is important on this side of the House because that is the history that people out of this political party on this side of the House, that's our history. That is our collective history and that is the history of people who do believe in universal medicare, and I know that these people over there don't.

What I will say to the member is that nursing homes are not part of the Canada Health Act. They are partially subsidized by the citizens of this province. And in fact we pay about 70 per cent of the cost of nursing home care in the province, and the other portion of the cost is paid by individual resident fees based on income, Mr. Chair. And when you are a resident in a nursing home, you may have to pay for some of your prescription drugs depending upon your income because we have an income-based drug plan in this province that is based upon your ability to pay.

So what I will say to the member is if you are in a hospital — and this happens all across Canada — your prescriptions that are prescribed by physicians are paid for. And when you return to your place of residence, you then either through a co-payment or through the insurance plan that is available to you, you pay for your prescription drugs.

Ms. Julé: — Mr. Chair, Madam Minister, so from what you said I take it then that nursing homes are not considered a health facility. They have nurses in them, they have nurses' aides in them, they have doctors coming and going from them, but they're not considered a health facility. They're not a health facility. Not a hospital.

Part of the problem here, Madam Minister, is . . . opposition members as well as people throughout the province trying to deal with this decrepit health system to be able to understand what the definition is of different facilities.

Madam Minister, I have a letter . . . (inaudible interjection) . . . Well it certainly is. The way people in this province are describing it to us it is a state of disrepair and is in really, really horrible shape. Now, Madam Minister, if in fact what your statement . . . the statement you've made is true, and I take it that what you're doing is . . . you're saying that nursing homes are basically homes. They're a facility where people can pay rent . . . can pay a fee to be there, and so they're more of a home

for them to stay in than they are a health facility. Is that what you're saying?

Hon. Ms. Atkinson: — I just said to the member that 70 per cent of the cost of nursing home care in the province of Saskatchewan is paid for through our tax system, through our tax system. Nursing homes are not hospitals. They are not health centres. They are nursing homes.

Under the Canada Health Act . . . there are five principles of the Canada Health Act and our universal medicare system covers the cost of hospital care, covers the cost of physician care, and covers the cost of nursing care — in hospitals.

And since the introduction of universal health care in this country, there have been other services that have been added to our health system through a co-pay. And one of those services is long-term care facilities. But long-term care facilities vary all across the country. We do not have a universal standard all across the country in terms of what is paid for through the public system and what is paid for by individuals. And in fact in the Maritime provinces, people can pay up to \$3,000, \$3,500 a month for those services.

What the member doesn't understand is the nature of our health system in Canada. And what I'm saying to you is that historically nursing homes are not covered by the Canada Health Act, but provinces have added huge subsidies to those long-term care facilities. And in the case of Saskatchewan, we subsidize long-term care facilities at 70 per cent of the cost of those facilities, and the individual in the nursing home, based on their income, provides the other 30 per cent. And what that means, what that means is it is their home, but they also have some personal care and nursing care services available to them.

Ms. Julé: — Madam Minister, I have a letter here from a constituent who is really quite upset that their father, staying in a nursing home, has had to face the nursing home increase for the rate of staying there by 50 per cent. And I'd like to read you the letter because you should know that there are many, many people throughout the province who are very upset about this. And I would like you to listen to this letter; it's not that long, and then I'd like you to respond to it.

It is with a mix of outrage and fear that we respond to your decision to increase the fees for our father's stay in a nursing home by 50 %. The question one would ask is how is it reasonable or fair to raise the housing rate of a frail and ailing senior by this exorbitant amount?

This decision will cause significant hardship for our 81 year old mother who is on the family farm and wishing to remain independent there. She has numerous expenses that are incurred in the upkeep of her property.

Madam Minister, she goes on to say:

This is an unacceptable affront of the sick, the weak and the infirm who have not the strength or capacity to make their voice heard strongly above others. What other group in society would tolerate a 50% increase in rent in one year? We would suggest to you that it is our opinion that it is grossly unfair to be treating seniors, our pioneers, in this

fashion.

It is our request that this intolerable decision be rescinded immediately.

Now, Madam Minister, this constituent points out that the increase in the rate for staying at that nursing home is like a rent. And from what you have said just previous to my comments, it sounds as though yes it is a sort of a rental rate that they're paying and it seems to me also, and I know in fact, that it is your government that has increased these rental rates.

So how would you respond to this person that has written this letter?

Hon. Ms. Junor: — First of all I'd like to say that the resident fees right now are based on '98-99 income. The resident fees that will be calculated as of October 1 will be based on '99-2000 income which nobody has got those calculations yet in individual districts. So residents who are assuming that their fees will increase X number of dollars don't have that official announcement as of now. Those are still being calculated.

And when we're talking about long-term care, I was particularly talking just a while ago about the concept of involuntary separation where a couple who has one person in the nursing home and one person not, has now a different formula that they can use to calculate their resident fees, and whichever way works more to their advantage is what they can do.

And as I said also, 20 per cent of residents in long-term care will only be affected by this in varying degrees of \$1 to \$464. So if you have a specific letter, a specific incident that you want us to deal with, you can certainly pass it on to my office.

But in general terms, the fees will not be calculated until October 1 because we'll be using '99-2000 incomes.

Ms. Julé: — Mr. Chair, Madam Minister, in respect of your comments just a moment ago about involuntary separation, I have had constituents come to me — seniors — who have indicated to me that your department has suggested this to them. And their comments to me have been how very sad that we have to go through involuntary separation.

That is exactly what they were told by people referring this advice and idea to them. That I understand what you're saying here today is involuntary separation may mean that they can separate their incomes and so on, and so that way it will be more financially beneficial to them. But I would suggest then that the people from your department that give them this advice clarify with them that they don't have to go through a separation. To many older people, to many seniors, those people are receiving that information as though they have to actually have a separation, and it really does incense them.

Madam Minister, I have another constituent who is wondering about why there is no day program for rehabilitation services that they can access from Saskatoon City Hospital or anywhere else in Saskatoon. I'd talked with you some time ago, Madam Minister, about a gentleman named Rudolph Bettker from Aberdeen. Now Mr. Bettker had a stroke and he was, after the stroke he spent four weeks at Royal University Hospital and

from there they moved him to Saskatoon City Hospital where he spent an additional two weeks. And then it was recommended to the family that they put him into a long-term care facility, but the family took him home.

Now the Bettkers need or would like to see rehabilitation for Rudolph which he does need after a stroke, naturally. Saskatoon City Hospital will not accept Mr. Bettker because two people are required to work with him. Mr. Bettker was reluctantly referred by his doctor to Parkridge Centre in Saskatoon for rehab. He has to spend from Monday to Friday at the Parkridge Centre to get that rehab at his own expense. If he were still in City Hospital or could get the rehab through City Hospital, it would seem to me that he could do that as a day patient, and his family could take him home for the evenings. Aberdeen is not that far from Saskatoon.

So first of all he would be, I think, recovering a lot quicker if he could be with his family more. The only place that they can refer him to is to the Parkridge Centre for rehab services. And further to that, Madam Minister, he wants to be able to at this point get further and more rehab because he has progressed a little bit over the past year and he needs more rehabilitation. However, at Parkridge Centre they seem to be granting a more extensive rehab to people over the age of 65, so they tell him. They get more rehabilitation than patients do that are under 65 years of age.

So Madam Minister, I would ask you to just reply as, why does Mr. Bettker have to pay for his stay at Parkridge when in fact your Department of Health does not have provisions for rehab for him at the Saskatoon City Hospital?

Hon. Ms. Junor: — Before we get to the question about the day rehab, I want to go back to involuntary separation and clarify that that is not a legal term and it has no legal implications. It is a term used for calculation only of resident fees.

And to the day rehab question, we will get the information to you in a letter.

Ms. Julé: — Thank you, Madam Minister. I have one more question, and this question I would like to frame as a question that pertains to your statements many times that there is no intent on the part of your government nor are there any undertakings by your government or in this province to have privatized health care.

Now, Madam Minister, in the Saskatoon City Hospital, there's a rehab clinic called kinetics. Could you tell me if kinetics is non-profit clinic, non-profit clinic or is it a for-profit clinic?

Hon. Ms. Junor: — We'll check it and make sure, but we believe it's SGI's floor. But we'll check and make sure.

Ms. Julé: — Well, Madam Minister, I don't know whether it's SGI's or not. I don't believe it is. All right.

I also understand that on the Alberta side of Lloydminster — Lloydminster, the Alberta side — this same sort of clinic is being set up by the Saskatoon Health District and the Saskatoon Health District is running that as a for-profit clinic, and that

for-profit clinic is funnelling its money back into the Saskatoon Health District to try to get finances here to run.

Now, Madam Minister, would you comment on that?

Hon. Ms. Atkinson: — We'll get that information for her.

What I will say to the member is that . . . And I think that most people in the province of Saskatchewan do not find our health system to be a joke or a farce.

Now I know that the members over there promote that regularly. And in fact — and I just want to say this — in fact there's been numerous documents written about people who are opposed to the publicly funded health system in this country. What they're trying to do is systematically discredit it.

And what I would want to know from the member opposite, do you believe in a publicly funded and a publicly administered health system? Do you believe in the five principles of the Canada Health Act? Or do you believe in a two-tiered system . . . private system? Because I know that your candidate, Mr. Huyghebaert, who was elected tonight in Wood River, he believes in private health care . . . (inaudible interjection) . . . And the member from Indian Head said . . . And they applaud, they applaud. So I guess they are in favour of private health care in the province of Saskatchewan. Well I will want to run in the next election on a platform that puts this party on the side of publicly funded, publicly administered health care and that side on the part of private health care.

I do know that many of those members are supporting Stockwell Day, the new leader, the potential new leader of the Canadian Alliance, and I can hardly wait till the next federal election to see what happens. Are Canadians going to support political parties that believe in a publicly funded health system or are they going to support a political party that believes in a US style of health care in this country?

(2145)

So it's going to be an interesting federal campaign. We'll see what happens. And it's going to be a very interesting provincial campaign, because every time the member from Weyburn stands up, every time she stands up and she tells us how she believes in the private health system, I report that to my constituents. Because I want them to know exactly where you people stand on Saskatchewan's health system and I will say to the members opposite, I will say to the members opposite that they are systematically running around the province trying to discredit our system. And that's what happened prior to 1962.

And I'm looking forward to the next election campaign when we will decide . . . Saskatchewan people will have a clear decision to make: do they want the privatizers which we had in the 1980s — and we know where that got us, \$15 billion in debt — or do they want a political party that believes in a publicly funded and publicly administered health system? And I will make this bet, that the people of this province will stand for public health care any day of the week. And we'll have that opportunity in three years.

Ms. Julé: — Madam Minister, it is your very government that

has diminished services in this province to such a low point that there is absolutely almost no other option. Don't talk to us about accessibility; don't talk to us about your government providing accessibility. Because you know very well, Madam Minister, that many patients in this province, especially in rural Saskatchewan, are having a great deal of difficulty accessing all kinds of health services, accessing doctors. We know that there's problems getting just decent health care because we don't have the personnel and staff in place to provide those services.

So you can spout your rhetoric all you want, Madam Minister, about your government purporting for publicly funded health care, but if you're not providing the services . . . (inaudible interjection) . . . You are not and you know that you are not. That is very, very clear.

And let me give you one example here, Madam Minister. I have a constituent of mine who came to me a couple of days ago. Madam Minister, her son has a heart problem, a congenital heart problem. He is 12-years-old. He has been seeing a pediatric cardiologist annually for the last years. He sees Dr. Tyrell who is well on in age now. The last check-up Dr. Tyrell said this is not good; his condition is worsening because his body is growing faster than the valve in his heart.

Now, Madam Minister, that was the extent of the consultation. These parents left the specialist's office in shock, and they had trouble getting a hold of him again because he is so busy; he is so backed up. He has a waiting list of three to four months for young people needing to see him. Patients, young children that are in very, very dire consequences, they have conditions, heart conditions, and they need to see a doctor.

Now, Madam Minister, we have one pediatric cardiologist in this province. In Alberta, if you want to talk about that system, they have in Edmonton alone, they've got six pediatric cardiologists. In Calgary there are another three, and there are 18 in total in Calgary. At least those people have the services.

So what is this constituent of mine having to do? She's having to take her 12-year-old son to a pediatric cardiologist in Alberta. Is that accessibility in Saskatchewan, or is it . . . what is it? It's not accessibility; it's a shame. That's what it is. This person has to go out of province just to alleviate their fears, to get another reference from doctors there about how serious their son's condition is.

You have chased . . . your government has chased many, many specialists out of this province because of your tactics, because of your health care system. So, Madam Minister, is this accessibility? People, my constituents and others are . . . the members of the opposition have had many constituents coming to them, telling them the same thing.

Hon. Ms. Atkinson: — For the member opposite, what I do want to tell the member opposite is that we have more specialists today in the province of Saskatchewan than we've had in years. We have more physicians in the province of Saskatchewan than we've had in years. I found a very interesting editorial in the *Herbert*, Saskatchewan journal, dated May 24, 2000, and I'm going to read it all into the record.

Last month a study conducted by the Canadian Institute for Health Information rates Saskatchewan first or second among Canadian provinces in most surgical procedures. How can that be? As every person in Saskatchewan knows, our health system is falling apart, the worst in Canada. How can we explain this apparent contradiction of information? We know it can't be true. Our politicians have told us our health system is in shambles. And now the Tories tell us now that the NDP are in power that the system is in shambles. We have told ourselves that the health care system is poor. For the last 20 years we've proven to ourselves that our health care system is the worst in Canada.

We haven't stopped at the health care system. Our perception is that everything about our province is terrible. We have the worst of everything. Every other province is better, richer, smarter than we are. Just ask your neighbour or your friends in Alberta. Saskatchewan has an inferiority complex. We need a good psychologist. It is an attitude that's so persuasive that we are literally chasing our youth out of the province with nightmarish stories about how bad it is in Saskatchewan. Our kids graduate from high school or university and the first thing that they are told is, get out of Saskatchewan as soon as you can. It's become a vicious cycle. We've lost a generation of our smartest and our most energetic people to Alberta. Imagine what Regina and Saskatoon would look like if those people had stayed in Saskatchewan. Imagine the tax base. Calgary is Saskatchewan's biggest city. There are more people from Saskatchewan living in Calgary than there are in Saskatoon.

On every level Saskatchewan compares itself to Alberta. Politically, socially, and economically we compete with Alberta. None of the other provinces in this country do. All of the other provinces are just happy to be doing better than Newfoundland. And Newfoundland accepts its lot in life. But Saskatchewan looks to Alberta. And if we can't be as successful as Alberta then we might as well be doing worse than Newfoundland.

What makes matters worse is that we compare our perception of Alberta with our perception of ourselves. Then we compare apples and oranges. Finally, we use rumours and half-baked logic to convince ourselves that Alberta is the land of milk and honey and Saskatchewan is a dust bowl in the middle of the depression.

Saskatchewan is a great place to live in almost every economic and social category. We're in the middle of the pack when compared to other provinces. Our health system is better than we think; our taxes aren't as high as we think; and we're not Newfoundland. That describes those people every day of the week, every hour of the week, every second of the week. They have Alberta envy, and you know what? Yesterday when I was out and about people were telling me they are sick and tired of the opposition doing nothing but talking about Alberta.

These are Saskatchewan people. They're proud to be Saskatchewan people, they're proud of what this province has accomplished, and they don't want to listen to the people

opposite promote doom and gloom, Alberta, Alberta, Alberta. They want people to start talking about all the good things we have in Saskatchewan. And there's many things, many things, in this province to be thankful about but these people don't realize it.

Some Hon. Members: Hear, hear!

Ms. Julé: — Mr. Chair, Madam Minister. Madam Minister, I don't think the people of this province feel they should be listening to either that side or this side. The fact is the Saskatchewan Party has been listening to the people and that's why Wood River results are as they are tonight.

Some Hon. Members: Hear, hear!

Ms. Julé: — It is not for the people of Saskatchewan to listen to us, tell them what to do. It is for us, as their elected representatives, to listen to them. You have not been listening to them and that's why the results are as they are tonight in Wood River, and I think you would recognize that.

Some Hon. Members: Hear, hear!

Ms. Julé: — Madam Minister, Madam Minister, I just want to ask you a couple of questions pertaining to the proposed hospital that is to be coming up in Humboldt. Now as you well know the people of that area, the whole district, is anticipating a new hospital. However the health district has cut \$800,000 from their budget expenses in order to comply with your balanced budget requirement.

Now the balanced budget requirement seems to me to be a good requirement. However when you just ask that requirement in midstream, it must be very difficult for people to know what to cut, especially in view of the fact that they're anticipating having the same services in place in that hospital in Humboldt that they have had before.

We question what's going to be cut here? Is it going to be some of the services, some of the wards, some of the staff? What is going to be cut? And no one can know, Madam Minister, because you have not indicated whether or not you're approving of their budget.

Madam Minister, will you give your assurance to the health district who have spoken to you, as well as the people of that district on the health board. In speaking with you, rather, they have the indication and they certainly have the faith and belief that your government is going to supply them with the needed funds, not only for the hospital but also to maintain the level of services that they enjoy today.

Madam Minister, can you give them that assurance tonight?

Hon. Ms. Atkinson: — What I can tell them is that the redevelopment of the St. Elizabeth's Hospital project has been recommended for planning, that there is a . . . the proposed project includes a joint-use facility between the St. Elizabeth's Hospital and the Central Plains Health District, and the whole notion behind the integrated project is to improve coordination of health services in the Humboldt and surrounding area.

What I can tell you is that the local facility planning committee and my department are continuing to work on the planning for the project, and the project is a hospital. The district has contracted the health planning services with The Ellard Croft Design Group to ensure that the services planned for the new facility meets the current and future health needs of the people in the Central Plains Health District.

Ms. Julé: — Thank you, Mr. Chair. Madam Minister, I guess I want to know if the same level of services is going to be provided that exists right now. And, Madam Minister, if that is in fact going to be provided, does that mean that there may be funding cuts or a diminishment of services in other areas of the health district?

Hon. Ms. Atkinson: — What I can tell the member is that the facility planning group is working in co-operation with the department and that no decisions have been made. But it is a hospital.

I know that you have indicated to people that you had a leaked document and that the hospital wasn't going to be completed and that's not true. I mean there is going to be a new facility in the Humboldt area and that we're planning with the community. And health services will be available in a hospital in the Humboldt area, and the planning process hasn't been completed.

Ms. Julé: — Thank you, Madam Minister, and Mr. Chair. To the minister. Madam Minister, I gave no one the indication that I had a leaked document. I had a conversation with the RM (rural municipality) of Humboldt regarding my concerns and concerns of my constituents — concerns they brought to me about the possible downgrading of the services that they were now enjoying.

They had every reason I guess to question, and naturally they would question. The transition unit was closed at the hospital. If in fact a hospital is a hospital if it has so many daily census, so much of a daily census. And if it's not a hospital, if it doesn't have that, if transition unit beds have closed and other beds have closed, naturally people would be wondering what is going to happen as far as services that they're hoping are going to be provided. They're wondering about that. These were questions brought to me, concerns brought to me, and there was a discussion surrounding, you know, people's concerns that I have with the RM of Humboldt.

I think in fact that it was someone other than even the RM of Humboldt who brought up the remark that I had a leaked document and that there was confirmation of a downgrading. I never ever said that. There was nothing confirmed by myself. It was general conversation.

(2200)

So, Madam Minister, I would suggest you talk to your source of information from the Humboldt area and find out where he or she got those comments from because they certainly did not come from me.

But, Madam Minister, I thank you for giving me your answers tonight, and I thank your officials for their assistance. I've had a

great number of questions, I guess, to you over the last year or so and have issued a number of letters to your department for assistance. And where you provided assistance I thank you, and for where you couldn't I have just relayed that to my constituents that you would not or could not respond. So I thank you very much.

Hon. Ms. Atkinson: — For the member's information, the transition unit was a long-term care facility within the hospital. It was an acute care bed. Just for your information.

Mr. Toth: — Mr. Chairman, I've got a few questions before we report progress tonight. But in regards to health care and . . . a couple of things. Madam Minister, I attended a funeral this afternoon of a gentleman who a little over a year ago was in an emergency room in this city and actually spent two days in the hallway. And I had a call from the family and we did call the department at that time in regards to that.

But I also ran into a gentleman today as I was coming in in the hospital who did indicate that he was quite pleased with the service he received in the emergency care. However, he did mention as well he couldn't believe the number of people in the emergency ward, emergency room I should say, I guess.

And his question was, why are all those people there? And I think one of the problems that might be arising and certainly one of the hospitals is city core. That's one of the problems we do have over the years is the number of people who continue to refuse to see the clinics and I'm not sure what we do in addressing this concern. Certainly I've had people suggest maybe that's an area where you start looking at a fee, if people aren't there for strictly emergency.

So I'd like you to respond to that question, if it's been something you're addressing or how we are going to address that problem. As well, Madam Minister, there's another question I'd like to ask and get a quick response, and that's regarding hospital stay.

A lady had called me and she was put on a long waiting list, ended up on a very long waiting list as the result of a problem that arose from a surgery that didn't go right and suggested she see another doctor. I guess she was moved in fairly quickly, was quite pleased except for one problem. She was dismissed in two days. Two days later she ends up back in hospital for 10 days for post-op care. This is a concern that's being raised on a number of occasions of infections that are showing up.

And it would seem to me, Madam Minister, I'm wondering what kind of numbers are you getting and if we shouldn't start re-evaluating the amount of post-op care, if we shouldn't be giving that extra day or two, or even sending a patient to a local facility for two or three days post-op recovery and save ourselves a cost on the other end when they have to end up back for further hospital stay as a result of major infections.

Hon. Ms. Atkinson: — We do monitor readmissions, and there has been virtually no change in readmissions since the numbers of days that people are staying in hospital have declined as a result of new technologies and so forth.

What I will say to the member is that I'm interested that you're

... the person you were speaking to was able to get in faster. And I would say to anybody who's listening, that if they are on a ... they have been waiting for some time for their surgery, they need to check again with their physician because their health status may have changed.

And the other thing is that various specialists will have various lengths of time for waiting. And we're hoping to have a system similar to British Columbia in place in the future where people will know that their particular specialist, where they stand in terms of the wait, and where they would stand if they went to another specialist. Because oftentimes people might be with one particular specialist and that specialist may have a number of patients, and there are other specialists in the province that could provide that service and their waiting times might be lower or smaller.

So people really need to understand when they deal with their specialist, the length of time, and what the length of time might be if they were to be referred to a different specialist.

Mr. Toth: — Mr. Chair, thank you, Madam Minister. Again while I could go on at length on a couple of questions here, I'd like to ask about three questions in one. It's specifically regarding the Moosomin facility.

Now we have had funding for ... approved for a planning stage. And I was just chatting with a gentleman tonight wondering exactly where things are now that the planning stage, as I understand, is over, whether construction is going to be announced shortly.

A second thing, Madam Minister, is a request for a meeting with the town. The town have requested a meeting. I understand a letter was sent in October to which your response was write earlier in the spring because last fall wasn't appropriate or you didn't have time. And to date I don't — just from the call I had made tonight — there doesn't appear to have been any response to the call to meet with the community group. And so I'd like to know exactly where things stand with regards to the facility, and whether or not you are prepared or willing to meet with representatives from the town of Moosomin regarding health care in their area.

Hon. Ms. Atkinson: — As you know I have met with the town people before. So I have had a meeting with them. And there's no question that I said I would try and meet with them again and I just ... there are many other pressures in this job, but I will meet with them.

This project is moving along. It is now at the functional planning stage where they're actually planning for what functions will be located in the special care ... or in the facility. And my understanding is that the department is quite pleased with how the project has moved along and we're getting very close to finalizing the details.

Mr. Toth: — Just one quick question. Would you mind just responding to the town in regards to meeting with them or for the media please?

Hon. Ms. Atkinson: — Yes I will. I think ...

Mr. Brkich: — Madam Minister, my question just concerns the Central Butte Hospital and long care facility there. Is there plans this year to join the two?

Hon. Ms. Atkinson: — As the member will know, the Moose Jaw-Thunder Creek Health District, that is something that they have been proposing, that there would be an integrated facility of a health centre with long-term care. And we have not given approval to the health plans throughout the province.

Mr. Brkich: — Well, Madam Minister, it hasn't been approved yet? Okay. Have you been approached at the Manor — I believe that's what the long care facility is — that there has been water quality problems there. Have you taken that into consideration, when you're going to improve the plan? I know there's some people there that would like to see the Manor attached to the hospital rather than the hospital attached to the Manor.

Hon. Ms. Atkinson: — I have met with a delegation of people from Central Butte, as I have met with delegations from all across the province when they're talking about health facilities. And I can tell you that I am aware of the town's concern and the area's concern about the water problem at the Manor. And they believe it would be difficult to have the health centre attached to the Manor because of the drainage problem in that area.

Mr. Brkich: — And, Madam Minister, this last one. Just on that, there's also a mould problem, an air quality problem too that I think that was brought up to your attention there. They think that it's going to cost close to \$200,000 to fix it, and that's why there's more pressure or more people wanted the Manor moved to the hospital.

Hon. Ms. Atkinson: — There has been an occupational health and safety issue. The funding has been provided, and I understand that it has been corrected.

Hon. Mr. Lingenfelter: — Mr. Chairman, I move the committee report progress.

General Revenue Fund Highways and Transportation Vote 16

The Deputy Chair: — I'd like to invite the Minister of Highways and Transportation to introduce his officials.

Hon. Mr. Sonntag: — Sure, thank you. First of all immediately to my left is the deputy minister of Highways and Transportation, Ron Styles. To my right is the assistant deputy minister of operations, Barry Martin. Seated directly behind me is Don Wincherauk, the assistant deputy minister of corporate services. And seated to my left in behind the deputy minister is Fred Antunes, the director of operations support and planning.

Subvote (HI01)

Mr. Toth: — Thank you, Mr. Chairman. Mr. Minister, the last time I stood up we talked about reverting thin membrane or TMS (thin membrane surface) surface to gravel, and at that time we were talking about 47.

I got a call on Friday morning about equipment moving east on

Highway 48. Can you give me an idea if there is going to be . . . Highway 48's going to be reverted to gravel, and from where and how far?

Hon. Mr. Sonntag: — To the member, on Highway 48, the information we provided to the media and to yourselves was a short-section — 3.7 kilometres. But it wasn't our intention to use the milling equipment, so we're not aware of that equipment being used for any sections of No. 48.

(2215)

Mr. Toth: — Thank you, Mr. Chair. Mr. Minister, the equipment, so what equipment would've been rolling, moving down east on Highway 48 Friday morning? Would there have been . . . is there some work going to be done on No. 8? Actually the call I received they would have already been passed No. 8. They were getting close to the Manitoba border.

Hon. Mr. Sonntag: — We are speculating that it might have been heading to Highway 308. There is a short 3 kilometre stretch to be done there between the Manitoba border and Junction No. 8.

Mr. Toth: — So what you're saying, Mr. Minister, is Highway 48 will continue to have its thin membrane and everything will be done to try and maintain or upgrade that thin membrane surface that it won't be turned into gravel.

Hon. Mr. Sonntag: — Except for the 3.7 kilometres which we've outlined, we're trying to maintain the surface as a thin membrane surface.

Mr. Toth: — Mr. Minister, where you've reverted highways from thin membrane to gravel, will that section of road become an area that's extremely dusty? It'll probably have dust or rocks flying, but the concern as well is with gravel roads you have large clouds of dust at times. Will this have some sort of dust prohibitive in it as well as far as the road bed goes?

Hon. Mr. Sonntag: — With the asphalt mixture that exists on those surfaces right now we wouldn't anticipate that there would be any dust or very, very little dust, let me put it that way. And as the years went on if those sections stayed in gravel as gravel mixed in and they actually did get a little bit dustier, they would be entirely contingent on where they are located.

So if they're in close proximity to a small community, or to a community, I should say, I would suspect we'd be more receptive to dust proofing. But just because they've been reverted to gravel doesn't mean that they would automatically have dust proofing applied.

Mr. Toth: — Mr. Chair, Mr. Minister, when it comes to some of this thin membrane surface and some of the reasons that road is . . . or surface actually starts to break up is partly because of the fact that areas do not have a very good roadbed underneath. Other areas is because of the thin membrane and the heavier traffic on it.

Mr. Minister, is there a method whereby you could actually add some strength to that surface? For example, the No. 9 south of Yorkton, about a 4 to 6 inches of crushed gravel, oiled up and

basically resurfaced, resealed the whole road. And it appears that it's actually added better structure to that road surface.

Is there something of that magnitude that could be done with some of these thin membrane surfaces to actually add some structure and smooth out the roads? Because what you have in many cases, even though you're patching, you still have the valleys and you're moving side to side because you really haven't levelled out that road surface.

Hon. Mr. Sonntag: — Given the pressures on a thin membrane surface in Saskatchewan right now, we're doing all sorts of things to . . . trying different innovations. Most recently, you will have seen probably the press clippings and releases out of Saskatoon where we're working with the University of Saskatchewan to try to develop a surface that is structurally very, very hard.

But with respect to your . . . the specific example that you cite, it works to a degree in some areas. But I understand, I'm told that it depends entirely on what sort of roadbed it is applied to.

Mr. Toth: — Mr. Chairman, Mr. Minister, a report in the paper this week, Kipling *The Citizen* actually did a report on the southeast planning committee. I guess there was some discussion. And has there any been . . . discussion been undertaken with your department? There's a grid road that happens to run basically directly from Kipling right through to the Moosomin and No. 8 Highway. It crosses No. 9 Highway. Has any discussion been undertaken in regards to possibly making this a dust-free surface and putting any kind of level of pavement on it, at least for a heavy haul from No. 9 and then a lighter surface for the rest of the way to Moosomin?

Hon. Mr. Sonntag: — We've worked with the area transportation planning committee apparently to define that route as a heavy haul truck route, but there haven't been any discussions with respect to dust proofing or hard surfacing that we are aware of.

Mr. Toth: — Thank you, Mr. Chair. Thank you, Mr. Minister. That's what I was kind of gathering but the reason I asked that is because I had a number of calls and people have been asking is that what's going to happen to that grid road. I think that's coming from some of the discussions the southeast planning committee has had, and some suggestions that have come forward and I think that, if I'm not mistaken, that's what the report was carrying. However I wouldn't complain if you put highway surface past my family farm.

Mr. Minister, one further question before and some other colleagues have a question. And this is in regards to the twinning of No. 1 Highway and I believe it's now twinning east of Wolseley.

And a call that came to my attention was coming from a family who is quite . . . raising the concern about why they are being asked to give up some more of their land. And I believe they must be on the north side of the highway because of the fact that the power line runs on the north side. And this is just one family, I think. I don't know how many other families.

But I gather from the last time No. 1 was expanded that a fair

chunk of their land was . . . I shouldn't use the word expropriated because most people, I think, tend to be more than happy to have a good road go by their place, but the concern they have is that they're being asked to now give up another, in this case they're talking about 20 acres. And the feeling is if you went on the south side of the No. 1 that it would be much cheaper to build a road there for the simple reason, two reasons: on the north side of No. 1 as it currently exists, the power grid runs right along the highway right-of-way so that would have to be moved. And secondly, in a number of locations, this north side of the road actually has steeper gullies than the south side of the highway.

I'm wondering, Mr. Minister, if you could give me a comment, and if I haven't already . . . I may have even talked to your office regarding this specific situation, but if I haven't I'll get the specifics and get a response. But in general that's what we're talking about. Why aren't we actually expanding to the south of No. 1 for the twinning rather than on the north side? And I believe we're talking here east of Wolseley, the new surveying that's going on.

Hon. Mr. Sonntag: — To the member, first of all, you are correct. It would be additional costs, some additional costs going on the north side. But all in all here are some of the considerations in going on the south side.

There would be an extra set of curves that would have to be built into the road. There would be added construction costs because I'm told by the engineers here — and I don't understand this, I'm just going to try and explain this — because of transition, the additional transition costs. Is that correct? And also they have to go around a cemetery. So that's the rationale for going on the north side of the road.

Mr. Toth: — Mr. Chair. Thank you, Mr. Minister. I'll try and get to some more personal details to you so you can respond directly as well.

But having travelled the road — yes, there's a cemetery sitting there on the south side. And as I discussed with the constituent the fact that you're not going to be bouncing back and forth from one side to the other.

Also before you . . . at the twinning you've also got that motel and service station right at Wolseley, so the same thing would happen. You either go on the north side and then you cross and then you come back in. I can understand that. But maybe just a clarification from your office as well and some of the questions that she's raised.

So thank you, Mr. Minister.

Mr. Brkich: — Mr. Minister, my question is about Highway 42. Are you going to maintain that as a highway surface or are you going to revert it back to gravel? I know that there is some of it going back this year.

Is there a kind of a long-range plan to include it in the budget for next year to pave that stretch that's being put back to gravel?

(2230)

Hon. Mr. Sonntag: — In terms of the section reverted to gravel, as we've outlined again to the press and to yourselves, there is 12 kilometres this year that was reverted to gravel. The rest of it we'll try and maintain as a thin membrane surface.

And with respect to next year, we budget on a year-to-year basis, so we're not able to tell you specifically what's available for next year.

Mr. Brkich: — Basically is there any kind of a long-range plan for the highways? Because as you know that they're all breaking up. Are you trying to budget some every year in the future? Or are you just basically going year by year to see how much money you're going to get, then you just pick and decide at the beginning of the year which highway is going to be fixed, which is going to be reverted to gravel?

Or do you have, let's say a 10-year plan of a certain number of highways that you're going to save, no matter what? Or are you just going to . . . basically playing it by ear, year by year?

Hon. Mr. Sonntag: — With respect to the gravel reversion again, I've said it a few times in the House, but I'll say it again here tonight. There isn't any plan about gravel reversion.

In terms of a long-term plan, our plan is to try to maintain thin membrane surfaced roads as best we can.

We're working with the area transportation planning committees to identify primary corridors and haul routes. As you will know, just the announcement just the other day, with the closure of I think it's 230 wooden elevators accelerated by a year and a half — that, and accelerated rail line and branch line abandonment — these are things that we wouldn't have even budgeted for last year because we wouldn't know what some of these folks in the private sector had planned and how dramatically that affects us in Saskatchewan here, especially on our thin membrane surfaces.

So our plan is to try to maintain thin membrane surfaces as best we can. And we acknowledge the challenges, though, with respect to the dramatic changes in transportation.

Mr. Brkich: — You should probably though realize . . . or you should be realizing every year there is always going to be more tonnage going down the highways. I mean, you should have realized that in the early '80s because most farmers realized that. So you should have been possibly planning for it back then.

On the designated haul routes, if an area decides to use a designated haul route, will there be money from the Department of Highways and maybe a promise that they will keep the thin membrane surface in the area if they use a designated haul route and they just ban trucks and heavy tonnage on the thin membrane surface?

Hon. Mr. Sonntag: — Not to start a debate here, but I want to remind the member that we weren't doing the planning in the '80s, not our government . . . wasn't doing the planning with respect to highways in the 1980s.

With respect to truck haul management and partnerships that

might or could exist . . . might currently or could exist in the future with rural governments, certainly that is an option. And as a matter of fact, it actually does exist I think in your constituency with the potato hauls that are going on right now in that area. With respect to whether or not the province has jurisdiction on limiting heavy haul truck traffic on thin membrane surfaces, right now we do not. The province does not have that jurisdiction to limit heavy haul on thin membrane surfaced roads.

Mr. Brkich: — Thank you, Mr. Chairman. I know the Highways doesn't. But I was going . . . if the area would be . . . if the RMs get together with the towns, it would be the RMs, if they would put a ban on . . . because it was, I believe it was even brought up by your officials today saying that they would maybe look at maintaining a thin membrane surface if there was no guarantee of heavy tonnage on because it would cost less money to maintain it.

Hon. Mr. Sonntag: — On a long-term basis, it certainly is a policy option that we are looking at.

Mr. Brkich: — Mr. Chairman, getting back to 42 and 19, I know I've hit this point home a lot, but I still want to still make it a . . . try to impress upon you that in that whole area, the only way to service that area is 19 from Saskatoon or from 42 for the people from Moose Jaw, Regina.

I mean there's another article in the paper today, even letters of coming in, calls even from urban centres, saying we can't get to that area, or we're not going to go back. And on the highway being broken up on both them over the last years, I believe with the pipeline going in, there was a lot of pipe being hauled down there. And I was wondering, did you get any money for that, or do you take into consideration that putting maybe a little more money on them two highways because basically it wasn't as much local tonnage breaking up the highways as it was pipe being hauled for that pipeline going through the last two years. But people in that area basically didn't have any control over. Well that's what I'll just ask you for that. Now have you got any money from the pipelines? I know they were hauling legal loads, but there was lots of days that there was bumper to bumper semis on that highway.

Hon. Mr. Sonntag: — My understanding is, no, there is no arrangement with them. They hauled all of their pipe in within the prescribed weight limits.

Mr. Brkich: — Mr. Chair, Mr. Minister, I know they hauled with the legal load limits. But there was so many trucks going over it. Same as grain. They're hauling legal load limits too. But with the pipe being hauled in there for that area, which generates a lot of money for the province through the manufacturing workers . . . the whole province does good. And I'm not running down the pipeline. I was just saying that the people in that certain area feel their highways were busted up a bit by these trucks and the pipeline going through. So they're wondering if you as the highway department or the whole government looks at that as a consideration saying maybe we should throw in a little more money on to the highways in that certain area.

Hon. Mr. Sonntag: — My understanding is that we have reconstructed about half of No. 19 so far, and our plan then is to

finish the rest of 19 up to about Central Butte in the long term.

Mr. Toth: — Mr. Chair, just a quick follow-up to the minister. I just made a quick phone call which at this time of the night was probably not the best one to make. But I was just informed that from Highway No. 8 to the Manitoba border there is about 10 pieces — about a kilometre — that's actually been reverted to gravel and was just worked up the other day. And the caller I talked to had called me the other day and indicated that yesterday the road wasn't bad; today it's already getting pounded out.

So I think it's just something just to bring to your attention that actually there was some work on 48 where there was some patchwork done about a hundred yards at a piece and talk was to revert at least 4 kilometres in that section to gravel.

And the second thing that was brought to my attention is some discussions apparently with the Department of Highways just recently about reverting heavier traffic on to the grid system to try and maintain 48 and more discussions coming up in the very . . . I believe even next week or the week after there's supposed to be some more discussions. So I'm wondering if you're familiar with that, Mr. Minister, or your department's familiar with that discussion?

Hon. Mr. Sonntag: — Okay, to the member, all we're aware of is that 3.7 kilometres that I had referred to earlier. I mean we're working with the area transportation planning committees to try and identify the main corridors.

I guess what I'm saying is I'm not entirely clear on what it is you were asking in the question as well. I don't know if I've answered it well enough. Right now we're planning on the 3.7 kilometres and that's it. The rest of it we're trying to maintain as a thin membrane surface.

Mr. Toth: — Mr. Chair, Mr. Minister, is this point quick. As I understand, from Highway No. 8 through the Manitoba border, as we indicated before that was going to be continued thin membrane. I'm informed that there is about 10 separate sections of about a hundred yards each, roughly about a kilometre, that was actually reverted to gravel. And that's what I . . . maybe you could do a double check on that.

Mr. Heppner: — Mr. Minister, Highway 312 has recently received the distinction of . . . to join the gravel club. And I guess the question I have, there are a number of economic development issues that are happening right in that area that are concentrated around Highway No. 312. One, is a de-branding plant at Rosthern. The other one is there's another five-barn hog operation that looks like it should be on the go, which is about halfway between Rosthern and the Laird intersection.

Do economic developments of that sort give you some reason not to go ahead and turn 312 into gravel? Or is that the sort of thing where you say, now we have more traffic so now we can't keep up the highway so we have to turn to gravel? Is this a plus or minus as far as the gravel development is concerned?

Hon. Mr. Sonntag: — I'd say the answer is neither one of those. It just highlights for us that we need to find a different solution than currently exists.

Mr. Heppner: — Amazing. How are you going to find a different solution between gravel and keeping 312 the way it is? I'm not sure of what you're going to do there unless you're going to give us a good two-lane or a four-lane, and that's not what's needed there.

The other question I have, and I think this has been brought to your attention numerous times, and that is where . . . near Can-Oat on Highway No. 11 where the railway crosses, that has become a very dangerous crossing there with semis going the wrong side. And I think there's negotiations going on between you and the railway to get that done. I think that needs to be accelerated drastically because there are a lot of concerns coming in about safety of where the railway crosses Highway No. 11 at the Can-Oat.

Hon. Mr. Sonntag: — I'll commit to the member we'll follow up on that and give you the information later. We just don't have that information with us tonight.

Ms. Julé: — Thank you, Mr. Chair. Good evening, Mr. Minister, and good evening to your officials.

Mr. Minister, I think it was about 1996 I talked to the deputy minister of Highways about upgrading and improving Highway 368. Highway 368 serves the industries in St. Brieux and in Annaheim — Doepker Industries in Annaheim and Bourgeault Industries in St. Brieux — as well as a number of other industry there that serves the farm community.

There are a great number of people also that have jobs associated with those industries, and I must say that I was very, very pleased after a lengthy discussion with the deputy minister at that time that they decided to take care of that highway and make sure that it was upgraded, and a part of it has been done and is in very good shape.

The problem is that from Lake Lenore to St. Brieux there is still a need for upgrading and of course it's important that that area of the highway is completed because the truck traffic that's on there as well as the traffic associated with the people working at those industries, it's very necessary that that be finished.

Now, Mr. Minister, I was wondering if there's any plans by your government to complete that stretch of highway so that there can be a well-completed highway, a highway that can be utilized by the people at Bourgeault and at Doepker as well as truckers coming and going, and that they can ensure . . . or you can ensure them rather that they will have a safe highway to travel on.

The stretch of highway that is not completed is really in quite bad shape and people are very concerned about it. So I'd like your response as to whether or not your department has any plans of completing Highway 368 construction.

Hon. Mr. Sonntag: — The first part of 368 I'm told was done under CAIP (Canada/Saskatchewan Agri-Infrastructure Program) funding. There isn't any long-term plan right now unfortunately to do more work on that section of road unless of course we were to receive additional federal funding and then it would obviously have a reasonable chance of having additional work done on it.

Ms. Julé: — Thank you, Mr. Chairman, Mr. Minister. I hear you; I hear what you're saying, that there are no plans to continue with the upgrading of that road.

Mr. Minister, I have been informed by Kirsch Construction of Middle Lake that they have approximately 15 to 18 men on their payroll. They have 20 to 30 men waiting to work. These people are willing to work for less than minimum wage as long as they work. If it were not for labour legislation put in by your government, we could have a construction firm such as that complete that road.

Now, Mr. Minister, that road really does provide for a lot of economic development in the area, as well as it enhances the economic development of all of Saskatchewan. And so I wish to say to you tonight that I hope that your department gives that road a priority as far as the continuation and completion of 368. I hope that you will understand and recognize the great amount of economic development and the spinoff to the area and the province that comes from those industries there and how necessary it is to have a very good road to provide for the transportation of goods to and from St. Brieux and Annaheim, and also to ensure the safe passage of employees that work at those industries.

Mr. Minister, will you give me some assurance today that 368 will be completed and that we can have assurance that those industries are valued in your government's eyes and you will take the necessary steps to put all the measures in place that will ensure those industries can continue on with their fabulous business.

Hon. Mr. Sonntag: — Unfortunately, to the member, we can't give you that assurance tonight. The funds and the money just aren't there, so we can't give you that commitment unless, of course as I said earlier, we actually did receive substantial additional funding from the federal government.

I do want to say though just in passing with respect to the private contractors. I'm aware that they can do a lot more work; as a matter of fact I was just meeting with most of the contractors just last week, I think it was last Thursday. And I know they have the capacity to do more, but we have increased the amount of work that private contractors do since, our \$2.5 billion commitment as an example, they have . . . their percentage has increased to 37 per cent from 30 per cent of our total Department of Highways' budget. So there certainly has been an increase. I think if you talk to them, even they would acknowledge that. We know they have the capacity to do more but at least we're heading in the right direction from their perspective.

Ms. Julé: — Thank you, Mr. Minister, I regrettably will have to relay that information to Kirsch Construction as well as to those people in my constituency that are really concerned and would like to see that highway finished.

Mr. Minister, I wanted to bring also to your attention some biggest complaints about constituents of mine regarding the process that they go through for accident claims. Now your government has stated that if in fact people were incurring damage to their vehicles due to road conditions in the province that they could make a claim through accident claims.

A number of my constituents are telling me that on Highway 27 that goes from No. 2 towards Prud'homme and Vonda that there are approximately 73 potholes within an 8 mile distance.

Now, Mr. Minister, one of the areas in that highway is not a pothole, it's a major crater. There are people from the Bruno area and so on who are going to university in Saskatoon via that highway, young students who are trying to save the expense of having to rent a place in Saskatoon. So what they're doing is they're driving back and forth everyday between Bruno and Saskatoon.

Now one of these people is Blaine Weiman and he happened to hit one of these craters in the road there, on Highway 27. And he put in an accident claim and was told then that he would . . . he may very well likely have a hundred dollar surcharge on his next licence. So is it the policy of your government now, Mr. Minister, to charge a hundred dollar surcharge to anyone who puts in an accident claim due to bad road conditions?

Hon. Mr. Sonntag: — In the question the member is discussing is really an SGI or Saskatchewan Government Insurance issue. Our responsibility, from a department's perspective, is to properly and adequately warn the public if there is road hazards ahead or whether there is, whether there's a road damage that they need to worry about. In the cases where it is determined that we have not adequately or properly warned the public that there is a damage to the road ahead and it causes vehicle damage, those are the situations that we'll examine and consider for damage payment.

Ms. Julé: — Thank you, Mr. Chair, Mr. Minister. Well in regard to your comments just now, Mr. Minister, I have another constituent who indicated to me that he was travelling between the junction of Highway 27 and Cudworth, and about 10 miles south of Cudworth he too hit a crater in the road. Well these are craters. I mean the pavement really is crumbling, and there is a major curvature, I guess, of the pavement where people are calling these holes craters.

Now, Mr. Minister, irregardless of the description of the highway, this gentleman was also told that he could put in a claim. He incurred damage — basically blew a hole in his oil pan and had some damage to the frame of his car — and he put in a claim and SGI said that they were waiting to hear from the supervisor in that area about that stretch of highway.

And I guess the supervisor was to make a determination of whether or not the highway was properly flagged or whether it was in that bad a condition or not. So the supervisor then spoke to accident claims and said that he was there a week ago and there was no problem with the highway.

Now, Mr. Minister, these people that incurred damage to their vehicle showed the damage as well as the pothole in the highway to the RCMP (Royal Canadian Mounted Police). So there is verification of this. And still these people have no recourse because the supervisor said the highway was in good shape a week before that. Now, Mr. Minister, this is disrespectful of people's claim. It's disrespectful to be stating that there is nothing wrong with a highway when in fact a number of people have been reporting to my office, and I imagine to your claims department, that there are problems with

those highways, that they are incurring damage.

Getting back to Highway No. 7, Mr. Minister, within one week there were four people that reported to me that they had near accidents that could have cost them their lives because of the damage to those highways and because they had to hit the ditch in order to miss semis. There were all kinds of reports about those highways being in very dangerous condition. And still we get disclaimers from accident claims. They simply seem to chuck off people's claims and find a reason not to honour those claims.

So, Mr. Minister, I would like to know why your department has not responded to Mr. Weiman or to Mr. Newton who is the individual who reported damage to the frame of his car and his oil pan on this stretch of No. 2 Highway that is between Junction 27 and Cudworth. These people are waiting for some response from your government and they're waiting for you to be honourable in your response.

Mr. Minister, could you please comment and let these people know today, because I imagine that they are watching TV tonight and are very anxious to hear from you.

Hon. Mr. Sonntag: — I'm told that the two claims that you are referring to are currently being dealt with and they're just following due process right now. So both of them should be hearing something before too long.

Just as an aside, I would want to say to you as well, if you're dealing with constituents you can let them know that there are two additional forms of appeal. First of all, if they're not satisfied with the response, they can appeal directly to the deputy minister, or secondly they can chose binding mediation if they would like.

Ms. Julé: — Thank you, Mr. Minister. I guess I hear what you're saying about the appeal. But, Mr. Minister, these people have had verification of what happened to their vehicle by the RCMP (Royal Canadian Mounted Police). Why should these people have to go through an appeal? It doesn't seem to make sense; it doesn't seem to be right.

Mr. Minister, I want to plead with your department to look at Highway No. 27. It certainly is a highway that is used a great deal by constituents. I think that we absolutely have to ensure that these highways are at least in somewhat of a safe condition.

(2300)

Mr. Minister, I've travelled on No. 20, between Highway No. 11 back to Humboldt, every weekend when I leave this legislature. That highway is really in dangerous condition. We have signs . . . or you have signs, rather, placed on that highway. Every five miles it says . . . you know, says something like, you know, repairs going on for the next five kilometres. And then you go five kilometres and there's another sign that states the same. People weave in and out of those potholes. And that highway too is used a great deal.

So, Mr. Minister, I'm asking that you speed up the repairs on these highways as quickly as possible.

And I guess I will leave my comments with you tonight, and I thank you for your responses. And I thank you and your officials for being here tonight to answer our questions.

Mr. Wall: — Thank you, Mr. Chair of Committees, and Mr. Minister. Just a quick question as it relates to the Swift Current area and the decisions by the department in terms of the equipment that's being used out of that particular area of the province.

And the specific question I have this evening relates to graders that the department owns in Swift Current. My understanding, and I don't know the exact number, but my understanding is that the department has them for sale; would like to sell these graders in favour of leasing equipment rather than these particular pieces of equipment, which I also understand — and correct me if any of this is wrong; this is sort of third-hand from folks involved there — but also people have a concern that these particular graders are fine. They're not sure why they're being sold. We hear different things of what people have been told from the department in Regina. But could you please explain the decision to sell these particular pieces of equipment, if indeed one has been made, and what would be the benefit then of leasing graders if these other ones that are apparently for sale are fine?

Hon. Mr. Sonntag: — To the member, we'll let you know specifically about that equipment. We're not aware of that. But just in general terms, I'll very quickly . . . any equipment that we have and that we are getting rid of, it's simply replacement, so they would be I'm told at least 25 to 30 years old and it just doesn't make sense to keep repairing them.

So if there's an example where some of the equipment is in good shape yet and we're talking about replacing it, then I guess we'll look into that. But we're not aware of that. And generally we do it on a case-by-case basis, whatever is most cost-effective. If we can buy equipment and that's the better buy for the taxpayers of Saskatchewan, that's what we'll do. If we can lease it and it's more cost-effective for the province, that's what we'll do as well.

Mr. Wall: — Mr. Deputy Chair, Mr. Minister, thank you. One final question and it relates to equipment in that area as well. And if you don't have the answers here, providing them later is fine as well. But I wonder if while you're getting information on that first question, if you could also determine the number of trucks, pickup trucks that have been purchased for that particular region this year, and why they were purchased? What was the identified need?

And like I said, if you would like to supply those at some later date, if you don't have the information handy, that would be fine as well. Thank you, Minister, and officials.

Mr. Hart: — Thank you, Mr. Chair, to the minister. Mr. Minister, my question deals with Highway 22 from Junction 640 to east to Junction 35. I notice that that Highway 22 is not on your gravel list, but yet in recent days there's been . . . short sections of the highway have been . . . the asphalt has been removed, and it's been replaced with gravel.

And I wonder if you could give me your plans for that section

of highway?

Hon. Mr. Sonntag: — My understanding, I'm told by the department officials, this is a very recent occurrence, that this has just happened. We're looking at it to see what we can do with that section right now.

But you really . . . you make my point in what I've said many times in this legislature that in fact this gravel reversion is not planned. We deal with the circumstance when it occurs, and there will be short sections literally as I'm told, just literally completely fail, and I suspect that's exactly what's happened there. But we're looking at it to see what we can do in that particular case. There's been no decision made about that yet.

Mr. Hart: — Thank you, Mr. Minister. My second question deals with the same highway and that would be from Junction No. 6 west to Junction No. 20. There has been some repairs taken place of similar fashion on that section of highway, and I would ask the minister what the department's plans are for that section of highway?

Hon. Mr. Sonntag: — On that section it's just routine maintenance. We'll do our best to try to maintain it as a thin membrane surface.

Ms. Draude: — Mr. Deputy Chair. Mr. Minister, I just have one question for you and your officials. The Kelvington-Wadena constituency has probably a record number of terrible roads in . . . (inaudible) . . . Most of the MLAs on this side of the House should probably fight for that position but I believe that I probably hold them.

Mr. Minister, I have two pieces of roads that are converted back to the gravel situation. The one that is most upsetting to me and to people in my constituency is the area around Greenwater park. That's the only provincial park in this constituency, and it's nearly impossible . . . there's not a road that you can get there on that's a decent road.

If I'm coming from Kelvington, there's roads when there's rain the road really is impassable — 349 over from Archerwill was being constructed until the '95 election and then they stopped, they stopped the construction and there's a whole piece that has never been finished.

Then coming from the north, they re-paved one area but the Highway No. 23 coming from both directions has been turned back to gravel. This is one area . . . it's a beautiful park area and you can't get there.

Mr. Minister, is there any plans to complete the road in any one of those directions so we can use the park in that area?

Hon. Mr. Sonntag: — We are doing some work in that area. We acknowledge that again that more needs to be done there, but on Highway 23 there has been some amount of work done there. With respect to Highway 38, I know it's on the north side of the park. There was almost 18 kilometres that is targeted for, that was done last year, I should say, at a total cost of \$1.4 million. But we would hope to be able to do some into the future, but generally it's maintenance of thin membrane surfaces as best we can with the funds available.

Ms. Draude: — Thank you, Mr. Minister, and to your officials.

The committee reported progress.

The Assembly adjourned at 11:13 p.m.

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