

The Assembly met at 10:00.

Prayers

ROUTINE PROCEEDINGS

PRESENTING PETITIONS

Mr. Krawetz: — Thank you, Mr. Speaker. Mr. Speaker, I have a petition to present on behalf of residents concerned about the abuse and exploitation of children. The prayer reads as follows:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to immediately implement all 49 recommendations of the final report as submitted by the Special Committee to Prevent the Abuse and Exploitation of Children Through the Sex Trade.

And as in duty bound, your petitioners will ever pray.

Mr. Speaker, the signatures on this petition come from the communities of Wadena, Kuroki, Quill Lake, and Foam Lake.

I so present.

Mr. Gantfoer: — Thank you, Mr. Speaker. I rise this morning on behalf of citizens who are concerned about the exorbitant increases to long-term care fees. The prayer reads as follows:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to immediately reconsider the exorbitant fee increases for long-term care services in Saskatchewan.

The signatures on this petition this morning, Mr. Speaker, are all from the city of Yorkton.

I so present.

Ms. Eagles: — Thank you, Mr. Speaker. Mr. Speaker, I too have a petition from citizens of this province that are very concerned about the increase in the long-term care services. And the prayer reads as follows:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to immediately reconsider the exorbitant fee increases for long-term care services in Saskatchewan.

And as in duty bound, your petitioners will ever pray.

And this is signed again by constituents of the Deputy Premier's. Thank you.

Mr. McMorris: — Thank you, Mr. Speaker. I too have a petition to present on behalf of citizens of the province regarding long-term care homes. And the prayer reads as follows:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to immediately reconsider the exorbitant fee increase for

long-term care services in Saskatchewan.

Mr. Speaker, this petition is signed by people in Springside and Yorkton.

I so present.

Ms. Bakken: — Mr. Speaker, I rise today to present a petition on behalf of the citizens of Saskatchewan who are concerned about the increase in fees for long-term care. And the prayer reads:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to immediately reconsider the exorbitant fee increase for long-term care services in Saskatchewan.

And as in duty bound, your petitioners will ever pray.

And the petition is signed by residents of the city of Weyburn.

I so present.

Mr. Wall: — Thank you, Mr. Speaker. I rise as well on behalf of people concerned about the exorbitant increases in long-term care fees. The prayer of their petition reads as follows:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to immediately reconsider the exorbitant fee increase for long-term care services in Saskatchewan.

And as in duty bound, your petitioners will ever pray.

Mr. Speaker, the petitioners today are from the city of Yorkton.

I so present.

Mr. Brkich: — Thank you, Mr. Speaker. I have a petition here with constituents opposed to possible reduction to services to the Davidson and Craik health centres.

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to take the necessary steps to ensure that the Davidson and Craik health centres be maintained at the current level of service at a minimum, with 24-hour acute care, emergency, and doctoral services available as lab, public health, home care, long-term care services available to the users from the Craik and Davidson area and beyond.

As in duty bound, your petitioners will ever pray.

Signed by the good citizens from Craik and Girvin.

I so present.

Mr. Wiberg: — Thank you, Mr. Speaker. I too this morning have a petition in regards to people who are outraged by the gouging that the NDP (New Democratic Party) government is inflicting upon those that are most vulnerable in our society.

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to immediately reconsider the exorbitant fee increases for long-term care services in Saskatchewan.

And as in duty bound, your petitioners will ever pray.

And, Mr. Speaker, this petition has been signed by the good people of Prince Albert.

I so present.

Mr. Weekes: — Thank you, Mr. Speaker. I also rise today to present a petition from citizens concerned about exorbitant fee increases for long-term care services. The prayer reads:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to immediately reconsider the exorbitant fee increases for long-term care services in Saskatchewan.

And as is duty bound, your petitioners will ever pray.

The petitioners are from Yorkton.

I so present, Mr. Speaker.

Ms. Harpauer: — Thank you, Mr. Speaker. Mr. Speaker, I have a petition from citizens concerned about the increase in long-term care homes. And the prayer reads as follows:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to immediately reconsider the exorbitant fee increases for long-term care services in Saskatchewan.

And as is duty bound, your petitioners will ever pray.

And the petitioners, Mr. Speaker, are from Yorkton and Jedburgh.

I so present.

Mr. Allchurch: — Thank you, Mr. Speaker. Mr. Speaker, I rise in the Assembly today to bring forth a petition signed by citizens of Saskatchewan that are opposing the increases to the senior citizens' fees. And the petition reads as follows:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to immediately reconsider the exorbitant fee increases for long-term care services in Saskatchewan.

And as in duty bound, your petitioners will ever pray.

And the signatures on this petition, Mr. Speaker, are from Yorkton.

I so present.

Mr. Peters: — Thank you, Mr. Speaker. I have a petition with . . . from residents of Saskatchewan concerned about the crop insurance increase premiums and the prayer reads as follows.

And the petition reads as follows:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the provincial government to halt its plan to take out money out of crop insurance program and hike farmers' crop insurance premiums rates while reducing coverage in order to pay off the provincial government's debt to the federal government.

Mr. Speaker, the petition is from Luseland and Unity.

I so present.

Clerk: — The following petitions for private . . . (inaudible) . . . are hereby presented by members and laid on the table as follows:

By Mr. Peters, of the Conference of Mennonites of Saskatchewan in the province of Saskatchewan;

By Ms. Jones, of the Sunnyside Nursing Home in the province of Saskatchewan; and

By Ms. Hamilton, of the Saskatchewan Association of Rural Municipalities in the province of Saskatchewan.

READING AND RECEIVING PETITIONS

Deputy Clerk: — According to order the following petitions are hereby read and received as addendums to previously tabled petitions of this session being sessional papers no. 18, 22, 24, and 31.

INTRODUCTION OF GUESTS

Mr. Hermanson: — Thank you, Mr. Speaker. Mr. Speaker, it's my opportunity and pleasure to introduce another group of students who have . . . who are visiting the Assembly from the constituency of Rosetown-Biggar.

From Biggar Central School we have 27 students in the east gallery. They are accompanied by teachers Tanya Roesch and Mel Tryhuba; and their chaperones are Karen Itterman, Helen Delainey, and Larry Foster.

I'm hoping, as I'm sure all members are hoping, that they will enjoy the proceedings this morning. We never know how rowdy question period is going to be but we want you to enjoy and learn from the proceedings.

I also have the opportunity to meet with the class following question period for a photo and also a time to visit and they can ask me questions about what occurred. So would all members please join me in welcoming the grade 11 students from Biggar Central School.

Hon. Members: Hear, hear!

Hon. Mr. Axworthy: — Thank you, Mr. Speaker. Mr. Speaker, I take — I wasn't sure if you were going to, Mr. Speaker — I take great pleasure in introducing to you and through you to members of the Legislative Assembly, a number of the

hard-working staff from the family justice services branch of Saskatchewan Justice.

These people work in the maintenance enforcement office. Rod Crook is the executive director — where is he, is he there; there he is — the executive director of courts and civil justice division. Lionel McNab, is the director of family justice services branch, which includes maintenance enforcement. I think in particular, Mr. Speaker, members will have dealt with Mr. McNab on a number of occasions, and he's always, as you know, been most helpful in solving problems faced by those who are not being paid by the other parent of their children.

Maintenance enforcement by its very nature generates many questions and contact from both payers and custodial parents, and the staff provide excellent service to the public as well as the offices of members of the legislature and members of Parliament. The office guarantees that it will get back to MLAs' (Member of the Legislative Assembly) offices within 24 hours, Mr. Speaker, which may be better than some of our ministers. The majority of the time, an employee of the branch calls back within two to four hours.

So, Mr. Speaker, please join me in . . . and members also in welcoming these hard-working members of the maintenance enforcement staff.

Hon. Members: Hear, hear!

Mr. Heppner: — Thank you, Mr. Speaker. I too would like to join the minister in welcoming those people here this morning. I think all of us as MLAs, on many occasions, have people from our constituency contact us with concerns and the part that the minister mentioned, I think, is very much appreciated and we're very aware that the response is always very quick and very efficient. We appreciate the work that you do in this province for all those people that need that support. And welcome to the House this morning.

Thank you.

Hon. Members: Hear, hear!

Mr. Harper: — Thank you, Mr. Speaker. Mr. Speaker, I'd like to introduce to you and through you to all the members of the House, three guests that are sitting in the west gallery. David Acoose and Lorna Standingready, who are constituents of mine and on top of that, Mr. Speaker, they're also very good friends. And accompanying them today is their daughter Donna.

So I'd ask all the members to offer them a very warm welcome.

Hon. Members: Hear, hear!

Mr. Brkich: — Thank you, Mr. Speaker. To you and through you, I'd like to introduce to the House two constituents of mine that are from the town of Craik. They're sitting in your Speaker's gallery, Kim Ehman and Nora Bakken.

Kim has started a very important project dealing with bullying in schools and workplaces which I'm going to elaborate a little more in my member's statement. And Nora is here giving her support today. And I would just like to welcome them here and

I hope the members will join me.

Hon. Members: Hear, hear!

STATEMENTS BY MEMBERS

Saskatoon Women of Distinction

Ms. Atkinson: — Thank you very much, Mr. Speaker. Last night, the Minister Responsible for the Status of Women, the member for Saskatoon Idylwyld, joined me and several hundred others at the 21st annual YWCA (Young Women's Christian Association) Women of Distinction Awards banquet at the Centennial Auditorium in Saskatoon.

Mr. Speaker, the purpose of this event is twofold. First, it raises money to support the Y's crisis housing. And last night, the shelter received \$35,000 for this crucial work. Second, the evening is dedicated to recognizing and celebrating the accomplishments of outstanding women in Saskatoon.

Thirty remarkable women were nominated and 12 were named women of distinction in their field. The recipients: for lifetime achievement, Joan Lidington; the young woman to watch, Tannis Hancock whose story deserves a statement by itself. In science and technology and the environment, both Marie Ann Bowden and Petea Bonham-Smith received recognition. For her work in health, well-being, and spirituality, the award went to Dr. Esther Stenberg. In education, Eunice Begg; for culture and heritage, Eleanor Shia; for social activism, Joan Beatty; the woman entrepreneur, Carol Shirley; sports and fitness, Joan Germain; arts, Marilyn Whitehead; and the women in the professions, Karen Heise.

Our congratulations to all nominees and recipients.

Some Hon. Members: Hear, hear!

Mr. Hermanson: — Thank you, Mr. Speaker. Last night, my wife Gail and I also attended the annual Women of Distinction Awards dinner in Saskatoon. Mr. Speaker, this annual awards dinner and ceremony honours those women who have gone above and beyond in their efforts to make their communities better places to live and to work.

Mr. Speaker, I couldn't help but notice that there was a hint of sadness at the awards ceremony last night as all those attending were deeply concerned about the future of the YWCA shelter for women and children which has been threatened with closure because of the NDP government's reluctance to continue their share of its funding for the shelter.

(10:15)

Mr. Speaker, I'm pleased to announce the winners from last night's awards: for arts, Marilyn Whitehead; for community development and social activism, Joan Beatty; for culture and heritage, Eleanor Shia; for education and lifelong learning, Eunice Begg; for entrepreneur, Carol Shirley; for health, well-being, and spirituality, Dr. Esther Stenberg; for lifetime achievement and working with the elderly, Joan Lidington; for science, technology, and environment, Marie Ann Bowden and Petea Bonham-Smith were each honoured in this category; and

for sports and fitness, Joan Germain; for women in the professions, Karen Heise. And because we believe in growing Saskatchewan, Mr. Speaker, a category that is one of the Saskatchewan Party's personal favourites, young woman to watch, which was won by Tannis Hancock.

Mr. Speaker, I ask all members of House to congratulate this very special group of Women of Distinction. Thank you.

Some Hon. Members: Hear, hear!

Circle Project Children's Centre Grand Opening

Mr. McCall: — Thank you, Mr. Speaker. Mr. Speaker, this afternoon I have the privilege and the honour of being present and participating in the grand opening of the Circle Project's Children's Centre. Centres of this nature are a reflection of a community coming together to create an environment that is healthy and safe for all of its members.

Mr. Speaker, a high percentage of children attending the centre are from low-income, transient, single-parent families. A whopping 75 per cent of these are involved in employment related, educational, or special assessed needs activities.

Responding to this situation in 1997, the Department of Social Services partnered with the Circle Project's Child Care Centre to provide child care services to families in transition and agreed to block fund the centre \$3,700 per month to provide a minimum of 10 child care spaces. In 2001, this was increased to \$4,100.

Mr. Speaker, the centre has begun to plan for a further increase of 65 licensed spaces and is presently on a waiting list for additional funding for this extension of services.

Mr. Speaker, 23 community members and agencies have pledged their support through funding and voluntary activities to bring the Circle Project's Children's Centre to where it is today, and there's a great list of the funders, Mr. Speaker.

And I'll skip to the point that the centre itself is a beautiful structure, the first commercial straw built building in Western Canada, and no amount of huffing and puffing is going to blow it down. I know this to be so because I was just one of the legion of volunteers that helped to put up the walls.

A special congratulations to the board of directors; president, Bob Cantin; to the executive director, Anne Perry; and all the many supporters of the Circle Project. Thank you, Mr. Speaker.

Some Hon. Members: Hear, hear!

Saskatchewan Party Annual Fundraiser

Ms. Bakken: — Thank you, Mr. Speaker. Mr. Speaker, on Wednesday night a great event took place in the city of Weyburn. This great event was our annual fundraiser for the Saskatchewan Party. We had a sell-out crowd of enthusiastic supporters. What was really good was that we even had to set up more tables.

Mr. Speaker, people in Weyburn-Big Muddy are desperately

seeking a change in government and are eager and willing to get involved to make this change happen.

Many of the people attending were astounded and dismayed at the lack of care, concern, and compassion being shown to the pioneers of this province by the NDP's decision to increase the fees for long-term care. For many this is the last straw.

Mr. Speaker, the most commonly asked question this evening was, when is the next election? Mr. Speaker, people want to be involved and to have the opportunity to elect the Saskatchewan Party in the constituency of Weyburn-Big Muddy and across the province because they want a party that has a plan for this province and a party that cares for the people of this province.

Some Hon. Members: Hear, hear!

University of Saskatchewan Receives Donation

Mr. Forbes: — Thank you very much, Mr. Speaker. Dennis Dunlop, CTV's (Canadian Television Network Limited) general manager for Saskatchewan presented a donation, a cheque of \$180,000 to Peter MacKinnon . . .

The Speaker: — Order, please. Order, please. Order, please. Would the member start over again, please. Order, please. Would the member start over, please.

Mr. Forbes: — Thank you, Mr. Speaker. Dennis Dunlop, CTV's general manager for Saskatchewan, presented a donation, a cheque of \$180,000 to Peter MacKinnon, president of the University of Saskatchewan, for the construction of a high-tech computer research laboratory.

CTV's donation will make a substantial contribution towards the infrastructure for the mobile computing laboratory. Once completed, graduate students and faculty researchers in computer science will have opportunities to advance the knowledge about wireless access to computers and other smart devices. This will lead to the creation of the next generation of computer applications which will support the nomadic uses of the future . . . users of the future.

The computing environments of the future will spread everywhere: not only in desktop computers and lap-tops, but also on palm-tops, cell phones and other personal computing and communication devices,

explained Jim Greer, head of the computer science department. Greer further stated:

People will interact with these mobile devices in all imaginable contexts: in vehicles, in meetings, on public transport, while shopping, relaxing, eating, cooking and so on. CTV's donation represents the first step towards realising these possibilities.

Mr. Speaker, this is great news for the future and something that I'm proud to raise in this House today because it demonstrates once again that Saskatchewan is succeeding. Thank you.

Some Hon. Members: Hear, hear!

Kim Ehman Produces Films on Bullying

Mr. Brkich: — Thank you, Mr. Speaker. I proudly rise in the House today to talk about a remarkable constituent of mine, Mrs. Kim Ehman from Craik. This lady has now written, directed, and produced two educational films about the effects of bullying in our schools and workplaces.

Kim's recently completed second film, entitled *Seven Scenes*, shows students at the Craik School acting out a variety of bullying behaviours. Each scene includes both the negative and positive encounter with pauses between allowing Mrs. Ehman to talk with her students about what they have seen. Her aim is for kids and adults to treat each other with respect and kindness.

She believes the film will help victims of bullies cope better in real-life situations. Kim says, hopefully it affects people to consciously change and do the right thing instead of going along with the group; I teach them to think with their heart, not with their head.

Mrs. Ehman has received a lot of positive feedback for efforts to stop school bullying through a positive educational experience with students. Her involvement in this project is complete from front to back including her own financing of these projects with absolutely no funding from any group or government.

Even more remarkable is her ability to complete and conduct this project as well as maintain her work as a dental assistant, a CPR (cardiopulmonary resuscitation) instructor, and mother of four children.

Clearly this is a person who is doing all she can to curb a growing social problem. We can all learn by her example. On April 29, Mrs. Ehman will be holding a presentation including her latest film at the Davidson High School in Davidson. She's also . . . did many presentations throughout Regina here and different schools throughout the province too numerous to mention right now.

I would ask . . . I would now ask that all members of the Assembly join me in congratulating Mrs. Kim Ehman. Thank you, Kim, for a job well done.

Some Hon. Members: Hear, hear!

Best Wishes for Author Seymour Lipset

Hon. Mr. Axworthy: — Thank you, Mr. Speaker. Mr. Speaker, more than 50 years ago Professor Seymour Lipset, then of Columbia University in New York City, published what was then the first objective, thorough academic study of the Douglas CCF (Co-operative Commonwealth Federation) government — the government that was, as the book jacket said, the only government with avowed socialist goals to have come to power in Canada or the United States.

This book, Mr. Speaker, is called *Agrarian Socialism* and in fact is also the best history of the province still available. The book was revised and updated in 1968.

And I mention, Mr. Speaker, Professor Lipset's book for two

reasons. One, although the book is a fine work of objective scholarship, but is a sympathetic study of the aims of the CCF and indeed, Mr. Speaker, the aims of farmers in Saskatchewan. He dedicated this book to his father who said . . . and it says that he had the same dreams as the farmers of Saskatchewan — that is, Mr. Speaker, dreams of an egalitarian, co-operative, compassionate society.

It was a book that called attention . . . called the attention of the observant North American public to this small pocket of the continent we still like to call Canada's social laboratory. And considering the fact that several million Americans today have no health insurance, Mr. Speaker, it might be a good idea if a new Mr. Lipset came to make a return visit.

But primarily, Mr. Speaker, I raise this issue because I hear from an old friend and current colleague of Professor Lipset's that he's not well and wishes to be remembered to the province which, in a way, he presented to the rest of the world.

Mr. Speaker, I read this book when I first came to the province and it enlightened me then; it's relevant today. It remains the book that best explains the province to ourselves and to the world. I know he's very proud of his Saskatchewan connection, Mr. Speaker. We are proud of our connection to him and I ask all members to join me in passing on our thanks and our thoughts to Dr. Lipset and his family.

Some Hon. Members: Hear, hear!

ORAL QUESTIONS

Increase in Long-term Care Rates

Mr. Gantfoer: — Thank you, Mr. Speaker. Mr. Speaker, my question is for the Premier.

Yesterday the Saskatchewan Party provided a number of real live examples of how the NDP's increase in long-term care rates were hurting Saskatchewan seniors. Many will be left with not enough income to cover basic necessities of life, like prescription drugs and clothing. Many still have spouses in their own homes who will be left without enough income to look after their personal expenses.

Mr. Speaker, these are not wealthy people and the NDP is taking away virtually every dollar in income that they have.

Mr. Speaker, the Premier has had another day to think about this very bad decision that they've made. Will you do the right thing, Mr. Premier . . .

The Speaker: — Order. Would the member place his question once again so it can go on record and speak through the Speaker?

Mr. Gantfoer: — Thank you, Mr. Speaker. Mr. Speaker, I would ask the Premier if he would consider restating the fees at the rate that they were before? Will the Premier consider cancelling this exorbitant fee that he's imposing on Saskatchewan seniors?

Some Hon. Members: Hear, hear!

Hon. Mr. Nilson: — Thank you, Mr. Speaker. It's unfortunate that the member opposite once again whips up concerns of people. What I ask that people do if they're in the situation where they're involved in having one member of their family involved in long-term care, they should phone the number at the Department of Health to get the explanation of how this works.

We have it set up in a way that deals with the issues that the member raises opposite. What I would say is that in this budget we have increased the long-term care portion by \$10 million to \$337 million. I ask the member opposite, what is your plan?

The Speaker: — Order, order. Would the Minister of Health restate that last sentence, speaking through the Speaker so it can go on the record?

Hon. Mr. Nilson: — Mr. Speaker, I would ask the member opposite, what is the plan of the Saskatchewan Party as it deals with long-term care because there are choices to be made?

In the budget that we have for Health, which this year was increased by \$129 million, we've had to make some choices. And what I would say to that member opposite: what kind of choices would you make?

Some Hon. Members: Hear, hear!

Ms. Bakken: — Mr. Speaker, Mr. Speaker, let it go on the record that the Saskatchewan Party would roll back the fee to today's fees. We would not increase fees.

Some Hon. Members: Hear, hear!

Ms. Bakken: — Mr. Speaker, I'd like to read another letter from a senior in Estevan:

My husband has been in long . . .

The Speaker: — Order, please. Order, please.

Ms. Bakken: — Mr. Speaker, I'd like to read a letter from another senior in Estevan:

My husband has been in long-term care for almost four years. He suffers from Alzheimer's disease. I cared for him at home as long as I possibly could. When he could no longer walk, there was no choice. I was forced to find a place for him in a nursing home. No landlord would be allowed to raise his rent by 100 per cent as this latest budget has done. Is it because those residents are defenceless and too weak and ill to take a stand against this outrage? No doubt that is why the government feels it can act in this shameless way.

Mr. Speaker, will the Premier admit he has made a mistake? Will the Premier stand in this House today and stop this attack on Saskatchewan seniors?

Some Hon. Members: Hear, hear!

Hon. Mr. Nilson: — Mr. Speaker, the member opposite is well known as the dairy queen of privatization. And we do not believe in privatization on this side of the House. And so what I

would say to that member is, do we re-examine our budgets in this particular year so that we look at . . .

The Speaker: — Order, please. Order. Order. Order. Order, please.

Hon. Mr. Nilson: — Thank you, Mr. Speaker. Our plan is to continue with subsidizing almost three-quarters of the cost of all long-term care in this province. That costs \$337 million. The average cost this year is about \$50,000.

What we have done in this budget is we have asked some of the people who have a little more income to contribute more towards this particular cost in our system. Because when we look at the whole of our health system, we need the dollars in some other places, and that's what we have to do. So what we are doing here as government is making choices and making very careful choices.

Some Hon. Members: Hear, hear!

(10:30)

Mr. Huyghebaert: — Thank you, Mr. Speaker. Mr. Speaker, it's pretty obvious . . .

The Speaker: — Order, please. Order. The member will start over.

Mr. Huyghebaert: — Thank you, Mr. Speaker. Mr. Speaker, it's pretty obvious that the government is running out of ideas and a pretty tired government when they start taking an attack like they have on the seniors of this province.

Mr. Speaker, I'd like to read another letter from a Saskatchewan senior. And I quote:

In attacking this segment of the population the government is targeting a group of people who is incapable of fighting back. Being elderly, sick, and in many cases out of the mainstream, they become an easy target for grasping politicians to balance their budgets.

Most of these people have worked hard, saved their money to provide independence in their old age, and hope to pass on a few dollars to their families or their favourite charities. These new fees will destroy these dreams of a lifetime.

Mr. Speaker, is this really what the NDP wants, to destroy the dreams of a lifetime? Mr. Speaker, will the Premier admit that he made a mistake? Will the Premier cancel this attack on Saskatchewan seniors?

Some Hon. Members: Hear, hear!

Hon. Mr. Nilson: — Mr. Speaker, the members opposite are in favour of tax cuts and today they're talking about let's increase the costs. Now are they talking about increasing the costs right up to 100 per cent subsidy in this area? Because what we have done is we have protected the low-income people, the people that can't afford the long-term care.

We've asked those people who can afford to pay some of the

cost to pay a portion of it. We didn't ask them to pay 100 per cent of the cost, we asked them to pay a portion of it. And even at the top end those people are receiving a subsidy for this particular service.

And I guess what I would ask the members opposite, what is the plan that they have so that we can tell the people of Saskatchewan? My understanding is that they are strongly emphasizing privatization of our health care system so that the more dollars you have the faster you get to these services and the faster you get into some of our hospitals and other places.

Some Hon. Members: Hear, hear!

Mr. Peters: — Mr. Speaker, here's another letter from a Saskatchewan senior. And I quote:

October 1, 2002 could spell doomsday for the seniors of our province. That's the day the government plans to increase the fees of residents in long-term care up to 148 per cent. I am talking about our spouses, our parents, and our grandparents who have been the backbone of Saskatchewan and who, in most cases, cannot speak out for themselves.

It's a sad day when the people being affected are the people at the stage of their life where they have the least ability to fight it, or even understand the proposed changes. (This government who professes to care for the elderly) . . . Is this a government who professes to care for the elderly? I don't think so.

Mr. Speaker, if this government that professes to care for the elderly . . . why are they taking virtually every cent — last cent — of these people's income, Mr. Premier?

Some Hon. Members: Hear, hear!

Hon. Mr. Nilson: — Mr. Speaker, I would ask that the members opposite table copies of every letter that they've read yesterday and today so that I can arrange for the officials in the Department of Health to provide the proper information to all of these people so that they understand how the system works. Because I'm getting the distinct impression . . .

The Speaker: — Order, please. Order. Order, please.

Hon. Mr. Nilson: — Mr. Speaker, I'm getting the distinct impression that people are being misled as to how the system works and that is exactly the thing we don't want to happen.

We want people to understand that we have a system that will provide for them in their old age and in other times when they're in need and we will only ask them to contribute if they can afford to contribute. We won't push them for their income as a part of what we need except in those situations where they can afford it; and we need to have the information and the names of all those people.

So, Mr. Speaker, I would ask that you direct them to file these letters so I can see them.

Some Hon. Members: Hear, hear!

Mr. Hermanson: — Thank you, Mr. Speaker. Mr. Speaker, not only am I and my colleagues receiving letters, faxes, e-mails and phone calls from seniors and their children, but we're getting the copies of the same letters that are being sent to the Premier and his colleagues — many, many letters. I've responded to some this morning.

Seniors and their children are concerned that they're not going to be able to make ends meet when the increased long-term care fees take effect in October. They're not going to have enough money to live on.

Mr. Speaker, we'll tone down the rhetoric and we'll just ask the Premier. Will he recognize that it is more noble to admit that he's made a mistake and to fix it, than to stand by something that is going to be an attack on seniors throughout the province of Saskatchewan?

Will the Premier stand in the House today, do the right thing, and repeal the increase that he is calling for, for long-term care on October 1 of this year?

Some Hon. Members: Hear, hear!

Hon. Mr. Calvert: — Mr. Speaker, in the course of this debate and discussion around the long-term care fees, it is my observation that members of the opposition have provided inaccurate information in this House and, I fear, inaccurate information to seniors across Saskatchewan.

Mr. Speaker, in the context of this debate, the members of the opposition have not yet declared their own position around the subsidization of long-term care. It is clear in what the Minister of Health has shared with this House that this government is committed to subsidizing the support of long-term care for our seniors.

Mr. Speaker, it is time, it is time that the party opposite came clean on this. Are they going, in their platform and policies around health, to continue the subsidization of long-term care for Saskatchewan seniors? Or are they going to take the approach, which is recommended by a number of their members quite publicly, to move to a privatized health care system.

It is time, Mr. Speaker, for that opposition to stop misleading people of Saskatchewan and state their policy clearly.

Some Hon. Members: Hear, hear!

Mr. Hermanson: — Thank you, Mr. Speaker. Mr. Speaker, should there be any doubt in the Premier's mind, the Saskatchewan Party is committed to rolling back any long-term fee increases that his government would impose upon the seniors of Saskatchewan . . .

Mr. Speaker, make no doubt about it — the Saskatchewan Party respects seniors. We care about them. We would not impose a fee that would take 90 per cent of every dollar they earned to pay for their long-term care, leaving them no money whatsoever for food and for medication, making demands on their children that are absolutely unfair and wrong.

Mr. Speaker, our position is public and we stand by it. That is the position of the Saskatchewan Party.

I ask the Premier once again, will he be noble, will he do the right thing and announce that he is repealing the proposed rate hikes for long-term care set to go into effect on October 1?

Some Hon. Members: Hear, hear!

Hon. Mr. Calvert: — . . . I ask the Leader of the Opposition if he for once would do the right thing. Standing in this legislature, as other members have, suggesting that seniors are going to be left without food in this province is absolutely ridiculous. It's absolutely ridiculous.

Mr. Speaker, today he stands, today he stands and he said he would roll back any proposed increase that would affect the more wealthy of our seniors who are in long-term care. Well, fair enough, fair enough.

Now that's an interesting position for the Leader of the Opposition to take, when he went around the province in the last election saying he was going to freeze funding to health care. That's what he said in the last election.

Now what would that have meant, Mr. Speaker? Well in 1999 the budget of the Department of Health, if I recall, was \$1.6 billion — \$1.6 billion. In this budget, Mr. Speaker, the budget for the Department of Health is \$2.3 billion, including a \$10 million increase to long-term care.

I ask the Leader of the Opposition, through you, Mr. Speaker, to come clean. How is it he can go around the province talking about freezing the funding to health care, talk about privatization of health care, talk about tax cuts, and yet commit now to spend more? How can that be?

Some Hon. Members: Hear, hear!

SaskTel Investment in Australia

Mr. Wall: — Thank you, Mr. Speaker. Thank you, Mr. Speaker. Mr. Speaker, the same NDP government . . .

The Speaker: — Order, please. Order, please. Order, please, order. Order.

Mr. Wall: — Mr. Speaker, this same NDP government and this same Premier that just pled poverty to the point where they have to attack seniors to save \$7 million on a \$6 billion budget, that same Premier is currently involved — that same party is currently involved — in a \$40 million stock market play in Australia with taxpayers' money.

Mr. Speaker, my question is for the Minister of Crown Investments Corporation, and it's about this \$40 million stock market play on the Australian stock market in a company called Austar Communications. Will the minister tell the House: how's that investment going?

Some Hon. Members: Hear, hear!

Hon. Mr. Lautermilch: — Mr. Speaker, I want to say to the

member . . .

The Speaker: — Order, please. Order.

Hon. Mr. Lautermilch: — Mr. Speaker, I have a few comments to make with respect to the member opposite, the member from Swift Current, and his daily attack on the Crown corporations, the operations of those Crowns, the people who work within those Crowns, Mr. Speaker.

And what that member is attempting to do is discredit the operations of those Crowns and the people who run them, who manage them and make the profits that were returned to the General Revenue Fund to provide for health care and for education and for highways.

And we know where he's headed, Mr. Speaker. And we know why he's making this daily attack in this legislature. It's because they want a position that, God forbid they ever become government, that they could liquidate those assets to pay for all the goofy promises that are made by members of that opposition.

Mr. Speaker, we have taken a position that we are going to use these Crowns to support this province, the people of this province, and the programs that are delivered through the money that comes as a result of those operations, Mr. Speaker.

Some Hon. Members: Hear, hear!

Mr. Wall: — Thank you, Mr. Speaker. Thank you, Mr. Speaker. To the minister responsible for Crown Investments Corporation.

One of SaskTel's biggest investment gambles is in a company called Austar Communications. Austar is a regional telecommunications company that trades on the Australian stock market. SaskTel swapped its \$40 million investment in a New Zealand telecommunications company for shares in Austar Communications in 1999.

Mr. Speaker, will the minister responsible for SaskTel inform the legislature, how much money did Austar Communications make last year? How's that investment going?

Hon. Mr. Lautermilch: — Mr. Speaker, there's a forum, and it's called the Crown Corporations Committee, where all of the investments of the Crowns become a matter of discussion and public scrutiny, and that's appropriate.

Mr. Speaker, yesterday and the day before, this member trotted out an issue with respect to an investment made by SGI (Saskatchewan Government Insurance), and I want to speak to that, Mr. Speaker.

He attacked the president of SGI, who is a well-known public servant who has served this province very well, Mr. Speaker, and chastising that president of that corporation, and that corporation, for not bringing to his personal attention a transaction, one of 5,700 that that corporation made in the year 2001.

Mr. Speaker, that investment was part of a \$9.5 billion worth of

transactions that, by the way, in that fiscal year, Mr. Speaker, netted for that corporation, to provide services for this province, \$30 million, Mr. Speaker.

Some Hon. Members: Hear, hear!

Mr. Wall: — Mr. Speaker, we know why that minister, the House Leader, is standing up and not letting the minister responsible for CIC (Crown Investments Corporation of Saskatchewan) answer. The reason is, is because the news is terrible. For a government that says it needs to gouge seniors and the sick for \$7 million, the news is very bad, Mr. Speaker.

The NDP acquired 13 million shares in Austar, Mr. Speaker. They were worth \$4.60 a share; today they're trading for 17 cents, Mr. Speaker. And the taxpayers of this province, thanks to that minister and the minister responsible for CIC and the NDP, have lost today, realized a loss of \$6 million.

The question to the Premier is this: where is this government's priorities? How can they possibly justify gambling and losing millions of dollars on the Australian stock market and then coming back to Saskatchewan and picking the pockets of the sick and the elderly, Mr. Speaker?

Some Hon. Members: Hear, hear!

Hon. Mr. Sonntag: — As I was saying, Mr. Speaker, as I was saying, obviously, Mr. Speaker, again, the expert over there is absolutely wrong, Mr. Speaker.

The facts are this, Mr. Speaker. That investment did not lose one single penny, Mr. Speaker. Through the prudent investment of SaskTel, Mr. Speaker, what they did is they sold shares enough to recover on their investment, Mr. Speaker, and if they sell one more share, it's profit for the people of Saskatchewan, Mr. Speaker — profit. Something those people do not understand.

Some Hon. Members: Hear, hear!

The Speaker: — Order, please. Order. Order, please. Order, please. Order. Order.

Utilization of MRIs

Mr. Hillson: — Mr. Speaker, I understand why the government is not anxious to take my question.

They have paid \$7 million to buy MRIs (magnetic resonance imaging). But those test . . . those machines stand idle most of the week. They only operate one-third of the time. Meanwhile patients like Susan Schmidt are put on 12-month waiting lists. And if they go out of the province to get an immediate MRI, they're on their own in terms of paying.

Why can the government . . .

The Speaker: — Order, please. Order, please. Order.

Mr. Hillson: — Why can the government not have the MRIs operating more of the time?

They recently got \$30 million from the federal government for the purchase of new high-tech medical equipment. The minister used the money to buy beds. Now he wants to gouge nursing home residents who have spent a lifetime paying taxes so they'd be cared for in their old age.

What hope can the minister give patients today that they won't be caught in the same trap as Susan Schmidt? Does he have a secret agenda to force all patients to pay for their own service as the only way they will get care?

Hon. Mr. Nilson: — Mr. Speaker, we are appreciative of the federal government money for medical equipment over the last two years. There's no money available this year.

But one of the concerns that we have is that the federal government has not participated — those Liberals that that member sticks with — have not funded up to the promise that they made back in 1966 and subsequently. So the money that we spent was spent on those things which the professionals in the field across the province identified as priority needs.

And the beds are beds that are extremely important for the nursing staff and others. It saves work. The majority of the money was spent on very important radiological equipment which serves the province of the province . . . or the people of this province.

Some Hon. Members: Hear, hear!

Mr. Hillson: — Thank you, Mr. Speaker. Mr. Speaker, we have spent \$7 million on MRI machines. They operate a third of the time. People are put on 12-month waiting lists to get an MRI. They leave the province, they pay a thousand bucks to get an MRI. They get a bad diagnosis. The Minister of Health tells them: you're on your own, I'm not going to help you.

Why can't we have the MRI machines operating more than a third of the time? Why are patients having to pay for their own MRIs out of the province? This is two-tier medicine at its worst. This is a diabolical Catch-22. Will the minister get this system operating right? Will the MRIs operate more than a third of the time?

Some Hon. Members: Hear, hear!

Hon. Mr. Nilson: — Now, Mr. Speaker, I assume the member opposite is referring to the fact that they operate during the daytime and not during the evening and not during the night. So he's talking about a 24-hour day.

So practically those MRIs are working to their capacity with the staff complement that we have. We are recruiting more people to work in that particular area. And we also recognize that the professional people who are involved in using the MRI as a diagnostic tool want to make sure that it's used for that purpose and not for people who end up needing it for self-diagnosis or other kinds of things. We are working together with the professional people to make sure that these things are used to their full capacity.

I ask that member to use whatever influence, however small it is, to work with the federal Liberals and get them back on track

through the Romanow Commission, through whatever way, so that they can participate as a Liberal government in providing funding for all Canadians so that we can have the best health system in the world for all Canadians.

Some Hon. Members: Hear, hear!

The Speaker: — Order, please. Order, please. Why is the member from Saskatoon Southeast on her feet?

Hon. Ms. Lorjé: — Mr. Speaker, before orders of the day, I have a point of order.

The Speaker: — Order, please. Would the member from Saskatoon Southeast state her point of order?

POINT OF ORDER

Hon. Ms. Lorjé: — Mr. Speaker, while the Minister of Health was responding to a question from the member for Weyburn-Big Muddy, I very clearly heard the member for Estevan call the Minister of Health Dr. Kevorkian.

Mr. Speaker, it seems to me there is a certain level of civil discourse to be expected in this House even during heckling. Mr. Speaker, although the member did not say it from her feet, I would ask you to rule it out of order and request an apology from the member.

Mr. D'Autremont: — Thank you, Mr. Speaker. Mr. Speaker, there has been, for a number of days, a considerable amount of hollering back and forth on the floor.

I sit two chairs away from the member from Estevan and did not hear those words used, although I have heard Dr. Kevorkian's name taken in this House a number of times on both sides of the House.

Part of the discussion back and forth and hollering, Mr. Speaker, is at times done non-verbally by the member actually from Saskatoon Southeast using . . . flipping the bird to members on this side of the House which is also, Mr. Speaker, not exactly parliamentary.

Mr. Speaker, in the exuberance of the moments a number of things are said, but I did not hear the words, Dr. Kevorkian, today.

The Speaker: — Members of the Assembly. Members of the Assembly ought to be advised that it's impossible for a Speaker to make a ruling on something that will not go on the record in this House.

Nevertheless the fact that the member raised the issue itself, brings to mind that there are occasionally comments that are made across the Chamber that are perhaps unparliamentary and ought after, on second thought, not to have been said.

So I would just like to leave that with the members — that thought that they really ought to be quite respectful of the concept that they've been elected here as hon. members, and that our behaviour and our speech in this House should reflect that.

ORDERS OF THE DAY

GOVERNMENT ORDERS

SECOND READINGS

Bill No. 26 — The Enforcement of Canadian Judgments Act, 2002/Loi de 2002 sur l'exécution des jugements canadiens

The Speaker: — Just before I recognize the minister, I would just ask everybody to come to order. Order, please. Order. Order, please.

Hon. Mr. Axworthy: — Thank you, Mr. Speaker. I'm pleased to rise today to move second reading of The Enforcement of Canadian Judgments Act, 2002.

Mr. Speaker, members of this Assembly will recall that in 1997 this Assembly passed The Enforcement of Canadian Judgments Act to provide for the regularization of enforcement of money judgments between provinces and territories in Canada.

Since that time a number of other provinces have passed similar legislation — Prince Edward Island, New Brunswick, Newfoundland and Labrador, British Columbia, and Nova Scotia.

Mr. Speaker, since this Bill was introduced into this Assembly, the Uniform Law Conference of Canada has made further advances in this area to extend uniform legislation to address non-money judgments as well.

The existing Saskatchewan Act does not address the issue of non-money judgments, but rather than making several amendments to the existing Act to add non-money judgment provisions, it's simpler to repeal the existing Act and replace it with a new Bill that combines both money and non-money judgments.

Mr. Speaker, when I refer to non-money judgments, this is meant to include judicial orders such as injunctions and specific performance that are made by courts of another province. It will also include orders that operate to define certain rights and relationships such as adult guardianship orders or orders that are purely declaratory in nature.

Mr. Speaker, the members of this House will be particularly interested to learn these changes will also provide a method of increasing enforceability of restraining orders among provinces and territories. A national family law committee has indicated its support for this initiative, as interprovincial enforcement of restraining orders has been a chronic problem in family law matters. The practical burden of requiring parties to re-litigate a matter to seek the same type of restraining order when one party or the other moves to another province is often so large as to defeat legitimate enforcement efforts.

I'd note, Mr. Speaker, that the Act will not apply to judicial orders that are already the subject of enforcement procedures between provinces and territories, such as maintenance orders or foreign probate orders or fines or penalties under provincial criminal legislation.

It's also important to note that the definition of judgment under the new Act will not include orders of administering tribunals with respect to non-monetary relief. The only non-monetary judgments that will be enforced will be orders made by courts.

Mr. Speaker, the central purpose of this enhanced Bill is to avoid a need for disputes to be re-litigated in their entirety in order to be enforced between provincial and territorial jurisdictions in Canada. With these amendments in place, it's this government's intention to proceed with proclamation of this Bill in the fall of this year, once the appropriate rule changes to the Court of Queen's Bench have been made by that court.

Mr. Speaker, I'm very pleased to move second reading of An Act respecting The Enforcement and Registration of Canadian Judgments.

Some Hon. Members: Hear, hear!

Mr. McMorris: — Thank you, Mr. Speaker. Mr. Speaker, Bill No. 26, The Act — let me just turn this over here — respecting the Enforcement and Registration of Canadian Judgments, Mr. Speaker, is an Act that, after listening to the minister and having our Justice critic look at it, looks like it makes very good sense. It's a Bill that talks about money, non-money disclosure, and so it's . . . it just deals a lot, as the minister said, with maintenance, Mr. Speaker.

I think as we go through the Bill . . . we've sent it out to a number of . . . a couple of people that we thought would be of interest . . . it of interest to. And, Mr. Speaker, we're still waiting to hear from their response.

So at this time, Mr. Speaker, I'd move to adjourn debate until we hear the response from the people that we've sent it out to, but on surface, it looks like a real good Bill.

Debate adjourned.

(11:00)

**Bill No. 27 — The Enforcement of Maintenance Orders
Amendment Act, 2002/Loi de 2002 modifiant la Loi de 1997
sur l'exécution des ordonnances alimentaires**

Hon. Mr. Axworthy: — Thank you, Mr. Speaker. Mr. Speaker, I rise today to move second reading of The Enforcement of Maintenance Orders Amendment Act, 2002.

When maintenance enforcement opened in 1986, it was estimated that 85 per cent of custodial parents were not receiving regular maintenance payments. Maintenance enforcement now collects money on close to 80 per cent of the 10,000 files registered with their office.

During the first five years of operation, between 1986 and 1991, maintenance enforcement collected \$10 million. In the fiscal year ended March 31, 2002, Mr. Speaker, the office collected over \$30 million or over \$2.5 million per month for the residents of this province.

The federal government recently did a survey of all Canadian

maintenance enforcement programs. And, Mr. Speaker, it's my understanding that this survey, which will be released this summer, shows that Saskatchewan has the very best collection of any province or jurisdiction in Canada.

Mr. Speaker, this Bill makes a number of changes to assist the maintenance enforcement office in carrying out its mandate. A new remedy that this Bill provides to the director will apply to respondents who attempt to evade their responsibilities by funnelling income through a corporation.

The amendments we are proposing today will allow the director to enforce the maintenance order against that corporation where the respondent is its sole shareholder.

If the respondent owns that corporation with other family members, but the court finds that the respondent controls the corporation, again, the maintenance order can be enforced against the corporation.

Mr. Speaker, this Bill also makes enhancements to a remedy that was added to this Act in 1996 — driver's licence withholding. The Act currently requires the maintenance enforcement office to serve the respondent with two notices of its intention to suspend the respondent's driver's licence.

Since 1996, maintenance enforcement has issued 3,966 first notices or warnings and 2,515 final notices and has suspended 1,861 driver's licences from non-payers, mainly self-employed people.

Mr. Speaker, driver's licence withholding has been tremendously successful. The amendments we're proposing today will remove the requirement for serving a second notice by personal service and allow the director to direct SGI to suspend a respondent's driver's licence or withhold it from renewal after 30 days notice is served on the respondent by ordinary mail or any other prescribed means.

The proposed amendments also provide other minor enhancements to the Act by authorizing the director to enforce maintenance agreements that are filed directly with the office, allowing the director to demand and the court to order the disclosure of information respecting the status of the dependent, the relationship of the respondent to any person or corporation, and identifying information including a photograph.

Also streamlining the process for out-of-province garnishments, allowing garnishments to be served on the respondent by ordinary mail, and on the garnishee by fax, or on either by other . . . done by any other prescribed means.

The amendments also respond to issues raised by respondents and their employers by allowing the respondent to apply to the court to revoke or change a continuing garnishment where the order on which it is based is decreased by the court, but the claimant refuses to serve an amended garnishment to reflect the correct amount payable. And ensuring that garnishees who voluntarily comply with the garnishment are not at risk of having to pay that money again to the respondent.

Mr. Speaker, I'm pleased to recognize the work of the maintenance enforcement office, many of whose members are

here today. And I am pleased to move second reading of an Act to amend The Enforcement of Maintenance Orders Act, 1997.

Some Hon. Members: Hear, hear!

Mr. D'Autremont: — Thank you, Mr. Speaker. Mr. Speaker, enforcement of maintenance orders has been a problem for a long period of time. In particular it's been a problem with out-of-province respondents to this issue — either people from out-of-province coming into Saskatchewan or people from Saskatchewan going out of province.

Mr. Speaker, there needs to be a solution for that. And I know that across Canada solutions are being worked on, and in part it is being successful. But only in part.

Mr. Speaker, the deal . . . the idea of making corporations responsible though needs to be dealt with very carefully. When a sole individual is the complete owner of a business, then perhaps it is clear as to whether or not the person involved is trying to avoid responsibility for making their payments by not bringing into their own personal direct benefit salary or assets that could be garnisheed and leaving those sitting with the corporation.

However, in cases where there are multiple owners of a corporation, I think we need to be very careful in that area in bringing forward this kind of legislation to ensure that the civil rights and privacy of the other shareholders are dealt with properly and are recognized, Mr. Speaker.

In this particular case, the Bill deals with some very complex matters and needs some time to be reviewed to make sure that it is being dealt with properly.

Also the idea of garnishees, Mr. Speaker, being done through fax or other electronic means. I wonder, how does this comply with the Acts that we have currently before the House dealing with the transfer of electronic information and commerce?

Are these two particular Acts going to be compatible when we're assuming that the person at the other end under these Acts has received this information and has accepted it? How do we know, Mr. Speaker?

So does this Act and the new Act that is before the House . . . are they in agreement? Do they work together or is there a conflict there, Mr. Speaker? Again that's something that needs to be looked at.

So, Mr. Speaker, at this time, to give the interested parties an opportunity to review the legislation and understand, in light of the minister's comments today, what the implications are, I move that we adjourn debate.

Debate adjourned.

COMMITTEE OF FINANCE

General Revenue Fund Health Vote 32

Subvote (HE01)

The Chair: — I invite the Minister of Health to introduce his officials and, if he wishes, make a brief statement.

Hon. Mr. Nilson: — Thank you, Mr. Chair. I am very pleased to have with me today a number of people and I will introduce them: the deputy minister, Glenda Yeates; and Dan Florizone behind her, and then Rod Wiley behind her.

Dan Florizone is assistant deputy minister working with the health districts and the new regional health authorities. Rod Wiley, at the back, is the executive director of finance and management services.

To Dan Florizone's left is Bert Linklater, and he's executive director of district management services. And right behind me, I have Mick Grainger, who's assistant deputy minister primarily involved with the human resources and various labour issues.

And to my right, I have Lawrence Krahn, assistant deputy minister as it relates to many areas, but medical services and things like that. And then behind him, I have Roger Carriere, who's the assistant executive director for community care.

In the back, I have John Paul Cullen, who's assistant to the deputy minister; George Peters, executive director of population health; and Lauren Donnelly, who's the executive director of acute and emergency care. And I think that's the whole crew.

And I will . . . What I would say is that this has been a tremendous year of hard work for the Department of Health and all of the civil servants who have been part of our development of the action plan after we received Mr. Fyke's report about a year ago. And I think the simple thing I would want to say is thank you — thank you on behalf of all of the people of Saskatchewan. You've done a very good job. And we have many more things to do. And I know that all of the people of Saskatchewan will work together with us as we implement the action plan for Saskatchewan Health. Thank you.

Mr. Gantfoer: — Thank you, Mr. Deputy Speaker. Mr. Deputy Speaker, and minister, particularly I would like to as well join with you in welcoming the Department of Health officials, deputy minister and associate deputy ministers, and all and sundry other individuals of different positions.

I would first of all, minister, thank you for providing me with a flow chart. I would ask if I could have a new one because by the time it went through a couple of fax machines it's almost illegible, but that's no hurry. I mean thank you very much. I do appreciate that it was faxed over.

Certainly, Mr. Deputy Speaker, before we begin, this is a new session of the legislature and this is the first time that we've had to begin Health estimates. And I think the minister and the officials know that we certainly spend a fair amount of time on Health estimates. The whole expenditures of the Department of Health are very significant and I think it's incumbent on us to make sure that we review and discuss the issues and priorities in a very thorough way. And I know the minister concurs with that general theme.

As well I would like to talk in very general terms to start things off, if you like, and then talk about some specifics and we'll work our way through the days and weeks ahead and more and more specifics. And I hope that that goes well for all of us as we try to understand not only ourselves what is going on, but I think we have an obligation to the greater public that watch this and follow it in *Hansard*. So that questions sometimes may be pretty obvious to ourselves who are pretty intimately linked to the health care system but quite often the people out there who are also interested in what's happening in the health care field are most interested in the questions and the responses to them. So I wanted to set the stage a little bit, if I could, in that direction.

I too would like to recognize and acknowledge the work that has gone on the health field and certainly specifically the Department of Health, but also to all agencies and organizations in health care not only in Saskatchewan but across Canada right now. It's a time of tremendous change, tremendous discussion about the issues that are surrounding health. And I think that it would be fair to say right across this country the whole issue of health care not only is the most significant issue that citizens indicate in polling as the primary issue, but I think the whole health care system recognizes that the time has come for some honest discussion and debate and consideration of all of the challenges and issues facing health care right across this country.

And I know members opposite in the government as well as ourselves over here in opposition are most interested in following the work that Mr. Romanow is doing in the national health care commission. And I think that perhaps that this may have some pretty fundamental ramifications for how we deliver the public health care system in Canada. And we look forward to not only his report but also I believe that the fifth of the six Senate reports are out and those as well issue some real challenge and thought-provoking direction that I think is important.

Mr. Minister, first of all, I have sort of a routine question that I want to understand. It's my understanding that your department or your office as the minister has directed to the Department of Health and Department of Health officials that we are not to engage our direct inquiries about health issues from the official opposition. Myself as the Health critic or members of our caucus have been directed not to address any questions to the department or their officials for clarification as they come up, and that they should instead be directed through your political office.

And I wonder, Mr. Minister, if my understanding of that is correct? And if it is, then why that decision has been made in the Department of Health's instance?

Hon. Mr. Nilson: — Thank you for that question. Mr. Chair, that question raises a question about how traditional parliamentary democracy works. And in the legislature the Minister of Health is responsible for the Department of Health and the tradition is that all inquiries would come through the minister's office from other members of the legislature. And that's the tradition that we hold to.

It's also of benefit for all of the people who work within the

Department of Health because then they know that the answers and information that's provided has been vetted by the appropriate people within the department and make sure that it does go on to the members of the legislature, so that people are working with information that they know has been approved through the system. But that's a long tradition of parliamentary democracy, but that is how this works.

Mr. Gantefoer: — Well thank you, Mr. Minister. But if that is the case then it isn't uniformly applied across your government because from my colleagues in other critic areas, indicate that it is very much an individual decision by individual ministers to make that decision or not. Because in some instances, members are able to discuss issues with department officials directly. And my colleagues in other critic areas say that that is most helpful because quite often it not only speeds up the timeliness of it, but it also is less formal and you can speak to the people that are actually responsible for the specific issue.

So I guess that your argument that this is sort of some great parliamentary tradition certainly is not universally followed. And I'm wondering if you would reconsider in light of the fact it isn't standard across the government?

Hon. Mr. Nilson: — Well my position is — as a lawyer and as somebody who is part of accountability structures and how they work — is to say that maybe I should talk to my colleagues about the traditions of parliamentary democracy and the responsibility of ministers and ministers' offices and how that works, and how that makes sure that the discussions take place with appropriate information as prepared by the departments and then . . . the information then does become the responsibility of the minister.

So if I'm a traditionalist or if I'm somebody who follows the traditional rules of accountability, then I'm proud of that and that's how we will work in the Department of Health.

Mr. Gantefoer: — Thank you very much, Minister. It certainly is within your purview to decide how the operations of your department are going to work.

I was merely pointing out where I thought a system could work where individuals from this side of the House, and certainly myself, would benefit by the direct relationship on certain issues. Because by the time that it gets vetted through your office, quite often the timeliness gets lost to some extent. However I recognize the position that you're taking.

Mr. Minister, today it probably will come as no surprise to you, given the last couple of days, questions, and issues, where I probably will start at least, in terms of specific terms today. I want to talk about the whole issue surrounding the long-term care system in our province and make sure that the full amount of information that is important and necessary for people to understand the system is going to be put on the record.

And I would like to start, Mr. Minister, by talking about the long-term care system in general. Mr. Minister, as you are aware, is that the district . . . and now regional and we're into the transition, but we'll talk about the action plan and the changing structure another day.

But at this stage, the district health boards are responsible for maintaining and providing long-term care services, and these services are by and large consistent across the provinces. There certainly is an ongoing program of renewal of facilities and capital projects that are going on, and so there is various degrees of facility significance and structure and timeliness.

Some of the new structures — and I've had the opportunity over the last three years that I've been the Health critic to tour a great many of them — and there is a significant discrepancy between the very newest facility and the structure and organization of those facilities. And the minister in the department, I'm sure, would recognize that there are other facilities that are in need of renewal and refurbishing and in some cases, indeed, complete replacement.

As well, there's been some significant change in terms of how services are provided and what environment. And more and more we see, particularly in smaller communities, where the facilities are part of an integrated facility where there is long-term care facilities and then there are varying levels of acute care services that are also delivered out of this facility and perhaps even some office spaces for primary health care providers and things of that nature. So that structure is pretty varied.

And so, Mr. Minister, I would like to give you the opportunity to talk about the long-term care structure, the very specialized and fairly modern and new concepts in long-term care delivery — with the Eden kind of model, with the, you know, the subdivided facilities that have communities or neighbourhood kind of concepts — to those facilities that are longer and older and more represent or look similar to what a hospital or acute care facilities have been like, to the integrated health services and health facilities that there are across the province.

Would you outline the general organization and structure and facilities of the long-term care system?

Hon. Mr. Nilson: — I would like to thank the member for the open-ended question about the long-term care system because I think that we in Saskatchewan can be quite proud, and I know our government is proud, of the money that we do put into long-term care, which in this year's budget is increased by 10 million to \$337 million.

The total cost of the long-term care system is at \$337 million, with another \$108 million contribution from the residents, which for a total of about \$445 million. And effectively, the province and the citizens of Saskatchewan provide for the elderly about three-quarters of the cost of long-term care in the province.

We have 8,900 residents in 158 facilities. And these are spread right across the whole province. And the people who are in long-term care are very heavy care patients, primarily level 3 and level 4 patients. And they go through a standardized assessment which is pretty well the same right across the whole province and people are assessed according to their need. And they receive the opportunity to live in the long-term care facilities based on this assessment of their need.

There is a single entry point, so that in a community all of the

facilities work together. And there is a common assessment, for example in Regina, and then people are assigned to the various long-term care facilities that are here. But I think the important thing to recognize is that these are based on need.

Mr. Gantefer: — Thank you, Mr. Minister. Mr. Minister, you acknowledged and recognized and provided some general numbers that talked about the cost of providing long-term care. Could you outline what the annual or monthly fee is per long-term care bed, first of all; and second of all, could you provide a range because I would suspect that that number might be an average. But what's the high and the low end of numbers that make up that average?

Hon. Mr. Nilson: — The present system, the rates that are in place right now, the minimum fee is \$828 a month and the maximum rate is \$1,561 a month. And there is a formula based on your income. If you're at the minimum amount, and that's about a third of the 8,900 residents are at the minimum rate, that they end up paying that full amount.

But no matter what amount of income you have, you still will have a minimum sort of extra income beyond the costs for your room and board, your food, for all of your care, for all of these things, of \$166 a month. So that's the present rate structure right now.

Mr. Gantefer: — I'm sorry, Minister, I probably worded the question badly. I was looking at what the actual cost to deliver the program is. There must be . . . You indicated, I believe, something that the overall fees represent 75 per cent or something of the actual cost.

What is the cost of providing a long-term care bed per month, irrespective of who pays for what portion of it, and what is the top and bottom end of that range?

Hon. Mr. Nilson: — Based on last year's information, the cost per bed for per month is approximately \$4,018 for an annual cost of about \$48,210. Our best estimates for this year, which we've just now started for the last three weeks, will be that that will bump up to about 50,000 a year — somewhere between, well between 48,200 and 50,000.

Mr. Gantefer: — Minister, to arrive at those numbers, there must be figures available as to what constitutes the cost drivers in coming up with that final number. You know, are there, you know, nursing wages, the capital cost of the facility, the depreciation, the amortization, utility costs.

I hope I'm explaining myself in terms of how does that 4,800 or \$4,018 a month . . . Does the department have a breakdown as to how, what are the contributing line items that, and the amounts of those line items, that would result in a total of the \$4,018 a month? Does the department have those figures available?

(11:30)

Hon. Mr. Nilson: — You are right about the fact that this includes many, many factors. And I guess what I would say is that there are operating costs and then there are the non-salaried costs. So right now in our system, salary and employee benefit

costs represent about 80 per cent in this particular field of the total operating costs and non-salary costs operate about . . . represent about 20 per cent. So that would be the buildings and things like that. So the fees that the residents pay go for all . . . for operating costs.

Mr. Gantefoer: — Thank you, Minister. Minister, would it be possible to receive the detailed breakdown of what the cost analysis is for the monthly cost? You said generally 80/20 in terms of the salary and non-salary. I mean, what I'd like to know is, is there a model that says that for, you know, the requirements under the Act to provide a registered nurse facility, you know, the maintenance people, the staff people, those sorts of things?

I'm guessing that somewhere there must be a detailed line item kind of a breakdown in order to come up with those numbers. I mean, you just don't grab them out of the air. Somewhere there's got to be a financial statement or something that results in these numbers coming together. If that is there somewhere, would it be possible to receive a copy of that?

Hon. Mr. Nilson: — On a province-wide basis, the funding goes out globally to the health districts, and so the questions that I think you're asking are probably facility-specific and you could go to the 158 facilities across the province and gather that. But what we've done is say, well, this is an average based on the amount that we actually fund globally to the health districts based on what they see as their needs on a year-to-year basis.

Mr. Gantefoer: — So as the department minister, I guess you just are assuming that the district numbers are right, and that they are operating the systems in the best way possible and that it's a simple acceptance of their numbers, and then saying, okay, this is what comes together.

Has the department then done any kind of an analysis to see . . . You know, it sounds like \$4,018 a month is a huge number for a monthly service. Has the department done any work to say, you know, look, what are the cost drivers and the critical components in this, and is there any way that there could be some cost savings that could be arrived at in this \$4,018, rather than just accepting them blindly as being the most effective and efficient way of delivering the cost and then passing on . . . (inaudible) . . . to the residents?

Hon. Mr. Nilson: — . . . health district . . . (inaudible) . . . audit and so that the audit level. There's also obvious ones with the consultants and people who work with the various agencies around the province.

I think that the biggest part of the cost relates to employees and employee benefits. And those are things that are negotiated on a province-wide basis, and so that we have a pretty good handle on that kind of a cost issue.

We also know and can see, I think, in the various regional health districts, when they look at their own facilities, that if it's . . . sometimes some of the smaller facilities have a higher cost per patient than some of the larger ones because they have to spread some of the central service part of an institution across a fewer number of residents.

So on a province-wide basis, there are some variations around that. And what I've, you know, given you is sort of an estimate of the cost across the whole system.

Is it an area that we're looking at? I would say that we are looking at every area in health because we have to make sure that we're making the most effective use of the dollars that we have.

Mr. Gantefoer: — Thank you, Minister. Minister, as well, does the department do any analysis of waiting times? You indicated that there's a pretty standardized acuity of need system across the province in terms of access to a long-term care bed facility.

Does the department . . . or do you ask the local districts, sort of look and say, in this district there might be less pressure on the acuity of need and there's more waiting lists or there's greater waiting lists? Has the department done an analysis about the appropriateness of availability of beds?

Hon. Mr. Nilson: — The question of waiting lists is primarily dealt with within the health districts. But that information is shared as part of the health plans and at other points.

I know from my own visits around the province that some areas have longer waiting lists and obviously more demand. And often it comes about because of the mix of housing available for people.

I mean, a good example is Moose Jaw, where they have a mix of housing from Sask Housing, sort of assisted living to personal care homes to the long-term care homes. And there's a good mix there of available housing and so that the waiting lists are quite manageable there.

And they have a, obviously, a single entry point application form for people so that they kind of know who are the next year's residents in the long-term care. And so they've been able to do a good job of management.

I think Weyburn also has a similar situation. Saskatoon and Regina, there are more challenges because there aren't quite as many tools available in the . . . it's sort of in the whole range. And so that is a challenge and that's where a number of projects have come forward, whether it's the Sask Housing projects or whether it's some of the newer personal care homes that we do see.

I think that in this particular area of waiting lists, it's important to talk about how the single entry point and common assessment program for people's entry into the long-term care program has been very successful. This system has allowed for common assessment. People are trained in providing the assessment. The medical information, the social information, all these things are common and standardized so that when the committee that gets together to work about who goes into which facility and when, they're able to do it from a common base of information.

And that success, I think, has meant that we have a better handle on the waiting lists. Sometimes in some communities they're a little bit longer — well, clearly longer — than we would like, and those are areas then where we have to go and

see, well, what are the resources that we can bring to that particular community to help out. So it's part of an ongoing strategy.

What I would say is our action plan with the regional health authorities will allow us to have even better information and better sharing of that information within a regional health authority but also on a province-wide basis, so that we can answer some of the questions that you were raising about, well how are we analyzing the costs of various facilities and the cost to the total system.

Mr. Gantfoer: — Thank you, Minister. I would assume that in that analysis, that looking forward at the demographic trends in a region or a district are also part of the planning process that is happening by the districts.

Minister, to go to the question that you had sort of answered when I posed the costs question before. You indicated that the minimum fee under the existing structure is \$828 a month and then it's plus 50 per cent of income over \$994, and it's capped currently at \$1,561 a month leaving a minimal disposable income of \$166 a month.

Minister, I wonder have you . . . has the department done any study about what are the demands on clients and seniors for that \$166 a month? I understand that there are varying numbers of fees in different districts that would include things like, you know, sort of a shared common cost: disposables, rubber gloves, those sorts of things. Some seniors will require personal hygienic products; in addition to that, they require prescription drugs.

And anecdotally at least, a number of families have told me that these other things can amount very significantly to 2 or 3 to \$400 a month over and above what the calculated rate for the actual long-term care fee is.

And I'm wondering, Minister, has the department done any study of what are the demands on those incidentals or other things that aren't covered in the basic fee?

Hon. Mr. Nilson: — As it relates to these extra costs that are there, the department in fact did do a survey last year and found that there's a . . . these extra supply costs are about 50 to \$75 a month on average. So when you say on average, it's obvious there would be some that would be higher and some that would be lower.

What I would like the, you know, the public to know is that if there are challenges in that particular area, on a case-by-case basis, the department does sit down with people and try to figure out how to manage some of these things, because it does become a worry for older people and for their families. And the department is able to see, well, are there some other kinds of support that we have in the overall system that would deal with some of these particular problems.

So that's the important message, I think, for everybody — is that they are very concerned about making sure that matters are dealt with on a case-by-case basis.

Mr. Gantfoer: — So, Minister, is what you're saying that if

an individual's case is such that their fees are substantially more than this average, what is the process for that individual to apply to have these fees waived or what's the program?

I mean, I don't think seniors in this province are aware that there's a program. And so I would like to know what it is and how it's advertised and what benefits are available through it.

Hon. Mr. Nilson: — In the regulations that relate to long-term care, there is a specific clause that allows for people to have their fees recalculated based on some of these kinds of costs. And so that is submitted to the institution or the health district, or you can submit it directly to the Department of Health long-term care unit because, ultimately, they are assessed centrally for the whole province.

And so the telephone number that I kindly gave you yesterday is the direct access to that whole process. Or if you'll . . . if people prefer to deal with the individuals that they've been working with in their town or in their facility, those people would be able to get the information about how to do a review.

Mr. Gantfoer: — So does this program then waive the minimum fee of \$828 or adjust that downward for individuals who are in particular need?

(11:45)

Hon. Mr. Nilson: — I want to make it absolutely clear to the public that the 828 will always be paid. Now, practically, through our old age security system basically people over age 65 have that amount of money through the various national programs that we have.

If for some reason they're under age 65 and are in one of these facilities and don't have those funds, then Social Services will pay it if they can't afford it. And so, practically, at the low end of the scale, there isn't anybody that will ever be pushed out because they can't pay the \$828.

Mr. Gantfoer: — That's fine, Minister. But what happens if someone's other costs are greater than the \$166 that they are theoretically left with from these middle amounts? What is in step . . . in place then if their actual extra costs are \$300? Who makes up the extra \$134?

Hon. Mr. Nilson: — We have a system in place that cover exactly the question that you're talking about. And there's a drug plan special support, if it's drug costs that are an issue. We also have supplementary health benefits that are available, if it's some of those kind of health costs. And basically, the people that are reviewing the matter and working with it will work with both the Department of Health and the Department of Social Services to deal with these kinds of cases where people are on the low-income scale.

The Speaker: — Why — order — why is the member on her feet?

Hon. Ms. Crofford: — Thank you very much, Mr. Chair. With leave to introduce guests.

Leave granted.

INTRODUCTION OF GUESTS

Hon. Ms. Crofford: — Thank you very much, Mr. Chair. Sitting in your gallery are Scott Meek, and Deidrie Keir from Deep Indigo Productions of Scotland. Accompanying them today are Susanne Bell, director of programs and services for SaskFILM.

They're scouting Canada for potential locations for a television movie that I understand will be a sweeping family drama, Mr. Chair.

Mr. Meek and Ms. Keir will be meeting with producers, visiting the sound stage, and extensively scouting rural areas, maybe even the Wood River area, Mr. Chair.

So I ask all members to welcome Mr. Meek and Ms. Keir to the province. Thank you very much.

Some Hon. Members: Hear, hear!

COMMITTEE OF FINANCE

General Revenue Fund Health Vote 32

Subvote (HE01)

Mr. Gantefer: — Mr. Deputy Speaker, I too would like to welcome our guests from Scotland, and certainly refer them to a beautiful part of the world in middle Saskatchewan — Melfort-Tisdale would be a great place for a movie. So make sure you come up into that area.

Thank you, very much . . . (inaudible interjection) . . . The member from Regina South says that there's some bad actors over here, but we don't have a monopoly on that, I assure you.

Mr. Minister, what . . . the program, then, for the people who are in the unhappy circumstance of actually having greater costs than what they have income, or greater than the 166 margin that they're left for these discretionary items, if you like — and you indicated there's things that they can be done on the pharmacy side because a significant portion of increased costs very often are pharmaceuticals and things of that nature — in this formula, is there any consideration given to these people to have some discretionary money? The kind of money that you use to buy your grandchild a birthday gift or a Christmas present; the kinds of things that maybe are personal, to get your hair done, those sort of basic things, Mr. Minister. Or is this thing a very tight thing that makes you essentially use up all your resources?

Hon. Mr. Nilson: — As it relates to these particular things that you've raised, basically the amount is available to deal with most of these kinds of things. If there are challenges, there is a review process that is, I think, very individualized. It relates to that particular person and they can work with the department.

Sometimes, you know, people will not totally agree with what the assessment is, but most of the time there isn't a problem. I guess what I would emphasize is that in any of the discussions about changes in fees, the people that you've been talking about

now would not be affected at all — there's no change at all in this whole area.

Mr. Gantefer: — Thank you, Mr. Minister. We'll get to those other folks right now.

Mr. Minister, I think you've said in statements you've made that about one-third of the current recipients of long-term care services will not be affected by any of these new proposed fee increases and that approximately two-thirds will be.

Minister, everyone that makes more than \$994 a month will be affected, is that not correct?

Hon. Mr. Nilson: — Yes.

Mr. Gantefer: — Thank you. So you've also characterized that these fees are for 120 rich people. Certainly two-thirds of the people in this province wouldn't be . . . or that are receiving long-term care fees are not going to be categorized as rich people.

Minister, as the formula works now, that we talked about earlier, the basic fee of \$828 a month is then . . . currently anything over \$994 a month is included at 50 per cent of the income over that amount and the whole process is capped at \$1,561 a month.

Under this new program, you certainly have left a great deal less for the people to remain in their own hands for this discretionary income. Because you've gone from 50 per cent of the income over \$994 and you're now taking 90 per cent of that income. Is that correct?

Hon. Mr. Nilson: — Yes.

Mr. Gantefer: — Well thank you very much, Mr. Minister. So that for anybody that's making more than \$994, their rates have been rejiggered from the 50 per cent of the money they've had left to 90 per cent of the money they have left. And I would think that someone that's making, for example, \$1,000 a month could hardly be categorized as a rich person. And granted because of this new structure, the fee increase is only something like \$2.40 a month, but I'd like to move somewhere where I think is a more reasonable number.

If a person is making \$2,000 a month, and I would like you to make sure that these numbers are correct. At \$2,000 a month currently that individual would pay \$1,331 a month for their fees based on the old formula.

At the new formula of 90 per cent of their income over \$994 a month, they would now have to pay \$1,913.40 a month — a monthly increase of \$562.40, \$6,748.80 a year more, or a 36.73 per cent increase.

Now I wonder, Mr. Minister, do you consider someone that's making \$2,000 a month a wealthy person?

Hon. Mr. Nilson: — Mr. Chair, I think maybe if the member could send us over his calculations, because these don't quite add up.

Mr. Gantefer: — Thank you, Mr. Minister. My colleague points out to me . . . I'll certainly send a sheet over, but I got some wrong on this. I also need my prescription renewed on my glasses, because I got on the wrong row here.

Two thousand dollars a month would be \$1,331 a month under the current structure; 1,733.40 under the new structure — an increase of \$402.40. And that would be \$4,828 in total a year — a 30.23 per cent increase.

Is someone making \$2,000 a month and facing a 30 per cent increase, would that individual be considered a rich person in your estimation?

Hon. Mr. Nilson: — Well what I would say is that terms like rich and poor are relative terms and . . . But what we know is that in Canada, for our seniors, we have provided a method whereby they have sufficient income to provide for themselves in the long-term care facilities.

And what this has done here is it means that a person who has the lowest income has a discretionary amount of \$166. This person, actually, who is putting all of their income in there, will have a discretionary income of about \$266 a month. So it's about \$100 a month more after paying for all of their living expenses, all of their care expenses. And the citizens of the province are subsidizing the rest of the cost of that person at a very substantial cost to all of us in society.

And so what we have been doing with this particular program is basically saying that those people should be paying a substantial share of their income, in the same way that the lower-income people are paying a substantial share of their income. And if you philosophically disagree with that, I can accept that.

But we, on this side of the House, are saying there are certain times and certain places where we are going to ask for the sharing of the dollars so that we can afford our total system.

Mr. Gantefer: — Philosophically, in terms of the principle about sharing in terms of long-term care, there's two components that clearly are in the costs of long-term care. \$4,018 a month is not a simple housing allowance, if you like, minister and I think everybody would recognize — no one or few people pay \$4,000 a month for simple housing expenses — that there is certainly a very significant level of health care provision in these facilities.

And so we sit and say is it appropriate for seniors to contribute something towards the cost of this whole program because it's not just a health program; it is a housing program. And I think philosophically right across this country, there certainly has been a recognition as that a senior or someone, not necessarily senior, but anybody requiring long-term care should pay a component of the cost of delivering that service because it's a housing cost. It has to do with room and board, if you like, a roof over your head, you know, a warm bed at night and decent meals and all those other things.

And nobody's arguing with you, Minister, that that philosophically is appropriate. Right across this country, there are appropriate fees for long-term care and I think that it's recognition that there is this component of housing in long-term

care.

But it also is true, Minister, over the last ten years, there's been a trend so that the people that are going into these institutions have a great deal of health challenges. It's not just simply a housing program, because if it was simply housing, you could be in another program of independent living and living at home or whatever you like.

The people that go into these facilities, because of the evaluation and the assessment process that you talk about, require a great deal of heavy care as a result of diminishing health, not just as a recreational spot — that this is now a good place to go and live. Few seniors go into long-term care facilities that are not faced with a significant amount of health challenges.

So when you say that we're now expecting people to take this basic amount, plus 90 per cent of everything else that they have coming in and then out of that . . . because they're not going to be at the subsidized level once they get at \$2,000 a month. These other programs about saying we're going to help you meet the needs for prescriptions and those sorts of things are not going to likely apply to these individuals.

And so if they have a situation where, I grant it, because of their circumstances they may have an extra \$100 to work with, but their costs could actually be significantly higher than that. And so they're going to have to start bleeding off of their resources in order to meet those challenges.

So, Mr. Minister, while philosophically we're not in agreement that it should be a shared responsibility, the problem is, is you're taking everything under this plan and we think that that's inappropriate.

And when you look at other jurisdictions, it certainly stands out as a comparison to our neighbours. Somewhere, Mr. Minister, I have this. In Alberta for example, who you always throw accusatory remarks about how cold-hearted they are in Alberta, their maximum cost that I received over the Internet is \$991 a month for a private room. That's their maximum. In Manitoba, next door to us on the other side, it's \$1,806.

And, Mr. Minister, we never argued about this point when you were talking \$1,561 a month. And that was raised only a couple of years ago by a former colleague, who was associate minister at that time. And because even that increase was modest and related to the increased costs, we didn't complain about that at all, Mr. Minister.

Our problem here, Mr. Minister, is this is an unreasonable rate increase and I think that you should reconsider it. Will you do that?

Hon. Mr. Nilson: — Well what I would emphasize to the member is that we have 75 per cent support of the total system for long-term care, and it's \$337 million. And so we have looked very carefully at where we can get some more money.

I'd also like to emphasize the fact that with the maximum fee that we will be charging, we are still going to have the third highest maximum fee in the country. And in Nova Scotia, their

maximum fee, which is \$5,085.60. And in New Brunswick, it's \$4,020.

And so I guess what I would say to the member is that we provide support for the overall system. We also work with people at whatever income level. And I want to make it absolutely clear that you are talking about \$2,000 income for a single person. So if in fact it's a couple that would probably be \$4,000 a month or some variation of that.

But we work with the people to make sure that the spouse or partner who's outside of the facility can survive and make the appropriate adjustments to deal with a lot of those kinds of issues.

And so for the person who is in the long-term care facility, virtually all of their needs are met and a big chunk of it includes the sort of assisted care that they need.

And what we are asking is that the people that are on the bottom end of the scale should be treated in the same way — as far as income — should be treated on the same way as those people up to an income of \$52,000. And every person who earns more than the \$998 will have more discretionary income left at the end than that person who's under \$1,000.

So what we've got is a system whereby we provide support of \$337 million and we income test those people who go into the system. And those people who have the income to pay more, we ask them to pay more.

What I also emphasize very strongly is if you go 90 miles south of here, you not only income test for Medicare, you asset test. And you don't get a dollar until you've actually gotten rid of all of your assets. Then you get your support.

We're not there. We're not going there. We are trying to ask the people of the province to provide some more dollars into the system from their income so that they can help as we deal with all of the challenges that we have in our health system.

Mr. Gantefoer: — Well thank you very much, Mr. Minister. And, Mr. Minister, I doubt very much if you've got seniors migrating to the United States because they're really happy about a system of health care or whatever there. And I doubt as well that you're going to sort of have people really happy about the fact that we're only the third highest in Canada, and two Maritime provinces are the only people that exceed us.

Our problem is, is how do we keep it fair for the citizens that live in Saskatchewan? I'm not concerned about the ones in Nova Scotia, New Brunswick, or the United States of America. I don't think it's fair to Saskatchewan seniors. And that's the problem.

And, Mr. Minister, I mean you talk about the contribution that you've got to, to long-term care. And I recognize that. It's an appropriate contribution to the fact that there's a reality of the need for our long-term seniors to have appropriate health care into the future, and that it's appropriate for them to pay a portion of it because it also has a housing component.

You indicated earlier on that you said, currently that \$108

million is coming from residents and 337 is your . . . this year's commitment to long-term care. I understand that. But the amount of money that you're now going to raise extra out of these people's pockets in that kind of a magnitude of a cost thing is I believe by the release from your department, where it's quoted as \$7.4 million . . . Is that the actual estimated amount that's going to be raised because of these extra fees?

Hon. Mr. Nilson: — That's correct, for six months. So on an annualized basis, it's almost \$15 million.

And so I would ask the member opposite just to look at the Health budget or look at the budget of the government in general and say on an ongoing basis, where would you take \$15 million of the . . . out of the Health budget and explain that. So I mean there are some places that the member can tell us where . . . (inaudible) . . . get some of this money.

The Deputy Chair: — Order. Order. Order.

Mr. Gantefoer: — Thank you, Mr. Deputy Speaker. Mr. Minister, don't make it so easy. Just today in question period, my colleague from Swift Current was talking about how you could have saved \$6 million that you blew on an adventure in Australia.

You know, I mean, if you're talking about priorities, talk about them as a government. It isn't responsible that you as a Health minister should be taking the hit from the adventures of your . . .

The Deputy Chair: — Order. Order. Order. Order. Order. Order.

Mr. Gantefoer: — Thank you, Mr. Deputy Speaker. Mr. Minister, I don't think it's proper that your Department of Health should be taking the hit and be looking to things like you're doing here with the seniors to cover up some of the misadventures of your colleagues in SPUDCO (Saskatchewan Potato Utility Development Company) or Australia or wherever else.

If you're talking about where would you get it, well that's pretty easy. It's pretty easy to understand where you have to get it, and it's a question of priorities. And I think it's unfair that you have to do these kinds of decisions, because they are very difficult decisions, Mr. Minister.

And so when you talk about the fact that there's other places this money could and should come from, I agree completely with you, Mr. Minister. And I think you've got to sit down and tell your colleagues that we can no longer afford and it's no longer appropriate for these misadventures going on around the world when there are these needs in the health care system.

So I think that you have to make sure that you make your case to your colleagues a little stronger, because it's put you in a very awkward position, Mr. Minister.

Mr. Minister, I would like to yield to some of my colleagues that also have questions on this general topic. And so, Mr. Deputy Speaker, I will if there's time left today, I will wind this discussion up later and leave my colleagues have some

opportunity ask some questions.

Hon. Mr. Nilson: — I appreciate that the member has some suggestions about how to deal with this, but I would reiterate the comment I made yesterday in question period, that you may want to seek some professional advice from accountants about how the money flows between the General Revenue Fund, the Crowns, and other places, so that your comments can be informed and can be of assistance to us as we design our budgets. Thank you.

Mr. Hart: — Thank you, Mr. Chair. Mr. Chair, I would say to the Minister of Health that we fully understand how money flows from the Crowns and to the General Revenue Fund. And we understand how your people in the Crowns go off and play their Monopoly games with the Monopoly money and lose \$5 million here and \$28 million there and \$80 million in ISC (Information Services Corporation), and all those sorts of things.

But that's not what we're here to discuss today. We're here to discuss Health, the Health estimates, and all those sorts of things. So just in case we don't have the . . . fully understand your new fee structure, I wonder if the minister, Mr. Chair, could describe for me how a couple whose monthly income is \$2,000 a month. They are both currently living in their own home, and let's assume that one of them has to go into a long-term care home.

How under the current structure, the old fees — let's call it the old fees schedule — what will the fees that that couple will have to pay? And then how will they be affected by your new schedule, Mr. Minister?

Hon. Mr. Nilson: — So I'm assuming from your question that this couple has income of roughly equal because of their operation. So they get the old age pension and things like that, plus some other investment income.

Then the fee would be based on half of the \$2,000 for the person who actually goes into long-term care. And I think that would work out to probably around \$833, like \$166 less than the \$1,000 income. And then the other party would work with their income.

And if there are some challenges there around costs, well there would be the same kind of supplemental health costs because they're low income. They would also have some . . . or supplemental health . . . they'd have some ability for assistance through the drug plan, if that was required. So that would be how it works. But the income then is dealt with between the parties.

Mr. Hart: — Mr. Minister, let's assume in this case that the income, the majority of the income, comes to the husband. And this is a married couple, and the wife gets . . . her only source of income is old age security. And sorry, I should have those facts for you, but I believe it's about 300-and-some dollars a month.

And if the husband was to have to go into a nursing home, how would that affect that couple?

Hon. Mr. Nilson: — In the scenario that you presented, where

the higher-income spouse goes into the facility, then that would be an appropriate time to say, well we want to have a division of our income 50/50, and then calculate the costs of the person in the long-term facility based on 50 per cent of the total family income.

If the spouse who has the lower income went into the facility, then you would say no, let's just calculate our fee on the cost for that particular person.

And so basically the system works to try and provide the lowest fee for the person who is in the facility, and leave as much of the income out for the spouse that remains in the community.

(12:15)

Mr. Hart: — Mr. Minister, could you explain how this couple would go about having their income divided 50/50? Does this involve this involuntary separation and those things that you mentioned in the House yesterday?

Hon. Mr. Nilson: — Using the two scenarios that you described — where the higher-income person goes into the home and the lower-income remains outside in whatever home they have — you can basically say, well we want a 50/50 designation. And there is no particular application or whatever.

But if in fact the lower-income spouse goes into the home and you want to lose . . . use that lower income for the calculation, then you need to basically say that, we are separated through no fault of our own, and therefore that person can use that lower figure. But it has nothing to do with their marital status or anything else. It's just for this particular program; it's to acknowledge that they're . . . they can't live together because of the care that one of the parties needs.

Mr. Hart: — So, Mr. Minister, so that I completely understand this, so you're saying that if it's the lower-income person that goes into the home, then they would have to . . . the couple would then have to go through this involuntary separation? Or is it the higher-income person going into the home? I didn't quite follow you there, Mr. Minister. Could you clarify it?

Hon. Mr. Nilson: — Okay. I think the use of the words, going into involuntary separation, is just . . . I mean it just creates a whole lot more than what it is. But yes, the person with the lower income going into the home, and you want to base the fee that's being charged to that person on that lower income. In other words, the subsidy is much greater from the overall system.

And at that point you have to, you know, basically file a form that says, we are living separate and apart, and there's official designation because of the fact that one of us needs some extra care. And it's . . . has nothing to do with the marital status or anything else.

Mr. Hart: — Mr. Minister, this regulation or form that's required to . . . that this couple would be required to sign, it's a form of your Department of Health, is it, Mr. Minister? It's not a regulation that's imposed on you by some other level of government?

Hon. Mr. Nilson: — The concept of this is dealt with in the regulations for long-term care. And the Department of Health just prepares a document that people sign that acknowledges that. And if you wish, I can provide you with a copy later so that you can actually see what it says. But it's a Department of Health document and its only purpose is for use in calculating the fees and the subsidy in this whole process.

Mr. Hart: — Well, Mr. Minister, my colleague provided me with a form. It's . . . comes from your department. It says: "Long term care. Optional designation for determining resident charge." Would that be the form, Mr. Minister?

And I'm looking at the . . . near the bottom of the form where the applicant is asked to check the, I guess, the situation that best describes their living arrangement. And one says:

My spouse and I live in separate dwellings for reasons beyond our control. However, our marital status has not changed.

I am . . .

And then the other one says:

I am separated from my spouse pursuant to a separation agreement or judicial separation.

So I would assume that it's the top one that the couple would have to check in this case. Is that correct, Mr. Minister?

Hon. Mr. Nilson: — Yes, that's correct. And so it basically says, we're married but one of us has to live apart; it's to our benefit as a couple to have this designation for determining the resident charge.

So you can see the form, the description of the form is directly related to how much the resident charge would be in the home. And they just need some kind of information that says this is what's happened for us.

There are other people, obviously, who would be divorced. So there would be no question about the other people who are separated pursuant to some kind of a written agreement.

But that's not this at all. The first box is to include those people who have no intention of ever not being married and they believe the words in their marriage — till death do us part. And we want to acknowledge that.

Mr. Hart: — So in this case then the resident of a long-term care home — the one with the lower income — if their spouse signed this form, you would use the lower, the lower income figure, and that person would then be charged a minimum monthly fee of \$825. Is that . . .

Hon. Mr. Nilson: — Yes, it depends on their income, but if they were at the sort of normal, over age 65 income for seniors in Canada, that's the fee that they would be charged — and they had no other source of income.

Mr. Hart: — Mr. Minister, you indicated that my colleague from Melfort, his calculations and the table that he sent over,

the calculations are correct as far as describing or doing the calculations . . . the difference between the current fee structure and the new fee structure that your government will be putting into place in October 1. That as far as you could . . . the \$2,000 a month example, his figures were correct, I believe you indicated. So we assume if you set his spreadsheet up properly, that the rest of the figures should be correct, Mr. Minister.

So if we look at the \$2,000 a month, monthly income, if that's one person, under the old fee structure they would be left with 600 and . . . approximately \$670 per month. Because their, under the current structure, their monthly fee is 1,331, and under your new fee structure they would be left with \$266 a month. Is that . . . I believe my math is correct; I think that's about approximately where . . . what they'd be left with.

And I guess that's probably the crux of this whole argument. I mean \$2,000 a month is not . . . In anyone's estimation, these people are not rich. And I mean to leave them with \$266 a month, you know some of these people end up in the homes. Their minds are sound; they have physical disabilities; they know when their grandchildren's birthdays are; they know when their great-grandchildren's birthdays are; they know what's happening in their extended family. And quite often their medication, monthly medication bills, are quite high.

Really, Mr. Minister, you're not leaving these people with any dignity. I mean you're putting them in the position where they can't even buy their great-grandchild a Christmas present, Mr. Minister.

I really think that, you know, someone who has a monthly income of \$2,000 a month, they probably worked very hard all their life to accumulate a bit of a pension and a few assets, and they really, you know, made the sacrifices that a lot of people in society don't make just so that they could have something for their old age.

And now what you're saying to them, Mr. Minister, is that look, we've mismanaged this economy; we have some of your cabinet members gone off and played Monopoly in various parts of the world and now we're going to have to ask you to ante up and help pay to run this province. And that's a terrible situation you've put these people in, Mr. Minister.

I would urge you to reconsider — take it back to the cabinet table and show these people some dignity, leave them with some dignity. We all know that towards the end of a person's life that many people are faced with a situation near the end of their life where they have no dignity left. So let's leave them with dignity as long as we can, Mr. Minister.

Hon. Mr. Nilson: — Mr. Chair, I think that the member opposite should look at it from the other angle. This province has worked very hard over many years to develop a system where we have \$337 million available to subsidize a long-term care prospect for all of the people of the province and everybody has worked to provide that. So if you think about it, that's \$337 for every single person in the province each year that goes into this kind of a program because that's . . . we believe that that's an important thing to do. That ends up subsidizing 75 per cent of the cost.

The other 25, 26 per cent of the cost, we ask people to contribute and we ask them to contribute based on their income. And in that particular task, we are asking them to contribute.

So I think that the member, the member who is trying to answer this question without even listening to my answer does not do any good for anybody by making such a fuss, because what we have here is a situation where we are asking people to contribute on an income-tested basis. And we're also saying that those people who have a higher income are going to have more left out of what they've earned over the years than some of the people on the lower income. And I haven't heard this kind of a fuss about the people on the low-income scale over the years because that's not what you're concerned . . .

And so I guess what I would say to the member opposite, let's figure out how we can provide a system of care for the people across the province and we will work with people to make sure that those who can't afford to have some of the care, they will get that care. We'll make sure that the people who can afford to contribute something towards this kind of care, they will do that on a fair basis.

And that's what we're trying to accomplish. And I thank that member for the questions.

Mr. Wall: — Thank you, Mr. Chairman. I too have some questions on this issue for the minister.

You know, Mr. Minister, the previous two questioners from the opposition, they were talking about people on low incomes. The critic, the Health critic, was talking in the range of between 1,000 and 2,000 in many of the examples. The member for Last Mountain-Touchwood was talking about a couple that makes \$2,000 a month.

And when you have attendant costs that happen with . . . for seniors, including it might be pharmaceuticals, it might be other special needs — it's not a lot of money.

And it's this precise point that we want to get to the bottom of. We've heard members opposite heckle from their seat that, well this only affects the wealthy, this only affects the wealthy. That's what they've said.

You know, we raised . . . I raised a concern of a lady from Swift Current a couple of days ago. And I found out that . . . a little bit more about her income because I'd like to ask you about her case, frankly, Mr. Minister, and see what you think about her case.

She is a long-time resident of the Southwest and her and her husband farmed for all of their lives. So they don't have a pension from any particular work they did. They're going to have their pensions that they get through old age and Canada pension, that sort of thing. And they will get the income that comes from, you know, the disposition of their farm or what savings they were able to accrue after all of those years of hard work. And she told me that their income in 2001, combined, and I'm not sure in whose name most of it is, was about \$42,000 — \$42,000.

Now she wrote to you, Mr. Minister, no doubt your office will

have many letters so I'm not expecting you to know chapter and verse of her case. But she wrote to you, the letter that I quoted two days ago, that you asked today that we would table them all, a lot of them are to you. This one's one of them.

And this particular lady, she just assumed that she would probably be on the low end of an increase. So she says in her letter, if the fee goes up 10 per cent, that means \$1,000 less for the spouse at home. And she goes on to outline the things that she's worried about — the dental needs of her and her husband who's now in long-term care at the Palliser Regional Care Centre; the fact that he's incontinent and that requires certain special needs that are very expensive, on a 24-hour basis; their drug and prescription requirements.

So by my calculation, if most of the income, the greater part of the income, is in his name, you can cut it in half — the government will allow them to do that — so they're going to be around that \$21,000 annual income, pay fees based on that. Assuming that most of the \$42,000 is in this gentleman . . . is in the long-term care patient's name, the husband of the couple.

And so tell me that I'm wrong in assuming, concluding, that there was a \$322 increase, per month, that she would be looking forward to; that the increase she's going to have to try to find out of her household budget is going to be up over \$3,800.

Hon. Mr. Nilson: — If you're using a figure of about \$1,800 a month, then I think you are correct.

Mr. Wall: — Well thank you, Mr. Minister. You know that's a grave concern because she's talked to me about her particular case. This is not a wealthy couple. This is a couple that now has to maintain two residences effectively — one that's very costly in long-term care at the Palliser and then their own private residence. And I've talked to her on the phone many, many times.

Minister, I can tell you she is legitimately concerned about her ability to afford to operate her car. I think the car's paid for but it's \$800 to plate it a year, she says. And it's her means of transportation to visit her husband at the Palliser care centre.

I could tell you she's worried about keeping . . . maintaining the private home that her and her husband worked a lifetime to build.

And I can also tell you . . . I just want to read for you if I can, Mr. Minister, and I'll get right to a question, Mr. Chairman. Here's the last part of her letter to you:

I'm sure this budget was drawn by the government who don't realize who a nursing patient leaves behind when he or she ends up in a nursing home. Would the government stop and realize and reconsider the blunder they have made. I have been an NDP supporter all my voting years. But if things don't change and this government doesn't smarten up, my mind might change too.

(She says) hoping to hear from you.

And that's the case we bring. This is not a wealthy couple that can afford another \$4,000 a year.

You know I talked about her . . . she talked about her quality of life already trying to just maintain it under the old regime . . . fee regime. She says, we cancelled our . . . You know I used to have a little dish to have some extra TV channels, we don't have that any more; I don't go out any more, except maybe to visit my husband at the Palliser care centre.

This is not a couple of great means. But it is a couple that has built . . . frankly contributed to building your political party, building our part of the province as a farm family, and she makes this very good point.

And so I know this question's getting repetitive and I apologize for that, Mr. Minister. But the question is this: why won't you reconsider this? Even at \$14 million, when you juxtapose it against what's happening in the Crowns even — even when you juxtapose it against that — there's obviously resources out there that can be made available to the government through Crown dividends anyway. Why wouldn't you reconsider, for \$14 million, doing this to this particular couple in the city of Swift Current?

Hon. Mr. Nilson: — Well, Mr. Chair, the member can assure this woman that I will respond to her letter, and I know that the letter is there, and we're working at that.

And I would also . . . will be reminding her that she should talk with the people there in the Swift Current area, and with the people of the department to make sure that the best arrangement can be made around her particular circumstances.

But I remind the member that we have \$337 million, and we are subsidizing, or we're paying for 75 per cent of these costs in long-term care — 74 per cent starting in October 1. And we have a challenge right across the whole health system, right across government, to sort out where the dollars come.

Now I know that the area that the member opposite represents is quite keen on asking the Department of Health to pay almost 100 per cent of the cost of building a new facility for the Southwest. And that is something that the department has to weigh. They have to weigh the capital costs of facilities; they have to weigh the capital costs of equipment; they have to weigh the capital . . . or the operating costs of the total system. And all of these different things are part of the kinds of choices that we make.

Now I'm very much in favour of providing the new facilities that are needed right across the province. And we have to do it in a reasonable way. Sometimes it will answer the member from Melfort-Tisdale's questions about replacing facilities and updating them in the long-term area; other times it will provide new clinic space, new primary-care space, and those kinds of things.

But one of our challenges now is with the resources we have, to try to balance what we're doing.

And in this particular case, we're asking for a little greater contribution from some of the people who are in the long-term care system.

Mr. Wall: — Mr. Chairman, Mr. Minister. How dare you, sir,

lay at the feet of this couple and this lady — who has, as by your own admission, supported your party all her voting life — how dare you lay at her feet, now that she faces a potential \$4,000 increase in her long-term care fees thanks to your government, how dare you lay at her feet the spectre of the need in Swift Current for a regional hospital.

That's the trade-off you're suggesting with that kind of answer. And you kind of went about a circuitous route to get there.

And, Minister, you even did it in a soft enough tone. But that's your point. It's either one or the other for this couple and the others like it in Swift Current. You can't have it both. You can't have affordable long-term care and a proper regional facility.

That isn't acceptable, Mr. Minister. That is not acceptable. In fact, I think you'd agree that both things are needed in terms of long-term care in the city of Swift Current or any other places.

While the member chirps from her feet that maybe they should raise taxes — the member for Meewasin. I'll tell you that . . . I'll tell that member through the Chair what she should do; she should stop the ridiculous spending in the Crown sector. Maybe she should speak up at caucus, maybe she should say something at her caucus meetings and say, you know what guys, maybe our priorities are wrong. Maybe our priorities are wrong when we would rather invest in Australia . . .

The Deputy Chair: — Order. Order. Order. Order. Order. Order. Order. Order. Order. Order.

Mr. Wall: — Well some others are chirping from their seat, Mr. Chairman. The member for Saskatoon Nutana, the member for Yorkton are saying, well Brad, what are you doing? Nobody is watching on television.

This isn't about who's watching on television. Unlike the party over there, this isn't about scoring political points. This is about a misguided scheme to take out the fact that you couldn't balance your budget on seniors, on the sick and the elderly. That's what it's about.

So I want to ask the minister: is that what he's saying to the people of Swift Current, either these exorbitant fee hikes for long-term care or your new regional facility? Is that what he's saying?

Hon. Mr. Nilson: — Mr. Chair, the member opposite knows that that is not what I am saying. He knows that what I'm saying is that we have challenges right across this province.

Now if the member wishes me to say some provocative things, I can say if you multiply the figure that we spend on long-term care by two . . . So we have \$337 million times two, and that pretty well approximates the amount of interest that we pay each year on the debt that was racked up during the 80s when that fellow was working for the government of this province.

And I guess what I need to remind everybody is that one of the challenges that we've had during the 90s, since the '91 election, is to get the house in order so that we can pay for the services that are needed for people across the province.

We have cleaned up all of the problems in the Crowns as far as the debts go so that they actually now provide revenue that is used for health, education, and highways throughout the system. We've ended up getting a handle on the total costs of government in a way that allows us to look at everything that we're doing and make some of the appropriate plans for the future of a sustainable health care system.

All of these things are extremely important and we will continue to work with all of the people of the province to make sure that the taxation levels are reasonable, that they have enough money to do the things that we need to do. But we will look at those places where there may be some contribution from those that have a little bit more money than some others to help make sure that the whole scheme works.

But the plan that we have is a balanced plan; it's a long-term plan; and it's also a plan where we listen carefully to people. And I want to emphasize to all of the public who may be viewing this particular session today that if they have any specific concern about their own situation, make sure that they contact the Department of Health or my office so that they can ask some of these questions. Because what is happening is that there's information getting out that is creating a level of fear that's unnecessary.

We want to make sure that people can have the kind of care that they need in the long term, and that we can have all of the different things that all of us want for our health care system.

Mr. Weekes: — Thank you, Mr. Deputy Speaker. As we know, this government in its recent provincial budget announced a new fee structure for long-term care residents. Residents will pay a monthly minimum fee of \$828 plus 90 per cent of their monthly income. The maximum amount goes from \$1,561 per month to \$3,875 per month which is a huge 148 per cent increase.

Other examples of this increase, Mr. Deputy Speaker, are people that have an annual income of \$14,400, an 8.85 per cent increase; annual income of \$16,800, a 15.75 per cent increase.

It goes on, Mr. Deputy Speaker — \$28,800 annual income, a 36.73 per cent increase. People that have an annual income of \$38,400, 80.23 per cent increase, Mr. Speaker.

Other interesting aspects of this, Mr. Deputy Speaker, if someone's husband is going to . . . into the home and he earns \$55,000 and his wife earns \$10,000, then their income is combined and 50 per cent of their combined income is used. The rate would be calculated from an annual income of \$32,500.

If someone's wife, who earns less, is going into a home, say \$10,000 per year, then the rate can be set on her income alone. This is allowed only if they go through an involuntary separation.

Mr. Deputy Speaker, this government's forcing couples who've lived together for . . . been married together for 50 or 60 years to be forced into an involuntary separation in order to have the money for their long-term care needs and for other things that they would like to spend money on.

This government is only leaving 10 per cent of the income to cover prescription drugs, medical needs, and personal items that the couple would like to spend money on.

Petitions are coming in from all over Saskatchewan — all over Redberry Lake constituency — from seniors from Hafford, and Blaine Lake, and Delisle, Vanscoy, and other communities. And people are outraged at the exorbitant fee increases for long-term care services in this province.

The seniors of this province have worked all their life to build, not only their nest egg for retirement, but built the province. And right now we find that this government is gouging the seniors. They are really using the seniors to . . . in their unfortunate attempt to try to balance the budget. And unfortunately this government is running a deficit budget again. And instead of holding these pioneers in high esteem, really placing them on a pedestal, they are gouging these people in the last years of their life.

I would just like to quote from *The Leader-Post*. I quote:

“This increase in long-term care fees is callous . . . calculating against those seniors who have little voice. This is a cowardly action,” she wrote.

And Mr. Speaker, the seniors across this province agree with that. They believe that the pioneers of this province have worked long and hard and deserve to be held in higher regard than this government is putting them in.

And I would just like to ask the minister, will his government reverse these exorbitant long-term care fees as the Saskatchewan government has announced that we would do if we form government after the next election?

(12:45)

Hon. Mr. Nilson: — Thank you, Mr. Chair. It's unfortunate that there was so much information put forward before that question that causes some concern for people.

Let me talk again about the question of people living apart through no choice of their own.

This does not affect marital status. This is only an application form within the Department of Health that allows them to calculate the fees based on a lower income for the person who may be in long-term care. This is something that is done for the benefit of the couple in general, and it's not helpful when the member opposite goes into great length about how there's some kind of forcing a change in somebody's marital status. That is not true at all.

Mr. Speaker, I have to say again that we in this government are providing \$337 million. It subsidizes just under 75 per cent of the total system when we go into the new fees in the fall. And this is . . . any of the money that we're requesting from the public is based on an income test, based on what people can pay based on their income, and that that's something that we're doing on a basis that allows us to have contribution from people at this particular time.

I guess the important thing is to say, is that we are going to provide the health care for people in the long term. We're going to provide it in a way that is affordable and reasonable. We're going to do it on a sustainable basis. And we all have to work together to figure out how we're going to provide the funds to do that.

And we will listen carefully to what people say and we will work with people to make sure that the right solutions are brought forward.

Mr. McMorris: — Thank you, Mr. Deputy Speaker. My question for the Minister of Health is, I guess, a little bit along the same lines as long-term care, but maybe it's prior to long-term care, prior to a citizen of the province going into long-term care. It's more dealing with home care.

I had a phone call from a nurse this morning from the constituency that I represent, Indian Head-Milestone, that had some real concerns with what she perceives are some real cutbacks in home care in the area.

And so I guess, Mr. Deputy Speaker, I'd ask the minister first of all to give maybe a brief outline of where his department is going in the near future. Has there been anything in the past that says, cut back on home care? Are they going to be putting more money into home care? Because certainly from the phone call that I had received this morning, and a couple of other calls, there was some real concern around the home care offered in the province.

So I'd just first of all like to hear his comments on the issue.

Hon. Mr. Nilson: — Mr. Chair, the question is about whether there's more money into the home care system, generally, across the province. And what I would say is that in last year's budget it was about eighty-six and a half million dollars that went into home care. This year, it'll be 92.6 million.

But I would like to point out that since 1991, the home care budget has gone from about 29 million, or just under \$30 million, now to over \$90 million. So it's tripled in the years that this government has been working in this particular field.

And so I thank that member for that particular question. And we continue to be committed to home care and we will work with the new regional health authorities as we have been working with the health districts. And we'll make sure that people get the kinds of care that they need.

Mr. McMorris: — Thank you, Mr. Deputy Speaker. A couple more questions on the home care. I noticed you had mentioned certainly the budget has increased, and in this year it increased also, although, I guess, maybe whether it's an anecdotal situation that the nurse in my constituency mentioned . . . She was really concerned that maybe there was not as much money going to the front-line services, the people that actually deliver home care, as what was prior. Now, this is just one situation, and I'll pursue it further.

But has there been any direction from government? I mean, yes, you put more money in. What type of assurances do you have that although you've put more money in, more is going to

actually people going into the homes and assisting seniors to stay in their homes longer? Because that is a whole point of this program.

Hon. Mr. Nilson: — On an annual basis we ask the health districts to provide us with a service plan for what kind of services they're going to provide, and one of the . . . the date this year that they will be providing those is by May 15 and so we will see what the plan is for the next year.

One of the goals in our action plan that we released in December was to actually end up with the service plans and all of these things being completed sooner so that we can actually have the planning go in a much more coordinated basis. This is actually a process that's happening across the country.

I think the system that we're coming forward with will be one of the best — if not the best — by the time we have it fully implemented a year from now.

Mr. McMorris: — One last question, Mr. Minister of Health, to the Minister of Health, is that this person was talking about home care and the fact that it had been reduced, that the people in this area could only receive home care twice a week. The hours of home care were from 8 to 4, not on . . . Monday to Friday. And it just seemed that, you know, when you look at the increase in long-term care fees . . . And I know people all over the province are shuddering with the fact that they may be faced with those fee increases in the next year or two if their spouse is no longer able to stay at home.

And it really seems like they're looking at it from the one side, where the fees are increasing, and they don't want to be put in that situation. But then, when they rely on the health district to offer maybe a stronger home care facility or operation, and that doesn't seem to be there either.

Now perhaps this is a health district's decision to go down to only two visits per week, hours from 8 till 4, Monday to Friday. I'm not sure. But you know, it's a real concern for people all over the province that when they look into the future and they see that they may be forced into a long-term care home and now that the fees are up to 90 per cent of their income, they really shudder.

And so, Mr. Minister, I guess I would ask you, what . . . is the department going to put maybe more emphasis on home care so people aren't forced into this 90 per cent of their salary being taken for their care?

Hon. Mr. Nilson: — The department and the government recognizes that people would prefer to live at home and whether that . . . and they'd prefer to be there and so that that's why we do provide the assistance.

Also, just as it's a better place for people to live to be in their own home with the kind of assistance that they need, it's also less of a cost to all of the people of the province.

And so one of the challenges that we have is to get the right mix of facilities that we need. We know, based on a national average, that we have more long-term care beds than many other parts of the country. I think the national average is 100

beds per . . . 100 beds per 10,000 people, and we're at about 118. The point though that I'm trying to make to you is that your basic premise is correct, is that we would rather provide supports to people in their homes than in some of these other places.

Now some of the specific questions that you had about whatever policy issues that are happening there, that's not provincial policy. And that may be something to do with a temporary shortage of some workers or some other scheduling things or things like that, but that overall the plan is to try to design the services to meet the needs of the people in a way that is appropriate.

Mr. Gantfoer: — Thank you, Mr. Deputy Speaker. I would like to take this opportunity to thank the minister for his answers to the questions this afternoon. And while I have this opportunity, since the minister won't let me speak to any of the health care officials, I'd like to thank the officials as well and also express that I won't take it personally if we run into each other at health conferences and you shun me. I understand that you're following the parliamentary precedent that the minister has laid down.

So thank you to everyone for being here this morning.

Hon. Mr. Nilson: — I would also like to thank the officials. And I guess I'm quite sad that the member would make the kind of comments that he just made about how our system works. I mean, that's just not appropriate and at some point he may want to apologize to me personally about that.

But what I would also like to say is that we have had many, many capable people throughout the province providing good health care for all of our citizens. There have been many challenges and we're continuing to meet those challenges. We're using the good ideas, the good skills, of the unions, the management, the patients, the doctors — all of the other people who are involved in the system — to develop a Saskatchewan solution to some of the challenges that are being faced right across North America, and I would say right across the world around rising health care costs.

And what we have to do is work together to make this all work. And I would even thank the member opposite for all of the good advice, and every once in a while there's a real gem and we actually work and see if we can't polish it so that it actually works. So thank you very much.

The committee reported progress.

The Speaker: — I'd like to wish everybody an enjoyable and peaceful weekend. This House stands adjourned until Monday at 1:30 p.m.

The Assembly adjourned at 12:59.