STANDING COMMITTEE ON HUMAN SERVICES

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STANDING COMMITTEE ON HUMAN SERVICES

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Mr. Derek Meyers
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Mr. Hugh Nerlien
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Ms. Alana Ross
Prince Albert Northcote

[The committee met at 17:09.]

The Chair: — Good afternoon, colleagues. Welcome to the Standing Committee on Human Services. I'm Ken Cheveldayoff. I'm the MLA [Member of the Legislative Assembly] for Saskatoon Willowgrove. And committee members present: Mr. Ryan Domotor, Mr. Muhammad Fiaz, Mr. Derek Meyers, Mr. Hugh Nerlien, Ms. Alana Ross, and substituting for Ms. Meara Conway will be Mr. Matt Love.

I'd like to advise the committee that pursuant to rule 148(1), supplementary estimates for Health were committed to the Standing Committee on Human Services on November 30, 2021: vote 32, Health.

General Revenue Fund
Supplementary Estimates — No. 1
Health
Vote 32

Subvote (HE03)

The Chair: — We will now begin our consideration of the 2021-22 supplementary estimates, no. 1, for the Ministry of Health, vote 32, subvotes (HE03) Saskatchewan health services, and (HE08) drug plan and extended benefits. Ministers Merriman and Hindley are here with their officials.

Before we begin, I'd like to ask officials to please state their name before speaking into the microphone. As a reminder, please do not touch the microphones. The Hansard operator will turn your microphone on when you are speaking to the committee.

Ministers, please introduce your officials and go ahead and make your opening comments. Thank you.

Hon. Mr. Merriman: — Thank you very much, Mr. Chair. Thanks for the opportunity to speak on behalf of the Ministry of Health and our partner agencies, including the Saskatchewan Health Authority. I'd like to introduce my officials in attendance here today. I have Denise Macza, Mark Wyatt, Billie-Jo Morrissette, Rebecca Carter, Ingrid Kirby, Brad Havervold, Joy Vanstone, Tami Denomie, Melissa Kimens, and from the SHA [Saskatchewan Health Authority] I have Robbie Peters.

Since March of 2020, the health system has been very challenged by a pandemic experience never before seen in our lifetime. Thankfully, COVID-19 cases are now trending down after a severe fourth wave this fall. Although a decrease in cases is encouraging, we know the fight is not over. The Government of Saskatchewan has remained fully committed to supporting the provincial COVID-19 response from the onset. The Ministry of Health's 2021-2022 budget includes $90 million specifically targeted for an ongoing, comprehensive COVID-19 response. In addition to addressing COVID-19, the '21-22 budget provides investments to move forward and build on mental health and addiction services, critical and acute care needs, and upgrading our infrastructure system.

Government's first quarter report, released in late August, included no increase in Health expenses. The system would work diligently to keep expenses as restrained as possible, and the ministry and partner agencies were managing COVID costs.

A fourth COVID wave hit Saskatchewan particularly hard this fall. Public health orders and mandatory indoor masking requirements were re-enacted to help control the spread of the infection. Government also implemented mandatory self-isolation requirements. Proof of vaccine or negative tests became mandatory for employees of the Government of Saskatchewan ministry, Crowns, agencies on October 1st. The SHA and many other organizations have implemented similar policies. Also effective October 1st, a provincial requirement for proof of vaccination or negative test was implemented for public's access to a list of establishments, businesses, and event venues that bring groups of people together.

In addition to its severity, it is also evident that COVID-19 will remain a long-term and ongoing challenge, and our system's response requires more financial resources. Serious implications and negative impacts on the heath care system have occurred. Mass staffing redeployment was required for ICU [intensive care unit] coverage, mass immunization clinics, and vaccine administration and contract tracing.

Certain health care services across Saskatchewan were temporarily paused. The SHA mobilized to ensure critical human resources were available for a surge in COVID-19 patients. Delays in accessing important health services and a slowdown in non-critical and elective surgical procedures for patients have been very difficult. Health care providers have worked tirelessly for the past 20 months, many redeployed away from their home position.

It's encouraging to begin looking forward to releasing plans around a large-scale service resumption effort to get our system back on track. However, at this point our health care system is confronted with growing costs to respond to COVID-19. High infection rates in recent months resulted in hundreds of patients requiring care within a hospital setting and a record number of patients in need of ICU care. These are some of the circumstances that contribute to a need for more financial resources. We are encouraged that COVID-19 case numbers are declining, but we need to remain vigilant and be prepared for another possible wave.

[17:15]

Today I'm requesting an additional $250 million to provide for ongoing and evolving forecasted operational costs mainly related to the pandemic impact. This includes $220 million to support the SHA response to the COVID-19 pandemic in which we expect to continue for the rest of the year, including costs related to continued procurement of personal protective equipment; HealthLine 811 and contact tracing resources; testing and assessment resources, including provisions for additional provincial lab capacity; proactive mass vaccination efforts; expanded and enhanced physician services; and protective measures for long-term care homes and affiliates.

This funding will also contribute to continuing for other safety protocols such as entryway screening, enhanced cleaning, and infection prevention for all SHA facilities. It addresses compensation for health care workers in the workforce, has been

expanded in the past months in order to add capacity. Another $15 million is required to cover the ministry's cost for COVID-19 immunizations being rolled out through the pharmacies, bringing the total increased cost for COVID to $235 million. This request for additional funding has been informed by a year-to-date cost across the health sector which by the end of September has exceeded $170 million.

An additional $15 million is required to address pressures in the drug plan resulting from the growth in prescriptions, increasing demand for high-cost drugs, and treatments to new medication added to the provincial formulary. I'm pleased to share further details of this funding request today.

Our government is responsible for ensuring health care providers have appropriate PPE [personal protective equipment] for services that they are providing and that the patients are safe while receiving care. It is essential that the health care system maintain a six-month supply of essential PPE. By September $16 million was spent on PPE, and further spending is necessary this year to continue to purchase more gowns, gloves, N95 respirator masks, surgical masks, sanitizer, and other needed items to continue protecting health care workers and patients throughout the pandemic. These purchases are above the normal PPE amounts needed for standard operating functions. There will likely be further procurements required until COVID-19 is resolved.

HealthLine 811 continues to deliver confidential, 24-hour, 7-day-a-week health and mental health and addiction advice, education, and support by phone. However HealthLine 811 has also played a central role in the pandemic response by delivering information on COVID-19 symptoms and testing directly to Saskatchewan people. This central service has now assumed other added duties throughout the pandemic, including its COVID-19 screening for referrals for testing. This generated nearly 350,000 calls last year alone. In '21-22 the trend of increasing demand for core HealthLine 811 services has continued, with daily call volumes approximately double of that pre-COVID.

HealthLine 811 assumed further responsibilities for contact tracing, case monitoring, and the release-of-case-from-isolation duties in late July. Timely case investigation, monitoring of high-risk cases, and investigation of cases in high-risk settings is essential and has required hundreds of full-time equivalents, or FTEs, to cover these added functions and responsibilities. In 2020 HealthLine had a 70 per cent increase in calls over the previous year. With the added duties, these call volumes have continued to grow. Between April and October 2021, HealthLine 811 staff received nearly 320,000 calls from Saskatchewan residents. My sincere appreciation to the HealthLine 811 staff for their dedicated efforts to support and assist the care of Saskatchewan people during this pandemic.

COVID-19 testing has remained a critical tool in the fight against COVID by detecting and isolating new cases and slowing the spread of infection. As of mid-November 2021, over 200 FTEs have been added to boost resources of this essential area. Testing sites were established last year and have been maintained in 52 communities. Drive-through, on-demand testing centres continue to be available in Regina, Saskatoon, Yorkton, and Prince Albert. Mobile testing services are also available for deployment when needed.

Associated costs to operate these sites across the province include salaries, leases, and testing supplies. The Delta variant put a significant strain on the Roy Romanow Provincial Lab. To preserve capacity the SHA limited asymptomatic PCR [polymerase chain reaction] testing since the last week of September. Saskatchewan maintained asymptomatic testing longer than any other province. Testing continues to evolve in Saskatchewan through the Test to Protect program.

Vaccination is the best path to avoid future disease waves, end the pandemic sooner, and return to normal. We see evidence of this in the fact that the high proportion of infection and hospitalization rates amongst unvaccinated people. Saskatchewan was among the fastest provinces in Canada to use the vaccine supply as it was received. By an age-based approach, with some provisions for high-risk and vulnerable groups and essential workers, the province was able to vaccinate the population quickly, ensuring that everyone had access to a vaccine as soon as possible. First doses were available to every Saskatchewan resident before the end of May, and that second-dose eligibility opened to the 12-plus age groups before the end of June. Over 82 per cent of Saskatchewan residents 12 and older are fully vaccinated, and 87 per cent have received at least one dose.

In addition we have been delivering boosters in coordinated phases for adult population. At our peak in June, we had a daily average of almost 500 people supporting the provincial immunization campaign. By September the SHA spent $23 million on these full-scale efforts and additional funding is required to fund the ongoing vaccination campaign — the largest in our province's history.

More than 1.7 million vaccines have been administered, and we must sustain these efforts. Efforts are ramping up once again, and the pediatric vaccines are under way with immunization taking place in 141 communities across the province in more than 100 schools and through specialized clinics for children with additional needs. Costs mainly associated with these efforts include staffing, site leases, and supplies to administer the vaccine.

Overall, the largest cost factor involves human resources in the battle against COVID-19. Compensation is tied to every area I've outlined today because a large volume of work is accomplished by the people behind it. In particular, meeting the significant demands within our ICU has resulted in a large expense.

The SHA used several strategies to respond to COVID-19 demands, including internal labour pools, external hiring, and contracted services to create a supplemental workforce; certain redeployment measures, for example nursing and medical students and formerly licensed nurses were hired to supplement the workforce to provide testing and vaccination services. The SHA has also engaged contract services, including Statistics Canada and Public Service Commission, for contract tracing and data entry, among others. Hundreds of SHA staff were redeployed to focus on COVID-19 services. The largest volume of staff were redeployed to support ICU, contact tracing, and immunization efforts.

I am pleased to say that the majority of these redeployed workers have now returned to their home positions, with more planned

returns in the coming weeks. By the end of November, at least 90 per cent of the eligible staff that have been redeployed will return to their home positions.

Physicians across the province have stepped up in a number of roles to help plan and respond to COVID-19 pandemic. For example, they have provided services in COVID-19 assessment centres, supporting additional ICU and airway teams, and assisting in hospital where needed. A rotation of physicians worked in hospital shifts to limit the number of family physicians entering the hospital in order to provide continuity of care for patients. Physicians played a leadership role in to help plan, organize, and facilitate critical COVID-19 service delivery, public education, and engagement. Our government is thankful for their efforts and contributions.

Finally, the remaining 30 million in financial pressures are related to the ministry's costs, including $15 million for providing COVID-19 vaccinations through pharmacies across our province. Pharmacies have played an important role in our vaccination efforts. Between April and October 31st, 2021, more than 400,000 vaccines were distributed to our pharmacy partners.

Another $15 million is needed for drug plan pressures and increasing costs resulting from a higher number of prescriptions, high-cost prescriptions, and the addition of new drugs in the Saskatchewan formulary. A major driver of these high costs relate to the addition of new high-cost treatments such as Trikafta which has been approved for cystic fibrosis. The emergence of new therapies in rare disease and other conditions that have no effective treatment are most welcome, and these are putting pressures on our drug budget. And we expect these trends to continue.

Thank you for considering this request for essential funding through the supplementary estimate process. We continue to experience a challenging set of circumstances, and it will take additional resources to help recover and rebalance our health care system.

Saskatchewan people deserve access to vaccine as quick as possible. The available vaccines have been shown to provide a high degree of protection against infection. The ministry will continue to make the best efforts to manage COVID-19 pressures while ensuring fiscal responsibility.

Additional funding provided by the federal government will be used to offset expenditures related to Saskatchewan's COVID response. We will continue to work closely with the health sector partners to monitor COVID pressures and identify potential savings to offset some of these pressures.

I will turn things now over to Minister Hindley for some of his comments. Thank you.

Hon. Mr. Hindley: — Thank you, Minister Merriman. I'll try to be brief as the minister has just provided a fairly comprehensive comment and information regarding our additional funding request.

I'd like to provide some additional information regarding our request as it relates specifically to long-term care. The safety of our vulnerable seniors and older adults and protecting them from COVID-19 remains a top priority for the government. Throughout this pandemic, we have made some difficult decisions and introduced several measures in order to protect our older adult population from the increased risks they face from COVID-19.

Difficult decisions have been made with respect to limiting visitation in long-term care and personal care homes, including the recent addition of the requirement that visitors provide proof of full vaccination against COVID-19 or proof of a negative COVID test. Long-term care and personal care home residents were among the first people in our province to be prioritized for COVID-19 vaccines beginning in January of this year. And more recently, long-term care and personal care home residents were again prioritized to be among the first to be offered booster doses this fall.

Masking continues to be required for residents in common areas and for staff and visitors throughout long-term care and personal care homes. To continue delivering on all of these protective measures for long-term care and personal care home residents, funding levels had to be elevated. The 40 affiliates and designated health care organizations providing long-term care spaces have identified significant current and future financial pressures due to COVID-19 pandemic measures. The Ministry of Health and SHA will continue to work with long-term care and personal care homes to ensure appropriate measures are in place.

I thank the committee for considering this request for necessary funding through the supplementary estimates process. We're facing continued challenges arising from the pandemic, and it will take additional resources to ensure our health care system can continue to meet the needs of older adults in Saskatchewan. Our officials and myself and Minister Merriman would now be pleased to take any questions that the committee may have. Thank you, Mr. Chair.

The Chair: — Thank you, Ministers. Mr. Love.

Mr. Love: — Thank you, Mr. Chair. It's an honour to be here to start off with questions from the official opposition. And while we sometimes do get opposition to our opposition from other members, I think it's incumbent on us to ask very specific questions about this $250 million in additional funding. As the ministers indicated, it's largely due to pressures created by COVID during the fourth wave.

And I'll start by acknowledging that that is a fourth wave that was not only predictable but predicted by nearly every medical health professional in the province, and that this additional money being spent is . . . absolutely our job in opposition to ask the questions that myself and my colleague will be bringing forward tonight.

[17:30]

And I also want to acknowledge, as critic for Seniors, just the significant impact. We know by the fourth wave that COVID affects older adults disproportionately to other groups in the population, and that an unchecked spread of this virus in the province during the fourth wave had a continued impact on older folks in Saskatchewan. And while we maybe didn't see the rate of deaths and tragedy in other waves, I think that, you know,

seniors in our province have done what's right, time and time again.

And I think they're often forgotten when we look at the impacts of the fourth wave and the path that this government led us on to having the worst case rates in the country, the worst death rates in the country, the lowest vaccination rates in the country, and the highest rate of ICU admission of any province at any time during the pandemic. All of that put a significant strain on older adults, those living in care and those living in their homes in the community.

With that acknowledgement, I do want to start with just a very specific question and that's how much . . . So I did receive some breakdown in the opening comments. If you could go further, there's $240 million of the 250 specifically for the SHA COVID response. How much of that will be designated for long-term care? Of the $220 million, how much specifically is going towards the efforts that the minister spoke about?

Hon. Mr. Hindley: — To answer the member's question, if you look at the numbers, of course, you know, seniors make up a variety of different areas when it comes to response to COVID and part of the health care system whether it's, you know, contact tracing, physician cost, all sorts of things. Of course, they would, you know, they'd use the services just as much as anyone else.

But specific to long-term care costs, the total amount would be, and this is for long-term care pressures, including the third parties, this would be an amount of 16 million in total.

Mr. Love: — 1-6?

Hon. Mr. Hindley: — 16. 1-6.

Mr. Love: — Okay, thank you, Minister. I'm wondering if you can tell me, and this is a question that I asked previously in committee, how many vacant positions are currently posted for continuing care aides in the province?

Hon. Mr. Hindley: — We don't have the exact number right now. We'll try to get that for you.

Mr. Love: — Will you be providing the answer to that tonight? Or will you be able to table the answer to that by tomorrow?

Hon. Mr. Hindley: — We'll endeavour to get it to you as quickly as possible.

Mr. Love: — If I could add to the question then, when you're able to get that number, I'm also curious of the vacant positions that are currently posted and seeking to be filled. If you could provide me the number of those that are full-time permanent positions, or any other further information on how they're broken down by casual, part-time. Of particular interest is full-time permanent. Thanks. I'll proceed with another question, if you can answer that whenever you're able to.

I want to ask a little bit about the government release that went out on the hiring of 95 new continuing care aides, and just curious how that is represented in these additional funds included in tonight's conversation, or if that's just about the spring budget. But I'm wondering if you can make a comment on how many of the 95 new hires that were announced by this government were not previously employed as casual or part-time employees. So again, the question: how many of the 95 new hires announced were not already working in long-term care in the province?

Hon. Mr. Hindley: — So I would point out that question has nothing to do with the $250 million in supplementary estimates we're discussing tonight. The 95, which is part of the 108 that we have funded in this year's budget, that is part of this year's budget. It was passed back in the spring. So $6 million for the first 108 of the 300 committed over the next three years, of which 95 FTEs have been hired. But again, that's not specific to what we're discussing tonight, which is supplementary estimates and the $250 million additional request.

Mr. Love: — Okay, so I will note for the committee that the Health minister said in his opening remarks that the largest cost factor in responding to COVID is tied to human resources, and that long-term care is part of the sector. And without an answer to my initial question, I guess I'm just trying to find out what the response has been to strengthening human resources working in long-term care. So I think that that is pertinent to our discussion tonight, although it is good to note that there's no funds in the supplementary estimates related . . . Is that I guess what you're saying, that there are no funds included in the $250 million tonight that are related to human resources in long-term care?

Hon. Mr. Hindley: — Thank you, Mr. Chair. So with respect to the funding in the supplementary estimates, so maybe just to explain a little bit about the 16 million for long-term care pressures, and that would . . . Just to help explain that a little bit, I just want to touch on some of the factors that would be impacting the cost in long-term care. And again that's for the affiliates, the 40 affiliates. There's also some pressures there that the SHA-run facilities would have as well. It is part of, you know, other parts of the funding here tonight that we're discussing.

But when it comes to the additional funding for the affiliates and for long-term care as a whole, some of the things that are driving the cost pressures are, for example, staff cohorting for outbreak management, which as we know is, you know, the best practice in situations when we have a suspected or a confirmed outbreak in a long-term care facility. So when we're utilizing staff cohorting, that significantly reduces the casual pool and the relief pool, which also results in increased overtime costs. So that's, you know, part of the reason that there would be funding required. There is increased staff absences, of course, because of COVID-19 protocols, so again that impacts the overtime cost.

There's the PPE requirements as well. So there would be additional costs for long-term care facilities with respect to PPE, more costs associated with staff and residents and visitor screening that's been in place since the start of the pandemic, health and safety measures, increased environmental cleaning, enhanced monitoring and surveillance of residents for early detection, and as well as routine testing. So these are all items that would drive the cost and therefore drive the pressures.

And I would say that, you know, if there are associated additional overtime costs for some of those additional items required, you know, we wouldn't have that level of detail. But that's what driving the request for additional funds to help support, you know, what they really don't have a choice in doing just because

of the nature of the restrictions and the measures that are in effect.

Mr. Love: — Okay, so just for clarity's sake, it's your opinion that the $16 million in supplementary estimates is at the request of 40 affiliates to meet funding needs. And I'm wondering how that specifically is being . . . Is that on a by-request basis? Is it on a per-bed or per-resident basis? How is that . . . You know, if the $16 million is all going to affiliates, can you just maybe update the committee on how that will be disbursed?

Hon. Mr. Hindley: — So to just get into a bit more detail on that. As I mentioned, the long-term care facilities, whether they're SHA-run or affiliate-run, are reporting the increased cost as, you know, as to the issues that I mentioned before.

[17:45]

And specific to the numbers itself, just to go back to the first quarter and second quarter. So in June the ministry provided the SHA with $4 million for first-quarter pressures. And then an additional $4 million was provided in October for second-quarter pressures. And then the mid-year forecast assumes two more quarterly payments of 4 million each. So that's what gets us to the 16 for this fiscal year. The amount itself, it's derived from $13 per-bed-per-day calculation. And I might ask Assistant Deputy Minister Billie-Jo Morrissette to provide a bit more detail as to those numbers and how that was arrived at.

Ms. Morrissette: — Thank you and good evening. Billie-Jo Morrissette, assistant deputy minister with the Ministry of Health. So as the minister noted, the funding is based on a $13 per-day-per-bed per diem. And so it is equally distributed to the homes based on that amount. And you know, when we were trying to sort out an appropriate amount, you know, we did have some . . . the SHA did have some discussions with the affiliates. And there was, you know, discussions to try and understand what were those cost pressures that they were facing. And so it isn't based, you know, on a receipt base or anything. It really is meant to be kind of administratively straightforward and meet the needs of the homes in the areas that the minister spoke about previously.

Mr. Love: — Okay, so maybe just for clarification, I heard the Minister for Seniors say that there was $4 million in the first, second, and third quarter. But in his opening comments, the Health minister said that there were "no increases in health expenses in the first-quarter report." Is that simply because these increased expenses were budgeted for, they were predicted?

Hon. Mr. Hindley: — Just go back a little bit here. So remember in the budget there was 90 million allocated for COVID expenditures that was provided specifically in the budget. So that previous funding, so the 4 million that would have been allocated in, as an example, in the first quarter, would have come out of that 90 million that was allocated at budget time.

Mr. Love: — So the 16 million of the 250 million included in the supplementary estimates — and correct me, I just want to make sure I have a clear understanding — appears to be coming from two different locations. Was that already included in the budget previously or is that new funds being requested tonight?

Ms. Macza: — Hello. Denise Macza, associate deputy minister. So in total there's 325 million of COVID costs. Ninety million of that was funded in the budget and the remaining is funded through this special warrant of 250.

Mr. Love: — Okay. So one thing that has happened since the budget was delivered was the SHA assuming control of all Extendicare facilities. It was the 30-plus days of co-management following the Ombudsman's report that led to the decision to end the relationship with Extendicare Canada in Saskatchewan.

So I guess my first question is, what was the cost associated with the 30-plus days of the co-management leading to that decision? And are there any further costs associated with ending this relationship with Extendicare?

Hon. Mr. Hindley: — Thank you, Mr. Chair. Again I would point out that . . . First of all I'd state that the costs that don't have anything to do with the 250 we're discussing here tonight . . . That being said, we don't have a dollar figure yet as to what or how much the co-management arrangement is going to cost. That is yet to be determined.

In addition to that we're still working through the transitioning of the control and ownership of the five Extendicare properties in Saskatchewan from Extendicare to the SHA. And it'll be a period of months yet before that transition occurs and takes place and is concluded, and it also will take several months before we know what, you know, what any associated cost might be with that particular transition.

And I would just state for the record that, you know, it's our intention and goal as government to make sure that we are providing the best possible care we can for the residents of these homes and making sure that we do that. And we're going to continue to do that throughout this entire process, and of course there's, you know, staffing issues there as well that have to be addressed. This is, you know, in terms of the transition I'm speaking of and how that will sort itself out. But still a lot of things yet to be determined as the transition takes place, and that includes what the dollar figure would be.

Mr. Love: — Okay. Thank you, Minister. I guess just one more question on this transfer. Because this is a big change in how care is delivered in Saskatchewan to residents in long-term care that came months after the budget was delivered and certainly could not have been planned for, with huge costs associated with it, I would expect that this would be reflected in supplementary estimates. And what I'm hearing from the minister is that it's not reflected in these funds tonight in any way.

So I guess my question is, when will we see the cost of this reflected in the government's budgeting? And in that process, can you update the committee on the costs that have already been incurred, while they may not have been budgeted? Costs that have already been incurred with transition in these facilities, whether that be to the SHA permanently, or if you can update the committee on any other private for-profit providers that you've already entered into negotiations with with respect to these five Extendicare facilities.

Hon. Mr. Hindley: — Sorry, can you just repeat that last part of the question again? You said . . .

Mr. Love: — Yeah, I guess I'm curious. Like when can we expect to see the expenditures related to this transition reflected in the government's budgeting, and have there been any conversations with specific private providers of long-term care that have already begun and the government has already incurred expenses in the transition of those facilities? Or conversely, perhaps the government is preparing for those five facilities to be permanently SHA facilities, that this is a permanent takeover, as opposed to preparing to hand them off to another provider.

The Chair: — I'm just going to interject myself in here right now. I just want to remind all members that we are . . . The supplementary estimates are strictly to deal with the $250 million that we are requesting here. So I am trying to be as lenient as I can, but I'll remind the member and I'll remind the ministers that they only have to answer questions that specifically deal with the 250. I'm trying not to inject myself here, but I just wanted to make that reminder for everyone here.

Mr. Love: — I'm happy to clarify that. Yeah, I guess that I'm happy to just state the point again that these are massive expenses that have happened. I'm expecting to be expenses that have happened after the budget was delivered in April, and I just would like an update to the committee on what those expenses are and where they have been directed.

[18:00]

Hon. Mr. Hindley: — So there would be only just a limited cost here thus far with respect to the co-management. It's my understanding that there was a temporary position put in to help oversee the homes in Regina, and then aside from that using internal resources to do any of the necessary reviews that would have occurred.

And then again just to go back to your initial question, or the other question about longer term cost, again that's still to be determined as the transition process takes place, which is again not . . . It's going to take some time for that to occur, and then, you know, and then we'll have a better idea or a better picture of what the costs are associated with that. But that will be, I would suspect, several months down the road here.

Mr. Love: — Okay. Thank you, Minister, and committee members. Thanks for all the officials and public servants who are here this evening. I am going to depart and turn things over to my colleague, our Health critic, Vicki Mowat.

The Chair: — Thanks, Mr. Love. Ms. Mowat, the floor is yours.

Ms. Mowat: — Thank you to all the officials who are here tonight and to the ministers as well for their opening comments. I think every time we look at these sums of money, it's hard to fathom, you know, exactly where the money is going. And so you know, we look at supplementary estimates and there's one line for $220 million.

So I think the start of my questions will aim to dig down a little bit into where utilization of these funds is required. I know that Minister Merriman gave a list at the beginning. I wonder if you can dig down a little bit more into that and provide some dollar figures into where this money is going, essentially out of the 250 million that's being requested.

Hon. Mr. Merriman: — Thank you very much for the question. I'll give you a breakdown. The vaccine rollout was 32 million; personal protective equipment, 30; as Minister Hindley identified, 16 million for long-term care; compensation, 90 million; testing and assessment, 42 million; contact tracing, 30 million; physician compensation, 40 million; and other costs are 22 million; and the HealthLine, $8 million. Now that totals up to 310 million minus the 90 that was budgeted brings us to that 220 number.

Ms. Mowat: — Okay, thank you for that. And I'll trust your math on that because I certainly am unable to verify that as we go here. But that is a useful starting point in narrowing some of this down. Can you speak to the compensation costs that you referred to? You said there was 90 million for compensation.

Hon. Mr. Merriman: — I can give you the breakdown of the 90 that we did have which was forecast. Overtime was 21 million approximately, rounding numbers here; backfill and supplemental workforce was 17 million; entryway screening was 12 million; cohorting, 5 million; lab testing, 5 million; isolation sites and programs, 3 million; and we have just other environmental services, HR [human resources], etc. was 27 million, for a total of approximately 90.

Ms. Mowat: — In terms of the overtime costs being 21 million, is everything we're talking about here, is this over and above the 90 million that was in the budget for '21-22, or do these numbers also include those dollars?

Hon. Mr. Merriman: — So if I understand the question properly, that 90 million, is that included in the 250? Yeah, that 90 million is included into the total of 310 minus the 90 that was budget, so that $90 million is . . . When I went through the vaccine rollout, PPE, LTC [long-term care] pressures, the compensation, that 90 million, that's what the broken out was. So it was in there.

Ms. Mowat: — So this includes both is what you're saying? It's the total picture for the year?

Hon. Mr. Merriman: — The 310 is the total amount so far, minus the 90 that was budgeted. And there's a couple of 90's in there. The other 90 is strictly for compensation, so there's two 90's floating in this scenario, as I understand.

Ms. Mowat: — Yes, okay.

Hon. Mr. Merriman: — Ninety million for compensation, and then we had another $90 million budgeted. Maybe I should have just made one 91 million for clarification purposes.

Ms. Mowat: — Got you. So the 21 million is the total expected overtime costs for the year.

Hon. Mr. Merriman: — Correct.

Ms. Mowat: — Okay, and how does that compare to what the regular overtime costs would look like?

Hon. Mr. Merriman: — So as I've been informed, that $21 million is COVID-specific overtime, not overtime for the whole system. That is specifically for the direct relation to the

services that I'd mentioned before. The implementation of those services, COVID-related, that's the 21.

Ms. Mowat: — Okay. Thank you. So I'm having trouble distinguishing how that would be tracked. So presumably if someone is on a COVID ward and is performing overtime, if they have a COVID-positive patient that they're caring for, you know, how is that number distinguishable?

Hon. Mr. Merriman: — We're just going to consult.

[18:15]

So just to provide clarification on that, it would be the new activities are captured by that and the new hires specifically for COVID. The example, and I'll give you a couple of others, the overtime costs would also be in any of the vaccine rollout, our testing or assessment centres, if there's overtime in there. As you may recall, we hired lots of non-traditional immunizers and people to do contact tracing. Those would all . . . any of the overtime in there as well as our HealthLine. So that would be the bulk of the cost.

Now as far as if a nurse is moving from one ward to a COVID ward and back, no, we would not capture that out because we would just have the nurse allocated to the hospital in their specific position. And we wouldn't break that out because that would be very labour intensive to break out every time a nurse or anybody in any position moved from one area to another. And we don't traditionally do that within our health care system. If a doctor moves from ward to ward, they're billed out for their service, not for each time they touch a different area of the hospital.

Ms. Mowat: — Thank you. In terms of the cohorting cost, I wrote down 5 million. Can you speak to how cohorting ends up costing us this amount of money? And you know, my understanding is that if someone's, you know, working in other jobs, that they wouldn't be compensated if they're then restricted to one facility. So I'm just curious about how this incurs additional costs.

Hon. Mr. Merriman: — If I could just ask a clarifying question. So you're asking what the cohorting costs for like if . . . to be broken out? I'm just not sure how I would . . .

Ms. Mowat: — Yeah, what does that money go toward?

Hon. Mr. Merriman: — The 5 million, is that . . . Okay.

We're going to have to get some specific, detailed information. We've just got somebody digging in to see if we can get that information for you. Some of it would have been associated with the cohorting. If one person was moving to another position that they weren't traditionally, it would have been negotiated with the unions that they would get a one-time incremental increase for a shift change, basically. So that would be included in that, but there's some other costs in there and we'll endeavour to get that to you. I was told probably within the next half hour to 45 minutes.

Ms. Mowat: — That sounds great. Thank you. I think you also mentioned lab expansion within testing and assessment at 42 million. I wonder if you can provide some details on what's been happening on that front.

Hon. Mr. Merriman: — Okay. On the testing and assessment, which was the 42 million that you'd asked specifically for, salaries and benefits was 28 million, the majority of it; leases, 3 million; other operating costs, 3 million; and the provincial laboratory testing supplies was $8 million, rounding to about 42 million.

Ms. Mowat: — So does this amount to a new space, additional staff?

Hon. Mr. Merriman: — I'm sorry. I didn't hear you.

Ms. Mowat: — So what is the big picture of this? You know, are we talking about a new space that has been leased that wasn't expected? Additional staff?

Hon. Mr. Merriman: — It's all of the above. There was additional spaces that we had to lease and didn't expect. One of them just right here in Regina would be that we had to relocate from down at the exhibition grounds out to the east side of the city out at Costco because the facility was needed. That wasn't something that was certainly budgeted or planned for.

And I think the increase of also our mobile sites that we had to move around quite a bit around the province because we were very much targeting or testing into specific areas. If there was an outbreak in a specific area, we would have to send a crew out, get a facility, get that all set up so we could do very focused testing into those specific areas, especially up north because there was a cost obviously incurred with going up north to some remote locations to make sure that they had the proper testing facilities available to them as well.

Ms. Mowat: — Thank you. Certainly as we look at the big picture what we're talking about here is, you know, more than twice what was budgeted back in the spring that's being attributed to COVID utilization. It's no surprise that we have had a really significant fourth wave. So you know, I think this is likely expected.

But I'm wondering if you can speak to how these dollar figures were arrived at. So you know, did we look at what the costs were for the first six months and then decide that it's going to cost us the same for the next six? Are we doing averages? Like how was the forecasting determined as it relates to the next half of the fiscal year here?

Hon. Mr. Merriman: — Sorry, if I could just ask a clarification question: were you asking specifically about the 90 budgeted or the full amount?

Ms. Mowat: — The full amount. You know, there's . . . Basically, how were these numbers arrived at? I know you have the breakdown, but what type of forecasting is used? I know there's a little bit of having to pull out the crystal ball a bit on some of this, and just curious about what that process has looked like.

[18:30]

Hon. Mr. Merriman: — So what we've done this year, from budget until September 30th, is we used actual costs that were incurred in that amount of time. Now in saying that, as of September 30th a lot of our major costs as far as our ICU would have just been starting about that point in time and would have carried over until a couple of weeks ago. And then what we do is extrapolate out the rest of the fiscal year from September until the next budget and extrapolate those costs out, understanding that we did have a large cost right at the beginning of that extrapolation process, but we were fully expecting that to level off, and it did.

Ms. Mowat: — Thank you. So in terms of the overall amount that is being spent, I guess I can phrase it slightly in a different way. I'm assuming we're expecting to spend less over the next six months than we did in the first six months, given the significant fourth wave. Or is about two-thirds of the cost tied up in the time that has already passed? You know, what does the future look like from a dollars perspective here?

Hon. Mr. Merriman: — I think it's a . . . Well, we are forecasting what we are going to do September forward, but as I mentioned, the actual costs at September wouldn't have included that large amount of money that we would have spent in October and into November in our ICUs and reallocation and pausing services. So we will have some costs on the tail end of this.

We still have to work out with Ontario the costs of the individuals that are there. That'll be coming over in the next while. That usually takes, as far as I've been told, months. I know when I was in Social Services, it was months for us to accumulate bills for Ontario. When they sent us some communities from northern Ontario, it was months to be able to do that. So there are costs that are coming that are still from these moments in time right now that will be coming out in the next little while.

But if you're asking if the COVID costs are going to reduce in the next few months, I would say yes, if the cases stay low the costs will start . . . because our hospitalization and everything . . . We're redeploying. So we would certainly see those costs come down as far as COVID expenses as long as the cases stay low.

Ms. Mowat: — And I suppose that's my question: are we assuming cases stay low? With the dollars that are being requested here today, you know, you referred to extrapolating. I know that there are quite sophisticated models that guide the assumptions. So is there an assumption that cases are staying low? Are we prepared for a fifth wave in January, February as the chief medical health officer has alluded to recently?

Hon. Mr. Merriman: — The quick answer would be yes, if there are funds that we are looking for from the end of this fiscal year into the new calendar year for the fifth wave if we need that funding. Because there was an ebb and flow between budget and September 30th. There was, at the beginning of the budget cycle or the budget year, there were some major costs incurred because we were into the third wave at that point in time. Those costs diminished over the summer and then came back up again. Now they are diminishing.

So when you look at the ebb and flow of what happened over those six months, our budget is projecting that there will be an ebb and flow very similar to that into the future. So if your kind of indirect question is, are we financially planning for the fifth wave, the answer would be yes.

Ms. Mowat: — Thank you. I know that there are a number of different assumptions that guide that modelling, and that the current public health order has been extended to January 31st. Are the assumptions behind that modelling that those public health restrictions remain in place until the spring? Is there a contemplation of changing those and . . . I know you can sort of look at different alternatives.

Hon. Mr. Merriman: — As far as the financial situation, which is what we're discussing tonight, as I said, we did have that ebb and flow through the first six months. Very high at the beginning of the first six months of the financial and then lower and then higher again. As far as that, we are projecting that something similar could happen in the next fiscal six months, which would take us into the next calendar year.

As far as modelling or public health restrictions, I don't know if that is something that is directly discussed on the supplementals of this 200-plus million dollars. But we are certainly keeping an eye on it and consulting with Dr. Shahab on that. We have extended the public health orders out until the end of January, and we will reassess at that point in time as the Premier and I have said.

Ms. Mowat: — Okay, so I think certainly the modelling that's being used as a guide does impact cost projections. I would hope that it impacts cost projections.

If we just want to break it down to costs, I guess . . . So you talk about an ebb and flow, being prepared for another ebb and flow. Like are we expecting the same number of cases, the same cost pressures in the fifth wave that we saw in the fourth? Like is it sort of drawn down the middle that 50 per cent of this money is going toward the first six months and 50 per cent of this money is going toward the last six? That's what I was trying to get at initially with my questions.

Hon. Mr. Merriman: — Yeah, and I understand. And like I said, the first six months of the actuals is what we projected are going to be for the second half of the fiscal year. So if the actuals were the first six months and we're projecting the similar, then we're projecting something very similar to the ebb and flow that happened over the last six months.

Ms. Mowat: — Okay. I'm not sure I fully understand the breakdown of this, but I'm afraid that I should probably move forward into some additional questions here.

In terms of the cost of COVID-19, you've mentioned a couple of times the high cost in ICUs. How much does each COVID-19 ICU patient cost us when they are located in Saskatchewan?

Mr. Wyatt: — Hello. I'm Mark Wyatt, assistant deputy minister. The cost for an ICU hospitalization would depend on the patient's condition, the length of time they spend in hospital, so obviously any hospital stay will have a different cost associated with it.

The best information that we have is actually through a report provided by the Canadian Institute for Health Information, which

undertook sort of an analysis around provincial-level cost estimates for the period of April to June of 2021. And so based on that report, we can say that the average cost of a confirmed or a suspected COVID hospitalization in Saskatchewan that involved an ICU stay was $69,603.

Ms. Mowat: — Thank you. I wonder how it is that that is the best information we have. No disrespect here. So my understanding is there's shared data with CIHI [Canadian Institute for Health Information], a reporting system. So I just wonder if you can speak to that a little bit.

Mr. Wyatt: — The funding that we provide to the Saskatchewan Health Authority is through sort of overall funding for hospitals. And so we don't break down and sort of provide patient- or procedure-based funding to the SHA. So that's part of the complication in, you know, in being able to identify exactly what the cost per patient is. So that's sort of analysis that CIHI has undertaken nationally, based on the data that we provide to CIHI. And as I said, we haven't done a comparable, you know, sort of costing analysis within the province. CIHI has undertaken that across Canada.

Ms. Mowat: — Thank you. So you said 69,000 is the average cost per patient. Do we know how many ICU patients in total we have had that, you know, had COVID-19?

Mr. Wyatt: — I can answer for the time frame that they undertook that analysis. It was based on 258 discharges that involved a patient who had been hospitalized and their hospitalization included an ICU stay. If your question is how many total patients have been in ICU through the course of the COVID pandemic, I think we will have that answer but it might just take a moment to find it.

Ms. Mowat: — Thank you. Yes, I'm looking for total COVID ICU patients since the beginning of the pandemic. And I suspect that you don't have the cost of the total COVID ICU admissions, if we haven't been tracking that within the SHA in particular. And I'm assuming that we would have to do a bit of math to extrapolate what the overall cost of COVID in ICUs would be.

[18:45]

Mr. Wyatt: — The total number of patients of who have tested COVID-positive who had admission into ICU units in the province as of November 21st was 863.

Ms. Mowat: — Thank you. And the follow-up question about costs, is there a cost associated with that total number of COVID ICU patients?

Mr. Wyatt: — Once again I would say we haven't done that costing analysis independently. If we were to, I guess, rely on the CIHI estimate, we could probably do the simple math to be able to multiply the number of patients with an ICU stay by the estimated cost per patient.

Ms. Mowat: — Thank you. Oh, go ahead.

Hon. Mr. Merriman: — One thing that I did notice in this one year of learning on a very steep curve was a typical ICU patient stays in for a very short amount of time in a hospital, maybe three to four days. We've had some COVID patients that have been in there 40, 50 days, so it's not a hard cost.

And within an ICU, there are varying things that a patient could be receiving from . . . And not that any ICU is basic, but there are levels within ICU as well. It's not just all patients are on the same thing, so it costs from patient to patient. And with COVID we saw a lot of longer durations of stay, and some people have been in there for multiple months just because of their illness.

Ms. Mowat: — Thank you. And I know it's often younger folks that have a very long stay before they end up going into a, you know, other place in the hospital where they get a little more stable, and sadly, that a lot of folks who are older that are leaving the ICU, it's because they have passed on. Like I know that those are kind of, you know, those are sort of the sad alternatives.

I suppose my overall question in asking about this is, how do we forecast what COVID is going to cost us for the next six months if we don't know what it cost us in the last six? So if there is a plan to make sure that we have adequate capacity within our health care system for a fifth wave, how do we know that we have that if we don't know what the fourth wave cost us?

Hon. Mr. Merriman: — Well I would say that we don't know what the fourth wave cost us because we're not through it yet. So that's my first answer to that. The second answer is, upon going to treasury board and the Minister of Finance explaining our hard costs of what we had in the last six months, comfortable with extrapolating that out to the next six months, understanding that there is no perfect crystal ball. Certainly that's why it's the budget process. This is how much we budget and if Health we go over, we go back and ask for more funds or try to make do with what we have or reallocate money from one area to another, which we have this year. When we weren't performing surgeries, we reallocated some of that money into other areas. When we were able to crank up our surgeries, we were able to reallocate that COVID money that we weren't using as much to other areas.

So we wanted to make sure that we're always moving that money to where it is most needed within the health care system. The majority of this fiscal year it is needed to be able to, on the offensive and defensive side of COVID, to be able to work with that. Now extrapolating that over the next year, we are saying that our total costs for COVID are going to be around $310 million for this fiscal year, minus the money that we have budgeted. So that's what we're approximately saying. Sorry, just to clarify, that's just in the SHA, not in the Ministry of Health.

Ms. Mowat: — Thank you. How much is it costing us to send each ICU patient out of province, and what types of costs are covered?

Hon. Mr. Merriman: — It's expensive, but we don't have an exact dollar amount. Like I said before, we have to wait until we get the final settlement from Ontario when they go through their billing process, to be able to do that.

These are not typical flights that somebody would go from Saskatchewan to Toronto. There obviously has to be a team of clinicians that go with that individual to make sure that they're stabilized throughout their duration and in the transfer to individuals. That's why we were able to get some assistance from

the federal government in moving patients.

I'm glad to say that most of our patients have been repatriated, with the exception I think of five, and we're hoping to get them back home on Saskatchewan soil as soon as possible. But it is fairly expensive to move people across the country, especially when they're receiving ICU medical care.

We don't have the final amount on that, of the flights, the HR side of things, obviously the equipment, and certainly the cost that was being incurred in Ontario hospitals. That hasn't been settled. And like I mentioned before, it could take months till we get that final total from Ontario. And as the process goes, typically as they send us information, there is a discussion back and forth as to all of the information that is provided from Ontario, and then we will work that out with Ontario. But that could be months. And it could be, I'm not sure, it could be into next fiscal year.

Ms. Mowat: — I have a lot of follow-up questions. I'm trying to figure out what's the most logical one to ask first. So you have not received a single bill for a patient that has been in ICU in Ontario as of today?

Hon. Mr. Merriman: — No, we haven't received anything from Ontario at this time. Usually it's done once everything is complete.

Ms. Mowat: — Okay. And you expect that once the final patients make their way back to Saskatchewan, that that's the point that you will receive a bill?

Hon. Mr. Merriman: — Well when the last patient comes back, I think my first act would be to call the Minister of Health in Ontario and thank them for everything that they've done. I would say that we are open to your billing process whenever that happens. I don't know how their process works in Ontario, but I would thank the minister and offer that we would pay as soon as we receive that information from Ontario, and again thank them for that. But the best part of that would be we would have all of our patients back in our own province, which is a day that I'm very much looking forward to.

Ms. Mowat: — Absolutely. Is there an expected cost, like a ballpark figure, that you're expecting to pay at this point?

Hon. Mr. Merriman: — I don't have any expectation of a cost, but whatever the cost is, it was money well spent.

Ms. Mowat: — You mentioned assistance from the federal government in moving patients. Are we talking about military transport? You know, how have patients been transported to and from Ontario?

Hon. Mr. Merriman: — The SHA was able to provide contracted flights from, I think it was two different companies for 25 of the patients that were outbound to Ontario. The Canadian military had two individuals that they flew out, for a total of 27.

As far as repatriation, it is done in a variety of different ways depending on how the individual is feeling. Whether it's a commercial flight or a normal, typical flight, we would work with them to be able to provide the best care for them returning. But the flight outbound would be logistically the more challenging one, and that's why we had a couple of private contractors be able to provide that service.

Ms. Mowat: — Thank you. Yeah, I'd certainly understand that there would be a lot of logistical considerations here. There was no capacity within air ambulance in Saskatchewan to make those flights?

Hon. Mr. Merriman: — Not with the air ambulance. Our air ambulance has a very limited range and some of our patients were going as far as Ottawa, as far as I understand. So I don't know of any air ambulance service in Saskatchewan that would be able to get that distance. So that's why we had a private contractor that was able to do this, because it's certainly not a flight where they can stop and refuel. They have to get there as quickly as they possibly can to get the patient back into the hospital setting.

Ms. Mowat: — So you mentioned that there were two different companies that were contracted for transport then?

Hon. Mr. Merriman: — Sorry, were you asking which two companies? I'll have to look at that. Hang on just one second.

The companies that were used were Fox Flight Air Ambulance; the other one was Sunwest Aviation that was contracted through STARS [Shock Trauma Air Rescue Service]; and of course, the Canadian Armed Forces.

Ms. Mowat: — Can you speak to what the costs were for those contracts to the private companies?

[19:00]

The Chair: — Colleagues, while the minister and officials are looking for answers, the opposition critic has asked that we take a break. So we're going to just a very, very quick break here for about three minutes, and we'll be taking that now and then resuming very shortly.

[The committee recessed for a period of time.]

The Chair: — All right. Thank you very much, colleagues. We'll resume the committee. Mr. Merriman.

Hon. Mr. Merriman: — Thank you, Mr. Chair. I just want to be very specific about this. The outgoing costs for the individuals to go to Ontario . . . This is not a total cost; this is a one-way cost, and this is not including any care that they received in Ontario. This is strictly flights. The roll-up number would be $554,000. Do I have that correct? Sorry, $545,000. And that is also not including anything from the Canadian Armed Forces, which I'm seeing we haven't received anything from that, and I'm not sure if we are going to get billed for it.

Ms. Mowat: — Thank you. In terms of return costs, return commercial flights, what is the total return cost that has been incurred so far?

Hon. Mr. Merriman: — We haven't received that because it's still ongoing, but obviously the outgoing flights have concluded

at 27 individuals that were transported to Ontario. And I assume once the repatriation is finalized that we will receive a final invoice from the corresponding businesses.

Ms. Mowat: — So just to clarify, so the 545,000 was the cost for the contracted flights, which included 25 patients? And that was the cost to get those patients to Ontario?

Hon. Mr. Merriman: — That is correct.

Ms. Mowat: — Okay.

Hon. Mr. Merriman: — Sorry, I just need to correct. There was an additional number that I didn't catch. The 545,000 was for the one carrier, and there was an additional 96,000 for the secondary carrier, which is $645,000. So my apology to the committee for that error.

Ms. Mowat: — Thank you. Since we've been so specific here, which cost is associated with which company?

Hon. Mr. Merriman: — The larger amount of $545,000 was for the 22 individuals that were on Fox Flight Air Ambulance. The 96 was from Sunwest Aviation, contracted through STARS.

Ms. Mowat: — Thank you. And these companies have not been contracted to bring patients back to Saskatchewan as well?

Hon. Mr. Merriman: — The companies have. The cost of repatriation varies depending on the individual. Obviously there would be a larger cost incurred for them going out because they are in a status of being in an ICU.

When they are coming back, they are in better condition that led . . . if they're a bit more in acute care condition that they would be in coming back. And we haven't received all of the people back from Saskatchewan. But once we do that, I assume that we will get a bill of the repatriation. But again the cost wasn't necessarily the concern in this. It was making sure that we had the proper health care for our citizens.

Ms. Mowat: — In terms of returns though, most of these patients are back. So you're saying we don't have any understanding of what the cost was to get them back to Saskatchewan at this point?

Hon. Mr. Merriman: — We haven't received that from the companies as of this morning. So there has been no . . . the information I have is there . . . It is unknown at this time of the cost of repatriation for both.

Ms. Mowat: — In terms of return, you said, you know, if patients are well enough to sit on a commercial flight they can do that. How many patients have we had that sort of fit that criteria that have taken commercial flights? Because it would strike me that we would know the cost of those commercial flights already, considering they . . . I don't know what the arrangement is, but when I get on a plane I have to pay upfront. So I think that some of those costs might be known.

[19:15]

Hon. Mr. Merriman: — Okay, and maybe this was a clarification point of mine, that they are coming back on a commercial but it's on a commercial, like, medical flight. This is where they're still being treated. It's not just like a WestJet flight or something like that. They are still coming back and being treated and coming back to being . . . hospitalization. As far as I've been informed, everybody that has come back from Ontario and come back to Saskatchewan was still receiving medical care in Saskatchewan. It was just at an acute level.

Now there's going to be a range coming back depending on where that individual is originating from, whether it's Ottawa, Ontario; Thunder Bay. It's based on mileage and distance and time and all of that. So there could be some fluctuation in that depending on how far they have to come back. And that would be the main cost of that. But we don't have any costs at this time of any of the repatriation. I'm assuming the company would do that once the repatriation is complete.

Ms. Mowat: — Thank you for offering that clarity. And I guess just in terms of firming up my details, so you talked about 22 patients that utilized the Fox Flight aviation. Is that right?

Hon. Mr. Merriman: — Fox Flight Air Ambulance, yes.

Ms. Mowat: — Air ambulance. How many went through the Sunwest?

Hon. Mr. Merriman: — Three individuals.

Ms. Mowat: — My math checks out, so that works. In terms of the families of these individuals, can you speak to what costs were incurred for transporting the families to see their loved ones?

Hon. Mr. Merriman: — We did make sure that there was family able to go. Obviously this was a very important part of the care, not just on the physical care, but on the spiritual and the emotional side of things. There are some costs that were incurred to be able to get family members back and forth to be with their loved ones while they were out there.

To my knowledge, this was done through the public service . . . sorry, the Marlo Pritchard's group with the PEOC [provincial emergency operations centre] group. They were the ones that were managing that as part of the care team for the individuals working with the SHA on that. But that was done through a separate agency, and those costs aren't captured in here to the best of my knowledge.

Ms. Mowat: — Okay. Thank you. So those costs would come out of a different ministry?

Hon. Mr. Merriman: — No, they were not. They were coming out of the SPSA [Saskatchewan Public Safety Agency] budget.

Ms. Mowat: — Okay. Do we have a sense of what those costs look like?

Hon. Mr. Merriman: — I don't have those costs. That would be under Minister Tell's budgetary numbers, and I don't know what the SPSA budget . . . or can't speak to any knowledge of that.

Ms. Mowat: — Going back to non-ICU COVID hospitalizations in Saskatchewan, do we know how much each COVID

hospitalization is costing us in the province, and/or do we have a sense of the total cost of COVID hospitalizations that are non-ICU?

Mr. Wyatt: — So the answer I'll provide you will be similar to the way the previous answer around ICU was structured, in that we don't have, you know, an independent calculation of the cost for a patient hospitalized as a result of COVID. We have the CIHI, Canadian Institute for Health Information, calculation of that, and the average cost of a confirmed or suspected COVID hospitalization in Saskatchewan without an ICU stay was $14,198.

And I should just make the point both with the non-ICU as well as the ICU hospitalizations, these are the costs that that CIHI has, sort of, through their analysis that they are estimating that the system would occur. They're not incremental costs to the health care system because we already would have, you know, ICU and the regular medicine units staffed. And so these, I just want to clarify, these aren't incremental costs; it would be over and above. They include the existing funding to hospitals to provide that care.

And then just in terms of how many patients have been hospitalized, there have been 3,677 patients hospitalized over the course of the COVID-19 pandemic; 863 of those were hospitalized for some part of their stay in an intensive care unit. And so if you wanted to, I guess, determine the number of patients who were hospitalized but never had a stay in an ICU, it would just be the 3,677 minus the 863 to get to that number.

Ms. Mowat: — Thank you. It feels like you were able to forecast my next two questions, so I appreciate that quite a bit.

In looking at the overall costs of COVID, I'm interested in learning a little bit more about the COVID vaccination campaign and what additional costs to the system we have seen through that.

Hon. Mr. Merriman: — Okay, I'm going to start and then I'll get Rebecca Carter to give some more specific information. Some of the costs that we incurred, as with the majority of our costs, are always with salaries and benefits. But I do want to make a note that the federal government did pay for the vaccines and some of the supplies. We incurred no cost provincially for those vaccines. And some of the syringes and some of the supplies in and around that, we did have to backfill with some of our own temporarily, but the federal government did do that for ourself and all other provinces.

Salary and benefits, roughly $20 million; leases, $6 million; and miscellaneous other operating costs, $6 million; for a total of 32 million. And Rebecca can get into some more specific details on that.

Ms. Carter: — Thank you, Minister. Rebecca Carter, assistant deputy minister. Can you hear me? Okay, am I on? Oh, thank you.

The Chair: — We'll ask officials, excuse me, to come to the table. I think we're having some trouble with the mikes.

Ms. Carter: — Good evening. Rebecca Carter, assistant deputy minister, Ministry of Health. So I think the minister has largely captured what the specific numbers associated with the costs were. But I think perhaps another part of your question was just a little bit more contextual information around what that looked like and what it involved.

So the minister is correct. So the federal government, in the instance of COVID-19 vaccines, did supply all of the vaccines at no cost to the provinces and territories. So we didn't absorb that, as well as several ancillary supplies. That being said, the majority of this was related to staffing, site leases, and supplies.

Ms. Mowat: — Thank you. Do you have it broken down at all for costs of non-traditional immunizers, like in terms of the staffing?

Ms. Carter: — We'd actually have to pull specific information on what the exact cost of non-traditional immunizers was. What I can tell you is that there were approximately 500 additional immunizers over and above the baseline that we would typically have devoted to this campaign, that did comprise a large component of the costs. But if you would like us to separate it out by who would be baseline immunizers within the SHA as well as additional ones and what the costs were, we'd have to do a little bit of work on that.

Ms. Mowat: — I think that would be great. What is the number of baseline immunizers?

Ms. Carter: — Can you just give me one moment?

[19:30]

All right. So the Saskatchewan Health Authority actually doesn't have a specific number of baseline immunizers, largely because several of them are in the casual pool, so it's difficult to make that estimate. But as I think you're aware, both the ISC, Indigenous Services Canada, and NITHA [Northern Inter-Tribal Health Authority] do have a baseline pool. And we know that that's 39 traditional immunizers that's with ISC, and 170 for NITHA.

Hon. Mr. Merriman: — Maybe I could just add to that. The reason that there's so many of the casual positions or part-time positions is because immunizing usually has a seasonality to it. There's a typical time of year. Whereas obviously with COVID, we're doing that year-round, where normally in a typical year — in 2019, 2018 — we would have people that we would staff up for immunization season and then staff down.

Ms. Mowat: — Thank you. And in terms of getting the costs of non-traditional immunizers, is that something that you can endeavour to get back to me?

Ms. Carter: — Yeah. So we can definitely bring that information back to you, but I could just provide you some numbers as a straightforward breakdown. So this information is as of June 29th, so as part of updating the information, we will certainly check to ensure . . . Like as I think you're probably aware, as we're ramping up the pediatric vaccination campaign as well as doing additional booster doses, there is obviously a potential that we can and will continue to use non-traditional immunizers.

But over the course of the major part of the immunization campaign, we did use 400 medical and nursing students, 26 former licensed nurses, as well as 483 EMS [emergency medical services] professionals.

Ms. Mowat: — Thank you. And you had mentioned the fact that we are now offering pediatric vaccinations and booster shots. I would assume that over time, booster shots will also be made more available to younger populations. Like it's not looking like the COVID vaccination campaign is going anywhere any time soon, so maybe if you could just speak to what the plan is for, you know, the rest of the fiscal year here.

Hon. Mr. Merriman: — Yeah, as far as the traditional immunizers and that, on a go-forward basis, we're going to need all of our immunizers on deck and doing shots right now because we have them in schools. We're in, I think, close to 250 locations — 220 from the SHA, 100 schools. We've got pharmacies obviously. We don't need to get involved with that.

But also understanding that we're making sure that there's not a backlog or pressure on these immunizers and there's long wait-lists, because people get frustrated. We want to make it as easy as possible. So that's why we're doing the pediatrics right now. The booster shots are rolling out on a six-month rotation from where they were last dosed. So we want to make sure this is as smooth as possible, and we're hoping that we can get as many people done in a short amount of time. But that's up to the public to be able to get in and get their shots as soon as possible.

But the costs, as I mentioned before, there's going to be an ebb and flow to it. Right now we're going to be busy. I assume over the Christmas season it would slow down a little bit for a couple weeks and then pick back up in January, and certainly pick back up in our school system once school begins back in the early January.

Ms. Carter: — So in addition to the minister's comments, I will just address the other part of your comment around whether or not the immunization campaign is done. And you're correct that it's not. So of course we're in this first component of immunizing our 5- to 11-year olds. And we will anticipate second doses, so that will be another major component of our immunization campaign once they've reached the interval that they would be due for a second dose.

We do have a fairly robust booster program program in place now that yes, we do continue to make plans to expand according to emerging evidence. We do have a clinical expert advisory group that advises around the best evidence associated with booster doses. And so what we're really balancing out right now is ensuring the best evidence is available around the best time for people to receive their third dose, and that we're coupling that with the availability of staff to ensure that we are really prioritizing our pediatric population right now, and that we have ample appointments available for people who are becoming eligible for a booster as well. So it really is just finding that balance at the right time with the best evidence of when they should receive it.

Ms. Mowat: — Thank you. As we look at utilizing school spaces, is there . . . So if I was to rent a school space as a private citizen, I know that there would be a fee associated with that. Are the school divisions going to be charging fees for those spaces to the ministry? Or how has that cost arrangement been worked out? Because I think it's something like 100 schools that are being utilized. Is that right?

Ms. Carter: — Yeah, it's approximately 100 schools who will be participating. They're offering a number of different immunization clinics directly in the schools. So just to clarify your question, are you inquiring if the school division will pass on a rental facility fee to the SHA associated with running an immunization clinic?

Hon. Mr. Merriman: — As with the past, with our other immunization there hasn't been any invoices received from the school boards or from Education on that. We're not anticipating any, but I will confirm that with the Minister of Education to find out if there will be any fees. But we are under the understanding right now that there will be no fees to the SHA from the school boards, but I'll confirm that with the Minister of Education. But we've never received anything in the past so that would probably be the best indicator of what's going to happen in the future.

Ms. Mowat: — Thank you. Considering we know the number of schools, has that list been released publicly yet or is that something that is still under development in terms of which sites are actually going to be offering the immunization campaign?

Hon. Mr. Merriman: — We don't have a public listing of the schools, but we have over 100 that have confirmed that they will do this. And if there's other schools that want to come on and need that, we will certainly sit down and have those discussions with them and their school boards.

But the communication was directly from the schools to the parents, so it wasn't done through the SHA or the Ministry of Health. It was done through that conduit. And the reason it was done that way is because we wanted to make sure that the schools could communicate that directly with the parents and not coming from the SHA, because the schools have that link with the parents, not necessarily us.

Ms. Mowat: — That certainly makes sense. So does that mean that it's only that specific school community that is invited to participate in the program at a given school or is there a broader opening up to families nearby?

Hon. Mr. Merriman: — Yes, there would be a broader open up to families as some of the schools do have the, certainly have the walk-in capabilities. We've also made sure that there are adult doses on hand if a family member wants to be able to get immunized at the same time as their child. We made sure that we had some of those on hand but they were obviously kept very separate from the children . . . the vaccine shots because they're two different strengths and dosages.

So if there is a clinic — and usually word of mouth travels pretty quick within the children's groups and the parents and that, and certainly with social media — that there is a school that is doing immunizations, then they would be more than welcome to participate. In addition to that we also have our 220 SHA sites and the pharmacies as well. So there are lots of avenues and conduits to be able to get their vaccine many ways, not just through the school.

Ms. Mowat: — Certainly. And I appreciate that you're clarifying that for interested members of the public who might be watching here. In terms of access to the school sites though, can you clarify who might be eligible? Is it just, you know, someone knows about it and walks up to the site? Or you know, is eligibility determined in any way, or how is it communicated out to the community if there's not a direct link to that school?

Ms. Carter: — So to your question, there's actually no provincial standard in terms of eligibility criteria for how availability would be advertised to the community. What has been the standard of the divisions and the SHA who've participated in planning these clinics is that always, as the minister indicated, a vaccine would be available to parents or guardians who are accompanying children to these appointments if they're not already vaccinated.

But if there are additional offerings, those would really be determined on a community-by-community basis, and it would be a little bit more organic than having sort of a provincial approach. And the majority of areas where those would be happening would be in more rural and northern communities. So if you'd be looking for a detailed breakdown of a list of communities who have offered that up, we could provide it to you, but we would have to go back to all of our partners to get it.

[19:45]

Ms. Mowat: — Okay, I appreciate that response. In terms of uptake for vaccines, it's certainly been encouraging to see that initial numbers sound like they're going very well for pediatric vaccinations. I know we saw something similar when adult vaccinations were first made available. You know, you see the eager members of the population booking appointments very quickly. You know, sometimes the lineups were quite long. And then we saw that uptake sort of plateaued and staggered off, and you know, we don't have the best overall population vaccination numbers.

So I'm wondering what lessons we've learned from going through first and second doses in the adult population and if there's anything new that's going to be applied to pediatric vaccinations to, you know, keep the momentum going.

Hon. Mr. Merriman: — Just for clarification, is there a financial question in there? Or is this more of a policy question?

Ms. Mowat: — Just about, you know, uptake of the vaccinations here.

Hon. Mr. Merriman: — Okay.

Ms. Carter: — And so perhaps I'll just start by clarifying our progress to date on the pediatric vaccines administered. So this is data from today's executive summary, which is two days out. There's a two-day lag. So we have administered 16,968 vaccines in the pediatric population. And it was 2,370 two days ago, in a single day. So as the minister indicated, we're really trying to be robust and creative in our approach to offerings. We are offering 221 clinics in 141 different communities throughout the province.

Certainly our learning in a very successful early vaccine campaign was the more that we had access, that really ensured that people could access clinics where they are through a variety of methods such as booking, in schools, etc., and so we're really just trying to build on that success.

Ms. Mowat: — Thank you. In terms of how communication is happening with the public on the campaign, is there a plan to do a specific educational campaign around the safety of vaccines, you know, that encourages parents to get their children vaccinated? Or what type of public communication efforts are in existence?

Hon. Mr. Merriman: — Well there's been quite a few. Obviously social media, trying to combat any misinformation that's out there that's floating around. We have had advertising campaigns through the SHA on, obviously, their social media, the Premier's social media.

We're talking about it not just at the macro level to the media, but also on a case-by-case basis. I know lots of people are out there talking about the benefits and dispelling the misinformation. The best information that somebody who is choosing not to get vaccinated yet, that might get vaccinated, is from a friend or family member on the benefits of this. That's where the best communication is always from, is from a very trusted source.

As government, we're making sure we supplement that with a wide variety of information, whether, like I said, through the Premier's social media, mainstream media, advertisements with the SHA, to be able to make sure that everybody understands the benefits of vaccination, where they can get that vaccination, and the types of vaccinations that are out there that are available.

Some people are preferring the one-shot Johnson & Johnson versus the two-shot. Certainly with the pediatric side, the benefits of having your child . . . We've seen great uptake in the first bit and we're hoping that momentum will continue. We have an additional 5 to 6,000 appointments through the SHA that are already pre-booked for the near future, I think in the next week or so.

But that also is complemented by targeting within the pharmacies. People can go to the pharmacies and certainly ISC and other organizations that are providing this on a micro level and making sure that we have this as spread out as we possibly can, but also very targeted at the same time towards individuals and combatting misinformation out there.

Ms. Carter: — In addition to the minister's comments, I'll just add that we also are really being targeted about our media availabilities. So early on, actually before the vaccine had received regulatory approval, we had a proactive vaccine briefing in which we were very clear that regulatory approval had not been received. But we did offer information and emerging evidence around pediatric vaccines as a mechanism to really just get the message out there in advance of what we anticipated likely would be regulatory approval.

And then we're offering weekly or sometimes bi-weekly technical briefings through the provincial emergency operations structure as well. So Dr. Shahab does attend those, sometimes along with other officials who are there to answer questions for

the media that would address vaccine hesitancy in the pediatric population, or their parents or guardians.

We also have worked with our partners at the SHA to have several clinical experts who are quite high-profile or well-known offer our Kids Talk to Docs series, which is really tailored at ensuring that there's sort of a safety created around children interacting with the medical system around vaccinations. So that's been quite an innovative communication campaign that we have put in place as well.

Ms. Mowat: — Thank you. I was struck by the comments about social media misinformation. I know that this is a huge concern, I think, and is working at odds with the success of the vaccination campaign. Can you speak to some of the ways that we are working to combat misinformation online?

The Chair: — I think we're drifting a little bit away from the $250 million here, so if you want to bring it into the cost related, I suggest you do that.

Ms. Mowat: — Certainly. And I absolutely respect the parameters of this conversation. I think that the custom here has been that if the dollars touch what we're talking about, then there's a little bit of leeway to go in that direction. I'm still only talking about the COVID vaccination campaign, which is one of the areas that we're spending $42 million on here, so I think we're still within the realm of, you know, what is appropriate. And we're talking about uptake of a program that we're spending quite a bit of money on and the successful uptake of that program, so I would submit, Mr. Chair, that this is perfectly on topic.

The Chair: — I'm not going to get into a debate with the member; I think I've been more than lenient. But I'll leave it to the ministers to tailor their answer towards the 250 million.

Hon. Mr. Merriman: — Thanks, Mr. Chair. I guess if there is some small dollars allocated towards our online clarification of information, there would be some dollars allocated that. But that would certainly be within a normal budget cycle.

But I do understand the member's question. Unfortunately, misinformation travels a lot faster than factual information, so we are always trying to deal with that on various . . . We do have dollars allocated for individuals that are coming into the children's clinic. We have movies playing. We have dogs that are available as compassion dogs and therapy dogs to be able to provide that. But it is at a very minimal cost. But we want to make sure that we're emphasizing the importance of the vaccination for anybody from five years old and older and combatting any misinformation out there.

Ms. Mowat: — Thank you. I wonder if there is an update. My colleague Mr. Love had asked for the number of vacant CCA [continuing care aide] positions, I believe. I'm just wondering if there has been an opportunity to gather that information. As I see that our time is coming close to the end, I just thought I would put in a quick reminder to see if . . .

Hon. Mr. Merriman: — Sorry, I was just going to clarify one thing. There was some information that I did give you on the cohorting that was $5 million. And I've been told that that was clarified that that was only two and a half million because the cohorting is no longer being utilized. So that was a front-end cost. And if it's something that we have to revisit later on . . . But I didn't want to mislead the committee that that was a half-year cost because we only did it for half the year. So I'll clarify that. And sorry, I'll turn things over. I just got that updated information.

Hon. Mr. Hindley: — Sorry, we don't have the numbers yet.

Ms. Mowat: — Okay, thank you. In terms of getting those numbers back to the committee or Mr. Love, is there a commitment that that will be tabled? Is there an anticipated time frame of when we might be able to receive those?

Hon. Mr. Hindley: — Yeah, we'll continue to work and try get that number for you.

Ms. Mowat: — Okay. Sometimes we would have an agreement of, you know, within a week or a couple of days. Is there, you know. . . I just want to be realistic about what we should expect.

Hon. Mr. Hindley: — Yeah, we'll try to get the number, you know, as quickly as we can. Again, it doesn't really have anything to do with the 250 million we're talking about tonight.

[20:00]

Ms. Mowat: — Okay. The Minister of Health I think was referring to some cost savings because of surgery cancellations, which I think is a conversation that we had when we looked at estimates last year about how dealing with the surgical backlog wouldn't be so much of an issue because of the cost savings during the pandemic. You know, there's sort of that ebb and flow as well. I wonder if there's been an assessment of what those current cancelled surgeries have saved us within this fiscal year.

The Chair: — We have reached our agreed time of adjournment, so I'll ask the minister to, you know, provide an answer quickly, and we'll get on to the vote.

Hon. Mr. Merriman: — Obviously when we had to slow down our surgical side of the SHA, there were some savings. We did reallocate some of those dollars across to other areas. And when we were able to move our surgeries up on the priority list during the summer, we were able to reallocate that then.

But we do have dollars set aside to make sure that if we . . . when we're able to hit our full surgery stride, that we can do that for the third and fourth quarter of this year to make sure that we have those dollars that are held right now, that we can get that into the surgical operating theatres and get them to the patients so they can get those surgeries done as soon as possible. So we're going to have a big push here in the third and fourth quarter to be able to get as many surgeries done as we possibly can. Thank you for the question.

The Chair: — Thank you, Mr. Minister. Having reached our agreed-upon time for the consideration of these estimates, we will now proceed to vote them off. Vote 32, Health, page 12. Saskatchewan health services, subvote (HE03) in the amount of $220,000,000, is that agreed?

Some Hon. Members: — Agreed.

The Chair: — Carried. Drug plan and extended benefits, subvote (HE08) in the amount of $30,000,000, is that agreed?

Some Hon. Members: — Agreed.

The Chair: — Health, vote 32 — $250,000,000. I will now ask a member to move the following resolution:

> Resolved that there be granted to Her Majesty for the 12 months ending March 31st, 2022, the following sums for Health in the amount of $250,000,000.

Ms. A. Ross: — I so move.

The Chair: — Ms. Ross. Is that agreed?

Some Hon. Members: — Agreed.

The Chair: — Carried. Committee members, you have before you a draft of the second report of the Standing Committee on Human Services. We require a member to move the following motion:

> That the second report of the Standing Committee on Human Services be adopted and presented to the Assembly.

Mr. Nerlien.

Mr. Nerlien: — Thank you, Mr. Chair. I move:

> That the second report of the Standing Committee on Human Services be adopted and presented to the Assembly.

The Chair: — Mr. Nerlien has moved:

> That the second report of the Standing Committee on Human Services be adopted and presented to the Assembly.

Is that agreed?

Some Hon. Members: — Agreed.

The Chair: — Carried. Committee members, that concludes our business this evening. I should ask, I guess, the ministers and the critic just to give thanks very quickly, if you can.

Hon. Mr. Merriman: — Thank you very much, Mr. Chair. Thank you. Thank the committee members and thanks, Ms. Mowat, for the very respectful conversation tonight.

The Chair: — Ms. Mowat?

Ms. Mowat: — Thanks to committee members and the ministers and their staff for providing quite a few answers tonight. And you know, we are talking about a large sum of money, so appreciate the fulsome conversation.

The Chair: — Thank you very much. That does conclude our business for this evening. I would ask a member to move a motion of adjournment. Mr. Domotor has moved. All agreed?

Some Hon. Members: — Agreed.

The Chair: — Carried. This committee stands adjourned until the call of the Chair. Thanks for everyone's participation this evening.

[The committee adjourned at 20:06.]