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DEBATES and PROCEEDINGS

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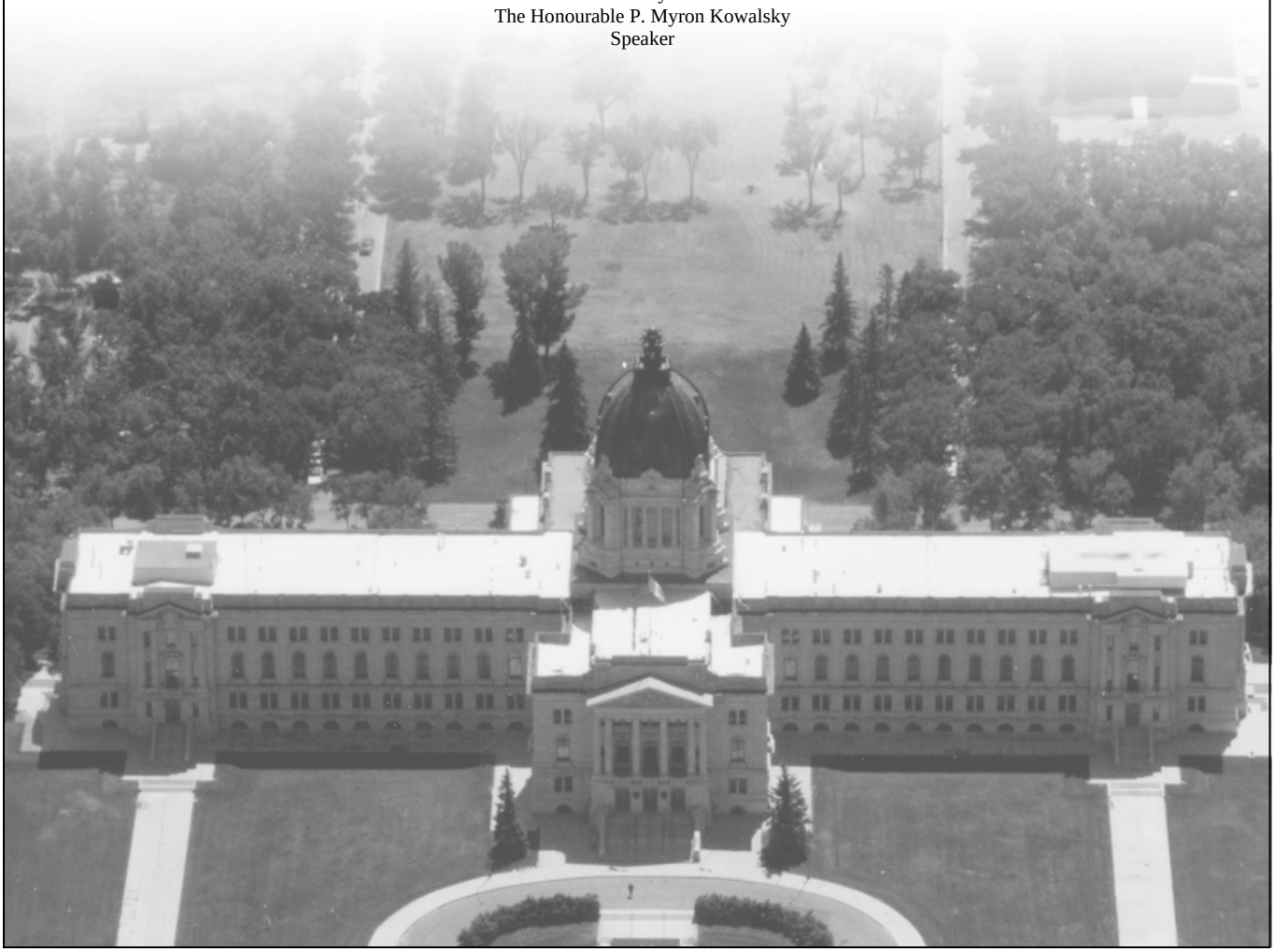

N.S. VOL. XLVIII **NO. 56B TUESDAY, MAY 9, 2006, 7 p.m.**

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[The committee resumed at 19:00.]

EVENING SITTING

COMMITTEE OF FINANCE

General Revenue Fund
Health
Vote 32

Subvote (HE01)

The Chair: — Before the committee this evening is Committee of Finance, vote 32, the Department of Health. I welcome the minister and his officials. If he would like to introduce the officials with him this evening, and we'll begin from there.

Hon. Mr. Taylor: — Thank you very much, Madam Chair. With me tonight, as we discuss Health estimates, deputy minister, John Wright; Lauren Donnelly, assistant deputy minister; Bonnie Blakley, executive director, workforce planning branch; Ted Warawa, executive director, finance and administration branch; Max Hendricks, assistant deputy minister.

Also sitting in the Chamber tonight: Roger Carriere, executive director, community care branch; Kevin Wilson, executive director, drug plan and extended benefits branch; Donna Magnusson, executive director, primary health services branch; Rod Wiley, executive director, regional policy branch; Bert Linklater, executive director, regional accountability branch; Brenda Russell, acting director, finance and administration branch; and Leslie Grob, assistant to the deputy minister.

The Chair: — Thank you, Minister. I would recognize the member for Indian Head-Milestone on vote 32, Department of Health.

Mr. McMorris: — Thank you, Madam Chairperson. I have a number of questions in a bunch of different areas. And I also have a number of colleagues, who may not all be here yet, but they're all going to be here to ask questions that will take us definitely till 9 o'clock, the time that we have allotted, the two hours.

What I would like to ask first of all, some questions regarding the drug Visudyne. There was an issue a couple years ago . . . or no, a couple months ago, sorry, when we were asking questions on that. We had a gentleman come in and talk about the situation that he was going through. We certainly know what other provinces are doing.

But before I get into what other provinces are doing, I'd like to know where the department is on that drug. I think at one point they had covered it for this gentleman, but not retroactive. And I don't know where the department is going forward. So if you could just lay out . . . And I'd like to welcome all the officials too. But if you could just lay out where the department is right now please.

Hon. Mr. Taylor: — Thank you very much for the question. The simple answer is coverage is available for the wet or age-related macular degeneration with classic lesions and for various other conditions where the clinical evidence is available to show that the drug is effective. Under these circumstances, coverage is provided at no cost to the patient.

The Saskatchewan drug review committee have completed a review of Visudyne in the treatment of the occult form of AMD [age-related macular degeneration]. They have considered clinical information submitted by Saskatchewan ophthalmologists as well as documentation submitted by the drug manufacturer, which is Novartis Ophthalmics, and have recommended that coverage for the occult form of AMD not be approved.

All provinces currently provide coverage for Visudyne for classic AMD. Seven provinces currently provide coverage for the occult form of macular degeneration. In most provinces, coverage of Visudyne is provided outside of the provincial drug program, and the provincial drug review committees have not been involved in reviewing the evidence or determining coverage criteria.

I might add, Saskatchewan relies on the expertise of the drug review committee and, to ensure that listed products are cost-effective, the committee's review of the cost-benefit factors of a drug in relation to its clinical benefit. The estimated annual cost impact to the drug plan of providing coverage to Visudyne for the occult form of AMD would be about $800,000. The cost of additional services, i.e., physician services related to the treatment, is estimated to be about $140,000 annually.

Mr. McMorris: — Thank you for that answer. It's interesting that you had mentioned that we knew the department was covering for wet macular degeneration but not the dry or occult. When you look at other provinces that are covering this drug for both wet and dry, you mentioned that seven other provinces are covering the full cost of this. It really begs the question then why Saskatchewan isn't, when seven out of 10 provinces are covering it and we have decided not to.

You mentioned that the drug review committee in Saskatchewan has determined that that wasn't cost-effective. Then it begs the question, why in seven provinces is it cost-effective and it isn't here in Saskatchewan?

Hon. Mr. Taylor: — As I had indicated in my original remarks, Saskatchewan's decision was based on the report of the drug review committee that was looking at documentation submitted. In a majority of the other provinces that do fund it, they step outside of their review committee recommendations in providing probably block funding.

The province of Saskatchewan continues to respect the work of the drug review committee. It was established to do this work of making recommendations or recommending not funding it. So our decision is basically made in respect of the work of the committee.

Provinces that do not provide coverage for occult as of March 1 of this year outside of Saskatchewan are Ontario and Prince Edward Island. I can tell the member opposite and the public

that's listening or reading this material, BC [British Columbia], New Brunswick, Alberta, Quebec and Manitoba do provide coverage for occult. But of these provinces, New Brunswick and Manitoba have indicated they were given blanket funding to a certain cap on Visudyne. Nova Scotia's review committee did not approve Visudyne for occult, but their funding mechanism did not allow them a way to exclude payment. And Newfoundland provides restricted coverage for occult AMD outside of their pharmacare program.

So by and large, those provinces that have relied on a review committee like Saskatchewan has recommended against funding. Those who've stepped outside of it have recommended funding or were unable to not fund because of their funding formulas.

Mr. McMorris: — Thank you, Mr. Minister. So in other words, there were seven provinces that funded, two because of policy or they can't back out of it. But five provinces have stepped away from the review committee — if that's the case — to fund it.

In other words the province or the Department of Health has determined that it prevents blindness. And that's what these people are up against with occult macular degeneration is that if they're not treated . . . And I realize after talking to a couple of the people from Novartis that it may not be 100 per cent cure rate, but other provinces have believed that it's effective enough that they would step out of their review committee to cover it. In other words it's effective enough to help enough people prevent the onset of blindness.

And I don't know what the price tag of that would be. You're saying that it's $800,000 a cost to a province. Well you can imagine . . . And I don't know how many people would be eligible for this, but if you had a dozen people that it prevented the onset of blindness, now what is the cost of that?

Now I think the cost-effectiveness . . . I guess you'd have to study back then, what are the costs to society to have some of these people go blind when the medication is there? And other provinces have agreed that it's effective enough that they'd step away from the review committee and cover the drug.

Hon. Mr. Taylor: — This is a very good question to allow us to take a look at the overall way in which Saskatchewan approaches additions to the provincial formulary. I think as the member knows, the formulary in the province is quite large, and in fact we have one of the best drug coverage programs generally in Canada. There's probably 3,500 products that are listed on the formulary and the Saskatchewan drug plan consistently funded by this government with ever-increasing dollar values.

If I'm not mistaken, the drug plan — correct me if I'm wrong — is about 14 per cent increase this year alone, under the drug plan . . . [inaudible interjection] . . . Oh 9 per cent. I am corrected; 9 per cent this year. But the history is 14 per cent a year increase in funding.

The province continues to respect the work of the review committee. That's why it was set up. The review committee is constantly reviewing additional clinical information, not just on this product but on other products that are brought forward. And any time there is additional information to be brought forward, the committee will examine that evidence and move forward.

So I indicate again to those who are interested tonight or in reading this material that the government have not closed the door on this particular product. In fact they are reviewing the clinical information. And as more clinical information becomes available . . . I guess what I am saying is this decision is not based on financing alone. It's based on the clinical review and the recommendation of the committee. And I think I can say that should the committee recommend this, that indeed the government would be prepared to fund it under the formulary which is the normal practice.

I should just add to the record the Saskatchewan formulary committee has reviewed Visudyne for occult macular degeneration in the past; has not recommended coverage because, and I indicated earlier, there was insufficient clinical evidence to support the use of the drug for this indication. The committees have recently reviewed the results of a new study that has been designed to look specifically at Visudyne in this indication and have again recommended that coverage not be approved for the occult form of age-related macular degeneration.

So what the committee is telling us is that the evidence at this point does not suggest all of the conclusions. They will continue to look at new clinical evidence as it comes forward, and the door is not closed to Visudyne.

Mr. McMorris: — Thank you, Mr. Minister. Well that's certainly interesting. And I would be very interested in hearing from . . . well not that I would be, but I am sure the Novartis would be interested in hearing from the committee as to what they feel is insufficient to recommend this drug, what clinical studies are insufficient when you think that other provinces have this covered in their drug formulary — or yes, drug formulary — and why we aren't at that point.

[19:15]

But one question I did have, when you were talking about the drug formulary and the fact that it increased by 9 per cent this year and I heard that it was 14 per cent over the last couple of years. I guess if we had been to 14 per cent this year, there'd be no question in covering it.

But with the drug formulary, it's always easy to add and certainly we're asking the government to look at adding new drugs. Is the formulary looked at? Are they looking at 3,500 products, or whatever you had mentioned? Do any drop off? Does the formulary delist some as you go forward?

Hon. Mr. Taylor: — Thank you very much. The formulary committee can and does delist products. I guess the formulary committee's work can be considered as almost a living entity in that it will review products that are not on the list for inclusion. It'll review products that are on the list for exclusion or delisting depending on how evidence comes forward, or any number of other reasons for delisting.

Mr. McMorris: — Mr. Minister, I have questions in a different

area, although it's an area that we talked about a little bit today, earlier in question period, about endocrinologists. My first question is, how many pediatric endocrinologists do we have currently practising in the province?

Hon. Mr. Taylor: — We have one practising in the province. That one is located in Saskatoon.

Mr. McMorris: — If we look back over the last number of years, what was the province up to at one point regarding pediatric endocrinologists, because what we're hearing from families with children that suffer from diabetes . . . One family talks about the situation with their child who was able to have up to four appointments in a year depending on the severity and how they were coping with their diabetes. And now they're lucky to see a pediatric endocrinologist once a year because of the fact that we only have one in the province.

It would kind of tell me that obviously previously we'd had a number, and I don't know what that number is. But we've obviously dropped, I would say, from a level of two or three or perhaps four down to one. Is that true?

Hon. Mr. Taylor: — In answer to the member's question with regards to pediatric endocrinologists, to our knowledge the number of designated pediatric endocrinologists has always been one.

Mr. McMorris: — Well that's an interesting answer because certainly when I talked to when — actually it was another member who has given me this information — talked to the family, who is from Estevan and now has to travel to Saskatoon to see this one pediatric endocrinologist . . . It certainly implies that at one point . . . And maybe it was the people that we had here in Regina would deal with that, but it doesn't sound like that's the case now, and they're having to travel to Saskatoon and only accessing one appointment per year.

So I guess that is a concern but I guess the bigger concern is, is the province right now looking at recruiting more pediatric endocrinologists or is one for the province sufficient? Which I would really question because when you look at the projections going forward on the diabetes rates in our province, it's not a positive story; it can be quite scary. And so I guess I'm asking: what is the province doing to, number one, attract another pediatric endocrinologist, or does the department think we need one?

Hon. Mr. Taylor: — The member will recall that during question period today I talked about endocrinology generally as being a very competitive sector of the health field. In fact, the recruitment of endocrinologists generally, not just in this province but throughout North America, is intense in all jurisdictions. Endocrinologists are in great demand.

We recognize that the number of people coming out of programs with specialty in pediatric endocrinology is an even smaller field to draw from. Pretty much every person who serves as an adult endocrinologist can deal with pediatric cases. We have not noticed any challenges in the Regina Health Region with regards to referrals to Saskatoon for the pediatric care that exists there.

However, the regions are constantly reviewing their needs for specialists and specialist care, but the province in this field and others in these specialties often rely on referrals from one region to another when the need exists.

That having been said — and the fact that this is a very competitive field — the Saskatoon Health Region, also in conjunction with Sask Health, the College of Medicine, and support from the Saskatchewan Medical Association, are working very hard to increase the number of endocrinologists generally in the Saskatoon Health Region. We are positive in our prognosis with regards to our ability to do that. But only time will tell how successful we will be at the end of the day.

Mr. McMorris: — Well I would certainly urge the department, when you take into consideration the projections of the diabetic rates going forward in this province, that the number of endocrinologists we have right now, and in particularly pediatrics, will not fit the bill, will not be sufficient. When you hear from a family that they're having to wait a whole year for one appointment and then when the numbers increase going forward, that just won't be acceptable.

And so whatever the department is doing to recruit . . . or the health authorities, I think they're going to have to work on stepping it up because I would hope that the department has projections on the rate and the increased rate of diabetics in our province going forward. Because certainly talking to the different associations, they've done that and they have a pretty good idea of the demand going forward. And I mean it's only proper that the department work on meeting those demands moving forward.

I have one other question from this family who talks about their child. And he's having to do finger pokes four to eight times a day. The test strips are about $1 per test strip — $1 dollar per test strip as I said. And they're wondering, is there any programs that would cover this? It can amount to over . . . up to $200 per month just for test strips alone for this family. Are there any programs available or is this all borne by the parents? Is this all . . . have to be covered just by the parents?

Hon. Mr. Taylor: — A couple of questions raised, so I hope the member will allow me a little bit of time to respond. First and foremost, it would not be correct to argue that the department or the region is not concerned about the number of endocrinologists in the province. The region and the province are very much concerned about the shortage that exists here and we will do whatever it takes to ensure that the number increases and that the people who require the care are served by practising endocrinologists with offices in Saskatchewan.

The circumstances in Regina appear to be relatively stable. We'd like to bring some stability to the Saskatoon region as well. As I think the region described it in the newspaper yesterday or today, the specialty was hit by the perfect storm, where you have retirements, maternity leaves, and personal decisions made to leave the province happening all at the same time. This is an unusual circumstance. The region is taking all the necessary steps to provide a response to Saskatchewan residents in the meantime and are actively recruiting to fill those positions.

Secondly, I think it's very important for those who are watching again to understand that endocrinologists are just one part of the diabetes plan in the province of Saskatchewan. We certainly have taken the issue of diabetes very seriously and have launched a number of initiatives over the years. And as I said, endocrinology is simply one part of diabetes attention, which includes programs related to prevention, care, and of course treatment.

If the member will allow, I'd simply like to put on the record some of the things that we are doing with regards to Saskatchewan's provincial diabetes plan, because I think it's a very important part of what we are doing.

[19:30]

The plan consists of four key areas of focus and activity: prevention of course, providing optimum care for diabetes, education, and surveillance. Under prevention, the population health promotion strategy report, *Healthier Places to Live, Work, and Play*, aims to decrease the risk of developing many chronic conditions like diabetes by addressing the root causes of these, and again, through four issues: active communities, accessible, nutritious foods, prevention of substance abuse, and mental well-being.

We are also targeting prevention at the regional level. Primary health care and diabetes team members are working collaboratively to identify individuals who are at the highest risk of developing diabetes, encouraging lifestyle changes for healthier eating, and increased physical activity to prevent or delay the onset of type 2 diabetes.

Secondly, when we're talking about optimum care and treatment for the prevention of diabetes complications, we're looking at enhanced screening and appropriate intervention. Primary health care teams and diabetes teams are taking a proactive approach to the prevention and management of diabetes by screening individuals earlier, providing self-management education, and monitoring disease progression to prevent or delay the onset of complications. At-risk individuals are referred to the most appropriate care provider for intervention.

There's also self-management support programs. The Saskatoon Health Region, for example, will coordinate the delivery of the Stanford self-management model, living a healthy life with a chronic condition, in each regional health authority over the next three years. This program is designed to teach individuals with a chronic disease the skills necessary to manage their condition on a day-to-day basis.

When we talk about drugs and supplies, in July 2003 coverage of the drug plan was expanded to include diabetic supplies — needles, syringes, lancets, swabs — with coverage of these supplies subject to the usual drug plan patient copayments. Previously only children less than 18 years of age under family health benefits and supplementary health beneficiaries received coverage for diabetic supplies. So in answer to the member's question, the test strips he's talking about, they are covered subject to the usual deductibles that all drugs under the prescription drug plan — the same rules apply.

Certain newer drugs for treatment of diabetes have been recommended for coverage under the exception drug status program according to specific medical criteria. New therapies are added based on the advice of the Canadian expert drug advisory committee under the national common drug review process.

In 2005, the drug plan spent almost $13 million on diabetic supplies, blood glucose testing strips, insulin, and oral medications, representing 52 per cent of the total cost of these products. In 2005, there were 42,756 families who received at least one insulin oral hypoglycemic or test agent through the Saskatchewan drug plan.

I might also add some comments about renal care. Dialysis centres in Regina and Saskatoon service about 80 per cent of hemodialysis patients. Satellite operations have been established in Prince Albert, Lloydminster, Yorkton, Swift Current, North Battleford, and Tisdale, and work is under way to expand hemodialysis services to Estevan.

As of March 31 of this year, there were 978 patients attending chronic renal insufficiency clinics operating in Saskatoon and Regina Qu'Appelle Health Regions, 651 patients on dialysis, and 392 patients living with a kidney transplant.

Education for health providers is also a part of the program to ensure that front line care providers who interact with persons with diabetes are knowledgeable about prevention and care.

The following provincial education initiatives have been developed or are under development. Two diabetes programs offered by SIAST's [Saskatchewan Institute of Applied Science and Technology] distance delivery program to meet educational needs of a wide range of front line care providers. Risk identification of the foot in diabetes presentation and training materials for the ongoing delivery of workshops in health regions. The diabetic foot program, clinical practice guidelines for the screening and management of complications associated with the diabetic foot. Insulin adjustment learning module to support the educational needs for the adjustment of insulin through transfer of medical functions by a nurse for a person with diabetes on behalf of their family physician. And risk factor and complication assessment which is under development to train care providers on how to screen and undertake a comprehensive risk assessment for diabetes and other preventable chronic conditions.

And lastly, surveillance — the fourth part, surveillance. Through the national diabetes surveillance system, a mechanism is in place to profile the prevalence of diabetes. The population health branch has developed a Saskatchewan diabetes profile which describes diabetes trends in the province and in regional health authorities over a five-year period. This profile is currently being updated and is used to provide a mechanism to use data to support program planning and track progress in reducing the incidence of diabetes over the long term.

So I hope the member opposite and members of the public watching or reading will recognize that diabetes care, treatment, prevention, and surveillance is a priority of Saskatchewan Health. We are addressing the issue through a considerable

number of programs and well we certainly have made it a priority.

The Chair: — I recognize the member for Biggar.

Mr. Weekes: — Thank you, Madam Chair. Mr. Minister, could you tell me the status of services provided in the Biggar Hospital to the people of Biggar and district?

Hon. Mr. Taylor: — Perhaps I need to ask the member to be a little more specific in the question. For all intents and purposes I am not aware of any dramatic changes that are affecting or will affect the delivery of service at the Biggar Hospital.

Mr. Weekes: — Thank you, Madam Chair. Yes, what I am getting at is I've been told that the ultrasound service has been withdrawn from the Biggar Hospital and patients now have to go to either Rosetown or Saskatoon to receive that service.

Hon. Mr. Taylor: — Again, thanks the member opposite for the question and the additional information. It's been helpful to help to look at this very specific issue.

The services providing ultrasound in Biggar as well as in the communities of Unity, Kindersley, and Rosetown, the services are provided by Associated Radiologists from Saskatoon. ARS [Associated Radiologists of Saskatoon] as they're known — Associated Radiologists; they're out of Saskatoon — provide a referral service. They come out to various facilities to provide that service when there are physician referrals for that.

Associated Radiologists recently advised us that in an effort to limit their travel, they are reducing ultrasound tech services. Currently they are providing these services, as I indicated, to Unity, Biggar, Kindersley, and Rosetown. They have indicated that effective May 1, which is a day just past, technical services will no longer be available in Unity, Biggar, and Kindersley. However, services in Rosetown will be increased from one day every two weeks to one day per week with two technicians.

The region is currently analyzing ultrasound services to determine how the reduction will impact on service delivery. The region has attempted to secure ultrasound tech services from other regions to come into these locations but so far have been unsuccessful in doing so. The health region is continuing to look for ways to provide alternative services.

Mr. Weekes: — Thank you, Mr. Minister, Madam Chair. This company, it's a privately owned company that's providing these services to these various communities?

Hon. Mr. Taylor: — The service is provided by a group of radiologists who are practising together. It would be a private service contracted by the health region.

Mr. Weekes: — Thank you. Are there any other services that are in a similar situation that may be cut back in these communities because of lack of technicians or other concerns?

Hon. Mr. Taylor: — Nothing that we are aware of. I wouldn't think there are too many other services like this that are provided. X-ray and ultrasound services are certainly one of the few areas in which the private sector is involved in contracting of services to our regions.

Mr. Weekes: — Thank you, Mr. Minister. The concern to the people in Biggar and the other communities you had mentioned, that it's really a self-fulfilling prophecy as to the closure of a hospital. As services are withdrawn for whatever reason, eventually the people in that community will continue to go to other communities for their health care services and eventually the hospital will close. And that is a real serious concern, I know, to the people in Biggar when they've heard about this cutback. And I certainly . . . We have three doctors now in Biggar again and certainly the people of Biggar would appreciate keeping those doctors and the hospital in the same status that it has been in recent years.

[19:45]

Hon. Mr. Taylor: — Let me just say first of all that Heartland Health Region is very committed to providing services in Biggar and at the other hospitals throughout the region. There's no direct desire to see any lack of, or any less attention provided to services like this. And I think it would be fair to say that Heartland which is responsible for the day-to-day operations and management of the regions at the health region, is continuing to look at ways of providing this particular service in Biggar and the other communities that I indicated.

At the same time I think that it's fair to describe the radiology sector as another one where technologists . . . there's a shortage of technologists in the province. The private sector has the same challenges that the public sector does in finding the technicians necessary to fulfill all of the needs of the regions across the province. And as a result, they're taking steps that the private sector is often called upon to do. If they have a shortage of people, they withdraw their services in order to ensure they can continue to provide the services from their core area.

That having been said, the province continues to try to address the technology issues whether it be the radiologists or others. The province continues to address this issue through its workforce action plan. We've recently met with radiologists and sonographers association, and we're trying to find ways to ensure that the services that are needed in this province are able to be supported by the human resources necessary to provide the services.

So I simply want the member to know that the health region is committed to providing these services, and if there's an alternative, they will work hard at contracting to ensure that that's available. And the department will continue to work on the technology side of this to ensure that the human resources ultimately are available to provide the needs.

The Chair: — The member from Elrose-Rosetown.

Mr. Hermanson: — Thank you, Madam Chair, and good evening to the minister and your officials. I have a few questions that again would relate to the Heartland Regional Health Authority which is the health authority that serves the Rosetown-Elrose constituency.

Just first of all, two or three questions regarding spending in the authority. I notice from the latest budget document that the

estimates for 2005-2006 were $55.785 million and the estimate for the current year was $61.116 million. Can the minister tell me whether or not the actual expenditures for the authority was $55.785 million for the past fiscal year?

Hon. Mr. Taylor: — Again to answer the member's question — and thank you very much — he is absolutely correct. The dollar value this year is 61.1. It's an increase of about 9.6 per cent over last year's budgeted value.

He is also correct that the actual expenditure in the health region would be for the year above the figure quoted in the budget. That would take into account additional salaries that were paid as a result of mid-year adjustments.

Mr. Hermanson: — Thank you, Madam Chair. I'm just wondering then, do you have the total numbers for the 2005-2006 fiscal year?

Hon. Mr. Taylor: — Actually, I meant to say this in my answer. We're actually just in the process of compiling those figures for the annual reporting. They aren't available to us here tonight. Take a little bit of work to pull those actuals together, but they will eventually be available to us.

Mr. Hermanson: — Thank you, Minister. Can you tell me what the increase between what was spent in the last fiscal year and what is budgeted for the current fiscal year goes toward? How much of that is for additional salaries? How much of it goes to capital costs within . . . or are there any capital costs included in that number? How much of that increase would go to the costs of, you know, inflationary costs of keeping the facilities and the supplies in place?

Hon. Mr. Taylor: — I think the best way to answer that question would be with percentages because that's the way I have the information in front of me. Based on the question that was being asked about RHA [regional health authority] expenditures and the increase, 80 per cent of base operating funding goes to pay salaries and benefits. Eight per cent is allocated for drugs, medical and surgical supplies, and 12 per cent for all other operating costs including non-medical supplies and accommodation charges.

Mr. Hermanson: — Thank you, Madam Chair. Thank you, Mr. Minister. Now is that just a global number for all RHAs or is that specific to Heartland Regional Health Authority?

Hon. Mr. Taylor: — The regional health authorities currently are in the process of developing their current year budgets. That process is not yet complete within all of the health regions. However based on past experience, the percentages that I've outlined is indeed a global application based on past history and experience and our expectations for looking ahead. The global distribution likely is a pretty close guesstimate of what the regional health authorities' budgets will look like once they're completed.

Mr. Hermanson: — Thank you, Madam Chair. I thank the minister for that. It doesn't quite answer all of my questions in that regard. I would assume that once the books are closed for the final fiscal year that each health authority would know those specific numbers. And I would assume then that those numbers would become available to the public. If I am wrong in that assumption, perhaps the minister could tell me why. Does the minister have enough information from the last fiscal year to tell me whether he knows which health authorities are in a surplus or in a deficit position? And if so, can he tell me whether the Heartland Health Authority is in a surplus or a deficit position and if so, how much?

Hon. Mr. Taylor: — The member talked initially about reporting the numbers. Indeed the health authorities are required to file their annual reports within 90 days after their fiscal year. So we would anticipate the submitting of the reports within the next month or so.

This is a requirement for all of the health regions. Indeed the accounting and the accountability of the health regions is very strong. The member opposite is part of Public Accounts, is Chair of Public Accounts. Sask Health over the years has, with the health regions, developed an accountability process that's very public, very public in its reporting.

Secondly, the member's question specifically to Heartland and specific to a surplus or deficit, preliminary information — and I would stress that this is very preliminary at this point — but preliminary information would indicate that Heartland would show a small surplus this past year.

Mr. Hermanson: — Thank you, Madam Chair. When health authorities do show a surplus, are they encouraged to put those monies into reserves and are they allowed to let those reserves grow? Or are they discouraged from putting monies into reserve? And are they encouraged to try to come as close to the actual number allocated in the budget as they possibly can?

Hon. Mr. Taylor: — I think the member opposite would know that managing a health region is a challenging job. The ability of regions to meet all of the pressures — whether they be human resources, drugs, technologies, or capital — pose a significant challenge to CEOs [chief executive officer], financial officers, and board members. At the end of the day of course we recognize that it's the health boards that set and ultimately approve the budgets. And Sask Health would certainly encourage those boards to, through the course of the year, manage their accounts so that they come very close to the budget that they've set for themselves. In other words, we would encourage them to finish the year in a slight surplus position.

That having been said, when they do finish in a surplus position, the board again is given responsibility for determining what happens with that surplus. They could use it in any number of ways, but again the decision is very local to the board. They could put those surplus dollars into a capital reserve, into an equipment reserve. They could use it to pay down debt. Heartland is probably not in that situation. But they could also use it for — well with small surpluses — any number of things. Most would probably use it for capital or technology reserves.

Mr. Hermanson: — Thank you, Madam Chair, and I thank the minister for those answers. And certainly I understand from his answer that he believes the boards are very prudent and cautious with the funds that are allocated to them by the department.

In light of that I want to move on to a letter written to the minister from the Rosetown and District Health Centre, the foundation. It is dated March 8, and this letter is one of a string of letters that have been going to health ministers in the Government of Saskatchewan for a number of years. I believe this will be the first letter that the current minister has received. But as I'm sure he is aware, the community of Rosetown has for quite some time been pressing the provincial government for the go-ahead to build a long-term care facility in the community.

I have gone over this matter with previous ministers of Health in my tenure here in the Legislative Assembly. I don't think there is any debate over the need. I have talked with the deputy ministers. I have spoken, as I said, with other ministers. Currently citizens in long-term care are in a basement wing of the existing hospital. There are certainly concerns about the safety of these people in that facility. There is certainly a question about quality of life in that kind of a facility.

In light of the latest letter that the minister has received, can he tell me what progress is being made as to giving the go-ahead to the Heartland Health Authority and in particular the Rosetown district health foundation to proceed with a new project that they have been working on for quite some time: to build a new long-term care facility in the community.

[20:00]

Hon. Mr. Taylor: — Again I thank the member for his question and appreciate the opportunity to talk a little bit about Heartland, but also the province's health care capital needs.

Indeed the member is correct. As Minister of Health I haven't been on the receiving end of many of the community letters in this regard, but I am aware very much of the history of the project and of the member's support for that project.

I think I should also remind those who are watching and reading this debate tonight that Heartland's capital priority this year is included in this budget. That is the new facility in Outlook. The facility in Outlook has been brought forward by the region, is being funded this year, and is proceeding.

The capital pool available for facilities in the province has increased this year by 20 per cent. We are now at $44 million of new capital in this budget. In that $44 million, the projects funded are almost all previously announced projects in different stages of dollars being available to it. So despite the fact that we have increased the capital budget with increased costs as well as the flow through of projects that have begun and now have to be funded on a annual basis over two, three, four years . . . there hasn't been much room for new projects this year.

The Heartland Region has indicated that Rosetown facility is certainly a priority within the region. It has been communicated to the province in that fashion. And now as the province reviews the capital requirements of all twelve regions and preparing for the budget allocations next year, we of course put Rosetown into the mix with the other priorities, dollars-available basis with the priorities identified.

I can indicate that the capital needs of the province for health care facilities are quite significant. As we survey all of the regions to take a look at what their one, two, three priorities are across the province, we find that there are in the hundreds of millions of dollars identified projects that need to be funded in the very near future. So I see our capital budget requirements continuing to increase over the next few years if resources are available to us to ensure that we have the ability to meet the capital needs across the province.

So the good news is Outlook is being . . . funding has been put in place for this year, and Rosetown is now in the queue in a significantly . . . is significantly well placed in the queue for future capital expenditures.

Mr. Hermanson: — Thank you, Mr. Chair. Thank you, minister for that update. I would just remind the minister that this project in fact wasn't even in the queue. Sixteen years ago it was approved. In 1990 the project was approved as a needed project. In 1992 there was a so-called temporary deferral. In other words it wasn't cancelled, but it was temporarily deferred. I think that was in a time of fiscal duress in the province, and I don't know what all the reasons were.

But the community of Rosetown has been, I think, too patient in waiting for this project to be given the green light. It's not like this has just come into the mix in the last three or four or five years. This was a project that was approved. Community thought it was going ahead 16 years ago. You can imagine, if it was needed 16 years ago, how badly it's needed in 2006.

So I'm just wondering if you could tell me what I can tell my constituents in Rosetown area who have been very reasonable and have been talking to me about this for a long time. And as you know, Minister, I have been speaking to you and your predecessors about it for a long time.

What can they do to get this thing nailed down? Sixteen years is a long time. A lot of people have spent a lot of time, you know, with already experiencing challenges in life just by nature of the fact that they need long-term care and then secondly of course to be in a substandard facility with in fact some danger associated with it, let alone the substandard quality of facility.

These people are not unreasonable. They have been terribly, terribly patient, and they just want to get this thing nailed down. They have co-operated. They have gotten the approval and support of their own local health authority. The health authority has written a letter of support for the project.

I know Outlook is currently undergoing a project, as the minister mentioned, but I don't think there is any rule that says that, you know, you have to wait 10 years between project approval. You know, we're hoping to see a health science centre go forward that's going to cost, you know, 100 or $200 million.

Obviously there's got to be a way that you can nail with these people in Rosetown and say, it's going to be in next year's budget or it's going to be in the budget after that or maybe you can even do something sooner and say we're going to make . . . Oil and gas royalties and revenues are, you know, higher than expected. We're going to put an extra $100 million into health care from those additional revenues.

I'm just asking the minister: how can we nail this down? How can we nail this down so that these very wonderful people, patient people, community leaders, the health foundation, the board members of the health authority, can have some assurance that there is a timetable in place? And they're not just somewhere in the queue waiting for the gate to open, but they actually know when the project is going to proceed.

Hon. Mr. Taylor: — Again I thank the member for his question and his direction. I think the people of Rosetown should know that the government recognizes this as a very legitimate project. It is a project that the government is aware has received high recommendations from not just the community but the region itself.

As I indicated earlier, the province is continuing to put additional dollars into health capital. And one can only assume that with additional resources available to us, that there will be additional dollars available for health capital in the future. It is a challenge to presuppose or predetermine what position we will be in when we consider next year's budget allocation.

That having been said, I had mentioned earlier that the Rosetown project could be in a position for consideration in next year's budget deliberations. There are competing priorities across the province. And so we will have to take all of that into account as we balance out the distribution of capital dollars. I think every one of your colleagues could probably rise today along with you and cite a project in their constituency that requires some capital dollar, whether it's a replacement or rejuvenation or new facility. And we are very much aware of that.

We do want to fund the health sciences facility because it's a part of the recruitment and retention strategy for the province as well as the development of better care strategies for the people of Saskatchewan. But that having been said, we're also aware of the needs from many of the communities across the province.

I think I have to say while I'm on my feet that there have been a number of changes in the dollars that the province has had available to it for capital over the years. I think we are all aware that Saskatchewan Health and Saskatchewan Education and other departments took a considerable hit in 1991 when we had to finance a per capita debt in this province higher than any other province in Canada at that time. All of our budgets took a significant hit as we all contributed to help pay down a very significant debt.

Secondly, in '95-96, the federal government changed the way in which they provided health and education transfers to the provinces. Again in that particular year, the Department of Health saw a significant reduction in dollars available to it. We are slowly moving back to where we were in the late 1980s in our capital program through diligent determination, perseverance of putting additional dollars each year into capital.

We have approved the number of projects that are currently in the works this year previously that are in the stage where a lot of money has to be spent or provided, whether it's Maidstone, Preeceville, or Humboldt. These projects are all previously announced, are now coming to the point where significant dollars are required to be paid out. They're added into the $44 million that is being spent this year on capital. As these projects work out and as additional dollars are moved in, there's a greater opportunity for newer projects to be approved and funded more quickly than they have in the past.

Mr. Hermanson: — Thank you, Mr. Chair. My colleague from Indian Head-Milestone tells me that I've used up most of my time, but I have another question left.

Just responding to the minister. Obviously we know that there's a huge demand on the provincial treasury. But I would also remind the minister that there's a great deal of revenue comes to the treasury from the Rosetown-Elrose constituency, a rich agriculture area that also has an oil and gas supply that has benefited the province. And in fairness, it's not a one-way street. This part of Saskatchewan has contributed mightily to the well-being of the province, and I hope the minister would take that into consideration.

Just a final question. I have a memo here that says . . . And this is regarding the project in Outlook. I have a memo here that says that Saskatchewan Health is committed to supporting building space and capital equipment in new projects for personal laundry facilities only.

There's a bit of an uproar in Outlook because the laundry services are going to be limited only to personal laundry. And a lot of the services that were provided locally are no longer going to be provided in the community of Outlook. They'll be sent away I believe to Saskatoon. This new policy will of course mean people are laid off, lose their jobs in the local community. I'm just wondering what the rationale, what the thinking is behind this move. I'm doubting that, with the transportation costs involved, it's going to be cost-efficient. Why would the Department of Health make it a policy that only personal laundry facilities would be included in the new facility?

[20:15]

Hon. Mr. Taylor: — A couple of things in answer to the member's question and response to comments. I think the province is aware of how resource revenues are gathered throughout the province. Saskatchewan has over the years recognized that the resource revenues — whether it's from forestry and uranium, oil and gas, or diamonds — are revenues to the benefit of all Saskatchewan residents, and does not have a specific policy that dollars earned from the ground in one place will be spent on the ground in that area. If that were the case for example, the multi-millions of dollars earned from uranium mining for example would never be used to the benefit of people who live in Rosetown or Saskatoon, etc.

We've utilized the benefit of our resources for the benefit of all of our citizens, and as a result of that we try to ensure that the dollars raised from resource revenues are relatively equally divided amongst the citizens through the province. In this particular year we are seeing resource revenues contributing to about a $1 billion increase in our overall provincial budget. Fully one-third of those resources have been applied to Saskatchewan Health — the health component.

We believe that the health care which includes not only delivery

of treatment and hospital services, but is part of the capital pool and other things. So the benefits of uranium, the benefits of diamond mining are being used to the benefit of the people in Rosetown just as the oil and gas revenues from the west side of the province are being used to assist construction and delivery of services in other parts of the province.

That having been said, coming back to the question of the member with regards to Outlook and laundry, I've been associated with the member opposite for quite a number of years and I've heard the member — whether he was in Ottawa or in Rosetown or here in Regina — talk an awful lot about the need for governments to match expenditures and revenues, be fiscally prudent in the way in which services are being provided.

As far as laundry is concerned, we have a surplus capacity within the system and we have the need to ensure that taxpayers' dollars are being used prudently. In the construction of new facilities — recognizing we've got excess capacity in laundry, particularly in, we'll say, Regina and Prince Albert not so much in Saskatoon but there is some capacity there — we are developing a laundry service that, in working with the health regions, will ensure that the dollars that are used for that expenditure meet up with the facilities that we have available. Prudent fiscal management, we believe in the delivery of these services.

That having been said, we are also New Democrats who care an awful lot about Saskatchewan people and people who work for the system. It is our plan to work with the health regions with a goal of no job loss in this transfer of responsibility for laundry within the regions. We will work very closely with the health regions on that policy so that those who are currently involved in laundry can reasonably expect their health region and their employer to work with them to ensure that they aren't losing a job as a result of this change in delivery.

The Deputy Chair: — I recognize the hon. member for Canora-Pelly.

Mr. Krawetz: — Thank you very much, Mr. Chair, and welcome to you, Mr. Minister, and to your officials. A few areas that I want to explore with you this evening, Mr. Minister, are in the constituency of Canora-Pelly and a little bit broader than that, of course, is the Sunrise Health Authority which makes up a larger area.

Mr. Minister, in the communities of Canora and Kamsack and Preeceville, those are the three communities in my constituency that still provide acute care services and I'm wondering if the Department of Health has a specific policy that it follows in recommending to the regional health authority, in this case to Sunrise, whether they would be recommending to Sunrise as to the number of physicians that should be maintained in each of those communities to provide the proper acute care services.

Hon. Mr. Taylor: — I welcome the member to the estimates in asking his questions with regards to the region. First and foremost, I think the member is aware Sunrise will receive from this budget $127.1 million. This is an $11.3 million increase or 9.7 per cent above last year's budgeted numbers — pretty much on average with regards to the other health regions in the province who are in that 9, 10 per cent increase.

The Saskatchewan Health continues to respect the work that is being done by the regions, recognizes the autonomy of the regions in providing the day-to-day operational authority, and therefore we aren't directly providing them with decisions that have to be made.

That having been said, we do provide advice from time to time. And in terms of acute care delivery, the advice that we would provide is that in an acute care circumstance the minimum number of physicians should be three. It is recognized that when there are disruptions in service it's usually a result of there being fewer than three physicians available in a acute care facility.

So aside from that, the management of the delivery of care is the responsibility of the individual region.

Mr. Krawetz: — Thank you, Mr. Minister. And, Mr. Chair, to the minister, I'm going to be more specific now. While I've indicated that both Preeceville and Canora as well as Kamsack are very concerned about ensuring that they have the doctors, and they've been struggling with that for a number of years. As doctors come and go to other communities and look for greater opportunities, smaller communities are left trying to recruit doctors.

But more specifically for the community of Kamsack, it is my understanding that over the last year there have been situations in Kamsack where the emergency services had to be temporarily closed and diverted to other communities.

Can the minister confirm . . . And I'll pose a number of questions so that the minister can answer them all in the same time since I know we have a limited amount of time. When a community like Kamsack tells the public that the services are now being diverted, can the minister indicate in the last fiscal year or the last calendar year how many times this has occurred in the community of Kamsack?

Secondly, is there an additional cost that the Sunrise Health Authority will pick up as a result of emergency services no longer being provided in the community of Kamsack? And then thirdly, what circumstances come into play when in fact the emergency services are no longer being provided? I know you indicated that there should be a minimum of three. Is it a situation that occurs each and every time that that falls below three, or are there other concerns that the community should be addressing?

Hon. Mr. Taylor: — I'd be happy to provide the member opposite with a description of what happens when service is disrupted for any reason. In prefacing that comment however, I do want to recognize that the regions or the hospitals when they experience these circumstances must notify Saskatchewan Health of any changes in operations. And there is a very specific process that then falls forward to ensure that the public is familiar with the circumstances and what they should be doing.

These disruptions have occurred in smaller acute care facilities for years. There's lots of things that happen that are beyond our

control. For example the most recent case at the Kamsack Hospital which was the end of April, beginning of May, that just occurred. The Sunrise Regional Health Authority advised us that there would be no outpatient physician or emergency services for one week between April 28 and May 5.

Although the hospital has a full component of three doctors, one was on vacation when another one was involved in a motor vehicle accident and was unable to come in. As a result — you know you can't predict some of these things — as a result the region had to take steps to ensure that public delivery of services or public safety was not jeopardized as a result of the reduction in number of physicians available.

In this case as it would be in most cases, the region issued a public service announcement with the following information: lab and X-ray, physiotherapy continue to function under normal operating hours. In-patient services and clinical dressing changes would continue to be offered. The transfer of stable patients, stable in-patient clients to the Kamsack Hospital would continue as usual. Clients requiring emergency services were advised to call 911 or access emergency services either in Canora or Yorkton or even in Preeceville.

Clients requiring routine physician services were advised to access medical clinics. The Kamsack Medical Clinic and the Kamsack Mall Clinic remained open to the public and were aware of the circumstances at the hospital. And of course the HealthLine number was made available to all local residents to ensure that they had access to health advice from registered nurses on the HealthLine.

So as circumstances occur, the regions who are responsible for the day-to-day operation of the facilities put contingency plans in place and try to ensure that physician care is replaced as quickly as possible. I think in mentioning this, the Sunrise Health Region is very much aware that these circumstances can occur from time to time and is well prepared to deal with these circumstances as they arise.

[20:30]

Mr. Krawetz: — Thank you, Mr. Minister. An additional follow-up to that, and I know you indicated that Saskatchewan Health is informed each and every time that something like that happens. And I was wondering if you could have your officials prepare some information that would indicate the three facilities that I have just mentioned to you — Canora, Kamsack, and Preeceville — if you could, if your officials could indicate the number of times over the last year or 12 months or whatever is . . . what is tracked, if it's a calendar year or a fiscal year, as to the number of times that emergency services were removed from the community, for whether it be one day or a week. If you would agree to have your officials provide that information to me at a later date, I can move on to a next series of questions.

Hon. Mr. Taylor: — I'll make a commitment to provide the member whatever information we can pull together. The regions or the facilities are required, as I indicated, to inform Sask Health. The purpose of that is to ensure that information flows and that policy is followed.

We certainly don't have any of that information available here. And do we maintain an aggregate collection of this? In other words, do we track this from year to year by maintaining that sort of number of times or dates? The reason they're required to report is to ensure we follow through on ensuring that patient safety is not jeopardized and we're all sort of in the same boat. Whether or not we actually have that data collected and available to us for years past or even . . . I don't know that. But whatever we have available, we will gather and provide it to the member.

Mr. Krawetz: — Thank you, Mr. Minister. Mr. Minister, all I'm looking for is the past year or whether it be a calendar year or the fiscal year. Whatever data you have, I'm sure . . . The reason I mention that is because you said that Saskatchewan Health is informed. So for the past year, you probably have that data on each of the three facilities, and that's what I'm looking for. And I acknowledge your agreeing with that.

Mr. Minister, I want to move on to very specifically the Preeceville Hospital. And I know my colleague in his questions to you of projects in Outlook, you mentioned Preeceville as well. Mr. Minister, on August 16, 1999, just to give you a bit of background information, I want to quote from a government news release from Executive Council that said this:

> Health Minister Pat Atkinson gave the district approval to plan the project in the 1999-2000 fiscal year and advised district representatives to work with Saskatchewan Health officials to define the project's final scope and cost.

The reason I read that to you is that's 1999. And at that time, when this project was approved for the community of Preeceville, the estimated cost of that addition . . . And that addition is a renovation at the current hospital, enlarging it to ensure that it has a long-term care facility there in that one facility and the closure of another one. The estimated cost at that time was about $4.5 million.

Based on the 65/35 per cent split of the costs that would be involved, the community of Preeceville and area was required to put up about 1.6 million. And they did that. They did a large number of fundraisers. And I know you have heard me ask the former minister of Health a number of questions regarding that project.

What has happened, Mr. Minister . . . And I asked a question last year of the former minister of Health about where the project was as far as its approval. And the minister at that time responded to me by telling me that the 18-step capital process that is in place, that the Preeceville Hospital was on step number eight. And that it was moving forward.

And in fact the suggestion by the former minister was that the project would — through its concept planning, design development, and schematic design — would actually occur within the fiscal year that was, you know, that it was part of, which was '05-06. Well we're through that, and I'm wondering if your officials could inform me today whether the steps 9, 10, and 11 which involve the Sunrise Health Authority, more so with the Department of Health, whether or not those three steps have been completed, and if not, what step is the current situation of the Preeceville project?

Hon. Mr. Taylor: — I thank the member for his question and of course his interest in the Preeceville project. I think the member should know, and certainly the public I'd like to know, that the current budget has assigned from the province $4.1 million to be expended this year on that project. And we've tentatively set aside almost $3 million next year in the continuing funding of this particular project. So the commitment from the province is certainly there to move as quickly as we possibly can now through to the completion of this important project.

In the short period of time that I've been the minister, I've been fortunate enough to now have met with a number of the municipal governments in the Preeceville area, rural municipality and town. And in each case, the municipal representatives have raised concern over 65/35 spending. And in fact the community has said to the province, we'd like to have a cap on this spending. We've raised as much money as we possibly can, and we'd like to put a cap on this spending — $10 million total expenditure.

So the department has gone back to the planning table with the local communities, the architect, etc., to be able to ensure that we can produce a $10 million facility that meets the needs of the community, that also contains the ability to expand the project should the need exist into the future.

The question that the member asks is, are we in stages 9, 10, 11? And the answer to the question is we would have been had we not had to back up a little bit. We've backed up a little bit in order to meet the community's desire to cap the project at $10 million. That having been said, we are working with them, the architect to ensure that we can move this project through as quickly as possible. And I've identified there are dollars in this particular budget to ensure that that can happen.

Mr. Krawetz: — Thank you, Mr. Minister. The original 1.6 million that was going to be the share for the local community, as I indicated to you, was met. And now of course that the project is getting closer to $10 million or is being capped at $10 million, 35 per cent share of that moves that substantially higher. And in fact I was in contact with the officials of the town of Preeceville today and they've indicated to me that they already have $2.2 million ready to go, but they're still going to be short, as much as another 1.9 million.

And the concern of course, as you've indicated, is that the government has allocated resources over a period of two years. What difficulty is occurring for, more specifically the town and the RM [rural municipality] of Preeceville, because they're the closest municipalities to where this project is occurring . . . Other municipalities who were on board for the first splitting of the cost of the 4.5 million are not on board for the splitting of the cost of 10 million.

So, Mr. Minister, I'm being asked and I want to ask you, what are the options that the lead in this case, which is the town of Preeceville, what options does that municipality have to ensure that they are able to have their share of the $10 million ready to go? They are worried about debentures. I understand that they've even made an application to the municipal board to be able to spread that cost out through debentures. And I've asked you before whether or not there was any possibility that the government was going to reconsider a 65/35 formula and change that. And if that's not on, I'm hoping that you can understand that a community was told to get ready for a $4.5 million project and now are being told due to inflation and due to seven years going by we now have a $10 million project.

This is a key project for Preeceville, and I want to reinforce that for you, Mr. Minister, is that they know. People in the Preeceville and area know that this is a big project, and it's probably their only chance at a project, and they don't want to see it dropped by the wayside because there's $1 million that is not there currently or whether or not that can be financed. So they're looking at all their options, and I understand that there's a meeting planned with you as minister for sometime next week. And I think they're going to be exploring all kinds of options.

So I'm wondering if you could inform us today as to what options does that whole area have to be able to raise their 35 per cent share that they require?

Hon. Mr. Taylor: — Again thank you very much for the question. The member is right that I have a meeting next week with municipal leaders. I have met with others both in the area when I toured through there a while ago and at the SUMA [Saskatchewan Urban Municipalities Association] or SARM [Saskatchewan Association of Rural Municipalities] convention . . . SARM convention I think it was I met with the rural municipalities.

That having been said, they've made their point very clear. They value this project greatly, and they want to see this project concluded. I have indicated that that is the province's desire as well. We have committed to the project. The member has already indicated how long ago we've committed to the project, and we want to see this proceed as quickly as possible.

Before specifically discussing the member's very specific questions about options, let me indicate to him that, as he's already aware from questions that were asked tonight and at other times during question period, other members opposite and even members on this side of the Chamber have asked questions publicly and privately with regards to the funding of projects, whether it be municipal projects like rinks and recreational facilities and cultural facilities, or health or education facilities. Construction costs have increased. There are increased pressures on communities as well as on provincial government for funding these projects, and indeed Saskatchewan's share, 65 per cent share of increasing costs, means there are increasing costs on the province as well. We will meet those costs; we will meet our share of those increasing costs. We're committed to the projects and those dollar values are there to the conclusion of the project.

[20:45]

So more specifically — and I don't want to split hairs, but I have to outline the policy — the requirement of 65/35 is between the province and the region. The 35 per cent is the region's component. Region can assign that component to foundations, municipalities, other kind of fundraising. The region must make a commitment for 35 per cent.

That having been said, the majority of regions are looking at municipalities to assist in that funding because of the ability of municipalities to contribute, raise money, work with communities, and more importantly to provide input into the development of that project. The commitment that's required is not money in the bank. It's a commitment to fund the project around the time of its completion. So if the region has the commitment of the municipalities, if that's what they've required, simply the commitment to fund the project, to meet their commitments, then the project can proceed immediately.

What I will be talking with, if we are talking options with the municipalities, indeed there are numbers of ways in which they can try to meet their commitments. And it includes utilizing or setting aside some of the funding that the government provided this year in unconditional capital grants in this budget — $52 million of unconditional capital grants provided to municipalities for exactly this type of thing to meet some of their increasing capital costs.

That having been said, there's not enough money provided there to meet all of the capital needs of municipalities. It's just helping them to do that. But debentures, as the member mentioned, and any number of other things could be considered, and I will discuss that with municipal leaders.

Bottom line is, it's only the commitment that's needed, not the dollar in the bank, and once the commitment is received we can proceed. We are committed to Preeceville. We want to see this project completed as quickly as we can, and we will continue to work with the community to realize its and our common goal.

The Deputy Chair: — I recognize the hon. member for Rosthern-Shellbrook.

Mr. Allchurch: — Thank you, Mr. Chair. Mr. Minister, and welcome to your officials here tonight. I have a couple of questions in regarding an incident that happened basically in your backyard, Mr. Minister.

A gentleman from Turtle Lake suffered a heart attack here some two weeks ago on a Saturday and was rushed to North Battleford Hospital. There, they stabilized him. Again this was on a Saturday. They stabilized him. And his doctor at that time, on Monday, said that he needed an angiogram. He would try and get him in for an angiogram as soon as possible. The family waited till Friday before they contacted me in regards to this, and he still was on oxygen in the North Battleford Hospital waiting for an angiogram.

They were sure that he needed an angioplasty. There was phone calls between the wife of the victim and your office in North Battleford regarding this incident. And on Saturday, the daughter in Calgary was advised, and she came out. And the mother tried to get a hold of you, the Health minister, regarding as to how soon an angiogram could be given to her husband. And there was some talk at that time that possibly Tuesday would be the quickest to get an angiogram. Unfortunately your office phoned this lady and said that it would not be taking place this week, and they had no idea when the angiogram would take place.

When the lady, or the wife of the victim phoned to see if, when she was transferring her husband to Calgary, to the hospital there because he had appointment for an angiogram on Monday morning, if he required ambulance service, somebody in your office said it would only be if it was an emergency. The government would not pay for that.

In your mind, Mr. Minister, what do you define as an emergency in regarding health care with a heart attack victim?

Hon. Mr. Taylor: — I wonder if the member can clarify when he talks about my office, which office is he talking about? My constituency office as an MLA [Member of the Legislative Assembly] would have referred all of these calls to the quality of care coordinator. That's the standard operating practice in my office.

Most of what the member is quoting somebody else in telling him is probably, like I'm saying, it's all second-hand or third-hand information. My office believes very strongly in supporting the quality of care coordinators within the region. All of these matters are day-to-day operation matters within the health region and between health regions for cardiac cath services in Saskatoon.

So I'd just like the member to clarify exactly who he's referring to or who he's talked to in this regard so that I can have a little clearer picture of who said what to whom.

Mr. Allchurch: — Thank you, Mr. Minister. I believe, and this is second hand because the lady phoned me and said that the office that she was referring to was your MLA office in North Battleford because I asked this lady when she phoned me to contact your office in North Battleford and get some direction from there because they would contact you here in Regina. So I know for a fact it was your MLA office in North Battleford.

But again to the minister, what do you . . . Clarify the word emergency. If a person suffering from a heart attack and is being transferred out of province to another province and needing ambulance services, that the government will not pay unless it is an emergency . . . What do you classify as an emergency?

Hon. Mr. Taylor: — I think I do have to ask the member again for additional information. And I do stress — not only to the member opposite but to every Saskatchewan resident who might be watching or reading the transcripts of today's session — that the regions have quality of care coordinators who answer these questions and refer and direct people. My constituency office, the member's constituency office, other political offices should refer people to the quality of care coordinators within the regions. That's where decisions or information will be dispersed and matters dealt with that may be of an emergency nature.

Secondly, I'm not fully grasping exactly what the member is suggesting. An angiogram is a diagnostic tool. An angiogram really is an X-ray of the heart. It's not something that's necessarily done in an emergency basis. Secondly, ambulance care is not assessed on the basis of emergency or not. There are contract fees for ambulance services whether it's emergency or not. There's a copayment structure. There's a provincial subsidy that's attached and if you are a senior it's capped at 250

bucks. If you're not a senior, there's a copay fee for ambulance care. It's not tied to emergency use.

So there are some things that the member is suggesting here that I'm just not fully understanding and if he's got additional information, I'd be happy to get it. If he doesn't have additional information, I urge that he call the quality of care coordinator or have the family call the quality of care coordinator who have access to all of the data, all of the data about the specifics of the case.

Mr. Allchurch: — Well thank you, Mr. Minister. I will definitely get the information from the wife of the victim as to who she contacted. And like I said, it's only second-hand information to me, but I know for a fact it was in your office as MLA in North Battleford.

In regards to an emergency, if a person comes in having a heart attack and is stabilized in a hospital and can't get proper care in the province that they live in and they are allowed to go out of province and they can get an angiogram in Calgary or out of province wherever in a timely fashion, if they go there and they need ambulance service, is that not an emergency?

Hon. Mr. Taylor: — Again it doesn't matter. Ambulance service is not charged out on the basis of emergency or not. There's standard contract fees in which there's a copay relationship on it. Again emergency doesn't . . . it's not used in the calculation of whether or not fees are charged or not.

Mr. Allchurch: — Thank you, Mr. Minister. In regards to going to out of province, in this case it's Calgary for an angiogram and possibly other health services. Will that be funded by the province of Saskatchewan for this gentleman?

Hon. Mr. Taylor: — Absolutely. The member should be aware that provincial Health covers out-of-province services except for MRI, bone scans, and cardiac . . . cataract surgery . . . getting tongue-tied after two hours.

The provincial government this year opened a new cardiac catheterization lab in Saskatoon to improve the services provided for heart patients. That new facility opened just about a month ago. There are now the waiting lists for both diagnostic and other matters relating to the work of cardiac care has helped to reduce our waiting lists in this province considerably. So I assume that Saskatchewan care will be available to more people.

I see the House Leader is signalling that we're close to or right at 9 o'clock, and I would like to take the opportunity then to thank my officials for being present here tonight. And I'm assuming that the members opposite may have additional questions, that we'll come back on another day.

The Deputy Chair: — I recognize the Government House Leader.

Hon. Mr. Hagel: — Mr. Chair, I move the committee rise, report progress and ask for leave to sit again.

The Deputy Chair: — The Government House Leader has moved that the committee rise, report progress and ask for leave to sit again. Is it the pleasure of the committee to adopt the motion?

Some Hon. Members: — Agreed.

The Chair: — That is carried.

[21:00]

[The Deputy Speaker resumed the Chair.]

The Deputy Speaker: — I recognize the member for Saskatoon Greystone.

Mr. Prebble: — Thank you very much, Madam Deputy Speaker. I'm instructed by the committee to report progress and ask for leave to sit again.

The Deputy Speaker: — When shall the committee sit again? I recognize the Government House Leader.

Hon. Mr. Hagel: — Next sitting of the House, Madam Deputy Speaker.

The Deputy Speaker: — Next sitting of the House. I recognize the Government House Leader.

Hon. Mr. Hagel: — Madam Deputy Speaker, I move that the House do now adjourn.

The Deputy Speaker: — It has been moved by the Government House Leader that this House do now adjourn. Is it the pleasure of the Assembly to adopt the motion?

Some Hon. Members: — Agreed.

The Deputy Speaker: — Carried. This House does now stand adjourned until tomorrow at 1:30 p.m.

[The Assembly adjourned at 21:01.]

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