STANDING COMMITTEE ON HUMAN SERVICES

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STANDING COMMITTEE ON HUMAN SERVICES

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Mr. Warren Kaeding
Melville-Saltcoats

Mr. Hugh Nerlien
Kelvington-Wadena

[The committee met at 15:30.]

The Chair: — Good afternoon. Welcome to the Standing Committee on Human Services. My name is Terry Jenson. I'm the committee Chair, and I'd like to introduce our committee this afternoon. We have Ms. Meara Conway. We have Mr. Muhammad Fiaz, Mr. Marv Friesen, Mr. Warren Kaeding, Mr. Hugh Nerlien, and substituting this afternoon for Mr. Joe Hargrave is Mr. Daryl Harrison.

Today the committee will be considering the estimates for the Ministry of Social Services and the Ministry of Health followed by consideration of Bill 120.

General Revenue Fund
Social Services
Vote 36

Subvote (SS01)

The Chair: — We will first consider the estimates for the Ministry of Social Services. We will now begin with consideration of vote 36, Social Services, central management and services, subvote (SS01).

Minister Makowsky is here with his officials. I would ask that officials please state their names before speaking at the microphone. As a reminder, please don't touch the microphones. The Hansard operator will turn your microphone on when you are speaking to the committee.

Minister, you can go ahead and introduce your officials and make your opening remarks.

Hon. Mr. Makowsky: — All right. Thank you very much, Mr. Chair. Pleasure to be here to talk about the Ministry of Social Services '23-24 budget. And to my left is Kimberly Kratzig, deputy minister. There's a few deputy . . . assistant deputy ministers, sorry, in the chairs behind my left: Tobie Eberhardt, Devon Exner, Grant Hilsenteger, Louise Michaud, and Joel Kilbride.

And other officials, if they're called upon with questions from the committee today, we will ask them to, as you said, tell us their names and their office and what they do. Also Clint Fox, my chief of staff, is here.

So at 1.433 billion, the Ministry of Social Services' budget this year is a record investment for low-income individuals, families, and seniors to meet their basic needs and help them achieve a better quality of life. Some of the highlights include increased monthly income assistance benefits for clients; increased funding for community-based service providers and other partners in service delivery; enhanced services to support positive outcomes for clients; key investments to ensure the safety and well-being of vulnerable children and youth; and continued commitment and funding to work with partners on collaborative approaches to support clients with complex challenges who are experiencing homelessness or are at risk of becoming homeless.

I'll begin by outlining the 26.6 million in higher income assistance benefit for clients. The second year in a row, Saskatchewan income support clients will receive higher monthly benefits. The adult basic benefit and shelter benefit will each increase by $30 per month. Clients who use alternative heat sources will also see a $30-per-month increase. Together this represents an additional 14.3 million in SIS [Saskatchewan income support] benefits.

Saskatchewan assured income for disability clients will receive $30 more per month in living income benefits, increasing benefit payments by 6.4 million.

It's important to note that the SIS and SAID [Saskatchewan assured income for disability] programs have different benefit structures. SAID is a needs-based program that supports the daily living and disability-related needs of clients with significant and enduring disabilities. Comparison to SIS, SAID has higher monthly benefits to address the additional costs related to disability, the ability to pay clients' actual utility bills — SIS pays a flat rate — additional benefits for exceptional needs and disability-related needs, and higher earned income exemptions.

This year we will fulfill government's three-year commitment to increase the seniors' income plan benefits. An additional 3 million will increase the maximum monthly benefit by $30 to a total of $360 per month. This is the eighth increase since 2008, when maximum benefits for single seniors were $90 per month. Starting in July 2023, the maximum monthly benefit will be $360 for single seniors or $325 each for married partners.

This budget is also making an additional $2.9 million investment to help make the cost of living in a personal care home more affordable. Personal care home benefit income threshold will rise by $400 per month to $2,400 per month. And SAID clients under age 65 who live in personal care homes will receive up to $684 more per month.

The Ministry of Social Services continues to work towards government's goal of building strong, inclusive communities for people with disabilities. Budget will invest an additional 6.7 million to support services to new clients and meet the emerging service needs for existing clients with intellectual disabilities, fulfill government's four-year commitment to enhance services for deaf and deaf-blind people in Saskatchewan, and establish the Saskatchewan accessibility office to begin developing *The Accessible Saskatchewan Act* regulations.

The ministry is committed to ensuring the safety and well-being of vulnerable children and youth, increasing services and supports for at-risk families, children, and youth by 10.5 million in the coming year. An additional 1.7 million will increase the number of child service worker positions supporting children and youth in care and strengthen oversight of group homes caring for children and youth. A $1.3 million investment will expand the supportive family living program to 17 families in Moose Jaw, Fort Qu'Appelle, Prince Albert, and Saskatoon. This program helps keep families with complex challenges together while safely meeting their needs.

Social Services and Health will each commit 1.2 million to develop three mental health group homes to serve youth struggling with mental health issues. The homes will be located

in Regina, Saskatoon, and Prince Albert and will support youth with significant mental health needs to be successful outside of a hospital setting. Also in partnership with Health, an additional $325,000 will increase the capacity of two Sanctum Care Group programs that support at-risk expectant women in Saskatoon and Prince Albert.

The ministry is also acting on feedback provided by the use of an advisory team to support youth as they transition to independence, investing 504,000 to expand the teams and develop two drop-in centres located in Regina and Prince Albert. The diverse services the ministry provides would not be possible without the partnerships we have developed with service providers and caregivers across the province.

The '23-24 ministry budget increases funding to support our partners to effectively meet the needs of people we serve. An additional 13.5 million will be provided to community-based service providers, including 7.7 million for service providers who work with people with intellectual disabilities; 4.9 million for service providers supporting at-risk children, youth, and families; and 850,000 to approved private service homes that care for people with intellectual disabilities.

Family care providers are also critical partners with the ministry in caring for children in need. An additional $825,000 will be an increase to the basic maintenance rate for foster families and extended-family caregivers to support the costs of caring for children.

Our work continues with partner support clients with complex challenges who are experiencing homelessness. This includes continuing support of two Indigenous-led pilot projects in Saskatoon and Regina, and continued funding for permanent shelter spaces and after-hour services, developed with community partners over the past year.

The ministry will continue to engage and collaborate with levels of government and Indigenous and community partners on longer term, integrated approaches to addressing chronic homelessness. One of these new approaches will be the launch of new income assistance outreach services on a trial basis at facilities operated by community-based organizations to help clients with complex challenges where they are.

So together with our partners, the 1,900 or so dedicated ministry employees work every day to help Saskatchewan's most vulnerable people with their immediate needs; to provide supports for families to safely care for their children; children and youth in care to be successful; people with disabilities to access community-based services; access to affordable housing; and income assistance to meet people's basic needs as they work to become self-sufficient to the best of their ability.

So with that, Mr. Chair and members of the committee, my officials and I would be happy to take any questions you might have.

The Chair: — Thank you for your remarks, Minister. And so at this time I will open the floor to questions, and I recognize Ms. Conway.

Ms. Conway: — Thank you, Chair. I just want to say thank you to the minister. Welcome to Ms. Kratzig and the other ADs, officials, and of course Mr. Fox. Thank you for being here today.

I'm just going to jump right into it. Of course the ministry covers so much: income assistance, disability programs and support, housing, and child protection. There's a lot to go over. So what I might do with some of my questions is maybe ask two questions when I know I'm just looking for some hard data points from one area, maybe move over to another question while we're kind of looking for that that could be handled by another area. If it gets too complicated, let me know. But I'm just here trying to do my job and scrutinize this budget as I'm supposed to on behalf of the people of Saskatchewan.

So I want to start by asking for an update on both household numbers and beneficiaries currently on the SIS and SAID programs. So I know there's been a little bit of back and forth in the past. I was only getting household numbers, but I want those two kinds of numbers. Really interested also in those individual beneficiaries.

And just as an update, sorry, I believe that you last provided those numbers based on January of the calendar year. I've also gotten those numbers based on March, so I don't know . . . Maybe just clarify whether that's as of January 2023 or March 2022. Obviously the more recent, the better.

And maybe while you're looking for that, I just was hoping to ask a question about social housing, or sorry, the Saskatchewan housing authority. And I was hoping you could explain the respective admittance policies for first, social housing and then affordable housing units that are directly owned by the Sask Housing Corporation.

Mr. Exner: — Good afternoon. Thank you for the question. So Devon Exner with income assistance, the assistant deputy minister. So on the Saskatchewan income support program, for the month of February of 2023 we had 17,860 households. That translates into 34,932 beneficiaries.

For the same month, the number of households on SAID was 18,493 and the number of beneficiaries on SAID was 22,942.

Ms. Conway: — Thank you.

Hon. Mr. Makowsky: — Just can you repeat the second part? Admittance policy at SHC [Saskatchewan Housing Corporation] . . .

Ms. Conway: — Absolutely. Yes, sure. I'll repeat it. Respective admittance policies, first for social housing, and then affordable housing units that are directly owned by the Saskatchewan Housing Corporation.

[15:45]

Ms. Michaud: — Thank you. Louise Michaud, assistant deputy minister for housing. And so for the social housing program, what we do here is we offer housing, rent-geared-to-income housing, for people who need help affording the cost of housing. And what this program does is we prioritize individuals who are . . . We prioritize families, seniors, and people with disabilities although those are not the only . . . Like we do nevertheless offer

it to singles. People fleeing domestic violence are also prioritized for housing.

You asked about the admittance criteria, and the admittance criteria are that people need to be legally allowed to live in Canada, they have to have the ability to live independently, and their income and assets have to be within the limits for their household size.

Ms. Conway: — Could you expand on the income/assets point? That's for the social housing, correct, Ms. Michaud?

Ms. Michaud: — Correct. That's for the social housing. And actually for the affordable housing, the first two — the criteria around being able to legally live in Canada and being able to live independently — apply, but the income and assets limits don't apply, and those are typically available in rural Saskatchewan. So I'm not sure what your question for the income/asset limits is.

Ms. Conway: — Just can you expand? Can you provide some detail on what those income and asset limitations are? And I should add, if you have some kind of table available, I just wasn't able to find it. If you have some kind of table that, you know, you could provide so you don't have to read through every single criteria, that would be great. I just couldn't find that publicly available. I'm not saying it's not publicly available; I'm just saying I couldn't find it.

Mr. Parenteau: — Roger Parenteau, executive director of housing operations. So with regards to asset limits for the social housing program, for seniors the asset limit is $300,000 and for families it's 50,000.

With regards to the criteria for income eligibility, it's based on the Saskatchewan household income maximum, so what we call the SHIMs, and it's dependent on household size. So if you require a one bedroom, it's as low as 38,000, but if you're a family with four or more children, then it increases the income level. So it goes up to 77,100 for a four-bedroom house. So it's dependent on household size.

Ms. Conway: — Thank you for that. Would the minister be agreeable to providing me that information? Yeah. Wonderful, thank you. Can you explain how rents are determined for households that occupy social housing and affordable housing units directly owned by the Saskatchewan Housing Corporation?

Ms. Michaud: — So you were asking how rent is calculated. So for social housing, which are the housing units owned by the corporation, rents are calculated at 30 per cent. So rent geared to income for people with earned income, which is 30 per cent minus — if it's a cold rent — the cost of heating. So the cost of heating would be factored in to the amount that people pay for shelter.

Where it is people who receive a shelter benefit on income assistance, for people on the Saskatchewan income supplement, that is calculated at 70 per cent of the 2021 shelter benefit level, and that's because we did not change the rents to correspond with the increases that have been announced for . . . So it's 70 per cent of the 2021 shelter amount for individuals on SAID. So the amount there is the shelter benefit again minus the heating amount if they're in a cold-rent situation, and that is again, you know, reflects the potential for direct payment of rent.

Ms. Conway: — Thank you for that. So am I correct that there's a $50,000 asset limitation on a renter in terms of admittance criteria for entry into social housing?

Ms. Michaud: — Yes, that's correct. For families, yes.

Ms. Conway: — For families, yes. Thank you. I just want you to maybe comment, Minister, on that asset limitation. Doesn't this limit simply force seniors or families to gift, hide, or divest their limited assets to obtain affordable housing? Fifty thousand dollars worth of assets, it's not a lot, and a lot of people that are in that situation are still in need of social housing. Can you maybe comment on that limit?

Hon. Mr. Makowsky: — So what I'd say to that, to the committee, is we have raised the assets in the last number of years from 200 to 300 to have more people eligible. In my understanding from officials, it really hasn't been a barrier. I want to note that the asset would be unencumbered assets as well, so that's something I wanted to note as well. So again, not a significant barrier for folks to access social housing.

Ms. Conway: — What's your basis, Minister, for saying it's not a significant barrier?

Hon. Mr. Makowsky: — So in a general sense, on the applications that the housing corporation receives, there hasn't been any significant rejections based on asset limits.

Ms. Conway: — So is that something your ministry tracks? Like, would you have numbers of folks that are rejected based on exceeding the asset restriction? And if so, can I have those numbers?

Ms. Michaud: — Thank you for the question. What we actually do is we ask the housing authority to identify trends for us that have created barriers for people to access supportive housing, and this is one that they have not identified.

Ms. Conway: — Minister, do you know if they track the number of applications that are rejected based on exceeding the asset limitation?

Ms. Michaud: — No we don't.

Ms. Conway: — Okay. I should add, I have two hours today and three hours on the 18th, so I will probably focus on housing and income . . . well I know that I'll focus on housing and income assistance today. I won't touch on child protection or likely CLSD [community living service delivery] just in case any of the officials can or want to be released. It's going to be dinnertime soon so I wanted to mention that. You have my word, on the record.

Now, Minister, can you advise how much money is allocated for the maintenance of social housing and for the affordable housing portfolio directly owned by SHC in the 2023 budget, and how does that compare to previous budgets? Ideally I'd see a number going back 10 years so I can get some sense of that.

[16:00]

Hon. Mr. Makowsky: — Yeah, Mr. Chair, so for '23-24, 73.2 million to maintain or rejuvenate SHC-owned units. We do not have, my understanding is, going back 10 years. We can endeavour to get that number for you.

Ms. Conway: — Thank you for that commitment, Minister. I appreciate that. In the 2023 budget for the Sask Housing Corporation, can you please advise how much money is allocated for capital refurbishment of Sask Housing and the affordable housing portfolio directly owned by Sask Housing Corporation? Again it would be great to get a comparator going back 10 years.

Ms. Michaud: — So the Housing Corporation will spend . . . this year will spend 35 million for modernized and improved provincially owned housing — so that's going to include tenant turnovers and replacement and renovation — will spend 13.2 million on major renovations, and then will spend $25.0 million on general repairs and maintenance.

Ms. Conway: — So that's the breakdown of the $73.2 million figure that was provided when I asked about the maintenance budget? Or is that separate and apart from that?

Ms. Michaud: — Yeah, that is. It's the same budget.

Ms. Conway: — Okay. So, Minister, you're agreeable to provide that breakdown going back 10 years? I understand you don't have it today.

Hon. Mr. Makowsky: — Yeah.

Ms. Conway: — Thank you. I noticed that the present Chair of the Saskatchewan Housing Corporation has been in that job for approximately 13 years. What is the policy of the government with respect to the number of terms or years that an individual will be allowed to serve on a Crown corporation board?

The Chair: — So just while the minister and the officials are conferring, I'm just going to let the committee know that Alana Ross is now substituting for Marv Friesen.

Hon. Mr. Makowsky: — In terms of the Sask Housing Corporation board, there is a new Chair. And so that was renewed, or not renewed, established several months ago. And this is Sask Housing Corp., their policy: two-year terms; ideally two terms, max of two years each.

Ms. Conway: — Thank you, Minister. So that's a change going forward?

Hon. Mr. Makowsky: — Yeah.

Ms. Conway: — Thank you. In the 2023 budget, how many social or affordable housing units directly owned by the SHC do you expect to demolish, sell, or transfer to other entities? And again these numbers are only meaningful to me if I can contextualize them, so I'm looking for that number also going back 10 years.

Hon. Mr. Makowsky: — In terms of the policy, I'll ask Louise to talk a little bit about that in terms of decisions made with Sask Housing units, and then I do have some of those numbers I can share with the committee. Louise?

Ms. Michaud: — Thank you. So we don't have a budget for how many units we will demolish or sell. Those decisions tend to . . . We base those decisions on the housing need, so the demand in any community and the conditions of units around when they're to be demolished.

We have a policy that we call the better-use policy, and the purpose of that policy is to ensure that our investments in housing are going where it's needed. So what we do is if we identify units that are chronically vacant and we believe that it would be prudent to divest those units and invest the proceeds in where housing is needed, we consult with the local housing authority and the municipality, and we also look for organizations that are able to potentially have an alternate use for those units.

[16:15]

So if we look for opportunities to partner with organizations. And then if the decision after all that is made, if the municipality doesn't wish to purchase the unit and we still deem that a divestment is the prudent thing to do, then we put it on the open market. And the proceeds, once sold, are reinvested into the social housing portfolio.

Hon. Mr. Makowsky: — So in terms of some of those numbers, for example the year ending December 31st, 2022, the number of units sold was 76 for net proceeds of 2.587 million; year ending 2021, 43 units at 750,000; December 31st, 2020, 87 units, 889,000; 2019, year ending 2019, 111 units, 3.2 million and some change — of course these aren't exact numbers; 2018 is 63 units at 3.4 million; 2017, year ending 2017 is 70 units at 4.87 million; 2016 is 63 units at 7.4 million.

Year ending 2015, 81 units, and it looks like for a total of 7.7, but in this year it's the first year showing some demolition costs, so there must have been a few units. We only break it down apparently by dollar figure, so that was $24,000 put into that; 2014 is 44 units, sale proceeds of 7.1 and demolition costs of 15,000; '13 is 40 units, 5.69 million; and 10 years of information here, December 31st, 2012, that year ending there was 14 units sold for 828,000.

Ms. Conway: — Thank you, Minister. I see you're reading from a list. Do you mind just providing the rest of the years, since you have the information?

Hon. Mr. Makowsky: — Yeah. Yeah, I think we have, yeah, up into 2003 I could just enter into the record.

Ms. Conway: — Great, thank you. Okay, wonderful. So just to clarify, those are units that have either been sold or demolished?

Hon. Mr. Makowsky: — Yes. My understanding is, if I didn't say a demolition number, there was none that year. But if there was, there was some demolition costs. Some were demolished, but every other instance was sold.

Ms. Conway: — Does that include transfers as well to agents?

Hon. Mr. Makowsky: — Yeah, so in terms of transferring, if we do transfer, it's generally for a dollar so it is captured in here. Probably not the true value, I guess, on an open market, but it is in here.

Ms. Conway: — So that list will include all units lost to rental by the SHC in that given year?

Mr. Parenteau: — So with regards to your question, these are units that Minister Makowsky indicated here are units that are purposely sold for divestment because of the things that Louise spoke about with regards to need and demand. Examples of ones that wouldn't be included would be ones that were lost to fire, that we lost for different reasons, or they were, you know, in a state of repair that they . . . it wasn't deemed economical to make sense to do those repairs, so it would be demolished.

Ms. Conway: — Sorry, it does include those demolished units? It just doesn't include something that was taken by, like an act of God or something, like a fire or an explosion.

Mr. Parenteau: — Right, yeah. Yes, that's right.

Ms. Conway: — Like an explosion. Okay. I'm just trying to . . . I want to make sure I'm capturing all potential units. That's my aim here. So do you have a way of tracking units that are lost in those circumstances? And if so, do you have those numbers or can you get those numbers? And is there any other category of unit that I would need to account for, if I was just trying to track all available units under the Sask Housing Corporation?

Ms. Michaud: — For properties lost that are no longer available to rent due to fire, in the past three years we've had 12 properties that have been deemed a total loss. But we'd have to circle back on the number of units. We'd have to provide that to you later.

Ms. Conway: — Okay, thank you. And I'm not too fussed about that number. Happy to receive it, but I guess one way I could maybe just get at what I'm trying to get at is, you know, we mentioned that you had some numbers going back to 2003. If I could just get the number of units directly managed by the Sask Housing Corporation annually going back to that year, then I can just maybe get at what I'm just trying to get at from there. I'm sure that the difference between any . . . uh, got . . . that's not a good way of putting it — but any difference between the numbers year over year.

Actually yeah, sorry. I'll just pause there for a second. Minister, are you agreeable to providing that, just the number of units that the Sask Housing Corporation managed annually, dating back to 2003? Maybe broken down by community, that would make sense.

Hon. Mr. Makowsky: — Yeah, I believe officials say that we have that, so we can pass it on to the committee.

Ms. Conway: — Wonderful. And then if I could also get any additional, like, new units that came into the Sask Housing Corporation for those same years, that would be great. I'm sure you track that.

Hon. Mr. Makowsky: — Again, we don't have the comprehensive table. We can collate all that information, I think, for the committee.

Ms. Conway: — Wonderful. Thank you, Minister. And just for the record, I don't mean necessarily new, just additional units that would have been taken under the Sask Housing Corporation during those years dating back to 2003.

Also while we're on this, love an update on the number of vacancies. I'm hoping that this can be provided in a little more of a detailed way though, broken down by program, client group, and by community. And going back as far as you can to that 2003 number would be great as well.

[16:30]

Hon. Mr. Makowsky: — So, Mr. Chair, we do have some information from some of our major centres. We can work to get, I believe I was told we have information back to 2012.

But in Regina here, most recently in the senior category we have 1,518 rentable units. There's 429 that are vacant, however there's a difference between vacant and rentable. I'd say some are badly damaged, for example. So those that are available under the senior housing program here in Regina is 199; and out of service, in a state of under-repair, is 230.

In the family category of social housing, 1,434 rentable units. Vacant units 264, of which 106 is available. So the total: 2,952 total rentable units right now. There's 693 vacant, but 305 are ready for either a family or a senior.

In Saskatoon, there's 1,214 senior units. There's 96 vacant units. Of those 96, 66 are available quite soon to be able to rent. For the family category, 1,203. 186 vacant units, that's 64 that are available in short order. So the totals there are 2,417. Again, this is for Saskatoon, of social housing: 282 vacant units, of which 130 are available in short order.

And for Prince Albert, there's 424 senior units, 64 vacant, 20 are available for seniors in Prince Albert. For family units, 536 available . . . Sorry, in total 65 that are vacant, but only nine are available in that community. So the total: 960 rentable units, 129 vacant units, of which of those 100 are being refurbished or worked on, and 29 are available in the city of Prince Albert.

So again, we report vacancies but I think it's important to note the difference between it being vacant and being ready to be used by those individuals who need affordable and social housing. And so that's an important difference. We wouldn't want to have somebody in a unit where there's mould or there is serious foundation issues or it's just not safe for whatever reason.

Ms. Conway: — So I just want to be clear. You have numbers of vacancies broken down by community and programs just going back to 2012 that you can provide at a later time?

Hon. Mr. Makowsky: — That's what I'm saying, yes.

Ms. Conway: — Why does it only go back to 2012?

Ms. Michaud: — So for this data, we can get it back to 2012. The system only tracks it that far back. To go further we'd be looking at trying to collate archived data and wouldn't be able to guarantee the integrity.

Ms. Conway: — Okay, thank you. Sorry, could I get the global vacancy units for . . . vacant units, understanding there's a breakdown within that number for Regina and Saskatoon again?

Hon. Mr. Makowsky: — Vacant units Regina, 693; 305 are available. Saskatoon, 282 vacant units; 130 are available.

Ms. Conway: — Saskatoon, 282?

Hon. Mr. Makowsky: — That's right, 282.

Ms. Conway: — And how many are available?

Hon. Mr. Makowsky: — 130: 66 senior, 64 family, Saskatoon. Available in Regina, 199 and 106.

Ms. Conway: — So given a lot of these units are available, can you just explain that to me? Because my understand is that there are like a considerable wait-list for this type of housing. So can you just explain to me why there are so many units that are ready to rent and yet no one in them?

Ms. Michaud: — Okay. So we do recognize that while we have approved applicants who are waiting for housing, there are a number of reasons why those applicants may not match with the social housing that is available. So for example, in some situations it comes down to sort of family size, and we don't have the available size of unit that families are looking for or that families can be housed in.

In other situations it may be because families are not willing to accept a unit in a certain neighbourhood, or applicants choose to wait for a unit that is closer to the services and supports that they can access. They may choose to be closer to family, etc. So those are some of the main reasons. So it typically comes down to unit size, family composition.

Nevertheless there are a number of things that we are doing to try to reduce our vacancy rate. This is a priority for us. And so some of the things that we have done over the past few years is we have lowered the eligibility limit for seniors to 55 years. We have changed, as Minister previously mentioned, we have changed the asset limits for seniors to $300,000.

We have implemented a pilot project in Regina where people are able to access housing units in different family compositions with a flat-rate rent that basically allows people to share a unit either with extended families or roommates. And basically we have one rent rather than assessing every member, every adult as a separate household, which may happen in the typical social housing.

And then another thing that we're doing more and more is we are looking for alternate use arrangements for our chronically vacant units. So as of December of 2022, we have 45 alternate lease partnerships. And when a building is underused, we look for partners. We look to partner with community-based organizations who can fill the units with their clients and provide them with the needed supports so that they're able to access the services that they need if they can't be successfully housed while living independently.

So an example of this will be in December, Phoenix Residential Society began leasing a 24-unit residential facility in Regina to house their clients. They have staff on site 24-7 to provide client supports, and Regina Housing Authority manages the maintenance of the buildings.

So the pilot project that I mentioned last year, that has proven successful. We had launched it with a small number of units, and we're expanding it in Regina and look to further expand it throughout the province going forward.

[16:45]

Ms. Conway: — Thank you, Ms. Michaud. So I'm hearing that some of it is failure of the stock to kind of reflect the need, some of it is neighbourhood choice, some of it is the units are in disrepair. Do you have a mechanism by which you're tracking why these units aren't filled so you're able to kind of break down what you can do as a ministry and what's kind of beyond, I guess, your control to some extent?

I'm also wondering if you can just provide a number of global vacant units across the province. I know in 2021 that number was 17,859 and that was a vacancy rate of 18.4 per cent. I'm wondering what an equivalent number is this year just across the province.

And then Ms. Michaud used the term "chronically vacant unit." Is that a formal designation that you have within the ministry? And if so, can you provide a breakdown of how many units meet that criteria and what that category would entail?

Ms. Michaud: — Thank you. So out of the 17,685 units that we have across the province, we have 3,386 that are vacant.

You asked sort of . . . "Chronically vacant" would refer to a unit that has been vacant for six months. And we don't have a database that we can sort of say, you know, which ones were chronically vacant this year, last year.

We know this, like we see the trends more as we are constantly in communication with our local housing authorities who manage these units on our behalf and who work directly with them. And so working with them, one of the things going forward that is a priority for us is to do some work on identifying the reasons, you know, the things that we can do to make those units more available and get better use out of them.

So part of that is the better-use policy, part of that is the constant communication with our housing authorities, and you know, continuous improvement to try to get our housing units and our policies aligned to reduce the vacancy rate.

Ms. Conway: — Thank you. Minister, it's difficult to take steps to address the issues if you're not tracking the reasons for not filling these units in a systematic way.

The updated numbers are concerning to me because we have fewer units across the province, a couple hundred fewer, and yet we have the numbers moving in the wrong direction on both ends. We have fewer overall units and then we have more vacancies than when I last asked this question in 2021.

I'll note that vacant units in Regina have gone up. In Saskatoon they've gone down a little bit, which is good to see. But overall the trend is not a good one.

I guess one of the things I hear a lot about in my office are some of the barriers to being considered for the housing. My

understanding, one of them is arrears to utilities. And of course with the change to SIS, for the first time in recent history, we ask people on basic social assistance to pay their utilities out of the amounts that they were receiving. My understanding, or I guess maybe you could speak to, Minister, whether you agree that that's led to a spike in utility arrears and cut-offs for that demographic.

And could you just maybe speak broadly to some of the barriers that are in place? Are people with utility arrears able to rent through Sask Housing? Are people with prior arrears to Sask Housing or some other landlord able to rent from Sask Housing? Are you exploring addressing any of these barriers, and do you feel that they could be contributing to the failure to rent some of these vacant units?

Ms. Michaud: — One of the things that I think is important to note that differentiates us from sort of private sector landlords is we do do extra things to try to help people access social housing. For example when you asked about utility arrears, we will work with people who may be on SIS or SAID to help them connect with their worker so that they can work with them, but it's only in situations where the arrears would actually prevent them from getting utilities hooked up in a situation where it's what we call a cold-rent situation.

But we also do a number of other things to help people who may have previous rent arrears with Saskatchewan Housing. So in situations like that, the housing authority will work with the individual to develop a repayment plan. And the purpose of that repayment plan is, you know, if people are making efforts to repay the arrears, there's also . . . it goes all the way to an arrears forgiveness policy, and people can work with their housing authorities to access that as well.

I think one of the things that I would highlight is, you know, that we also have a rent education program that was developed in partnership . . . that was developed by Camponi Housing, and we have worked with our housing authorities to make it available for people perhaps who don't have good previous rental references or perhaps who have, who are coming into an arrears situation or behavioural situation that is threatening their tenancy with housing.

[17:00]

And so what we do is we will make that program available to people and to help them sort of learn and understand their rights, their responsibilities as tenants, so I think for us one of the things that we are focused on is how to bring people in. It's not about how to exclude people from housing. We do, you know, recognize that there are barriers for some folks. And we try hard to work on those barriers and to help find solutions for them.

Ms. Conway: — Thank you, Ms. Michaud. Would the minister table that arrears forgiveness policy?

Hon. Mr. Makowsky: — It's not on a website or anything, but we do have documentation we can forward to the committee.

Ms. Conway: — Thank you, Minister. So am I to understand that the utility arrears policy, that's only a barrier to renting from Sask Housing if the utility service won't hook up the utility based on arrears?

Ms. Michaud: — Yes.

Ms. Conway: — Thank you. In terms of the repayment, it's just a lot of clients were relying on housing. If they're on the SIS program, a single individual gets 630 per month for shelter, 345 for living. That's with the increase with this budget. A single mother with three children gets 1,045 per month for shelter and 345 for all of her other living expenses. So once a client is in the hole, it's very difficult to get out.

Are you aware and are you tracking the increase in utility arrears experienced by the people that rely on the Ministry of Social Services? And can you speak to that, Minister?

Ms. Kratzig: — [Inaudible] . . . utility arrears for anybody?

Ms. Conway: — Yeah, on income assistance. Thank you.

Hon. Mr. Makowsky: — So just for the committee's information, I want to clarify, just remind the committee that we use a whole-of-income approach. And so the member cited what comes through income assistance in Regina and Saskatoon. There's other resources available.

So a single person, effective with the recent changes, would have 1,078 of benefits. A couple would have 1,674. If you're a single parent with one child, it would be 2,151. And that same adult with two children would receive 2,771, including the whole-of-income approach. So just to clarify for the committee members, and I believe Devon would weigh in on the other pieces that was asked by the committee.

Ms. Conway: — Just to clarify one thing, you're not citing SIS amounts. You're citing the federal child tax benefit when you refer to those numbers. I take it you're not taking issues with my SIS numbers that I've just provided.

Hon. Mr. Makowsky: — No, I just . . . Yeah, I just wanted to clarify someone who is needing assistance doesn't simply just rely on provincial income assistance programs. There are other benefits through other provincial and federal resources available to someone who is in need. So I just wanted to clarify that there is a whole-of-income approach taken by the ministry.

Mr. Exner: — I believe your other question was in regards to, do we track utility arrears. So I would say that we do not track utility arrears, but we do work with individuals that identify that they have arrears or if those become known to us. We do work with SaskPower and SaskEnergy, but individuals may have other utilities outside of that — water, you know, phone, TV service as an example, internet. Those sorts of things.

So when we meet with clients, when they come on to the SIS program, it is about changing the conversation around understanding what their monthly budget is, what benefits they have available to them — whether that's provincial and federal and that whole-income approach — and going through those monthly budgets and working with those clients to identify if there are potential challenges. If they do have arrears, we help them to set up repayment plans and work with them to do that on a regular basis and continue to follow up with those clients.

If a client is in a situation where they can't afford rent and utilities, as an example, we do look for opportunities where they can potentially . . . They may need to consider moving. And we will support them through that to ensure that it's viable based on their monthly budget.

Ms. Conway: — Thank you. When you say you'll work with the client with SaskPower and SaskEnergy, what do you mean by that?

I know that, you know, when we get folks in this situation who come to our office, they reach out directly to try to come up with payment plans. What is the role of the Ministry of Social Services in brokering that conversation between utilities and clients, if any?

Mr. Exner: — So the majority of our clients do manage to pay their own bills. So we do meet with Power and Energy on a regular basis and have discussions about arrears and how we can support our common clients moving forward.

So when I talk about helping people, that could be setting up a direct payment for their utilities, again working on their repayment plan with Power and Energy and following up to ensure that that repayment plan is in place and being followed, and trying to understand if they're falling further behind.

For individuals that maybe aren't successful in following through on that plan, in November of 2022 we did implement a direct pay for individuals that had complex challenges or needs and needed some additional support, where we are paying their rent and/or their utilities directly, on their behalf, to utility providers. And that is only for the portion of shelter or utilities.

As the minister noted, individuals do receive other funds, and so if they're having even further difficulties, whether that be groceries and just kind of meeting their own needs, that's when we enact trusteeship and work with that client to get a third party to come in and support them to ensure that all of their income is being disposed of to meet their basic needs and support them. This year we are in fact increasing the number of trustee spaces by 300 in '23-24 to ensure that we do have supports for people that need it.

Ms. Conway: — Thank you. I wasn't aware there was a limit on the number of trustees, so that's good to hear that number is increasing. Minister, last time I was asking questions on estimates on the Ministry of Social Services estimates, I learned that we don't track why anyone leaves social assistance. So if they're on SIS one day and not another, we don't know whether they've moved out of the province or died or found a job, etc., etc. I just heard Mr. Exner say that the majority of clients manage their bills, but I'm hearing that we don't track utility arrears.

Last time I was here I was told you didn't track what you're spending on hotels for homeless individuals. Have there been any changes or updates or improvements to the data you're collecting in any of these categories, namely what you're spending on hotel rooms for individuals on income assistance, why individuals are moving off of assistance? Because of course we cannot measure the success of these programs unless we know whether people are moving on to something better or something worse.

[17:15]

Mr. Exner: — Thank you. So just before I answer those two questions, I realize I made a mistake when I was quoting when our new policy came in for direct pay to support individuals. It's November of '21, not November of 2022.

So around hotel usage, we're still looking up the actual costs of hotels. But what I can tell you is in comparison to 2021, the average monthly hotel usage in 2022 decreased throughout the province. In 2022, the average number of hotel rooms used per month across the province was 581, which is down from 2021 where the monthly average was 798.

Ms. Conway: — How is it that you have average numbers for hotel use, but you don't have any additional information about how much you've spent on hotels?

Mr. Exner: — So we do have that. We're just trying to get that information together. So hotel usage, you know . . . Depending on the time of year, whether there's holidays, there's a number of other factors that go into the costs of hotel rooms, depending on whether you're living in rural Saskatchewan or in the city, if Grey Cup is going on, and those sorts of things. So it's a bit of a challenging number to put together, but I do believe that we have it. I would . . .

Ms. Conway: — Sorry. That's the average cost, but like do you have numbers on what you've spent on hotels up till now broken down annually or by month or by community, that type of thing?

Mr. Exner: — So we're continuing . . . We'll gather that information, so I'll return to that. Just wanted to, you know, to reference for committee, hotel stays are not necessarily just related to individuals that don't have a place to stay. So we cover hotels for individuals that are travelling for medical purposes or domestic violence and those sorts of things.

So when somebody has an emergent need, our ministry is able to respond and provide that necessary arrangement for that individual, and then we follow up to ensure that we are looking at longer term plans for them, whatever the case may be.

So as we look for that information, I'll maybe touch on the SIS exits piece. So with the Saskatchewan income support program, you know, we try to help people by meeting their basic needs as they work to become self-sufficient to the best of their ability. So that's where we . . . I was referencing kind of the budget planning and working with clients, referrals to other programs, supporting them to connect to employment supports and moving forward. Really the ultimate goal of the program is to ensure that people do become self-sufficient, and it's our job to help them to get there so that they no longer require income assistance at some point in the future.

We do know that many clients leave for many different reasons such as finding employment, moving, getting into an education program, becoming eligible for other programs, their family composition changes, they become married. So we do track why people leave the SIS program when clients inform the ministry, but oftentimes clients do not inform the ministry when they leave.

So in absence of good data, really, on the specific reasons for leaving, you know, we do look at the number of folks that are leaving and no longer require our services, and view that as a very positive outcome, for sure. There's also a number of clients that are coming to us on a regular basis. And so, you know, we're working with these clients on a day-to-day basis, trying to help them move forward.

And so far this year, statistics on SIS clients leaving income assistance really plays out that we have about 29 per cent have not been in receipt of SIS benefits in '22-23, so that's from April of '22 to February of 2023. This percentage can be slightly lower at the end of the year if some of the '21-22 clients returned in March.

Ms. Conway: — Sorry, Mr. Exner. You're saying 29 per cent of the SIS recipients that were receiving assistance last year are no longer receiving assistance?

Mr. Exner: — This is correct.

Ms. Conway: — Okay. Just, I don't mean to interrupt you. We have like five minutes left for today. You said that you do track some of this. Can you provide that breakdown for what you do track? Because I'm going to suggest that, you know, of the data you do have, you can extrapolate at least a little bit from that. Can you provide some breakdowns of the reasons that people are leaving? Some hard numbers.

More people are receiving SIS today, and SAID, than this time last year, correct? So our reliance on the programs is going up. I'm not sure about our dependence ratios. I want to ask about that. Maybe I won't have time today. But I'm wondering about whether you can provide the information you do have about why people leave the program. And I'm wondering . . . a lot of talk about moving on to better things, budgeting. I'll note again, a single person on SIS gets $975 per month to pay their rent, food, furniture, clothing, transportation, utilities. Not a lot of room in that number for budgeting, I'm going to submit.

It begs the question for me: how does the Ministry of Social Services arrive at these assistance numbers? How do you calculate what a single person should get for shelter and for their basic living allowance? How do you make decisions about a buck a day being enough? If you could speak to that, I'd appreciate it. And if you have time, if you could speak to the dependence ratios, I would appreciate it as well.

Mr. Exner: — So I'll respond to maybe the first question which was around closures. So 71 per cent of our cases were closed for reason, really, client's whereabouts unknown or we did not receive response from the client. 12 per cent, they were transferred to another case.

And then 6 per cent was due to money, assets, or budgetary reasons. So that likely means that their income exceeded their needs, and therefore they no longer qualified or they had excess assets. And then another 10 per cent fell into the category of employment or training or client circumstances have changed.

And I'll turn it over to the minister, and he's going to provide the number on hotels.

Hon. Mr. Makowsky: — So we found the number on hotels. It's about a $900,000 expenditure. So certainly in '21-22 we spent just north of 600 million, so it's about a 0.16 per cent of our expenditure on income assistance is on hotels. And Mr. Exner gave the actual numbers.

[17:30]

So again I go back — in terms of the second part of the member's question — we take a whole-of-income approach. Again the numbers cited were not the numbers available to individuals to meet their needs. The income assistance system is looking to provide basics for individuals and the income of last resort. That's been the case for many years and across many provinces.

So again in terms of the rates that were provided by the province, independent third party has looked at all the income assistance available across the country. We're still some of the highest benefits available to those most vulnerable who need it, and that's before what was presented most recently in the Finance minister's budget a few days ago.

And in terms of the rate increase, it's about a 6 per cent increase rate for both programs. And so that's, you know, one of the key things we look at, cost of living. And you know, I think in a general sense, that and last year's increases favourably keep up with those increased costs that folks are facing.

I understand there are challenges out there. I get that. But again with the SIS program you mentioned . . . And I should also mention that, committee members, on the SAID program, I don't think it can be overlooked that we pay actuals for things like utilities, some transportation costs, medical appointments, two medical appointments as Mr. Exner mentioned earlier. Those are actual pays and I have a list if we'd like to go over the list of actuals that the ministry pays on behalf of clients — it's quite extensive — and that as cost goes up, and we know what happened on April 1st in terms of carbon tax increases, those are covered by the ministry for individuals on the SAID program.

So that's all part of it. I understand, again, there are challenges. But again, third parties have said we have some of the highest rates. We have a very affordable province. We're fortunate to have that scenario, and we do what we can on the income assistance side to help those most vulnerable.

The Chair: — Thank you very much, Minister. Having reached our agreed-upon time for consideration of these estimates, we're now going to adjourn our consideration of the estimates for the Ministry of Social Services. I would like to recognize the minister if he has any closing comments he'd like to make.

Hon. Mr. Makowsky: — Well no. Thanks for the committee. And I believe this is not the halftime quite. I think we have more to come in the days ahead, but I look forward to that. But thanks for officials and committee members for your time today.

The Chair: — Thank you, Minister. And, Ms. Conway, do you have any closing comments you'd like to offer?

Ms. Conway: — No closing comments. Just hoping . . . I didn't hear those hotel numbers. If the minister could just repeat them. I heard 900,000 and then just north of . . . Sorry, just didn't get

it, the hotel numbers.

Hon. Mr. Makowsky: — Nine hundred thousand is the . . .

Ms. Conway: — And the time frame. Like, was that for this . . . That's estimated to be spent this year or last year?

Hon. Mr. Makowsky: — Sorry. In '21-22 that was roughly the number, 900,000. I don't believe we break it down by each municipality, but global number is 900,000 spent. And Mr. Exner gave the actual number of hotel night stays per month, right? Yeah.

Ms. Conway: — Did he? Okay. Thank you. No closing comments.

The Chair: — Okay. Thank you, Ms. Conway. This committee now will recess until 5:45 p.m.

[The committee recessed for a period of time.]

[17:45]

General Revenue Fund
Health
Vote 32

Subvote (HE01)

The Chair: — Welcome back, committee members. We will now consider the estimates and supplementary estimates no. 2 for the Ministry of Health. We will begin with vote 32, Health, central management and services, subvote (HE01). Minister Merriman and Minister Hindley are here with their officials. I would ask that officials please state their names before speaking into the microphone. Ministers — Minister Hindley or Minister Merriman — you can introduce your officials and make your opening remarks.

Hon. Mr. Merriman: — No opening remarks tonight, Mr. Chair. I think we'll get right to it.

The Chair: — Okay, fair enough. We will go straight to questioning. I'll open up the floor to Ms. Mowat, in for Ms. Conway tonight.

Ms. Mowat: — Sure. Thank you very much, Mr. Chair. It's good to see everyone back this evening. I believe where we left off yesterday, we were chatting about nursing students and their ability to qualify for the incentives that have been put forward in the budget. And previous to that, I wonder if the eligibility criteria for those incentives can be delineated by the minister. Who is eligible to receive one of those incentives?

Hon. Mr. Merriman: — Thank you. This question has come up a couple of times when Minister Hindley and I have been out, so I'll read it into the record so we've got some clarification on that.

> Applicants must HAVE started their permanent full-time employment before applying . . . [to fill one of the following positions]:
>
> Must begin their employment with the SHA/Affiliate in a permanent full-time position on or after September 7, 2022 in one of the high priority classifications in a rural and remote area identified in the Program Overview; or
>
> An employee who retired from the SHA or an Affiliate before September 7, 2022, and has returned to a permanent full-time position in one of the high priority classifications in one of the rural and remote areas on or after September 7, 2022; or
>
> An individual who will complete an education program in one of the nine high priority classifications while working for the SHA or an Affiliate on or after September 7 . . . AND has accepted a permanent full-time position in one of the high priority classifications in a rural and remote area and began working with the SHA / an Affiliate after September 7, 2022; or
>
> A new graduate in one of the nine high priority classifications who completed their schooling after September 7, 2022 and working in a temp/casual position in one of the high priority classifications in a rural and remote area identified in the Program Overview will have up to 4 months to obtain . . . [a licence] and permanent full-time employment. The applicant cannot apply for the incentive until after permanent full-time employment has begun; or
>
> A former employee of the SHA/Affiliate who left employment prior to September 7, 2022, and is returning to a permanent full-time position in one of the high priority classifications in a rural and remote area and has started permanent full-time employment on or after September 7, 2022; or
>
> An individual who has a work permit and is legally entitled to work in Canada for the term of a return-in-service agreement, AND is a permanent full-time employee of the SHA or an Affiliate and has started employment on or after September 7, 2022, in one of the high priority classifications in a rural and remote area.

This is also posted online under Saskatchewan rural and remote recruitment incentive under the no. 2 tab of eligibility.

Ms. Mowat: — Thank you. And when were these criteria established? When was that information posted online, and has it changed at all since it was posted?

Hon. Mr. Merriman: — We would have posted it initially on September 7th, just prior to that, as that was the day that we made the announcement. And there have been some moderate updates, but not many from what I understand.

Yeah, I guess there was an update on November 17th, 2022. We expanded the criteria, were broadened to include employees who are working for the SHA [Saskatchewan Health Authority]/affiliate while completing an education program; returning to the SHA/affiliate, employ after resignation, before September 7th; awaiting licensure to practice or having a work permit to support workforce stabilization in rural and remote locations; individuals who have work permits and are legally entitled to work in Canada for the term of the return-to-service

agreement; and an individual who will complete an education program at one of the nine high priority classifications while working for the SHA/affiliate on or after September 7th, 2022 and has accepted a permanent full-time position in the new classification.

Ms. Mowat: — So those are all additional criteria that were added in November, Minister?

Hon. Mr. Merriman: — The last ones that I went over were added November 17th of 2022.

Ms. Mowat: — Okay. And there have been no additional changes since November 17th?

Hon. Mr. Merriman: — There was one additional update, just clarifying. Technically when a employee or a student is employed with the SHA as a CCA [continuing care aide] as part of their educational process, we had it written in there that current SHA employees wouldn't be able to move around and get this incentive unless they were in a casual position.

So we've modified that so that somebody that is in school as an employee — as a CCA in their third or fourth year, I believe what it is, within nursing — once they graduate or convocate from that position, they would be eligible for these as well.

And I just had a very good conversation — I think I mentioned this last night — with some nurses that were at, I think it's Eastview clinic, just up in the north end of Regina here, to be able to clarify that for them because there was some confusion. But we have put that out there. We've notified the proper educational institutes so they can inform their students of any changes that are happening with the program. But again, everything's online that is updated.

Ms. Mowat: — That was certainly one of the major concerns that I heard as well, so I'm glad that the ministry's being responsive to that. At what point did that change take place?

Hon. Mr. Merriman: — Yeah, I think to my knowledge it was done in March. I'm not sure of the exact date, but it was updated and we did communicate that off to students that would be eligible for that, because there was some miscommunication.

We've talked to the Saskatchewan Health Authority recruiters that are out there, and we've asked some of the instructors if they do have any questions that they can get a hold of the ministry. Again, everything's updated online so most of the students that are graduating have access to that.

Ms. Mowat: — Do you have any idea when the update happened online to include that eligibility criteria?

Hon. Mr. Merriman: — It was, I was just informed, it was updated on March 31st. But the applications that we did receive, we made sure that we went back and notified any individuals that there were some changes to this so they would aware of that. So I thank the SHA for being proactive in that, and the ministry.

Ms. Mowat: — So the last . . . I found it curious last night and today when you mentioned the fourth-year nursing students at Eastview Community Centre. As you're probably aware, I met with them the week prior to when yourself met with them.

Hon. Mr. Merriman: — Yes.

Ms. Mowat: — And this was one of the central concerns that they raised with me at the time, was that there were several barriers in place to them being able to access the funding, which was shocking to me at the time because, you know, this is essentially one of our target audiences, right, with the recruiting incentive. When did the minister become aware that this policy was a barrier for students?

[18:00]

Hon. Mr. Merriman: — When did I first become aware? I think when we announced in September, we knew that we were going to have to make some adaptations. One of the issues that the students had brought forward to me, which was online . . . And again I completely understand this from their perspective. And from the government's perspective, we post things out there on the assumption that everybody understands how the government fiscal year works.

One of the concerns was, all of your programs end at the end of March. And I said, yes, technically they do. In the budget that we announced on March 22nd, we said that we were extending those programs. But from their perspective, they didn't know that that was the end of our fiscal year and we were going into another fiscal year. Technically all programs end on the budgetary fiscal year if they're not carried over onto the next year.

So that was some of the concerns that they had brought forward, that they had seen that the program had ended online, and I think they were getting some misinformation from either social media on this. But I did reassure them — and we've reassured on the website and again with the instructors that that was a fiscal year, and it has been carried forward as of the budget that was brought forward by the Minister of Finance, debated on this floor, and passed — that those programs would be carried on with actually the expansion and enhancement of some other areas within our human resource program that I've touched on in my opening comments. But there were some concerns.

And this is a green document, our human resource strategy. We want to make sure that if there are some gaps that we haven't identified at the beginning . . . And we're working with students, with our post-secondary institutions, as well as our international recruitment. We're continually adapting and trying to streamline the process that works for us, works for the Saskatchewan Health Authority, the affiliates, long-term care, and also works for the pool of human resources that we're trying to gather.

We're continually adapting. We're continually evolving this human resource, as we've just brought forward in this House our plan for physician assistants. We're continually adapting this program to make sure that we have the full complement of our health care workers in our province.

Ms. Mowat: — Can you confirm what the application deadline is for folks who want to receive this funding in this fiscal year?

Hon. Mr. Merriman: — It would be this fiscal year. All of our programs within our health care system run on the fiscal year, so

these programs will be eligible and open for this fiscal year. I'm not going to predetermine what's going to happen in next year's budget, but we're seeing some great success. So I would be hopeful that my caucus and cabinet colleagues would be very supportive of continuing this program. But all of our programs run on a fiscal year from April 1 to the end of March.

Ms. Mowat: — So for someone to apply to the rural and remote incentive, they can apply at any point in the year after they have achieved . . . or been hired as a full-time employee?

Hon. Mr. Merriman: — Well the criteria that I just outlined, when I went through what was online, if they meet that criteria in those specific areas for those specific positions, they would be eligible for that up-to-$50,000 incentive on a three-year return-to-service.

Ms. Mowat: — So there is no deadline that is being applied to the access of this program?

Hon. Mr. Merriman: — Not that I'm aware of. The only thing . . . That would maybe be in a specific area. If we're talking about a specific town and we have a full complement of staff in there, then we would look at adjusting that particular area or that particular position. If we filled all of the positions that are allocated for that, then we would modify that and remove that area from the opportunity for that 50,000, which would be a very good problem.

Ms. Mowat: — So one of the concerns that I heard when talking to this group of nursing students, but also other nursing students, was that there was an application deadline for the end of March to be able to apply, and that that was not . . . I don't know why committee members are laughing. I hope it's not related to this because this isn't funny in any way.

There was an application deadline at the end of March, but they didn't graduate at the end of March. So they were concerned that if they were to have to wait until next year, by virtue of accepting a job with the SHA, they would disqualify themselves from receiving the rural and remote incentive.

Hon. Mr. Merriman: — No. As I explained, our budgetary dollars for last year's fiscal end at the end of March. So all of our . . . The program would technically have ended at the end of March, which I explained to the students. With the budget that we brought in before the end of March, continued that program on throughout. So anybody that is convocating, graduating, or eligible for this program today is eligible for that program throughout the year. So it says on there that the program ends at the end of March because that is the end of our fiscal year.

Ms. Mowat: — So is that information still posted, that it's the end of March? And has it just been updated to March of next year?

Hon. Mr. Merriman: — We'll double-check on that, but I've been told it was actually removed because of the confusion it was creating.

Ms. Mowat: — Okay. Do you know when that was removed?

Hon. Mr. Merriman: — I've been informed that it was removed off of the website on February 24th. I'm just curious as to when you met with these individual nurses. Were you able to provide them with clarification that this wasn't the case? Because I didn't want them to have any misinformation because they are, as you identified, a very valuable resource.

Ms. Mowat: — Yeah, I certainly was there to listen and heard their concerns at that time, and was planning to bring them forward here. I think that there were a number of concerns that were identified on March 20th and also when I met with other students on budget day, March 22nd, that many of them had indicated that they were ineligible for the rural and remote incentive.

You know, I had one individual tell me she was ineligible for three different reasons. She said that she had actually inquired about it and sought clarification, and was told . . . Now I don't know what number she phoned, but she wasn't hearing this second-hand. She said she called and found out that she was ineligible because the community that she was hired into was not one of the ones that made the list, basically; that she was a former employee as a CCA, therefore she was ineligible; and that her graduation date did not fall early enough in the fiscal year.

So I'm glad that that clarification seems to be out there now. We will certainly do our part to make sure that people know when they're eligible. But I am responding to folks and bringing issues forward, so that is my role in all of this. You know, I don't appreciate the insinuation that I'm spreading misinformation in any way.

Hon. Mr. Merriman: — That's not what I was insinuating. What I was looking at is if you could forward me the information as casework so we could follow up with the individual to make sure that they are . . . I don't want anyone to slip through the fingers. So if you could forward me the casework of that individual or any other ones, we could certainly follow up. That's what our team is here for, to do. So I wasn't insinuating anything other than I don't want to lose one.

Ms. Mowat: — Absolutely. We'll pass along everything we've heard. What efforts have been made en masse to make sure that this has been clarified with current students? You'd indicated that you had went back and talked to students about these changes. Can you indicate what that has looked like from a comms perspective?

Hon. Mr. Merriman: — From a comms perspective we've directed our recruiters to make sure that they are clear on this. We were speaking . . . Minister Hindley and I just went to a recruiting session — last Thursday? — last Thursday at Sask Polytechnic. And that was one of the first things we talked to our recruiters about because they're our front forward-facing individuals that are out there meeting with individuals.

We have our office that is available to answer any calls for clarification, as well as the SHA affiliates would be able to provide that information. We've updated everything online to make sure that if there's any questions . . . I mean at the end of the day, our office, the ministry's office, the SHA, the affiliated offices are only a phone call away for clarification. If anybody has any questions, they can certainly reach out either online or the phone or email and we will follow up with them immediately.

Ms. Mowat: — Sorry, did you mention whether you have gotten in touch with the university as well?

Hon. Mr. Merriman: — Yes. I personally talked to Dr. Larry Rosia about it as well, and he mentioned that he would touch base with his teachers to be able to make sure that they were passing on the right information. If they had any questions, that's why we're out at these recruiting fairs, and that's why our office is open to be able to answer any questions.

And we get a lot of questions in health care, and we would be more than happy to help somebody navigate into the health care system. But again, we've also hired four navigators to be able to specifically help with this navigating through the health care system.

That's why we want to make sure that in your scenario that you presented, when there's somebody that had applied for a job that wasn't in the classified areas as a hard-to-recruit area, we want to make sure that that's crystal clear. That's why, when I went through the information on the website, there are lots of hyperlinks in there that will show you exactly where you need to go, where exactly the positions are, the exact areas that are eligible, so there is no confusion. It is all online or a phone call away.

This is a career decision for some individuals. We want to make sure that they have the best information available to be able to make those decisions so there are no misunderstandings or there's no . . . we're not, certainly, losing anybody because of a question that might not be answered or might be misinformed by social media or some online people that are spreading some misinformation. And I wasn't accusing the member of that at all.

Ms. Mowat: — I wonder if you can offer a little bit more clarity in terms of making sure that everyone's crystal clear about who's eligible at this point. Can you provide a few examples of folks who might be eligible who have previously worked for the SHA? You were talking about dates and stuff, and I just want to make sure that it's as clear as possible.

[18:15]

Hon. Mr. Merriman: — Again, and online there's under the Saskatchewan rural recruitment initiative under eligibility, they have hyperlinks into the program overview. They have one of the rural and remote areas. They have the nine high priority classifications that we're looking at. And again, these aren't all positions all through the health care system. These were very targeted positions that we had chronic vacancies in, that we needed to get somebody into those positions. So they were very targeted positions.

Not everybody that is coming out of either casual or part-time or school is going to be bidding at these positions. And again, this is a three-year return-to-service, very similar to what we've done with our physician recruitment of $200,000 for a five-year return-to-service. These are targeted positions that we need within our health care system to strengthen so there are no more rural disruptions in our system. Everything is laid out very clearly on here. I can go through it again of what the program overview is and the high priority classifications in rural and remote areas if the committee would like me to read those into the record.

Ms. Mowat: — Rather than repeating that, just because it's a bit jargony, I just wonder if we can speak about this plainly. So if someone has previously been a . . . Like what would disqualify someone? If they've previously been a CCA, they went back to school and became a nurse, you're saying that someone in that category would be eligible?

Hon. Mr. Merriman: — If they're coming into a new position, yeah I assume that they would be eligible if they've upgraded their education, yes. The idea of this was to be able to bring in not just . . . We had to protect from making sure that people weren't going into rural and remote areas on a temporary basis. The whole idea of this program is to set down roots in those communities. So we wanted new people coming in to those communities or new people that have gone from either casual up to full-time positions. We want permanent full-time positions. That's why we bid those 250 positions — some were new, some were enhanced — to get individuals into those positions.

Minister Hindley went touring a lot of the rural and remote areas. There was staff that was frustrated that they're working in Shaunavon, Saskatchewan for a 0.4 or a 0.6 position. It's hard to recruit into some areas for a half-time or just over half-time position. So we elevated those to full-time positions. And then if there was other specific areas that have chronic vacancies that we've seen over the years that we haven't been able to recruit in, that's what this incentive was for. It was very targeted for those specific positions in those specific areas, to be able to strengthen that not just on a temporary basis but on a three-year return-to-service with the hope of that individual setting down roots in that community and ultimately staying there.

Ms. Mowat: — I think folks sticking around or retention has to be the ultimate goal. We know that this has been something that has been asked for throughout folks within health care, but also something that the Provincial Auditor had identified as well. And we know, obviously I think anyone who has run any sort of business knows that retaining staff is much more efficient than training new staff. So I think that's sort of everyone's goal or needs to be everyone's goal.

And so in the spirit of retention, what analysis is being done about why folks are leaving the hard-to-recruit positions in the first place?

Mr. Will — Good evening, Andrew Will, CEO [chief executive officer] of the Saskatchewan Health Authority. So maybe I'll just speak to like a few issues with this. First one is, in terms of the analysis of movement within SHA, we certainly have developed a health human resource strategy that looks at movement within all of our employees by occupation. And certainly the Provincial Auditor acknowledged that the SHA has a health human resource plan.

And people move for various reasons. Sometimes they're retiring, so we have projections on people that are eligible for retirement, as well as actual retirements. We also have what we describe as churn. So you know, sometimes people, of course they have seniority and through the collective agreement they can bid in on other opportunities. So you know, we do have statistics that show movement within the Health Authority. And certainly when that happens, someone who bids in to it — a position may be in a different community or a different department — then we

go through a posting process to fill those.

So our health human resource plan, what it basically looks at is it looks at the start of year what are our current vacancies that we're trying to fill, our projections in terms of what potential retirements could look like. And then we also look at past churn, as I've described, in terms of movement. And then we anticipate, you know, how many individuals we would need to recruit. And then of course, you know, we have information on new grads and what the supply should be, and then that allows us to project what our needs would be.

In terms of retention, which I think is a very important pillar of the health human resource strategy, our goal as Health Authority is certainly that all of our staff feel valued, supported, and you know, that they feel engaged as a part of our team. You know, that's a priority for us. And I acknowledge that, you know, the past few years of COVID have been difficult years for our staff, and we know that we have a lot of work to do to support them.

And I'm really pleased to speak to a number of programs that we have in place, you know, to really support the well-being and resiliency of our health care workers. And I'll just maybe list some of those.

We have an employee family assistance program. It's delivered through our LifeWorks program. It's available to all employees 24 hours a day, seven days a week. And that's a full spectrum of counselling and support services, both for employees and their families. We have as part of that a LifeSpeak program, which is basically an on-demand video-based access to different experts and supports for people that are more comfortable with that. We have mental health and psychological safety resources and supports available to our staff, including assessment tools that are available to them.

We also have a program delivered by Wayfound, which is basically a before operational stress program that helps our staff with resiliency, managing stress and trauma from the work that they do each day and every day. And that certainly includes both theoretical but also experience-based learning for staff to build resiliency.

Our employees also have access to the University of Regina's online therapy unit, which has online cognitive therapy for helping support depression, anxiety, trauma, alcohol misuse, and other challenges that people face in their lives. In addition to that, we have a program called AbilitiCBT, which is an internet-based, cognitive-based behavioural therapy program. And then of course we have our full 3sHealth [Health Shared Services Saskatchewan] benefits program that includes extended health and dental and other benefits like those.

For physicians, which certainly are an important part of our team, we do have the SMA's [Saskatchewan Medical Association] physicians and residents health program, which includes a full spectrum of supports including mental health, relationship issues, substance abuse, addictions, physical health, and work or family concerns.

We also have within the Health Authority — and I remember speaking about that this year or last year — our peer-to-peer support program, where we do have trained individuals that are part of our staff that are available for people to reach out to. And those folks have formalized training and also are able to provide critical incident stress management, and also they are linked with our former mental health resources and our employee family assistance program.

And the last example that I would give is we have our Resilience Institute app, which is a video-based education for leaders so that they can help identify, you know, when our staff may need supports and so that they can be there to support our staff.

So I guess all that to say, you know, in terms of retention, building a strong culture, caring for our caregivers is important, ensuring that we've got supports for people who are doing very challenging jobs. And then I would say also, you know, we're pleased that through our collective agreements and our benefit programs, you know, we feel we're very competitive with other provinces in terms of total compensation, which is also an important part about retention.

Those would be a few thoughts from my perspective.

Ms. Mowat: — Thank you. Minister, I wonder if you can comment on some of the auditor's words here:

> Retention strategies minimize the costs associated with frequent turnover, loss of key skill sets, impacts on organizational capacity, and staff morale. Retaining existing staff is needed to help the authority address staffing shortages in the short term. The authority will have to do more to address the total anticipated staffing gap for hard-to-recruit positions soon.

[18:30]

Hon. Mr. Merriman: — Thanks for the question. And I think Mr. Will went through a lot of the key programs that we do have within the Saskatchewan Health Authority to be able to retain the individuals — not just retain, but support them while they might be having some challenging times or some new exciting opportunities in front of them.

But I think what we're doing as a government is we're investing up to $100 million for our HHR [health human resources] plan on multiple . . . not just on the retention. Incentivizing, training, and making sure that all our individuals in our health care system feel supported. We want to continue to support them so they can do their job in the best possible way. So the dollars that we've been able to put in, the government, since the budget last year, up to $100 million for this plan with multiple areas, bringing in individuals into hard-to-recruit places, new funding on just a multitude of areas.

And I can certainly go through them and list them for the committee. But overall it's just under $100 million: 55 million from the Ministry of Health. We have investments from Advanced Education. We have investments from Trade and Export. This is a team approach to be able to make sure that our health care workers are supported, not just in a financial way, not just in incentives and that, but also as Mr. Will has identified, in lots of the day-to-day things that might be challenging individuals that are working in a very challenging position and very trying. And I can't thank them enough for what they've been

able to help us through and what they're continuing to do.

Ms. Mowat: — One of the . . . Sorry.

Mr. Will: — If I could just add one . . . just to build on the minister's comments in terms of the investments. One of the stories that I really appreciated was, you know, with the investment of the additional 100 positions in hard-to-recruit communities and the top-up from part-time to full-time positions, it's really allowed us to create a bit of a buffer for some of those communities when we do see turnover in our staff. And one of the letters that I received from one of our long-time registered nurses in one of the communities that has seen more recruitment challenges is, with these additional top-up positions, you know she literally said, "Hey, I'm going to stay working longer in the health system."

So you know, I would just say these investments that have been made have really had some impact for us and impact in terms of retaining people, recruiting people, and certainly stabilizing community services in a number of communities throughout the province.

Ms. Mowat: — How are you analyzing results from staff exit interviews and understanding why staff leave?

Hon. Mr. Merriman: — Well I think, as Mr. Will identified, there's a multitude of reasons that staff move. Either they move within the system. They advance through education to be able to try a different position either from a CCA, or on the nursing side, an LPN [licensed practical nurse] to an RN [registered nurse] to a nurse practitioner. There's lots of opportunities within the health care system. There are retirements. We have a very large staff within the health care system. There is a natural turnover of individuals that are retiring or also going from towards the end of their career in a full-time position to maybe more of a part-time or casual position.

But as Mr. Will has identified, we have lots of people that are willing to come back now because they can see . . . They're not just hearing about the support from the government and they're not just hearing it from Minister Hindley and I and from the media. They're seeing it in their home communities. They're seeing that result of a new person in there, a new position that hasn't been filled for an extended period of time. They're seeing the results.

So they're feeling like they're supported, and I think that's the most important thing that we can do as government is try to provide all the supports we can to be able to assist them to do their jobs.

So there are a multitude of reasons why people change positions, and this isn't just exclusive to heath care. This is in all areas of life. People transition to different positions. They try new things. They move. Sometimes they get married. They're off into different directions.

There's a multitude of reasons why somebody would move out of a position, and our job is to make sure that if somebody does decide to move out of that position, we try to get somebody back in there as soon as we possibly can. And not just offering them dollars, not just offering them a permanent full-time position, but the suite of support that the SHA has developed over the years to be able to help them while they're doing their work.

Ms. Mowat: — At the time of the Provincial Auditor's report, the auditor found no evidence that the ministry was assessing root causes of hard-to-recruit positions. Can you comment on this?

Hon. Mr. Merriman: — The auditor, from what I understand, had developed, had done their audit and most of their work prior to us announcing in September of last year. The auditor did acknowledge that there was a plan put in place by us with our human resource plan. And I look forward to working with the auditor to be able to, as Mr. Will and Tracey Smith and the ministry team, of updating them on the successes that we have had in this. Because we have had a lot of successes in this with new doctors, new nurses.

We've got 83 just in that incentive package that we were talking about. We've had 83 individuals who have been awarded the incentive of up to $50,000. Those are 83 people that we didn't have in positions before. 177 clinical bursaries; 550 new training seats in 18 different post-secondary programs; 150 nursing seats in last year's budget; 420 job offers to Filipino health care workers; 171 doctors in our province. We've retained 114 nursing graduates that have been hired since December, and every week that number keeps going up.

So I look forward to be able to update the auditor on her audit that she did. I thank her for the work that she's done, and I look forward to informing her of some of the successes that we've been able to accomplish with the SHA and the ministry.

Ms. Mowat: — It sounds like, Minister, you disagree with that characterization. What evidence exists that the ministry is assessing root causes of hard-to-recruit positions?

Hon. Mr. Merriman: — Could you say that again?

Ms. Mowat: — So the auditor said that there was no evidence at the time that the ministry was assessing the root causes of hard-to-recruit positions. Why are folks not sticking around and staying in these positions? How are we not attracting folks to these positions? One of the suggestions or recommendations was around understanding why staff leave and assessing exit interviews. Can you comment on what activity is happening on this front?

Hon. Mr. Merriman: — Thanks again for the question. And I think I identified in my last answer that in those hard-to-recruit positions, we've been able to recruit 83 individuals. That is significant that we've had 83 individuals that are now in permanent full-time position in areas and positions that were chronically vacant. And that's what I was identifying before. Again I think the auditor is going to be very pleased with what we have been able to accomplish, and in a relatively short amount of time.

And we've been able to turn this plan around with dollars, with recruitment missions to the Philippines, getting the human resource agency working in behind the scenes, having job offers, having new training seats. Having not just job offers and training seats but actually having people on the ground. Again 177 bursaries. That's significant. 114 nursing graduates that we've

hired since December.

A new cohort, as you identified, is coming out in April. We already have, I believe, up to 80 positions . . . [inaudible interjection] . . . 81 positions that have been offered to individuals that are coming out of our April cohort. These are significant. That's almost 200 nursing positions that we would have hired since December 1st. That's significant. So when the auditor does do a follow-up, we will be more than happy to be able to discuss that with her specifically and update her on the successes.

As far as exit interviews, we always work with anybody that is either moving on, maybe to an elevated position, maybe a retirement and wish them the best in their retirement. If there are people that are moving on for other reasons, we always try to get as much information as we can. But I think the success is right here when we have 83 positions that have taken those chronically vacant positions and that $50,000 incentive over three years. That's significant.

And I'm thinking that's exactly what the auditor is looking for is on the retention of . . . getting people into those positions. We're concerned on why they have left or moved on to other opportunities, but I think the end goal is to make sure that those positions are filled. Which we are doing.

Ms. Mowat: — So I think one of the concerns that's been identified by the auditor is also that people stick around in those positions. And I think that needs to be all of our goal. When we talk about retention, we're talking about them staying. So I do hope that there is movement toward a formal assessment after these exit interviews happen to make sure that, you know, that the systemic problems are identified and improvements can be made.

There was some mention about what day-to-day work looks like, and this is what we hear about pretty consistently from health care workers, is around burnout. You know, in our travels around the province, one of the most consistent concerns that we've heard is around short-staffing and working short, as they call it, and having to cover, you know, for your buddy when your buddy's not able to be there, but already feeling stretched and stressed at that starting point of the day.

It's fantastic to have counselling resources and all of these pieces, and I really hope that they are working well, but at the end of the day we need to create a working environment that folks want to be a part of. And I think, you know, no amount of money is . . . You couldn't pay me to stay in a job that was completely . . . Well I don't know actually; I'm still here right now. But it severely disincentivizes someone to stay in a job when the quality of life is not there in their workforce, and that's what we are consistently hearing from folks.

So I have a few examples of things that are making it challenging for health care workers on the day-to-day, and I would like to hear what the minister's response is to some of these pieces. So one of the consistent challenges I hear is around not having access to vacation time or having limited vacation time. You know, I can't imagine being in a job where I'm denied vacation time or it's an inconsistently applied policy. You know, I heard of someone who was told to come in to work on her wedding. Like these are ridiculous propositions, which I'm sure the minister would agree with.

After five years the SHA still doesn't have a consistent policy in place in many areas, so we're hearing about inconsistencies in labour relations and operational policies. And one of the examples is when it comes to a vacation policy. There's no consistent vacation policy, and the expectation is that the employer's going to use legacy policies from the former regional health authorities. Where are these efficiencies that folks have been waiting for as we're moving into a single Health Authority?

Hon. Mr. Merriman: — Yeah, and I've heard . . . And I'm just curious if there's any specifics that you could provide of somebody being called in on their wedding. That's obviously very . . . not an ideal situation. I'm not sure if the manager or whoever knew that that was the individual's wedding day. We certainly wouldn't have that expectation of our staff, and we do want to be able to make sure that they are managing or they have their work-life balance.

[18:45]

Now in the last two years, from 2020 until probably end of or at least middle of 2022, we were very tight on our staffing. During COVID we were very tight on our staffing and there were challenges of people not being able to access vacation. And we felt that we had to do that to be able to maintain the integrity of our system. Now in that, we've worked with Mr. Will and his team to be able to make sure that we're trying to make up for that.

Now in making up for that, at the end of the day, we still need somebody to fill that position, to be able to do that job. That's why we have our plan that we announced in September that we've talked about. The best way of allowing people to have all of the vacation that they are entitled to, all of the days that they are entitled to with their family, the most important thing that we can do is get more people into the system. Sometimes we have service disruptions in rural Saskatchewan because we don't have those people there. They can't cover off if somebody's on vacation.

That's what this plan does, is to bring more people in. And as I've identified — 83 positions that have taken up that $50,000 incentive, 114 that we've hired since December, another 80 coming in — these are all the people that are going to be able to backfill the positions so the senior people, clinical people, and administrative people within the SHA and within the affiliates have the opportunity to take theirs. But we need to get these people in.

So that's why we're starting to bring them in. That's why we've invested almost $100 million in this, to bring more people in because we heard the same concerns. We heard the concerns that people weren't getting their vacation. People were being mandated to work. That's not ideal. But what they consistently told us when Minister Hindley and I went out and asked, okay, what's the solution to the problem? We need more nurses. We need more technicians. We need more CLXTs [combined laboratory and X-ray technologist]. We need more lab people.

Okay. We put a plan together, advised on some of the information that they had provided for us, that the SHA also

talked to us about their chronic positions. We put a plan together and we're executing that plan. But this isn't a flipping of the switch. This is taking time. But since September we've had seven months. We've had some great successes in a short amount of time.

There are other provinces that Minister Hindley and I speak to often that are still developing their plan. We have a plan and it's working. We have boots on the ground, so to speak, if that's the analogy. And it's continuous.

We have more people coming in from our post-secondary. We have more people coming in from abroad. We have more recruitment that is coming from our physician side. We have incentives in over three years that if we have to look at that at some point in time and expanding that out, which we've already done, and modify that — it's a living document — we'll continue to do that.

This is the plan to address the concerns that were brought forward to you, brought forward to Minister Hindley, brought forward to myself, brought forward to the senior management of the SHA, the board, the ministry, the MLAs [Member of the Legislative Assembly] that all sit in this room. This is the plan that we have to address those concerns that were brought forward by the health care workers post-COVID.

Ms. Mowat: — I wonder if the minister agrees that if someone does not receive vacation time that they're unlikely to stick around in their job.

Hon. Mr. Merriman: — I can't speculate on that. I can't speculate what somebody else's decision is going to be. That's not a fair question.

Ms. Mowat: — I think there is a general understanding that, particularly when employees are denied what they're entitled to, that that's going to have a significant impact on staff morale. Would the minister agree with that?

Hon. Mr. Merriman: — My comment would be we're seeing positive feedback from the staff. We're seeing positive feedback from the physicians, from the nurses, from the front-line health care workers that are happy to see that they're starting to see the impact of this plan. Minister Hindley and I went around and sold this plan and talked to them about it, and informed them of what was actually factual about the plan and how we could adapt the plan.

We will continue to adapt this plan to meet the needs of our health care workers. That on top of all of the programs that Mr. Will went through to be able to support them once they are employed. We have a very good package to be able to take care of our staff within the SHA, our affiliates, and all of the health care workers.

What they want and what they have told us they need is more people. And that's exactly what we're doing. These aren't people that are coming in 6 to 12 months. These are people that are on the ground now.

Ms. Mowat: — Can health care workers be assured that they will receive vacation time this year?

Hon. Mr. Merriman: — Vacation is something that's negotiated within the collective bargaining. They have vacation time. They have vacation payouts. There's options out there. I would want them to be supported not just in one aspect, but in all aspects. What they have asked for is more people so they can take those vacation times. There are times — and I've talked about this — that people do have to be mandated. It's not ideal. How we solve that problem is by bringing more people in.

So by bringing more people in, which I assume you would be supportive of if it's bringing more people in to be able to support these individuals who have been working tirelessly, this is what we're doing. So in order for somebody not to have that situation where they're . . . Minister Hindley's facing a disruption, the solution to that is people, to be able to bring them in, whether that disruption is caused by somebody being sick, somebody being on vacation, maternal leave, whatever it is. We need to have the people to be able to backfill those positions so no matter what reason they're not able to come to work, we've got that position filled and we don't have any disruptions.

Ms. Mowat: — A hundred per cent I agree that we need to bring more people in, but the crux of the matter here is retention, keeping those people around. We need to ensure that, you know . . . No amount of counselling is going to help if someone can't get a break, if they can't take a day off, if they don't get the vacation days that they're entitled to.

I'm simply trying to highlight here that when we speak with health care workers we hear about these pressures and we know that these pressures have them at the breaking point. So ensuring that there's some oversight in this decision-making process around mandated overtime or not getting those vacation days I think is critical here.

What we're hearing from folks on a daily basis is all of these complaints around short-staffing, around overtime. In 2022 CUPE [Canadian Union of Public Employees] Local 5430, which represents a very large number of health care workers, as you know, dealt with 1,289 workload/OH & S [occupational health and safety] complaints and most of these related to staff burnout, increased overtime, working short every day, vacancies not being filled, vacancy management, staff saying that they're exhausted, and members being denied vacations for the whole year of 2022.

I wonder if the minister will comment on that.

Hon. Mr. Merriman: — I haven't seen that report. I guess I'd have to have a look at that report to be able to dig into it. I don't have that information.

So my initial comment is we always try to accommodate staff as much as we possibly can. And the best way to be able to make sure that staff are supported is to make sure that we have more staff in those facilities so people aren't missing any of their vacation times, so they are not being mandated. And we're minimizing the amount of overtime to make sure that there is a good work-life balance.

Ms. Mowat: — I am happy to table the report. Yes, I think I can table this, Mr. Minister. Got some notes on it but it should be fine.

One of the other concerns that I'm hearing from health care workers that is significantly detracting from their morale is the hiring of contract employees. And the way it's been described to me is if you are going about your business doing your job and doing the same work as an employee who is working alongside you doing the same job and there are significantly different rates of compensation, it's incredibly demoralizing for employees to know that.

And I'm sure we can all put ourselves in that situation. You know, if MLAs weren't paid the same across the board — except for when we have additional responsibilities — if the MLA sitting next to me was being compensated at a completely different rate but doing the same work as me, I would find that incredibly demoralizing.

So that is huge concern that we've heard about from health care workers. Does the minister acknowledge the additional stress that that adds in the workplace and the potential disruptions amongst health care workers?

Hon. Mr. Merriman: — Yeah, I'm a little confused. On your previous set of questions you said we need to bring in more people. And now you're telling us that we shouldn't bring in more people; we shouldn't have any contract nurses. I'm confused.

Ms. Mowat: — Certainly not what I'm saying. I am asking about the approach that's being used to bring in more people.

Hon. Mr. Merriman: — Okay. The contract nurses . . . And Mr. Will maybe will be able to touch on this. He can explain it a lot better than I can. But this is something we need right now. The amount of contract nurses that are in our province is . . . I think there's just around 200 in rural Saskatchewan, and I'm not sure of the numbers in Saskatoon and Regina. We need these contract nurses — I've explained this I believe in this House and in the media — to be able to bridge us until all of these individuals that we have are in position and up to speed on their current . . .

So as the number of individuals increase in our health care system that we're bringing in, either from our post-secondary, bringing them from abroad, or recruiting them internationally or nationally, the number of contract nurses will go down. But in rural Saskatchewan, as I've said in the media, we can't pull out 200 nurses, because if we pulled out 200 nurses we would have a massive service disruption across the board, which is not good for patient safety.

So these individuals are in there on a contract position, understanding that there might be some discrepancy between the wages. I've talked to nurses about this directly. What I think a lot of the information that is floating around is . . . I've heard everything from, "Oh, contract nurses. They buy them a home and buy them a car and they're getting paid $800 an hour." And that's not the case.

What it is is we need these individuals in there to be able to make sure that we don't have service disruptions. This is a temporary solution. It always has been. Obviously we've discussed this and we both agree that we want permanent full-time positions throughout our health care system. And the contract nurses is only going to be temporary until we can get our contingent from the Philippines. We can get more people in from our post-secondary education, and we can recruit. This is a temporary measure to be able to make sure that we're minimizing our service disruptions across the province.

[19:00]

Did you want to touch on something?

Mr. Will: — Sure. Yeah, I'd be happy to. So as the minister said, you know, our efforts are certainly recruiting staff. Our preference is to have employees of the SHA providing the service. And certainly, you know, as we're filling shifts that are required to provide services in communities throughout the province, the first effort is always to staff those internally.

And I will say, you know, we do have a letter of understanding with the nurses union, SUN [Saskatchewan Union of Nurses], that basically sets out a process where we're able to leverage contract nurses to both ensure that we're able to keep facilities open but, to your earlier point, it also helps support us in being able to grant vacation time for nurses as well. So not only do we offer all shifts to our own staff first, we also offer those at overtime rates. And then if we're still not able to fill those shifts, then we do leverage contract nursing agencies. And certainly, you know, we don't pay those nurses directly. We pay the nursing contract agencies for the services that their staff provide.

And I will say, you know, we're certainly not alone in using contract nurses in Saskatchewan. Provinces throughout the country are also using that as an ability to ensure that they're able to provide services and also to support being able to provide vacation time to our staff.

Ms. Mowat: — Thank you. Which agencies are providing the contracts? Can you provide a list of which agencies you're working with?

The Chair: — I just want to inform the committee that document HUS 20-29, the CUPE Local 5430 Provincial Workload/Occupational Health and Safety Committee: Report of 2022 Formal Complaints has now been tabled and will be circulated.

Hon. Mr. Merriman: — We've just asked the officials to grab that information. They're going to try to get it to me before the end of the committee meeting tonight. They said that they should be able to do that. If not, I'll make sure we table it with the committee, but they'll try and get it right away.

Ms. Mowat: — Thank you. Is it a large number of organizations? Are there some that are being used more than others or who have been relied on more than others? Surely there's a couple of names that the minister can pass along before we get a comprehensive list.

Hon. Mr. Merriman: — Yeah, we'll try to get that comprehensive list right away. I don't want to speculate on how many or volumes or ones that we've been using for a long time. I assume we'll get that information before the end of our meeting here. We've got an hour and a bit, so we'll be able to get that.

Ms. Mowat: — My additional questions around this are quite a

bit more detailed, so I don't have high expectations at this point.

In terms of contract employees, one of the concerns that I'm hearing from the public is around cost to the health system overall. And as we know, it's all taxpayer dollars so folks want to be sure that we're getting good value for money. And I think that's prudent when we look at what the difference is between those salaries.

You had mentioned, Minister, that you wanted to dispel some of the myths around, you know, what benefits are being provided and, you know, cars and accommodations and how much they're getting paid. Can you provide the details on what those compensation rates look like and what benefits are attached?

Hon. Mr. Merriman: — Thank you. Sorry, it just took a little bit of gathering on this.

Everything that we pay out for any of our suppliers over our threshold is disclosed in our annual report. So it will have all of the information in there as to where the dollars went out for on any contracts, including human resources, and all of that is public information that is out there.

And I'll maybe get Mr. Will to just touch on the process of when we do set out the schedule and how is that laid out for the staff, and all options available.

Mr. Will: — Yeah. Thanks, Minister. So certainly whenever we are not able to staff shifts based on, you know, regular hours, as I mentioned earlier, our first step is to offer those shifts to nurses at overtime rates and, you know, certainly that is costly as well. You know, we would be paying nurses at double-time rates consistent with collective agreements, you know, benefit costs, etc. And then, and only if we're not able to provide that to our staff at overtime rates, if they still have not accepted those shifts, then we do contract with the contract agencies but we don't pay, like, those contracted nurses directly. You know, we pay the contract agencies, and of course, you know, they have costs, benefits, and insurance, and all of the normal costs of operating a business as well.

Ms. Mowat: — So I think, like, we're not dispelling any myths here. I would like to dispel some myths. So in terms of what is actually the dollar amount that is going down to the specific contract employee is unknown. Is that what you're indicating?

Hon. Mr. Merriman: — Well, as Mr. Will had identified, is we pay the company. What the company pays the employee, that's between the employer-employee. That has nothing to do with us. We pay to have X person in X position for X amount of time. What that individual receives and what their agreement between themselves and their employer, we're not privy to.

Ms. Mowat: — I guess how much are you paying the company then?

Hon. Mr. Merriman: — As I identified, it's in our annual report of the total expenditures for everything to do with the SHA.

Ms. Mowat: — Can you give me a page number to reference, Mr. Minister?

Hon. Mr. Merriman: — Sure.

[19:15]

Thank you. They start at page 201 and go to 221, which are all of our suppliers that we have paid out. And you know, looking at some of the . . . you'll be able to figure out pretty quick which ones are our suppliers. But that's all of our suppliers that are publicly disclosed every year.

Ms. Mowat: — Forgive me, Mr. Minister, so you said it was in the Ministry of Health's annual report for . . .

Hon. Mr. Merriman: — The SHA's.

Ms. Mowat: — The SHA's annual report. Okay.

Hon. Mr. Merriman: — Correct. Yeah.

Ms. Mowat: — Because I was, like, there are not that many pages.

Hon. Mr. Merriman: — Not in our report. The SHA is a little bit bigger organization than the ministry.

Ms. Mowat: — Okay. Yes, absolutely. So you provided the page numbers. Does that just provide the total breakdown or are we specifically talking about contracted employees of this sort, agency-contracted employees? Is that number specifically provided there?

Hon. Mr. Merriman: — That would be all suppliers that are over a threshold of, I believe, 50,000, all suppliers that the SHA utilizes over $50,000. So that would be quite a few of them obviously. It's over 20 pages and some of those would be contracting for various things including nursing.

Ms. Mowat: — And we do not yet know who those suppliers are who are providing this service?

Hon. Mr. Merriman: — We're gathering that information.

Ms. Mowat: — Okay. So we haven't provided a lot of additional clarity in terms of on the ground what that person is being compensated for.

Hon. Mr. Merriman: — Yeah, we don't have that information of what the . . . Like, I don't have any information. No different than if we're buying a product from — I don't know — a janitorial company that does janitorial supply services. I don't know what they pay their employees. We buy a product or a service. We pay for that. What the transaction between the employer-employee on the company side, that has nothing to do with the government as far as what that relationship between employee-employer is. That's a private entity.

Ms. Mowat: — Well I would submit that it has a lot to do with the government because it's how the government's choosing to spend this money. I'm getting the sense that the minister hasn't calculated how much money this is costing us.

Hon. Mr. Merriman: — No, I would counter with that we do a fair process to be able to contract these companies. What they

pay their employee, we don't know. We don't ask them to open up their books. We contract them through a tender for a service for either a product or a service provided. When they provide that, how they provide that through their employees and their staff is entirely the relationship between them.

I'll give you a different example is when we contract MRI [magnetic resonance imaging] services or scan services through one of our private providers, I don't know what they're paying their staff. We contract the scan service. We pay for that service. I don't know what they pay their technicians. I don't know what they pay their front-end staff. I don't know what their overhead is. What I'm concerned about is the service or the product that we're buying. I don't know. It's, frankly, it's none of our business as to how the employee-employer relationship is or how that employee is compensated from that business.

Ms. Mowat: — So taxpayers are ultimately paying for this service. They are concerned about the difference that is being paid here in terms of the difference between what we would expect an SHA employee to make and what's being offered through this agency service. So it is their business — it is everyone's business — to know what the dealings are here.

Hon. Mr. Merriman: — I would think a private company would not be very supportive of thinking that every time they get a contract with the government, it's everybody's business. That's a pretty deep dive into the private industry of, if you get a contract with the government we need to know everything about you, your business, your staff, your overhead . . .

You know, that's a pretty slippery slope that I think a lot of businesses would be very upset with that comment of the government should know everything about your business if you are in any way, directly or indirectly, getting money from the taxpayers. That's a slippery slope. We'd think there'd be some concerns about that. There would be privacy issues and lawsuits all over the place.

Ms. Mowat: — Has the minister done the math to determine how much more this is costing the taxpayers?

Hon. Mr. Merriman: — It's disclosed in the SHA's annual report of all our expenditures, so it's public information. As far as the cost of what is happening, I don't have that cost in front of me right now because it's ongoing.

Ms. Mowat: — Has there been a cost-benefit analysis? There's reference to the fact that this is temporary, but to my knowledge it's been ongoing for two years now. I could be corrected. Has there not been a cost-benefit analysis that's been done over the past few years on this?

Hon. Mr. Merriman: — I'm sorry, you said it could be corrected. How could it be . . . how could I pull out 200 nurses in rural Saskatchewan? How can I correct that without more nurses? I'm not understanding. As Mr. Will had identified, the first priority is our staff, regular shift. Second priority is double time, which is negotiated through our collective bargaining agreement. If I have the decision or Minister Hindley has the decision to either shut down — let's take Shaunavon Hospital — or bring in two contract nurses temporarily for 12 hours, there's no decision. We bring in the contract nurses to keep that facility open. No questions asked.

Ms. Mowat: — So I meant I could be corrected on the amount of time that this has been ongoing for. I believe it has been ongoing for two years.

Hon. Mr. Merriman: — That we've been using contract nurses?

Ms. Mowat: — Yes.

Hon. Mr. Merriman: — From what I've been told, the contract nurses have been going on . . . A couple things. One is, this is something utilized by governments across the country, North America, and around the world.

What we're trying to do is minimize the amount of contract nurses that we are using. We will continue to reduce that number over time when we get more of our . . . when we get another 80 nurses that are coming in in April, when we have 420 Filipino nurses that their job offers come through in the next little while, 550 seats in post-secondary, recruiting nationally and internationally for nurses.

But this has been going on for quite a few years, and it transcends a political stripe. And it also transcends geography. This is something that is used across the country from right wing governments to left wing governments on a temporary basis.

But we are always trying to minimize the amount of contract nurses that we do use. But if we have to have a contract nurse to keep a facility open or make sure that an ER [emergency room] shift is full, we will do that to make sure that we are protecting the integrity of our system and also allowing our employees the first-right-of-refusal double time, and then we will fill that position with a contract nurse. So the employees always have first shot at these shifts.

And if, again, if it's a decision of keeping a place open or closed with a contract nurse, I think the community . . . and I don't know why I keep coming back to Shaunavon. I think if any community — Rosthern, let's take for example — if they said, we had to shut down because of whatever the situation was; we had four contract nurses sitting at home that could have kept the facility open and you didn't bring them in. Why?

I think it's more important to make sure that the integrity of the health care system is maintained. When our first two options have been exhausted of using our own staff or paying double time, we want to make sure that patient safety is maintained.

Ms. Mowat: — Has the ministry broken down how many of these positions are . . . So I'm hearing you say nurses exclusively. Is it just nurses? What's the breakdown between LPNs and RNs if those are the two designations?

Hon. Mr. Merriman: — As I've just been informed, the majority of them would be RNs, some LPNs, but they would all be within the nursing designation. I don't have the split here, but we can endeavour to get it. But again, I can't reiterate enough, it's important to maintain the integrity of the health care system.

Ms. Mowat: — So you know that it's approximately 200, assume that it's mostly RNs?

Hon. Mr. Merriman: — Rural, 200 rural.

Ms. Mowat: — Two hundred rural. What is the approximate number of urban?

[19:30]

Hon. Mr. Merriman: — Sorry, I have to correct my numbers. There are 157 rural, 68 between Regina and Saskatoon. This makes up a very, very small percentage of our overall nursing complement, be less than 0.01 per cent, I believe. I think we have in and around 15,000 nurses, maybe 17,000. About 17,000 nurses and we're talking about 225 out of those that we need on an interim basis.

Ms. Mowat: — So rural is 157. Sixty-eight . . . what's the breakdown, Saskatoon and Regina, that 68?

Hon. Mr. Merriman: — I don't have the split between those right now. I can see if I can get it, but . . . [inaudible interjection] . . . Yeah. Thank you, Andrew, yeah. And that does fluctuate. It can go up and down. Our hope is to keep moving that number in a downward trend. But again I think that there might be some misinformation out there that there are contract nurses all over our health care system when we, as I identified, were 225 temporary positions out of almost 17,000 nurses in our province.

And I'll also make sure that I put on the record, which I had forgotten earlier, that the nurses that we do have in our province are the second-highest compensated in the country, which is significant and should be noted as well.

Ms. Mowat: — So we're classifying everything outside of Regina and Saskatoon as rural in these numbers?

Hon. Mr. Merriman: — The 157 would be either rural or northern communities.

Ms. Mowat: — So in like, the Moose Jaw of the world, is that number reflected somewhere in these numbers, is my question.

Hon. Mr. Merriman: — Well that would be . . . 157 would be everything outside of Saskatoon and Regina.

Ms. Mowat: — Okay, thank you. Understanding the comment about fluctuation, I assume this is a snapshot in time of right now. This is the number of contract employees that are working for the SHA.

Hon. Mr. Merriman: — Yeah. That's as of March 21st.

Ms. Mowat: — Thank you. What's the distinct number of contracts that have been offered within the last fiscal year?

Hon. Mr. Merriman: — Sorry, the distinct number of contracts for the nurses or for the SHA?

Ms. Mowat: — So because we're talking about a number of different workers who have filled contracts, one way of looking at that would be the snapshot in time of exactly how many are working today, but understanding that there's fluctuations in times and it wouldn't be the same overall. I'm wondering how many contracts have existed over the past year.

Hon. Mr. Merriman: — Sorry, maybe a point of clarification. Are you asking me how many FTEs [full-time equivalent] were used or . . . Like, as far as understand it — and correct me if I'm wrong, Andrew — is we contract a company to be able to provide contract nurses for us. That would be one contract for that company. Now that company could provide 10 nurses; that company could provide 50 nurses. I don't have that information.

Not each individual time we need a nurse is a separate contract. We would have an umbrella contract with the company that would supply us with nurses. And that could be any number of nurses in any number. This number is going to continually fluctuate. It could fluctuate more into Saskatoon and Regina, less in rural. That's the nature of the business of contract nurses is they are mobile to be moved wherever we need them once we go through our process of our staff, double time, and then these.

So these positions are very mobile. We wouldn't have a contract with each individual person for each individual posting and spot. That's not my understanding of the contract.

Mr. Will: — That's right.

Ms. Mowat: — So I think that just highlights for me that the cost, the dollar figure, is going to be the best way to measure this.

How many RNs are contracted at Regina General right now?

Hon. Mr. Merriman: — Sorry, I just stated we have 68 between Saskatoon and Regina, and I don't have the breakdown of the split between Saskatoon and Regina. And I certainly don't have the split between the General and the Pasqua. Again this is a fluid workforce that is . . . We could have two at the General tonight, and we could have eight there tomorrow and it could be none the next day.

It's a very fluid process to be able to move these individuals, and that's what they're hired for is to be able to be put into a position on a temporary spot. So to do a snapshot to say there's this many contract nurses in the General at this day at this time, it could change in an hour. The shift could be over, those two contract nurses could go home, and there could be two positions that are being filled. This is very fluid so having a snapshot in time would not be an accurate reflection.

The 225 that we currently have employed as of March 21st would be representative of what we needed at that specific time. Now that number can go up and down, depending on everything that Mr. Will laid out as far as scheduling, overtime, and then contract nursing.

But again, I can't emphasize this enough, we need these contract nurses temporarily. This is better than a disruption in our emergency rooms. This helps out with overall safety of our staffs for allowing individuals to be able to take the time off so we can get those individuals the time that you and I just talked about. And we're talking about 225 positions in the province of almost 17,000 nurses that are second-highest compensated in Canada.

And we have a very good recruitment incentive to be able to bring more nurses in so we don't need these nurses; either we don't rely on them at all, or only in very challenging situations. Ideally we would not like to have contract nurses because it

makes it much easier for management to be able to schedule when we have people that are in full-time positions and scheduled out. Then we don't have to worry about contract nurses, because that's a last resort.

Mr. Will: — And, Minister, if I could just add into a previous question. You know, one of the examples of contracted agencies that we do receive service from is EZcare Nursing Agency would be, you know, one of the examples of companies that are supporting that need. But again, you know, we would only contract services from them after we're not able to fill it at regular or overtime rates.

Ms. Mowat: — So I had asked about what other health care workers are being contracted besides nurses. Can you provide a detail of numbers of what those contracts look like and what those designations are?

Hon. Mr. Merriman: — For clarification, are you talking about physicians that are contracted? Because we have physicians that are contracted, that are on a salary and contracted. I mean what scope are you looking for because . . .

Ms. Mowat: — I'm not talking about physicians. I'm talking about other agency-contracted employees to fill the labour pool.

Hon. Mr. Merriman: — Sorry. Again because we do lots of contracts . . . And I'm trying to get clarification on this. We have lots of contracts within the SHA and ministry to provide services for us of whatever product or service that we have needed. In the SHA, not everything is an in-house position. Are you talking about like CLXTs, or like those type of positions that would be a typical SHA employee that are contracted out?

Ms. Mowat: — I'm referring to positions that have been hard to recruit, similar to the . . . that would match the nursing positions you've just been talking about, Minister.

Hon. Mr. Merriman: — Okay. So clinical.

Ms. Mowat: — Sure.

Hon. Mr. Merriman: — Okay.

Mr. Will: — So I'm able to provide some information here. So the list I have, it shows 180 for RNs and 36 other contracted positions at the time of March 21st. So you were kind of asking about a point in time. But certainly, you know, in those other categories, as mentioned earlier, it does include LPNs but in some instances continuing care aides, combined lab and X-ray technicians, or RTs [respiratory therapist]. So there are other staffing positions that we would contract, but in all cases certainly there's provisions in the collective agreement that provide for the process by which the SHA would utilize those resources.

Ms. Mowat: — Thank you. In the budget you had mentioned nursing travel pools that were going to be created. Is the intention here that this will be RNs only? And is there a fully formed plan here in terms of which communities they will be travelling to, and what that will look like as it's operationalized?

Hon. Mr. Merriman: — Yeah, we did allocate $3.1 million for our registered nurse travel pool. This was something that was brought forward to us by SUN that this had worked well in the past, so we followed up with some dollars on that. We are looking at getting those . . . Again we have to have a lot of our positions filled, but these travel pools will be SHA employees that will be able to move around, that will be called upon to be able to go in and hot-spot in a specific area if that's needed.

[19:45]

For example, in Weyburn if we need some nurses in and we know that there's going to be a time where for three or four days that we're not going to have the adequate staff to maintain all services, this is what this travel pool will be called upon, to be able to come in and fill in those positions on a temporary basis. So this could be over and above their regular duties. But it would be something that individuals would sign up for to be able to go in and make sure they stabilize the community on a temporary basis.

Ms. Mowat: — You mentioned that SUN had said this was something we'd had in the past. Do you know when this existed or what the previous iteration of it was called?

Hon. Mr. Merriman: — I don't have the history on it, but I know it was brought forward by SUN to the government. And this was an option to be able to take some pressure off of some areas. So we had a good discussion with them. And this was something that we incorporated into the budget as one of their recommendations to be able to take some pressure off of some certain areas utilizing, obviously, SUN members and SHA or affiliate employees.

Ms. Mowat: — So is it exclusively RNs?

Hon. Mr. Merriman: — It is exclusively RNs. This is what we're focused on right now because that's where we have the majority of our pressures right now, is within the RNs. That's why, again, we were talking to SUN about it because it was specific to their members.

Ms. Mowat: — So SUN has called for a task force. We've talked about this a number of times in the House. I wonder if the minister can speak to, you know, what the resistance is to creating this task force with SUN.

Hon. Mr. Merriman: — We've had some discussions about this. I talked in the media and in this House about it. What we have been able to do is develop a very robust plan with input from our stakeholders, with input from foundations, with input from community leaders. Minister Hindley and I have travelled to many, many locations to be able to talk to individuals and develop this plan. We have met with community leaders, mayors, informal health care worker groups, formalized health care work groups.

Again this plan was shaped by input that we received from communities, whether that was formalized or informal. It was a very good way to build a foundation, a plan. And our hope is to be able to continue to make this a green document, that if there is input from specific areas that might work in, let's say, Wolseley but not in Kindersley, we continue to adapt for that.

We're meeting with groups continuously, whether that is here at the Legislative Building, in the specific long-term care facility, in the hospital, sometimes in people's living rooms, to be able to discuss ideas within our health care system. This is a very good conduit to be able to get some of their ideas forward. But I've also asked . . . Minister Hindley and I have asked both the SHA executive leadership team as well as the board to be able to get out into these communities and talk to individuals. Mr. Will has done that. I know Derek Miller has as well.

Our board members are from all areas of the province representing rural, urban, Indigenous communities, the North. These are the people that feed the information in to help shape the decisions that Minister Hindley and I and ultimately the Government of Saskatchewan have to make. There is great community connection and, like I said, if it's formal or informal, the conduit is to us, to be able to help us form the decisions in communities that we're not specifically . . . that I'm not specifically connected into.

The other thing that we have an advantage of is our rural members that we have representing all of the rural areas of Saskatchewan, from the North to the corners of the South, that feed us information and hear direct feedback from their constituents on what it is that they need to be able to manage their health care facilities, their long-term care facilities, mental health and addictions.

All of that is this great wealth of information coming in to us that helps us shape our Speech from the Throne, which helps shape our budget, which helps shape the action plan so we can deliver on those. And as I've identified, the communities are starting to see that we are delivering on what we promised just over seven months ago. So those are very good.

Now again we also talk with our labour providers, our labour partners. We talk with the SMA. We talk with all of these groups to be able to help, but we have continuous discussions — EMS [emergency medical services] providers — all the time to be able to shape the decisions that we're making. We're not coming up with all the ideas in our office. We're getting the ideas from all sources to be able to action what we need to . . . to what we need to do to strengthen our health care system.

Ms. Mowat: — There was a recent poll of almost 5,000 nurses by the Canadian Federation of Nurses Unions showing that 4 in 10 nurses are planning to leave their job or profession altogether. Sixty-seven per cent of respondents to that poll said that a flexible work schedule would help keep them in the workforce. A change like self-scheduling might encourage some who are planning to leave to stay. And since balancing the work and family life is considered to be so important in the modern workforce, will the government consider an innovative practice like this?

Hon. Mr. Merriman: — Well it's hard to answer a question on a national survey of 5,000 nurses. I don't know how many of those nurses were in Saskatchewan, where there are discrepancies in compensation for nurses. There is differences in positions. As I identified, we have 17,000 nurses in Saskatchewan. Five thousand nationally? I'm not disputing the poll that was done and the survey was done. It's hard to comment on what that is specifically about Saskatchewan.

As I've identified, we have the second-highest compensation rate for nurses. We're bringing in — as I've identified many times in this committee — more nurses to be able to backfill positions so they do have that option of work-life balance. And we want to be able to support that. But what have they consistently told us is, we need more people. We're bringing in more people. This is going to be the best way of growing our health care system in a very manageable way and making sure that the nurses are able to — and not just the nurses, all the health care workers — are able to have that work-life balance. We can't do that without more people.

So I don't know if those nurses . . . or I don't know how many are in Saskatchewan. I don't know how many of them would be applicable to our human resource plan. But we've heard some very positive . . .

And I can't emphasize enough: 250 more full-time permanent positions in this province in nursing. That's significant. In one year, almost 1,000 nurse training seats, 150 added last year; second-highest compensation; bringing in more nurses from Saskatchewan; bringing in more nurses from Canada; bringing in more nurses from abroad — these are all going to be able to help out the situation of the nurses so they do have that option of work-life balance.

We do have a plan. We have a great plan. Our Premier has said many times it's a most ambitious plan, and I feel it is. And we've heard that it's not just a plan, but they're seeing action. We just don't have the words and the dollars and the news bites and the clips. We have people on the ground. We have 100 people that have been hired since December, another 80 in the queue, 400 coming in from the Philippines that have accepted conditional offers. Those are significant strides forward in a very short amount of time to be able to help the nurses be able to maintain that work-life balance that they deserve.

Ms. Mowat: — So, Minister, I just pulled up a news release from the Saskatchewan Union of Nurses. It's the news release entitled, "Nothing new for nurses in a time of crisis," which we've referred to before. It specifically says, "We did not ask for a 'travel pool' of registered nurses who would be deployed all over Saskatchewan at the whim of the employer."

They go on to talk about how they talked about . . . They offered the idea of a nursing resource team based on a model that was implemented and run in Ontario during a time with low staff vacancies. So it was very much a different model that was being proposed there. So I'll just offer the minister an opportunity to correct his previous statement.

Hon. Mr. Merriman: — Well I understand the SUN's position on that, but as I've stated in the House, we've had some significant investments in that. We've had multiple conversations, not just with myself, Minister Hindley. The Premier has met with Ms. Zambory. Our MLAs have. We meet with our nurses all the time.

This was some of the things that was discussed, was having a travel pool of nurses, investing 22.2 million and . . . disappointed, you know, that this is nothing. Because as I identified in the House, $22 million for 250 new positions is significant; 17 million for recruitment and training in

international-educated health workers; $10 million for a second year of 150 nursing training seats, bringing up to almost 1,000; 3.1 for the travel pool; $2 million to extend 50,000 three-year return-to-service; student loan forgiveness, $600,000.

These are huge investments into the nursing profession, into our health care system, and these are some of the things that we have heard from SUN, from our stakeholders, from rural MLAs, from people corresponding with the minister and I, people talking to Mr. Will, people reporting process improvements all the way up from the grassroots level to their senior managers.

This is what the health care providers have asked for, is more people and more dollars to support their health care system. This is what we have provided, and we're going to continue to provide that to our health care workers to make sure that they have the support from this government now and into the future.

We're building capacity. And what we're telling nurses when Minister Hindley and I go out and talk to them is, you're hired. We'll find a spot for you in Saskatchewan. We will employ you, and we will want you to make a career here.

Ms. Mowat: — So, Minister, you said that SUN asked for the travel pool. SUN has said that they didn't ask for the travel pool. Which is it?

Hon. Mr. Merriman: — I was told that SUN asked for the travel pool. I'm really disappointed about this. I'm not going to . . . I mean, we got $6.7 billion. We've added in a travel pool to be able to go in and hot-spot nurses into key areas. And you're debating who said what?

This is significant for people to be able to have security in their area, so we have a travel pool that can go into Weyburn, that can go into Shaunavon, that can go into Indian Head and be able to make sure that we're maintaining services. This was what was said to me by SUN. This is what you want to discuss in estimates, of who said what versus acknowledging that we have $3.1 million into a travel pool that is going to be able to help out and strengthen our health care system so we don't have service disruptions.

I really think that it's imperative that you recognize that we are making strides forward in our health care. I can't control what SUN says. I know what I heard. This is something that they had asked for. They had told me it had worked in the past, prior to me being either elected into government or being really new into government. We followed up on it amongst many other things for our health care workers. I'm just confused as to why this is a point of focus.

[20:00]

Ms. Mowat: — I didn't bring it up, Minister. You brought it up using their name to lend credibility to your plan.

Hon. Mr. Merriman: — Well I've said that this was brought up to me by SUN. We acted on it. I'm not sure why SUN has said that. I don't want to speculate that. If you're calling into question my integrity, put it on the record.

Ms. Mowat: — Just trying to make sense of the discrepancy in facts in front of us, Minister. That CFNU [Canadian Federation of Nurses Unions] poll suggests that more than 40 per cent of early-career nurses are dissatisfied with their career choice, and more than one-third are thinking of leaving. There are incredible pressures on nurses in this province, which we've referred to a number of times.

I know that British Columbia has recently — I think even this week — recently reached an important agreement with government around mandatory nurse/patient ratios, and the minister is likely aware of that. Are there discussions about nurse/patient ratios in Saskatchewan? And I think we can reasonably expect that this conversation is coming to our province, as I have noticed the CFNU has launched a nationwide campaign indicating, one province down, nine to go.

Hon. Mr. Merriman: — Sorry. What was the specific question, Ms. Mowat?

Ms. Mowat: — It was about nurse/patient ratios. Are we doing that? Are we looking at that?

Hon. Mr. Merriman: — Couple of things. One is, I'd be hesitant on commenting on what another jurisdiction is doing with a specific contract negotiation. And this is something that we should be discussing in a collective bargaining process. As far as ratios, that's not something that we would be looking at here. But even with that, there's some skepticism of what the nursing ratio is.

I've got some information from an RPN [registered psychiatric nurse] in Lower Mainland BC [British Columbia], says very skeptical about the nursing ratio claim:

> To us, it's a unicorn. It doesn't exist because we just don't have the nurses to make a safe ratio happen that's going to provide standards of care that [we] are required.

So I think what this is . . . That's what this Christina Gower is saying is, to be able to have a proper nurse-to-patient ratio, you first have to have the nurses.

And I think that's what we're addressing here in our human resource plan that again has had some great successes, continues to have great successes, and is continuously . . . The successes are being seen out on the front-line health, some of the areas of our province, and are continuously dismissed by members opposite of the successes that we have had.

And we have had some great successes. We're going to have a lot more successes in strengthening our health care system. And what would be very beneficial is if we were all supporting and promoting our health care system to be able to support these individuals versus continually saying that things are crumbling in crisis.

And it's hard to recruit when you're in the news telling that things are all falling apart when that's not the case, when we're actually strengthening . . . We're stronger than we were. We've got more nurses: 700-plus nurses that we've had in 2019, 170 doctors that we've had in the last 18, 19 months. We're strengthening our health care system.

Ms. Mowat: — It's not my job to pat you on the back. I'm going to keep doing my job to hold the government accountable. Minister, where were you quoting from? Can you identify the source?

Hon. Mr. Merriman: — BC CTV [Canadian Television Network Ltd.] news, "ER nurses speak out against union's tentative deal with British Columbia" by Ben Miljure on April 2nd, 2023 at 8:26 p.m. Central Standard Time.

Ms. Mowat: — Thank you. I want to talk about team-based care. The last report I saw was that 200,000 people in this province don't have access to a family doctor. What numbers does the minister have?

Hon. Mr. Merriman: — I just want to quantify this question. Are you asking about a family physician? Are you asking about a nurse practitioner? Or are you asking about primary care? Because they're all different questions. Because somebody might . . . I know a member on our side hasn't had a family physician for 20 years, has had a nurse practitioner for 20 years. And I think that that needs to be taken into account, that whether they have access to primary care, a doctor, or a nurse practitioner, or all of the above is different.

We can't just look at this as one specific position in the health care system. We've talked about this, a health care team. There is a team out there, and it would be disrespectful to say people that are going to nurse practitioners aren't getting primary health care. So I guess I need clarification.

Ms. Mowat: — I am talking about access to primary health care.

Hon. Mr. Merriman: — I guess my answer would be everybody in the province has access to primary health care, whether that is through a family physician, whether that is through a medical clinic, whether that is through an urgent care centre, a walk-in clinic. There is access to health care for everybody in this province.

Now in saying that, there are some geographical challenges, that some people have to come in from remote communities to be able to get a . . . you know, from the North, have to come down for specific things because they might not have primary care in that specific community. But everybody in this province has access to walk through a clinic and to be able to get in to see primary health care and get their needs addressed, get referred on to wherever they need to go.

Somebody that . . . I mean I just talked to a new Ukrainian who had just got a health card. They had asked what to do. I said, you need to try to get to a primary health care, either a physician or a nurse practitioner. In the interim you can go to a clinic. You mean I can just walk in? Yeah. And they'll help me? Yeah. There'll be a doctor there? Yeah. Oh wow, I can just do that? Yeah.

So I would say all people in Saskatchewan have access to primary health care.

Ms. Mowat: — How many people don't have access to a family doctor or nurse practitioner?

Hon. Mr. Merriman: — Thank you. This is pulled from CIHI [Canadian Institute for Health Information] access data. Percentage of people with regular health care providers from 2019-2020, Saskatchewan is at 82.8 per cent, which is the second highest in Western Canada.

Ms. Mowat: — So 82.2 per cent?

Hon. Mr. Merriman: — 82.8.

Ms. Mowat: — So . . .

Hon. Mr. Merriman: — Percentage that have a regular health care provider.

Ms. Mowat: — So how many people is that, that do not have a regular health care provider? And what was the population at the time?

Hon. Mr. Merriman: — What? I don't have . . . I don't know what the population was in 2020. It was probably 1.1 . . . I don't know. Well let's say 1.1 million people. So just doing the quick math, it'd be 17.2 per cent of the population did not identify that they had a regular health care provider.

Ms. Mowat: — When folks don't have access to a regular health care provider, how do they find one?

[20:15]

Hon. Mr. Merriman: — No. There's a difference, sorry, just for clarification. They do not have a regular health care provider. That does not mean that they don't have access to a health care provider. They just don't have one designated for them. They don't go see a specific doctor or a specific nurse practitioner. There's a difference between having access to a health care provider and having a regular health care provider. So I just . . . That's an important distinction.

Ms. Mowat: — How do they find a regular health care provider when they need one?

Hon. Mr. Merriman: — This will be answering your question, I hope. Out of Canadian . . . An Angus Reid poll that was done recently, we had the lowest percentage of individuals that did not have connection to a doctor but wanted one. We were at 10 per cent that did not have a doctor but wanted one. So still work to do.

Alberta was 14; British Columbia, 23 per cent; Manitoba, 13 per cent; Ontario, 12 per cent; Quebec, 23 per cent; the Atlantic provinces, 19 per cent. We're half as many as British Columbia. So this is a good indicator of a poll, of an Angus Reid poll out that . . . Yeah, we've got some more work to do but according to this poll we're doing better than every other province and every other jurisdiction in our country.

Ms. Mowat: — So when a constituent calls my office and asks me for help finding a family doctor, you would like me to direct them where? To a poll?

Hon. Mr. Merriman: — Is that the condescending question I'm getting? Okay.

Ms. Mowat: — The question I asked was how can someone find access . . .

Hon. Mr. Merriman: — No, that's not the question you asked. You asked me, when a constituent calls your office, am I supposed to direct them to a poll? You were reciting polls. I brought back a poll that was from Angus Reid that said that we were the best in the country of people that did not have a connection to a primary care doctor — 10 per cent. We still have work to do. That's a large number of people in our province.

A family member of mine had a doctor that was retiring and left the profession, she got on the phone and called. She was calling doctors across the city until she found a doctor that was able to take on her and her daughter. It did take her a couple hours to make some phone calls, but she was able to find a primary care physician that was accepting new patients in Saskatoon. This would have been in mid- to late February, so there are doctors out there.

I'm not by any means telling anybody to go to a poll, but there are doctors out there. There are nurse practitioners that are taking patients. And if you have somebody that is specifically looking for a physician, I would encourage them to contact some of the clinics that are in your constituency, in your city, to be able to find out if they are taking any openings and if they're . . . or if they wanted to get one closer to their community.

In your specific community, I would point to the Westend Clinic, which also takes in people. There's also the Downtown Clinic, down on 2nd Avenue in Saskatoon, the Westend Clinic. There are quite a few medical clinics really close to your constituency that do take in walk-in patients, so I would direct them to go there and get attached to a primary care physician. And I visited all of these clinics in the last little while and met the great staff that work there and are taking care of the community members, not just in the west end but also downtown.

Ms. Mowat: — These clinics are not accepting new patients. There hasn't been a clinic accepting new patients for any real amount of time since we started raising this in the House, Mr. Minister, in Saskatoon. There used to be a website that would inform people about clinics that were accepting new patients. Why was that website taken down?

Hon. Mr. Merriman: — I answered this question several times in the House and in the media. Doctors that run privately run facilities do not have the obligation to let us know if they're accepting new patients. I just explained to you, I completely disagree with that because I just told you a scenario of a family member that did this in February.

So I'm not sure . . . Just because it's not posted online and it's not being tweeted about doesn't mean it doesn't exist. People, if they call around, if they talk to other people in the clinician area . . . I've had people call in to my office, say they were able to find a family doctor, that whatever was saying on the news wasn't true.

The website wasn't accurate. There is no obligation . . . I have to emphasize this — doctors that work in a clinic, whether they're operating out of a small little space, that's private health care. There is no obligation for them to inform us of what their patient load is, how many patients they are taking on, what their hours of operation are. They are under no obligation to do that.

So the information on the website wasn't accurate. So we changed that and informed people that they need to call the clinics. If they have the ability to call your office and be able to talk to you about it, then I would encourage them to call some clinics and be able to see if they can find that clinic that is close to them that can either take them on a temporary basis of a walk-in. If not then they can try to get attached to a nurse practitioner or a physician on a permanent basis.

But that does not in any way, shape, or form make it the indirect accusation that primary health care is not accessible. It is.

Ms. Mowat: — These are medically insured services that are taking place at the clinics, so I certainly reject the notion that the ministry has no dealings with these clinics that are providing care.

Do you understand the burden that it creates for clinics, the administrative burden on staff when they have to answer the phone 40 times in a day and tell people that they're not accepting new patients?

Hon. Mr. Merriman: — Could you identify which clinic this was, please?

Ms. Mowat: — No, and I'm not going to directly identify which clinic, Mr. Minister. I've heard from it from multiple spaces. Do you identify the amount of logistical, like, staff that are required to answer the phone and tell people, over and over again, that they're not accepting new patients? Does that sound like an efficient system to you?

Hon. Mr. Merriman: — What I would say to that is I understand that there is an administrative aspect to running a private doctor's clinic. I understand that if an individual has the opportunity to reach out to you, I think that individual also has the opportunity to reach out to a clinic to see if they can take them in, either as in a walk-in basis which is what these clinics . . . that's part of their business operations is walk-ins. And again, they can make some phone calls and that.

One . . . [inaudible] . . . website that . . . I guess, are you asking if we should force doctors to notify us if they have openings in their schedule or if they're taking more patients? Is that what you're asking me, is to mandate doctors to let us know this if they have a patient opening? These are private organizations.

And I know, Ms. Mowat, we've been doing this for almost 10 hours now and everybody's getting a little tired, and I get that. But I'm going to maybe ask if we can loop back to stuff that are specifically focused in on the budget and the budgetary estimates versus the scenario that you presented, which could be deemed as casework that we can work on outside of the budgetary process.

But I do want to assure people in Saskatchewan that they will have access to primary care, whether that is through a physician, through a nurse practitioner, through a walk-in clinic, a medical clinic, the urgent care centres that we're building in Regina and Saskatoon, whether you're in rural Saskatchewan, whether that

is virtual care. We're going to continue to provide the best possible care we can on primary care, as I understand how important this is by meeting with the family physicians, meeting with the SMA. The best way to prevent things from getting worse down the road is a strong primary care system, and that's what we're trying to build up.

Ms. Mowat: — And primary care reform is what a lot of folks were looking for in the budget, Mr. Minister, and being able to have that consistency, that continuity of care where if you have a chronic disease it can be managed, you know, providing that long-term care that we know that family doctors, nurse practitioners, regular care providers can provide. That is not the same experience you would have in a walk-in clinic.

There's evidence that physicians can see more patients under team-based care. Do you agree that this would allow more access to family physicians?

Hon. Mr. Merriman: — What I would say that I've learned through meeting with primary care physicians, primary care teams, most efficient way to, and the best patient care, is for everybody within our health care system to be working at the top end of their scope, whether that would be a continuing care aide, an LPN, an RN, a physician. We want them operating at the top end of their scope. I would not want a physician to be doing something that a nurse has the ability and the time to do. I want the physician to be able to maximize their scope and be working at the top end.

And I've seen this with the Westend Clinic, where the doctor there took me through. And said — he point-blank told me — he said, I shouldn't be trying to flush people's ears wax out. That's not what I was trained for. We have a nurse practitioner for that, or we have somebody else that would be able to do that. I need to be able to see them when they're at a point in time where my skill set is at its maximum and somebody else's skill set has hit the ceiling. That's where I need to focus. That's the most efficient I'm going to be because then I don't have to see as many patients. I see more patients that are in that critical or higher level of acuity. That's where I need to focus my time.

[20:30]

These were his words, not mine. I couldn't agree with him more. That primary care team needs to be all operating at the top end of their scope so they can make sure that they are treating the patient as best they can in the most efficient way through our health care system. And we have everybody doing what they are trained to be doing.

That's why we've introduced physician assistants. That's why we're looking at expansion of scope of nurse practitioners, advanced care paramedics, and pharmacists. They're not all operating at the top of their scope, compared to other jurisdictions in Canada. We need to be able to have them operating at the maximum amount of their scope so they can be efficient.

And a primary health care team is physician-led, as I've been informed. And the family physicians have . . . It's a physician-led primary health care team, but that can go all the way to the pharmacist, the massage therapist, to the occupational therapist. This is part of the team.

So what I want ideally is everybody to be doing exactly what they are trained for at the top end of their scope. And it's a whole team effort, not just one individual. So we have to be cognizant of looking at it in a bigger picture, not in silos of this is what a nurse does, this is what a doctor does. We need to have that whole primary care team treating the patient the best they possibly can.

Ms. Mowat: — It's good to hear the minister talking about team-based care. I agree that we need to be doing more of it in the province. The reality is that these are isolated examples where we have community clinics who are able to do this, and you know, are doing it quite well.

I've heard of a community that wanted to set up a clinic, and I will name them as Shellbrook. They wanted to set up a community clinic, but it has taken them years. And they have indicated that it's been quite cumbersome to do so.

Why is it that when physicians want to start up clinics that will provide team-based care, that the supports are not there from ministry to do that? And what are your plans for the fee-for-service model going forward, acknowledging what you've said about, you know, an endorsement around team-based care?

Hon. Mr. Merriman: — Well, two questions there. I'll deal with the first one, which is to be able to set up team-based care. The first and foremost thing is you've got to have a team. And what we're trying to do is, with 550 new seats, we're trying to create that team. This is adding into the seats that we already have. We're trying to create that team in our health care system throughout areas and not in one specific community.

And again, we have to look at each specific community to see what it is exactly that the needs are in that community. What is that catchment area of that community, and how can we enhance what we do have there and add into that? That might be doctors, that might be nurses, it might be technicians, it might be pharmacists, it might be EMS.

We have to look at that structure to be able to determine, not just from our level in the ministry or the minister's office and one of our offices or the SHA executive leadership team, but on the ground level. What is going to work for this community? That's why I've asked the team to get out and talk to the individuals to see what works best.

Just because a community has requested something doesn't mean that it necessarily is going to happen immediately. We need to make sure that they are having what they need, but I've got to look at the overall health care system. We can't do one thing in one specific community at the cost of another community. We've got to make sure that we're looking at that holistically.

Now on the fee-for-service, this is something that we're certainly looking at. We've seen some other jurisdictions that have made some changes recently. BC notably has made some changes to their fee-for-service and salary. This is something that we're having very preliminary discussions with the Saskatchewan Medical Association.

We're talking with the family physicians about this. I just met

with them Monday night just before we came into committee, 50 minutes before committee. I addressed the family physicians to be able to talk about options. They seemed to be encouraged about what the government is looking at. And we're seeing what are happening in other jurisdictions, but we're having some discussions with the Saskatchewan Medical Association on options that we can look at to make sure that our doctors are compensated in a fair way.

But I'll also mention, with the programs that we have now, which is a salary and a fee-for-service, we've still been able to recruit 170 doctors into our province. So these doctors must be seeing something in our province, whether it's capital investment, whether it's plans, whether it's lifestyle. We're recruiting doctors at an unprecedented rate, as far as I know, into our province.

In saying that, do we have to always keep evolving on our compensation packages? Yes, and I think we have, and we'll continue to do that through negotiations with the Saskatchewan Medical Association, as they are the ones that we discuss these packages and how we can work with the physicians across the province.

Ms. Mowat: — Nurse practitioners have also been advocating for alternate funding for at least five years now. According to their own numbers, 35 per cent of nurse practitioners in Saskatchewan indicated in a survey that they would rather be employed in a permanent full-time position. What are you doing, Minister, to get these nurse practitioners employed to their full scope of practice?

Hon. Mr. Merriman: — Two things. One is we're looking at expanding their scope to make sure that it's even a larger scope of practice. That's something that we've sent out consultations. We're getting that information back, and I'm hoping to have something within the next 30 days that's on Minister Hindley's desk and my desk so that we can look at this.

As far as the nurse practitioners, just met with them last week, looking at maybe two weeks ago. Just met with them to be able to discuss some of the options and some of the ideas. They presented us with a package of information, which my officials are going through right now. And I don't want to pre-empt any of those discussions, but we have a very good discussion with the nurse practitioner association of Saskatchewan.

We do have nurse practitioner positions that are out there. Some of them are in rural communities, and that's where we really need the emphasis back to our primary care in those areas. We're going to work with nurse practitioners to make sure that they're in the communities that we require them to be in, in full-time positions when we can get them there.

But it's something that they've presented us with some options that we're going to have a look at and digest with our officials to see what are some opportunities there. But we've had some very good discussions with them.

Ms. Mowat: — Turning my attention to the urgent care centres that are under development right now. It seems as though the Regina urgent care centre is going to be operational, is planning to be operational, earlier than the Saskatoon urgent care centre. What are the forecasted dates for when we're expecting them to open?

Hon. Mr. Merriman: — I'm glad to hear you're supportive of the urgent care centres. The urgent care centre in Regina is moving along as planned and should be open in early 2024. Hopefully by this time next year that is open. Construction is going well. As far as Saskatoon, we are continuing to work with Ahtahkakoop Cree Nation, which is a very unique partnership with Chief Ahenakew, with also support from Dakota Whitecap Chief Bear.

This is a very unique opportunity for us to partner with a First Nation to be able to construct an urgent care centre in Saskatoon that will take some pressure off of the emergency rooms at St. Paul's, also at the University Hospital, and as well as City Hospital. So these are major strides forward in getting, again, more primary care and less pressure on our emergency system. So they should be built and functional in early 2024.

And just touching on the urgent care centre, also the unique part of this is we do have a mental health and addictions side where individuals that are experiencing some challenges can go in and talk to somebody, get some treatment if need be, and hopefully get connected into some type of program that will help them along with their struggles that they're experiencing right now. This is a critical part of our urgent care centres, to be able to make sure that they have the dignity to be able to come in and manage some of the challenges that they might be going through.

So we want to create more access not just for the physical care but also for the mental health care. That's what these urgent care centres are focused on. And again, unique partnership in Saskatoon with Ahtahkakoop Cree Nation, that we've had some great discussions with them as far as the build and ultimately the location of that urgent care centre in Saskatoon.

Ms. Mowat: — What's the plan for the staff complement and equipment that each facility will have? So will they have . . . So you've identified mental health and addictions care. What specific types of staff members or health care professionals are we expecting to have there?

Hon. Mr. Merriman: — Well I think we would have a primary health care team. On the mental health and addictions side, we would have separate intake and we would have specialized addiction counsellors available for individuals. We would make sure that we have the staff complement that we need. And again the question would be, who is going to staff it? It's going to be a lot of the individuals that are currently within our system, and that's why we're bringing in more individuals to be able to backfill this because our health care system is growing and we need people to grow it.

Ms. Mowat: — Would there be, you know, RPNs on site? Are we talking about, you know, what would access look like to psychology, psychiatry? You know, who on the mental health team is going to be on site at these clinics?

Hon. Mr. Merriman: — I'll go through what are preliminary staffing, and again this is fluid as these urgent care centres are fairly unique. What we would have is obviously a manager, registered nurses, registered psychiatric nurses, security, environmental services, medical lab techs, registration clerks,

nurse educators, medical imaging techs, assessors, and unit support workers would be . . . that are budgeted for these, both of these urgent care centres. And again, if we need to flex that one way or the other, we have the ability to do that. But we want to have a full complement of staff to be able to support any individuals that are accessing that urgent care centre.

Ms. Mowat: — So I didn't hear nurse practitioners on the list. Is that correct for the time being?

Hon. Mr. Merriman: — Yeah, this is just a preliminary. As I said, it's flexible, so just because they're not on there doesn't mean that we could look at incorporating nurse practitioners into those positions. But right now we're trying to just get a staff in there that would be able to meet the needs of what we're expecting in those urgent care centres.

But if it needs to evolve into a different direction and we need to bring other staff in, we'll certainly look at that. But this is what we've got scheduled right now for our urgent care centres. So just because somebody isn't on the list doesn't mean that they couldn't be working at that urgent care centre in the future.

Ms. Mowat: — And in terms of equipment at the urgent care centres in order to be able to diagnose, can you list off what equipment these facilities will have? You know, lab, CT [computerized tomography], ultrasound, X-ray, you know, many of those things that will allow the primary care provider to provide a diagnosis in a timely fashion.

[20:45]

Hon. Mr. Merriman: — Sorry. We'll go through that. I know we're running out of time, Mr. Chair.

We have non-salary costs of supplies, drugs, radiology, utilities, information technology. Obviously we need the IT [information technology] in there. And again we're going to be able to fill it up with what we need based on some recommendations from both our management and our clinical. Sorry, you had one follow-up?

Ms. Mowat: — I just wanted to follow up on the previous request and find out whether officials were able to provide that list that I had asked for, yeah.

Hon. Mr. Merriman: — I've just been informed that we do have it in an electronic form. It's a very lengthy document, so I can email it to the Chair and copy you on that right away. But it's a fairly lengthy, detailed document so we didn't have time to get a printed copy. But we'll get an electronic copy sent to the committee and to you, Ms. Mowat.

Ms. Mowat: — Perfect. Thank you very much, Minister.

The Chair: — Thank you, Minister Merriman and Ms. Mowat. Having reached the agreed time for consideration of the estimates, we will adjourn consideration of the estimates and supplementary estimates no. 2 for the Ministry of Health.

I'd like to thank both ministers, Merriman and Hindley, for attending tonight, as well as Ms. Mowat, and as well as the rest of the committee. At this time we will now begin consideration of Bill 120. Or I guess before we do that, do you have any closing comments, Minister Merriman?

Hon. Mr. Merriman: — Yeah. Thanks, Mr. Chair. I want to thank Ms. Mowat and Mr. Love who was in here occasionally talking with Minister Hindley. I thank Tracey Smith and my assistant deputy ministers as well; the staff; the committee; you, Mr. Chair; Hansard. Thank you very much. Appreciate everybody's time. It's been 10 hours. And if I don't see everybody, I wish everybody a happy Easter season and appreciate you taking time away from your families in the last three nights to be able to go through this very important process.

With that, I'll maybe turn it over to Minister Hindley.

Hon. Mr. Hindley: — Sure. Thanks, Minister. Just to echo his comments, thanks to the committee for being here for the past three nights and for the questions from Ms. Mowat and Mr. Love. I appreciate the questions, and of course to Minister Merriman's comments, as well to the officials for being here not just this evening but each and every day supporting us from the ministry and the SHA and the good work that is being done for health care across Saskatchewan. So thank you.

Hon. Mr. Merriman: — Sorry, just one last thing. If you — just to let my officials go — if you don't have anything pertaining to this specific bill, take off. Go home and see your families, very much please and thank you for your time. I don't need you to stick around while we go through this bill, so thank you very much for your time. I appreciate it, guys. Take care.

Ms. Mowat?

The Chair: — Ms. Mowat, do you have any closing comments?

Ms. Mowat: — Yeah, thank you to the ministers as well. I do appreciate them and all the staff, and I think it is quite impactful that they're both here for the duration of the committee, so I do appreciate that. There, I know, are so many areas of overlap and it's hard to know for us to silo our work as well, so I can only imagine what that's like at the ministry level. So great appreciation for that, for, you know, answering questions as quickly as possible. And thanks to the committee members as well and everyone who makes this place run.

The Chair: — Terrific. Thank you, Ms. Mowat. And this is going to be a fairly lengthy bill so we're going to get right into it.

Bill No. 120 — *The Miscellaneous Statutes (Health Professions) Amendment Act, 2022*

Clause 1-1

The Chair: — So we're now going to begin consideration of Bill No. 120, *The Miscellaneous Statutes (Health Professions) Amendment Act, 2022*, clause 1, short title. Minister Merriman, please introduce any officials that you'd like and make your opening remarks.

Hon. Mr. Merriman: — Thank you very much, Mr. Chair. Again I have the same officials: Tracey Smith, my deputy minister, and whoever is left and didn't take off is still here. I'll just make my comments very brief because it's been a long few

nights.

This was a piece of legislation that was brought forward to us by what is called NIRO, which is the network of interprofessional regulatory organizations. This was done in consultation with them to be able to have some umbrella legislation for our regulatory bodies.

This was something that is very much supported by all the regulatory bodies that were . . . and I believe . . . I'm just looking. I want to say there's 27 but I've got a lot of numbers running around in my head. There are 27 regulatory bodies. They are all in support of this. This is a very good tool to fulfill their legal mandate on public protection. They're very supportive of this. They actually presented us with this, and we were on board. We want to be able to strengthen them as much as we possibly can.

So I covered pretty much everything in my second reading speech. I'd be more than happy to answer any questions. But again, this was done with extensive consultation and unanimous support from all of our regulatory bodies. Thank you, Mr. Chair.

The Chair: — Thank you, Minister. I open the floor to any questions. Ms. Mowat.

Ms. Mowat: — Thank you, Mr. Chair. And we've had quite a bit of time to canvass this in the second reading speeches. I appreciate the minister's remarks as well, and we've had some time to chat with folks out there on their thoughts on this. Not hearing any significant concerns of any sort. This is something that was very much requested by the regulatory bodies, as the minister has indicated.

I think the main question that I heard is, why did it take so long for the bill to come forward? I understand that it was, you know, two or three years of requests. And you know, folks saw how quickly the government could act when they were motivated to do so when we saw Bill 81 come out. And that was the main concern I heard.

Hon. Mr. Merriman: — Well I would just . . . Again, we did this as quickly as possible. It has been a couple of challenging years in the health care system. This is an important piece of legislation. We want to get it . . . We want to be able to consult properly. And dealing with 27 regulatory bodies, we wanted to make sure that it was done properly. Also in a timely manner, understanding the importance of this.

We're here now, and we want to be able to move this on because this is again something that the regulatory bodies were asking for and that we were able to deliver on as far as priorities of different pieces of legislation. We brought this forward through the normal process of legislation through House business and were able to move on it very quickly. So as far as the timing of it, we were, from my perspective, we were moving on this very quickly. With everything else that is happening in the health care system, we were able to move this piece of important legislation along as fast as we could.

Ms. Mowat: — Given that criticism, I don't want to delay its passage in any way. Maybe just to note that I think one of the most important points that I received feedback on is that this legislation will allow regulatory bodies to continue their own investigations when members' conduct is potentially criminal in nature, whereas previously that had delayed the investigation. And I know that there were all kinds of concerns about public safety as a result of that. So I heard great feedback about that particular point and wanted to highlight that for anyone who's still following along at home.

The Chair: — Okay. With that being done, are there any more questions or comments from any committee members? Seeing none, we will proceed to voting on the clauses. Again want to thank Minister Merriman and Minister Hindley for being here tonight. If you have any other closing comments, you're more than welcome to make them now, but it doesn't look like it's going to be that way. Ms. Mowat, you probably don't have any either? Okay.

Time to get straight to business. Any officials that are here, including the ministers, they can leave at this point if you so choose. We're into the voting stage. This bill has over 300 clauses. Is the committee in agreement that we review the bill by parts?

Some Hon. Members: — Agreed.

The Chair: — Agreed. Part 1, preliminary matters, clause 1-1, is that agreed?

Some Hon. Members: — Agreed.

The Chair: — Carried.

[Clause 1-1 agreed to.]

[Clauses 2-1 to 25-1 inclusive agreed to.]

[Schedules 1 to 5 inclusive agreed to.]

The Chair: — His Majesty, by and with the advice and consent of the Legislative Assembly of Saskatchewan, enacts as follows: *The Miscellaneous Statutes (Health Professions) Amendment Act, 2022*.

I would ask a member to move that we report Bill No. 120, *The Miscellaneous Statutes (Health Professions) Amendment Act, 2022* without amendment.

Mr. Nerlien: — I so move.

The Chair: — So moved by Mr. Nerlien. Is that agreed?

Some Hon. Members: — Agreed.

The Chair: — Carried. That concludes our business today. I would ask a member to move a motion of adjournment. Mr. Hargrave has moved. All agreed?

Some Hon. Members: — Agreed.

The Chair: — This committee stands adjourned to the call of the Chair.

[The committee adjourned at 21:15.]