Mr. Vice-Chairman: — Okay, we'll call the meeting to order then. The agenda's Health and Environment. Does anyone have any questions of the auditor or comptroller before we bring in the officials?

Mr. Neudorf: — Mr. Chairman, maybe I could initiate the procedures and direct a few questions to the auditor in regards to the 1987 auditor's report. I'm looking on page 65 of the auditor's report, and I notice that there have been about seven different areas picked out from the Department of Health and certain concerns expressed in each of them.

I guess at the conclusion of my questioning, which is not going to take very long, I just want to highlight a few of my concerns that I picked up as I went through it. I think what I will ask the auditor, if he considers this to be a fair question, if he could perhaps indicate, not necessarily a list by priorities of his concerns but maybe highlight the most particular concern that he kind of flagged for us, so that we can keep that in mind to pursue in the following year as a follow-up. Because we're very shortly going to be into the '88, and we could kind of see what kind of sequence of events have been developing and whether any progress has been made in the accountability of this department.

And with just that little bit of introduction, I want to turn to 13.02. You mention there that the controls — in 13.02:

> During the examination, it was observed that the Centre (which is the Parkland Regional Care Centre) has not established procedures for a periodic physical count of capital equipment.

I'm just wondering, what are you talking, when you're talking about this? Are you talking about the inventory, and if so, what type of inventory do you have in mind? Are we talking huge sums? Are we talking . . . I think this may have been addressed partly last time. I recall now that I'm talking about it that there was mention being made of needles and things like this, as opposed to desks.

Mr. Lutz: — Mr. Chairman, what this section is pointing out is that while they have a control of count to keep track of the dollar values of the assets capitalized, they have not on a periodic basis actually gone out and made sure those assets exist. It's an inventory count, if you will, of fixed assets. This is what is missing out of their system.

And a periodic count, I don't think we say you've got to count them every six months or every nine months or every year, as long as they go through this procedure to make sure that their assets are indeed existing and reconciling it to what they say in their records they have purchased and capitalized.

Mr. Neudorf: — Physically.

Mr. Lutz: — Yes, physical existence of assets.

Mr. Wolfe: — The major reason for doing that would be inventory control to see if there was slippage or loss from the inventory?

Mr. Lutz: — No, I'm not talking inventory as inventory of supplies. I'm talking about the inventory of capital assets which they have recorded in their records. I don't know just what their capital assets would include, but periodically they should know whether or not the assets they have recorded are in fact in existence, if they are still there. If they're not still there, or if they have been abandoned, or if they have been discarded, or if they have been written off, then your records should also have been appropriately adjusted to make sure that you can indeed reconcile between what I own and what I say I own.

Mr. Neudorf: — Capital assets as opposed to operating supplies?

Mr. Lutz: — Yes. Oh, supplies or expense when they buy them, perishables, consumables, they wouldn't show up in this problem at all because that's part of their expenditures.

Mr. Wolfe: — What would be the main value of knowing, let's say, that something is there to the accountability process?

Mr. Lutz: — Well in my Act I'm required to do certain things for the safeguarding of assets — I think that's the term they use in the Act. The Parkland regional centre, I would think, should be required to make sure that they, too, are protecting their physical assets simply by knowing they exist.

Mr. Wolfe: — So it would be, as I understand it, as far as the accountability process, is really determining whether or not something has disappeared.

Mr. Lutz: — Okay, if you want to put it that way, yes.

Mr. Neudorf: — If I could just go on down to the Saskatchewan Alcohol and Drug Abuse Commission on 13.06, you indicate that there was $3,150 collected for out-of-province patients and also another 44,503 collected for seminar and conference fees, for a total of, as 13.07 indicates, $47,203 had been collected without appropriate authority. Where does this leave the department as far as collecting sums that they have not had . . . generally, I guess, what we're doing here is dealing with expenditures not without due authority, and so on, and now we seem to have to turn the tables here and the department is collecting money inappropriately.

Mr. Lutz: — Mr. Chairman, we are dealing with authorizations:

> . . . the commission may: . . .
>
> (f) with the approval of the Lieutenant Governor in Council . . .

By order in council they may have their rates approved to collect these amounts.

Incidentally, I would like to point out to the members that 13.06 contains a $450 transposition. If you add the 3,150 plus the second amount, it doesn't add, for all of our editing. The larger amount should be 44,053. And 44,053

plus 3,150, is now 47,203. And don't ask me how many times we edited that thing.

Mr. Chairman, the regulations have since been amended to authorize them to charge these fees.

Mr. Wolfe: — The situation is then corrected?

Mr. Neudorf: — The regulations have been amended, did you say?

Mr. Lutz: — Yes, in accordance with the Lieutenant Governor's order which says, yes, you may charge those things.

Mr. Neudorf: — So that will then be an ongoing process legally constituted until such time as the regulations are once more altered.

Mr. Lutz: — They are required to have an order in council every time they change the amounts they're charging for these things, yes.

Mr. Neudorf: — On page 66 I want to turn to 13.12, under the Saskatchewan MCIC (medical care insurance commission), where the comment is made that:

> During the audit it was observed that the Commission did not ratify the rate changes . . . to make payments to members of these two associations during . . . 1986/87 . . .

And I assume that the two associations referred to are the college of dental surgeons and the chiropractor's association on the number prior to this. So you say:

> As a result, all payments made at rates in excess of the rates approved by the Commission . . . were not properly authorized.

Is that considered to be an overdraft?

Mr. Lutz: — No, no. No, this is something else again.

Mr. Neudorf: — Yes. All right.

Mr. Lutz: — In the previous case we talked about requiring the approval of the Lieutenant Governor in Council to change their rates to charge these amounts. In this instance, it requires a decision by the commission to change the rates that they're paying. And in this instance they did not have the rates ratified by the Medical Care Insurance Commission, which is required by law.

Mr. Neudorf: — Has that been fixed up?

Mr. Lutz: — Yes.

Mr. Neudorf: — It has?

Mr. Lutz: — Yes. The rates have subsequently been ratified.

Mr. Neudorf: — I just referred to overdraft a little while ago. And I guess under Saskatchewan prescription drug plan you also indicate on a number of the points there that there have been overdrafts, the largest one being 1.2 million on July 31, '86. Overdrafts are unauthorized borrowings. Is that a correct assumption?

Mr. Lutz: —That's right. Section 41 of The Department of Finance Act precludes running an overdraft unless you do get special authority to do so.

Mr. Neudorf: — Is that an ongoing problem with overdrafts?

Mr. Lutz: — It was with the prescription drug fund for a while, but they now have authority to run overdrafts. So I think to this degree they have corrected the problem.

Mr. Wolfe: — When they're given the authority to have an overdraft, is there a limit to that overdraft usually, or . . .

Mr. Lutz: — You'll have to ask Mr. Kraus this one, Mr. Wolfe, I'm sorry.

I would say to you, I guess, that an overdraft should never be sufficient that it can risk your appropriation. In other words, if you have been appropriated this many dollars to operate, you could not run an overdraft over and above that appropriation or you have just risked your appropriation.

Mr. Wolfe: — The risk to the appropriation . . . I guess I'm not clear on that, sir.

Mr. Lutz: — If the appropriation permitted you to spend $5 million and you suddenly had an overdraft of six, you just lost your appropriation plus a million debt.

Mr. Wolfe: — How do you lose the appropriation?

Mr. Lutz: — You overspent your appropriation.

Mr. Wolfe: — Okay, so that's the risk you run.

Mr. Lutz: — That's right. So if you don't put your . . . I would presume Mr. Kraus can tell you that you're not allowed to put your appropriation at risk by borrowing through overdraft, but he would have to maybe explain how they control that from the finance end, because it is a section of the Finance Act which we quote here as being.

Mr. Wolfe: — I'm just curious how something like Health can have an appropriation that doesn't run the risk, because it's an open system. We encourage that all people use the drug plan, we encourage that all people use the health system, and we certainly don't try to keep them from doing that.

Mr. Lutz: — Mr. Chairman, what I said was they now have authority to run an overdraft. The limits, I think, would have to be set by Finance.

Mr. Kraus: — Yes, that's right. The limits are set by the treasury and debt people, and as I understand it they try to set a maximum that they would allow anybody to overdraft a maximum amount. And they also say in the policy, or the terms, that they're not supposed to exceed their appropriation as well, that they'll give them a limit

that they can overdraft. At the same time the agency's supposed to be aware of how much money they have for the year and they should never . . . It's of concern at the year-end that that's what the problem is.

It's just a problem for a few agencies. The MCIC . . . or this medical care insurance fund is just one of those agencies that from time to time has difficulty getting reimbursed or having sufficient cash from the main account of the province. It's been looked at, and without going into any details, quite a bit of effort's been exerted to try and eliminate the problem, but they can't eliminate it completely or it cannot be eliminated completely. That's why they finally had to agree to give them some leeway on overdrafting, but within certain parameters.

Mr. Wolfe: — And those kinds of parameters would be the appropriation as the main parameters?

Mr. Kraus: — Well the way it's supposed to work is that you have an upper limit. Maybe you can overdraft up to a million dollars in their case, as they spend a lot of money, but on the other hand, their spending shouldn't exceed the total appropriation for the year. That's the way it's supposed to work.

Mr. Wolfe: — I'm curious, with the appropriations, it's a monthly basis that the appropriations are made?

Mr. Kraus: — No, they have an appropriation for the whole . . .

Mr. Wolfe: — For the whole year?

Mr. Kraus: — However they're not necessarily being given all their cash that they have to spend. Obviously their cash is provided to them on a periodic basis.

Mr. Wolfe: — I see. But this kind of situation is almost unavoidable with something like Health?

Mr. Kraus: — In this particular fund it is. It isn't unavoidable in some cases, Mr. Wolfe, but in this one it's difficult . . .

Mr. Wolfe: — It would be extremely difficult to get a handle on it?

Mr. Lutz: — I think in a program like this there will be peaks and valleys in your expenditure track, and I suspect that the way this program must operate, you can't avoid those. So, you know, I have no problem with them saying yes, you may run an overdraft, because I think it eases the way they administer their program.

Mr. Wolfe: — So as long as it's clearly stated that the department can run an overdraft, then you're satisfied?

Mr. Lutz: — Oh, if it's approved, yes, I have no problem with that. It's authorizations. And as long as the administrators of this fund are aware on a monthly basis how much money is still available in their vote, which comes to them from Mr. Kraus, then there's no problem. But if we got down to, say, February when there was, using a number, 2 million left in their unexpended appropriation and they suddenly ran an overdraft of 3 million, now I'm into next year. Now I'm going to damage my next year's appropriation because I just spent more than the legislature told me I could spend.

Mr. Wolfe: — So if you were in a situation like that, what would be the suggestion? I mean, it's money that we have to spend.

Mr. Lutz: — Oh, I guess I could ask Mr. Kraus to answer this, but I'll give it a shot. They would then make application, if the House is not in session, for a special warrant, when they know that they are going to, in fact they may indeed have, through overdraft overspent, then I think they get a special warrant so at the end of the year they haven't overspent.

Mr. Wolfe: — I see.

Mr. Vice-Chairman: — Excuse me. Can you two guys in the corner there hold it down a bit?

A Member: — Sorry.

Mr. Vice-Chairman: — It's carrying and, I don't know, maybe you don't want your conversation on transcript or something here. Co ahead. Are you finished?

Mr. Lutz: — Mr. Chairman, thank you, I'm finished.

Mr. Vice-Chairman: — Question?

Mr. Neudorf: — I'm not sure whether my other colleagues have any more questions of the auditor, but perhaps this would be an appropriate time for me to go back to my initial comment when I asked the auditor to give some thought to what he would consider to be one of the main problems and kind of highlight it or flag it for us, for the Department of Health here.

Mr. Lutz: — Mr. Chairman, we don't necessarily consider any one of these things much more important than any other thing. I'm required to report those cases where there's been non-compliance. I'm required to report those cases where funds were used for a purpose not approved by the legislature. I just report these things. I don't try to priorize them and say, this is number one and this is number two. I report things to the members, and I guess the members decide what's important and what isn't important.

Mr. Neudorf: — I guess what I'm trying to get at is the fact that if there's been something that you have been reporting, as there have been in other instances, on a number of successive years where the same problem crops up. Now I recognize that sometimes the problems may only deal with hundreds of dollars, and then some of the problems may deal with literally millions of dollars, and this is what I had in my mind.

Mr. Lutz: — Mr. Chairman, thank you, Mr. Neudorf, I think I know where you're coming from. If we have a recurring problem, we don't necessarily say this is number one priority, but we will report to you in here that this matter was reported last year. And again, it's up to the members to decide what is or is not important. It's not for me to judge. I will tell you if I reported this last year or I've

reported for several years. I will do that, which then, I guess, it's up to the members to decide how much importance you wish to attach to any one item.

Mr. Neudorf: — That's fair enough.

Mr. Wolfe: — I'm curious, if there's a matter and it is important, in the course of your work throughout the year, let's say, the '86-87 business is over and you're into the process of doing '87-88 with regard to Health, would you bring mention to that immediately to the department people so that they could correct it if they hadn't corrected it?

Mr. Lutz: — It is an ongoing procedure when we do an audit of Health or any one of these segments of Health. When our audit is finished, we send to the department or the commission or whatever these are, a management letter where we make to them our observations known. We make known to them our observations and we make our comments to them. We invite them to respond and tell us whether or not they agree.

And in this manner the department is apprised of what we're doing in a year, whenever we get that audit done. It might be July, it might be September, but we do write them a letter and we tell them what we found. We delineate for them our observations. We tell them where we think they have contravened the law or exceeded their appropriation or applied funds as the case may be. And there's numerous cases.

There's certain others where we may have nothing to report. In that event, I don't think we even send them a management letter. We're done. We're finished.

Mr. Wolfe: — It would be a once-a-year process, once a year?

Mr. Lutz: — Generally yes, for each segment. But when we report on Parkland, a copy of that management letter will go to the Parkland administrators. It will also go to the deputy minister of Health. It will also go to the deputy minister of Finance. There's a fairly wide distribution of our management letters, the idea being we don't want to surprise people, neither do we want to be surprised.

So we keep them advised when . . . and I encourage my people to do that management letter quickly. You know, when your audit's finished, you've finalized the file, write the letter so that they know what we have observed and they know where we're coming from, and it gives them a chance to respond.

Mr. Wolfe: — Thank you.

Mr. Vice-Chairman: — Are we ready for the officials?

Public Hearing: **Department of Health**

Mr. Vice-Chairman: — I'm the new chairman here today, so I'm going to have to read what the chairman normally reads. I'll have to read from his transcript so I don't make a mistake.

First of all I guess, in procedure here, it'd be awful polite if we let you introduce all your people or officials.

Mr. Loewen: — I'm George Loewen, the associate deputy minister, and I extend apologies from our deputy minister Stan Sojonky, who is ill today and not able to be here.

With me at the table is David Babiuk, the associate deputy minister; Mike Shaw, associate deputy minister; and Kathy Langlois, executive director of our finance and administration branch.

And in the back row we have Velma Geddes, manager of accounting; Shirley Hutchinson, assistant budget officer; Duncan Fisher, director of our special care homes; Lawrence Krahn, who is executive director of the medical care insurance branch; and Dr. Roy West, associate deputy minister.

Mr. Vice-Chairman: — Okay. I'll just read into the record for your information which the chairman normally reads in. I'd like to make you aware that when you're appearing as a witness before a legislative committee, your testimony is privileged in the sense that it cannot be the subject of a libel action or any criminal proceedings against you. However, what you do say is published in the minutes and verbatim report of this committee and therefore is freely available as a public document, and you are required, therefore, to answer questions put to you by the committee.

Where a member or the committee requests written information of your department, I ask that 20 copies be submitted to the committee Clerk, who will distribute the document and record it as a tabled document. And I would ask you and the members of the committee to address all comments to the Chair.

And then I guess I'll open the floor for questions.

Mr. Neudorf: — Thank you, Mr. Chairman. I welcome the officials from the Department of Health here. I see you're a very fine, healthy looking bunch this morning, except for the fellow in the back there with a broken arm and his arm in a sling — an unfortunate thing to happen at any time, I suppose, but particularly during spring and summer. So you have our condolences there.

I'd like to ask a few questions. I have two basic sets of questions, one dealing directly with the appropriations in volume 3 of the *Public Accounts* for '86-87, and another set of questions that I could deal with perhaps after, toward the end.

I'd like to turn to page 3 of the *Public Accounts* for '86-87, in volume 3, where we have a summary of revenue and expenditures for the combined funds for the province of Saskatchewan. And turning specifically to Health, I notice that the actual expenditures in 1987 were 1.165 millions of dollars, whereas in 1986 the actual expenditures were 1.087 . . . 67, pardon me, millions of dollars of actual expenditures. Are my calculations correct if I say that that is about $98 million more from . . . in '87 than were spent in '86?

Mr. Loewen: —That's correct.

Mr. Neudorf: — And that would then take the . . . that's the major difference then between the two years in spending and what the Department of Health spent, more in '87 than in '88.

I suppose I could ask the question, where was it spent more in? but that's probably broken down into very, very different departments across the board, so perhaps we'll be able to analyse that as we go through the various facets and areas of the department.

One thing that I noticed on page 6 of the Consolidated Fund — I just want to spend a moment on the Consolidated Fund — my curiosity was aroused by a couple of items under Health where we have the health capital fund, and I notice that the actual expenditures and the revised estimates and the original estimates for '87 indicate no expenditures whatsoever; however, in the year of '86, let's just stick with the actual, there was almost $7,000 spent in '86, and yet we're talking about health capital fund and there's been an expenditure of less than $7,000. That . . .

A Member: — Six million.

Mr. Neudorf: — Oh, these are millions?

A Member: — Millions, yes.

Mr. Neudorf: — These are millions, right. What would that have been appropriated for and spent on? I guess what has really twigged my curiosity here is that we have this spending in '86 but we have nothing in '87 and I . . .

Mr. Shaw: — In 1986-87 the Department of Health spent approximately $74 million on capital expenditures in the health care sector. The reason that the Public Accounts indicate no expenditure is that this is the year that financing through the Saskatchewan Property Management Corporation for health capital expenditure was fully implemented, so that although the expenditure has been made, it does not show up as an expense for this particular year.

A Member: — But through the other department. Okay. Thanks.

Mr. Wolfe: —Actually there's been more money spent in the Department of Health than what the record shows, not by the Department of Health but more money spent on health. I want the record . . . (inaudible) . . .

Mr. Shaw: — The budgetary expenditures do not indicate the total amount spent in health care in 1986-87, and what it doesn't indicate is the amount spent on health capital which, as I said, a total of approximately $70.9 million.

A Member: — Thank you.

Mr. Neudorf: — So really what we could do is add that to the 1.1 that we were talking about before if we wanted to get a total picture of health spending directly or indirectly by the Department of Health.

Mr. Shaw: — If you wanted to give a total cash flow, you would add those two numbers.

Mr. Neudorf: — Okay. Thank you.

Well let's just go one step down further into the health for the patient care fund. I notice that we have 18.2 actual '87, and again, for the same reason as I indicated before, I notice that in '86 there was no spending at all in this particular category.

Mr. Loewen: — I'll ask Mr. Babiuk to speak to that.

Mr. Babiuk: — For '86-87, Mr. Chairman, a total of $18.4 million was allocated for the patient care fund with an expenditure of $18,246 million. It was broken down between hospitals and special care homes. That was a new initiative for '86-87.

Mr. Neudorf: — So that figure also has not been included in the previous total that I was talking about on page 3, the actual expenditures in 1987.

Mr. Shaw: — Yes, the patient care fund expenditures are included . . .

Mr. Neudorf: — They are included.

Mr. Shaw: — . . . in actual '86-87 budgetary expenditures.

Mr. Neudorf: — Okay. Thank you. If I could, Mr. Chairman, I'd like to turn to page 190 on Health under general administration. That would be about subvote 1.1 notice that there is a section at the beginning which says, MLA other allowances and support staff, for 199,000. Could you indicate to me how MLAs get involved in an expenditure of the Department of Health. What would that be about?

Mr. Loewen: — That particular expenditure represents the various staff that are associated with our Minister of Health's office. So they are expenditures associated with the staff of the minister's office.

Mr. Neudorf: — And MLAs performing functions of a staff?

Mr. Loewen: — No, none of that $ 199,000 would be paid to a minister. All of it represents the salaries of the minister's office staff. I'm not sure of the accounting principles involved here, but simply that part of the salary component, those salaries are charged to the minister's office appropriation.

Mr. Neudorf: — Why the terminology? Mr. Kraus, you want . . .

Mr. Kraus: — I cannot tell you exactly, Mr. Chairman, but I suspect that the MLA term has been used because the minister is an MLA, and the thinking has been to simply identify it as spending that's associated with a member of the legislature, minister or otherwise. But there's no intent that it's to represent expenditures on behalf of the MLA.

Mr. Neudorf: — Well this is why I was asking the question, because I found it confusing in being involved

with the Department of Health as kind of intricately, I was wondering who was getting money out of this department as an MLA.

Mr. Kraus: — It's a common term. It's a term that's used throughout the *Public Accounts* volume and your point's well taken. Perhaps we should give consideration to using the term, ministerial, or something like that, as opposed to MLA. I'll take that under consideration.

Mr. Neudorf: — Yes, I think that would be less confusing than it was to me, but now that I've been informed, of course I won't make that error in judgement again.

If I could turn to page 195, and on page 195 I refer you specifically to grants to hospitals under The Hospital Revenue Act. And I notice we have a list of approximately 18 to 20 hospitals that have had grants given to them under The Hospital Revenue Act. And there are hospitals like La Ronge, Moose Jaw Union, Wakaw Union, and so on.

Then I start thinking about my own constituency, and I know that I have the Rosthern Union Hospital in my constituency, and I see that they're not here. Why . . . not why, but how do some hospitals get grants and others not? Is it through application on their part, is it operating, or what?

Mr. Loewen: — The Hospital Revenue Act is a piece of legislation that was passed in the 1960s, and its purpose was to levy a tax on areas of the province that were not, at that point in time, part of a union hospital district. Little over a hundred of our hospitals are in union hospital districts, and there is a taxing provision under The Union Hospital Act where those boards can tax, as their needs arise, on those particular areas.

In addition, there were some towns, villages, and municipalities that were not part of a union hospital district. Many of them were around the religious hospitals. For instance, the area around Melville would not have been part of a union hospital district because there was a religious hospital in that community. So what that Act was designed to do was levy a two mill levy across those towns and municipalities that were not part of a union hospital district.

Included in the Act then was a fairly complicated formula that provided for the distribution of those funds. And the basis of the formula was to see that the money went back to those hospitals that provided most of the service to that community. So in the case of the rural municipality around Melville, most of their two mill levy would have gone back to St. Peter's Hospital in Melville, and I'll explain in a moment why it's not on this list. I used a bad example. But where they were not part of a union hospital district, and they did not choose to enter into a local agreement, then the two mills came to the government, and by that formula we distribute it back to municipalities that provide . . . to hospitals that provide a service to the residents of that municipality.

Now the local municipality — and here's where Melville does come back in — had a choice of entering into an agreement with their local hospital. If they didn't want to see the money come in to us and be distributed then back to three or four hospitals in the region, they had an option of entering into an agreement with the local hospital to pay the two mills directly to that hospital. And so that's what has happened in some of the areas of the province, and that's why this . . . the amount of money that's administered under this grant and the number of hospitals that benefit from it has been gradually reducing as local agreements were developed.

Mr. Neudorf: — Thank you, Mr. Loewen. I think you allayed my main concern which was obviously that some hospitals were getting something that others were not, but . . . So if I understand you correctly, what you're telling me is that the Rosthern Union Hospital would have been levying its own mill rate to accommodate the funding for their local hospital, whereas these others are actually letting the department through a departmental legislation . . . through legislation . . .

Mr. Loewen: — That's correct, because they had no power in themselves to levy.

Mr. Neudorf: — Right. And what you're doing here is just redistributing the funds from where they came, is what you're saying.

Mr. Loewen: — That's correct.

Mr. Wolfe: — I'm just curious about the local people. Let's say that they're in an area that aren't part of a union hospital district; how do they go about saying where their money might be spent, or where it should be spent?

Mr. Loewen: — By entering into local agreements is . . . (inaudible) . . .

Mr. Wolfe: — So it would have to be a vote of ratepayers. Would they do that?

Mr. Loewen: — No, it did not require . . . the Act does not require a vote of the ratepayers. It simply requires that the governing body, the municipal council or town council, has the authority to enter into such agreements locally.

Mr. Wolfe: — So they could enter into the local agreement, and if there wasn't a local agreement, then it would go to the province, and the province would make the decision of where the money would go.

Mr. Loewen: — That's correct.

Mr. Wolfe: — Would the local people, would the local ratepayers have a say if the local board hadn't decided where that money should be spent?

Mr. Loewen: — No, they would not. The formula provided in the Act allows for distribution of the money up to a maximum of four hospitals — it's either three or four, but I think a maximum of four hospitals — so that if your people were going to a wide array of hospitals, we would just pick those four hospitals that served the majority of them and then divide the two mills up in that fashion. If the majority of the people only went to one or two hospitals, then obviously it would be divided in that fashion.

But our experience in most of the communities is that because of travel and other reasons, there's a fairly wide distribution of hospitals that may provide service to a particular community. But the formula in the Act provided that those hospitals that were providing the majority of services would benefit from the levy.

Mr. Wolfe: — I'm curious, and maybe you could just check — you don't have to get back to me now, but sometime in the future — about rural municipality no. 43. As I understand it, there was a portion of that municipality that wasn't in a union hospital district. I'm just curious if and where those moneys might be going. Thank you.

Mr. Loewen: — Okay.

Mr. Neudorf: — Mr. Chairman, I just have one further area that I wanted to explore, and that was on page 202, subvote 54, where we are dealing with grants to special care facilities. We're talking about grants here, and two particular special care facilities caught my attention for obvious reasons, I think, if you know where they are. One is the Dalmeny Home for the Aged and the other is the Rosthern Mennonite Home for the Aged.

I notice that the Dalmeny Home for the Aged received grants in excess of $394,000, and the Rosthern Mennonite Home for the Aged received grants for less than half of that of $164,000. Now knowing a little bit about both of those homes for the aged, and they're relatively of the same size and, I believe, the same level of care, why would one have less than half of the other? What kind of arrangements have you got there?

Mr. Loewen: — Mr. Chairman, we're not able to give a detailed answer to that today in the sense that we don't have the budgets for those facilities here. The general purpose or explanation for the difference would be related to the levels of care that the facility is providing and the number of beds that are in that particular facility. Those are the two guiding factors in how the budgets for each of these nursing homes would be determined.

Mr. Neudorf: — Oh, all right, well that throws a little bit of a different light on it. Then I guess what I could go is go over to another institution in Rosthern which is the Mennonite Nursing Homes Inc. They received a grant of $1,171 million. So what you're saying then is that the Mennonite Home for the Aged has only got levels 1, 2, and possible some 3's, whereas the Mennonite Nursing Home has the . . . not the acute care but the heavy care of level 4 in it, and therefore they get more funding, based on the formula of the level of care?

Mr. Loewen: — I wouldn't want to make guesses here at the levels of care in each facility. I'd be happy to provide you with that information, but that would be the major reason; that, along with the number of beds in the facility that we're funding, would be the major reason for differences in funding levels.

Mr. Neudorf: — Okay. Harold wants to get in here.

Mr. Martens: — So that if you had a nursing home — I've got two of them in Herbert and one is a . . . let's take the nursing home. The patients that are in there may be receiving level 3 or level 4 care. So that the grant then would be based on the patient, and then they would have to remit that to you and then you'd pay them out on that basis.

Mr. Loewen: — It's based on the estimated average patient mix in that facility throughout the year. We don't determine it on an individual patient basis, but on what we estimate will be the average mix between levels 2, 3, and 4 of patients in that facility during the year. And obviously as you move towards level 4, then the nursing staff and other costs go higher, and that's reflected in the budget.

Mr. Neudorf: — Well, all right. I'd like to get back to another town in my area, and that's the town of Warman. We have the Warman Mennoniten Altenheim — now Altenheim, of course, is an old-age home as well — and they received approximately $140,000. That would be based on the same premise that we've been discussing so far, the fact that it's not a real heavy care facility, and therefore the funding is less than I would have imagined.

Mr. Loewen: — Yes, that's correct, and in fact I'm advised that in the Warman home there are some level 1 patients in that facility whom we wouldn't pay any grant towards. That level of care is not insured, so the individual would pay . . .

Mr. Neudorf: — When you say you don't pay any grants toward them, are you talking about the physical body of them existing, or are you also talking about the facilities and the rooms that . . . do you deduct the number of rooms of these people then from your grant, Because it has so and so many rooms, and I thought the structure was accordingly?

Mr. Loewen: — The level 1 charges, we would expect the home to set that charge at a reasonable level to recover its . . .

Mr. Neudorf: — In lieu of grants?

Mr. Loewen: — . . . direct costs of providing that service. Then that revenue becomes an offset against the grant that we provide, so that what we're providing here is a net of the costs after they have accounted for charges to those patients and a standard room charge to other patients.

Mr. Neudorf: — All right. That addresses a concern that I would have in the fact the Altenheim would actually have less money coming in and less money to work with. But they can recoup that through a direct charge to the resident.

Are we talking — when we're talking grants here — are we talking operating grants? What kind of grants are we talking?

Mr. Loewen: — Yes, these are operating grants.

Mr. Neudorf: — Now, is this the only funding then that the Altenheim got during that year under review, '86-87?

Mr. Loewen: — No, because it also has revenues from

patients, both the standard room charge for level 2, 3, and 4 patients, and then the full monthly charge that they would levy against level 1 patients.

Mr. Neudorf: — So if I'm . . . what I'm getting at is that I know that there has been construction going on at that place. Where would the funding have come from? Would it have come from a different appropriation than this?

Mr. Loewen: — That's correct.

Mr. Neudorf: — That's it.

Mr. Wolfe: — I'm just curious about accountability process at the local level and the tendering process that's suggested by the department with regard to renovations, let's say, in a nursing home. Is there a set of guide-lines that the local boards are advised to follow?

Mr. Babiuk: — Mr. Chairman, on renovation projects in special care homes, homes are required to get three bids on construction and go with the lowest bid.

Mr. Wolfe: — Is that dictated in the law or in the Act? Is that government policy or department policy?

Mr. Babiuk: — It's construction guide-lines that the Department of Health, special care homes division, have in place.

Mr. Wolfe: — And that's for renovations. Now does it matter where that money comes from for the renovations? Let's say we've got an addition onto a special care home and the addition might cost $200,000. I understand that something like that must be tendered. But let's take the smaller renovation, let's say, new carpeting or new tile, those kind of things — or new windows. Do those have to be tendered?

Mr. Babiuk: — Mr. Chairman, the cost sharing on the project is 50-50 between the government and the special care home. On the smaller projects it would be up to the board to determine whether or not it made sense to go on a tendered basis, selecting the lowest of three bids.

Mr. Wolfe: — The reason I'm asking the question is I've had concerns raised to me in the past about those kinds of renovations and the lack of tendering at the local level. I was wondering if someone might have a suggestion of how we could improve upon that for the benefit of the public to see that the money spent is spent properly and that there's no confusion in the public about how that money's being spent.

As I understand it, even if it wasn't a major renovation, it's still basically the province's money, or a majority of it is the province's money. I was wondering if you had some suggestions about how we might do that and do it better.

Mr. Babiuk: — Mr. Chairman, the experience to date suggests that the homes feel our construction process is quite rigorous, the guide-lines that we have in place. What we could do would be to establish a dollar value that projects, renovation projects less than $5,000 or what have you, would be up to the board to determine who receives the tender. Over that amount would be subject to our construction guide-line and would require three bids, and the lowest bid . . .

Mr. Wolfe: — Would that come in the form of department policy, or how might I, let's say, initiate that process?

Mr. Babiuk: — That would be a department policy.

Mr. Wolfe: — So it would be at the minister's suggestion?

Mr. Babiuk: — Correct.

Mr. Wolfe: — Okay, thank you very much.

Mr. Martin: — Yes, I have several questions. A new contract was established to improve physician services in northern Saskatchewan in the year under review, 1986-1987. Why was a new contract required? What did it achieve as a result of that new contract, and did it involve more people, etc., etc., or provide more services?

Mr. Loewen: — Thank you. Mr. Chairman, the medical services in the north-west region of the province have been an area of concern, or had been an area of concern to the department for quite some time. And the region that I'm talking about stretches from Beauval and lle-a-la-Crosse north through Buffalo Narrows and La Loche and up to Uranium City and that region. And over . . . during the late '70s and early '80s there had been enormous turnover of physicians in those communities.

At one point it was estimated that the average length of stay for a physician in those communities was about four months, and it just wasn't satisfactory, either from our point of view or from the residents' of that region point of view.

And so we entered into discussions with the University of Saskatchewan to see whether they would become partners with us and with the federal government, who had an interest in this as well, in improving the stability of medical services to that entire region. And through a series of negotiations, we were able to strike an agreement to establish the northern medical services unit at the university, and its major function was to recruit and place and maintain physicians in those communities. It proved to be quite a successful venture from our point of view. It did result in, in that first year, a contract in the order of a million dollars, of which about two-thirds was paid by the province and about one-third by the federal government. And it resulted in us having seven physicians . . .

Mr. Martin: — What were the figures again?

Mr. Loewen: — About one million, with about two-thirds being paid by the province and about one-third by the federal government. You'll appreciate, the federal government's position was that medical services . . . medical fees are a provincial responsibility and we accepted that, but they did agree to fund some other components of the program, like housing support and a couple of research staff, that kind of thing.

So it was a joint venture where the university became much more actively involved in the medical services in

that region. We were then able to draw on all of the other expertise at the university, and it resulted in specialist visits being made to the North — that was part of the arrangement — out of Saskatoon, plus it stabilized the medical staff in those regions. In the initial agreement it provided three physicians at Uranium City and four physicians to cover lle-a-la-Crosse and Buffalo Narrows, and at that point in time we had another arrangement to cover medical services at La Loche.

Mr. Martin — Have you ever figured out — I'm sure you have — the cost per patient in northern Saskatchewan? What are there, 12,000 people up there or something? You know, it must be just enormous compared to the city, and not that it shouldn't be, but what was . . . you mentioned the figure was . . . what was the figure you mentioned?

Mr. Loewen: — It was $1 million, was the first contract.

Mr. Martin: — Just one million. Okay.

Mr. Loewen: — I don't have aggregate data on . . .

Mr. Martin: — That's all right, it's not important. I was really . . . I just want to get an understanding of why. It was the family practice unit in Saskatoon at the university, I think, or here and Saskatoon that you worked with, wasn't it?

Mr. Loewen: — That's correct.

Mr. Martin: — Now has that stabilized, and has it . . . I know I'm going to slide out of the year under review, but rather than ask it for '87-88, I'll just ask you, has it been a good program?

Mr. Loewen: — It's been an excellent program from our point of view, I think from the university's point of view, and certainly from the people in the North. It has created stability that we had not had.

Mr. Martin: — So what happened before, I gather, before you had the agreement, was that you'd bring the doctors in from anywhere, and you were, in a sense, through the university, were sending probably Saskatchewan boys into these areas who perhaps have a stronger commitment to the province. That was the philosophy and the result of it.

Mr. Loewen: — Yes. Prior to this agreement, the communities themselves were responsible for getting physicians, and you can appreciate how hard it might be for La Loche to go out and recruit a group of physicians to come and practise there, so we took over that responsibility.

Mr. Martin: — I want to get to drug and alcohol abuse in a moment, but I . . . a couple of other quick questions. Now there's a community therapy program established in 1986. What was that about? What did that accomplish, the community therapy program?

Mr. Loewen: — What the objective of that program was, was to bring more therapy services to rural Saskatchewan. And when I say therapy services, I'm speaking specifically of occupational therapists and physical therapists. We had had some concern, and the public had had some concern about the shortage of those services in rural Saskatchewan.

Plus, we were seeing an undesirable pattern developing where one community would go out and hire a therapist and have that service, and the neighbouring community wouldn't have any access to it. A nursing home might hire a therapist and no one else in the community would have access to it, that kind of thing. Plus, we had a report in 1985 that clearly indicated to us that this was an area that we should be pursuing.

So the community therapy was introduced with 20 staff in its first year to . . . and its focus was to deliver therapy services in three primary modes: one was some hands-on treatment where that . . . the presence of a therapist was required; quite a bit of teaching of hospital and nursing home and home care staff to give them some of the basic skills and understandings' that would be useful to them; and some education as well, in terms of preventing injuries.

Mr. Martin: — Just a comment, and it will apply to '86 as it might to any other year — '86-87. You know, a great many of our health care people come from rural Saskatchewan, small town, rural Saskatchewan, and from the farming community — doctors, nurses, etc., physiotherapists, occupational therapists, etc., etc., and I'm sure many of the officials involved in the Department of Health are from rural Saskatchewan one way or another.

I'm curious, and I'm always curious to ask some of the people who run the hospitals in the area, is why they don't recruit the local people a little better than they do. For instance, if George Loewen is a young boy from somewhere in Saskatchewan, rural Saskatchewan, goes to medical school or dental school or whatever it may be, physiotherapist, whatever, I wonder why the hospitals in those area don't do what, say, IBM would do or Xerox or any of those other . . . take young George out to lunch and make sure he has a job in the hospital in the summer-time, and make a fuss over him.

And I'm thinking more, not so much from the physician's point of view but, say, physiotherapists and occupational therapists because it's so difficult to get them to go to rural Saskatchewan. And even areas like Melfort, which you can hardly call rural Saskatchewan — it's a nice little city — and they have difficulty attracting them because everyone wants to go to the larger centres, you know, where all the action is. But it seems to me that if they were somehow or other encouraged at recruit, make a fuss over them, that they'd have more success with them.

And it just . . . I often wonder that when I hear the complaints from the hospitals, somehow or other, many of them expect somebody else to deliver that person to their hospital, when in fact I think it's their responsibility.

Mr. Loewen: — I agree with that, and I think hospitals are beginning to pay more heed to that particular responsibility. Hospitals are now beginning to think about offering bursaries to local people, and that's

something that they could have been doing for a long time. But it's hard to look two years ahead and say, if I spend some money today I'll recover that two years from now. And they haven't had that mind-set, but it is developing.

In addition, I think now in the spring when the physiotherapy class, for example, is nearing graduation at the university in Saskatoon, they have an employee or exhibit day, and my understanding that that is becoming very successful.

Mr. Martin: — Yes. I would be inclined, as administrator of a hospital, to go and take that person out to lunch the first year that they're there and make sure at Christmas-time that they're invited to the hospital to look around and that type of thing and make sure they have a job. I think a job in the summer-time is a strong commitment, and invariably the young people end up marrying somebody from the community anyway, and it makes it just that much more attractive.

I want to just quickly move on to . . . I don't want to tie you up too much here, but I wanted to talk about drug and alcohol abuse for a moment. Spent 10 million, and expenditure of 10.093 million on drug and alcohol abuse, at least a grant to the Saskatchewan Alcohol and Drug (Abuse) Commission, SADAC presumably. And I wanted to know how much money is that per person.

But really what I want to get to — and your officials could be thinking about this — is there much difference between what we pay, say, to the place out in Pine Lodge, or Pine Grove out in . . . no, no. Pine Lodge in Indian Head, or the new — formerly Frank Eliason (Centre) in '86 — but now the new centre that's being opened today in Saskatoon, say Heartview in North Dakota, etc., etc., is there much difference in how much we pay those units per person? And why would one be selected to go to one area and not to another area? Or can you answer those questions; is that your purview?

Mr. Loewen: — Yes, Mr. Chairman, I can deal with them in part, at least. The average cost of the in-patient units in Saskatchewan for alcohol and drug treatment would be in the order of 70 to $100 a day. The cost of going, for example, to Mandan in North Dakota, would be in the order of $200 a day or a little more. So it is definitely more expensive going there. Part of that of course is exchange, and part of that is that that's a different type of operation; it's essentially a private operation there.

The rationale for where one goes for treatment is entirely determined on an individual basis. There are those individuals who don't want to seek treatment in their own home community for personal reasons, and so they may seek treatment elsewhere. There are those who may have gone through treatment once or twice or more and not been successful, and at that point SADAC's objective is to consider other programs in the hope that someone else may be able to influence that individual more effectively than what has occurred in the past. And that's frequently the case when a decision is being made about a referral out of province. It's an individual who, for one reason or another, we have not been successful in solving the problem within the province.

Mr. Martin: — You have it . . . Yes, you might go from one treatment centre to another if you went back a second time because they do have different forms of treatment, don't they? I mean, in one area they treat so much, in another they treat so much, as I understand it — from what I hear at any rate.

Mr. Loewen: — Probably it's not so much different forms of treatment, although there would be some of that, but more importantly, just different personalities and different styles of tackling the issue. And as we all know, some approaches are effective in some circumstances and not so in others.

Mr. Martin: — In the year under review was . . . or perhaps this wouldn't be a decision by your department; maybe this would be a decision by SADAC, but because there is such a difference in the way people are treated in alcoholic and drug treatments centres: the length of stay, etc., etc., the confrontational aspect or the non-confrontational aspect; whether they have a family day; whether they have a family week, and this, that and the other thing; whether they're allowed to go out and all kinds of different things, has — and maybe this is a question I should be directing to SADAC . . . would have the answer I'm sure — has there ever been consideration, or was there any consideration in the year 1986-87 to having a consistency established, finding one that works better than all the others and going with that one rather than having this? And as I understand it, there's some disagreement among the various people in the treatment area — disagreement may be a mild word — as to the best way to do it.

Mr. Loewen: — Mr. Chairman, I won't be able to give a technical answer to that, but I'll give an answer as I hear it, sitting as a member of the SADAC board, that in fact it's important to continue to have some modifications and some differences in the form of treatment. The view is that ultimately you need to try those different approaches, and we hope we benefit from all of them in one way or another.

Mr. Martin: — And ultimately too, they will say that the drinking or the drugging is only 15 per cent of the problem anyway, that 85 per cent is living problems and therein lies the after-treatment and really, the big problem, or the big initiative.

Could we speak about that for a second, the after-treatment . . . what kinds of programs would have been in place in 1986-87 for after-care, other than AA (Alcoholics Anonymous), and you can't talk about that, particularly — which is an important aspect of it.

Mr. Loewen: — There were some regional services in place delivered by SADAC staff and some regional services in place provided by local alcohol and drug abuse societies. We concluded in 1986 that the level and quantity of those services was inadequate, and so as part of the Premier's initiatives in 1986 there was an expansion, both in the numbers of local alcohol and drug abuse societies that were funded, and an expansion in the resources that SADAC had to provide after-care as well within the communities.

Mr. Martin: — You talk about societies, alcohol and drug abuse societies. You're not talking about AA; they don't take public money. What would you be talking about?

Mr. Loewen: — These would be local non-profit groups that were established because there were people . . .

Mr. Martin: — Like PRIDE (Parent Resources Institute for Drug Education Inc.) or that sort of thing?

Mr. Loewen: — No. None of the PRIDE organizations were involved in this. These are . . . the local societies are organizations that have been set up by local people who have an interest in the problem to actually try to deliver services, and so they have funded staff. As part of the funding that they get from SADAC, they would . . . generally the grant allows for one or two staff who actually spend all of their time doing public education and doing some counselling and some after-care and some referral and dealing with the problem as best as it comes to their doorstep in that community.

Mr. Martin: — Would these be people who are trained in counselling?

Mr. Loewen: — The staff that they hire would be very much so. These are non-profit societies. They have to be set up as a non-profit society, with a local board as required under that Act, but then they hire professional staff, semi-professional staff at least, to run their operation.

Mr. Martin: — And would these counsellors then be supervised or under the . . . or supervised to some extent by the professional staff of SADAC, like a regional director, etc.?

Mr. Loewen: — "Supervised" would not be the correct word, in the sense that the staff would be directly responsible and reportable to the board that hired them, but certainly there was a very close . . . there is a very close link and liaison between those society staff and our own SADAC staff, and they work together quite a bit. And SADAC, of course, would also monitor the expenditures of those societies to ensure that they met our normal funding requirements and obligations.

Mr. Martin: — Okay. These then are the group of people who gather at the annual or the semi-annual meetings — and I'll just quickly move ahead a couple of years. I don't want to talk about it, but just remark that, like you had in Saskatoon recently where there are groups of people who come from all over the province — this is what you're talking about?

Mr. Loewen: — That's correct, Mr. Chairman. Annually SADAC holds what is called an interagency council meeting, and invited to that are representatives, both staff and board, from all of its funded agencies throughout the province.

Mr. Martin: — I'm glad I asked that question because now I finally understand what the interagency really was, and these are private organizations, right?

Has there been any . . . in the year under review, '86-87, was there any consideration given to a standardized counselling program? I know the University of Regina, and I think it may have even been that year that they initiated some kind of a . . . one of the professors over there initiated some kind of a . . . or had an initiative to establish . . . You know what I'm talking about.

Mr. Loewen: — Yes.

Mr. Martin: — Has that occurred at all? A standardized treatment.

Mr. Loewen: — It is developing very rapidly. I won't say that it's fully in place yet, but as you mentioned, there was an agreement with the University of Regina, that continues today to develop and deliver a training program for alcoholism counsellors there. In addition, the technical institute in Prince Albert has developed a counsellor training program, and that is operating.

The third part of that is that the counsellors themselves in the field are seeking to establish some form of licensing and accreditation for their membership, all of which will lead us toward some standardization.

Mr. Martin: — Then I suppose that it's not only inevitable, but it may even be desirable, I suppose.

Mr. Loewen: — Yes, certainly there's a view amongst the workers that they themselves would benefit, and their clients would benefit from raising the standards and from better training modules.

Mr. Martin: — Okay I think I've hit that one pretty hard. Just to ask a couple more questions. I know Dr. Wolfe has a couple of questions to ask you. What was the purpose of The Mental Health Act in 1986?

Mr. Loewen: — Mr. Chairman, the new Mental Health Services Act was introduced in 1986, or approved in 1986. It replaced an Act that had previously been enacted in 1961, so it was a fairly old Act that we were working under.

There had been a lot of developments take place, particularly in the area of human rights, and it was a very strong feeling — and as well as in our own organization and structure, changes had occurred — so that there was a feeling that we very much needed a new Act to reflect the new organization, the community delivery system that had evolved during that 25-year span, and to deal more adequately with some of the human rights concerns that we had around the old Act.

We, for example, didn't treat mental health patients the same as other hospital patients, and so one of the things that the Act did was give them equality in terms of hospital services. It provided for voluntary admissions within the Act, which was something that the previous Act simply did not have. So that it took away some of the physician control that was thought to be inappropriate in this day and age. So safeguards to protect the rights of persons were part of that Act.

In developing it there was an extensive series of

negotiations and consultations with both the patient interest groups and the professional and medical interest groups. And although it took a lot of negotiation, it did end up with an Act that was ahead of any other province at that point in time.

Mr. Martin: — And with any luck at all, it caught up to the times, because the times were ahead of it because it had been evolving over the years. Things that had been changing, not only in the treatment but in the people's attitudes towards it, and all the rest of it, and like people moving out into the community and all the rest of those sorts of things.

Mr. Loewen: — That's correct.

Mr. Martin: — . . . (inaudible) . . . caught up to what the good thinking was.

Okay, I have one more question, and that has to do with the number of physicians practising in Saskatchewan in the year under review? Was there an increase in this? We constantly hear criticism about doctors leaving the province, and in the year under review, what was the situation then?

Mr. Shaw: — Mr. Chairman, in the year under review over 1,100 doctors were practising medicine in Saskatchewan. That was an increase of 2.5 per cent in terms of numbers, 28 in fact, over the year previous, so that in 1986-87, 1,132 doctors were practising in Saskatchewan.

Mr. Martin: — Could you . . . Let me ask this, and it will put a problem that we're . . . not a problem, but it's a . . . something that's been brought to our attention today, but I don't think it's a problem. But say, go back to 1986-87, and that is opportunities for foreign physicians to practise . . . not necessarily to practise, but to intern and do, you know, speciality training in the province.

What was the situation like in 1986-87? And I don't really need the numbers, I just want to know what kind of a policy we have in place . . . had in place in '86-87, which is probably the same policy that we have today.

Mr. Shaw: — Mr. Chairman, there wasn't, as I understand it, any specific program in place to actively encourage out-of-country physicians to locate in Saskatchewan. There are numerous opportunities here, and I think individual health care institutions actively recruit nationally, as well as internationally, to meet their needs, and there are, I believe we could say that there are many opportunities for foreign physicians to come to Saskatchewan and to practise here.

Mr. Martin: — It's my understanding that the practice that is in place today is the same one that was in practice in '86, and also a way back in the '70s and the '60s. It's a . . . Saskatchewan, as I understand it, has traditionally been a little more generous with opportunities for foreign physicians or foreign interns than have other provinces. It's my understanding, if I may talk about just say, for instance today, with the permission of the House, or the Chair, for instance in any one year in Canada, over something like a thousand physicians are . . . graduate, young doctors graduate and looking for intern positions.

In addition, I'm not quite sure of the residency program which, as you know, follows the internship and — anywhere around a thousand — and as a consequence Canada has something like a thousand positions open, and this generally can flow by the College of Physicians and Surgeons, as well as the hospitals, etc. And the opportunities are then . . . there are in most places, except I guess Manitoba, no specific designations of four or fire for foreign; everybody just kind of applies and the foreign interns have as much opportunity as the Canadians, although one would suspect that the Canadians, because they trained here, might even have a better opportunity.

At any rate, not all the boys or girls that graduate from Canadian universities intern in Canada. Some go to the States to do their intern, which would open positions in Saskatchewan and Manitoba, Ontario hospitals, etc. And as a result of that, generally or traditionally, on the average, 12 to 15 foreign interns are interning in Saskatchewan in any one year. And that's above the average.

And it's my understanding that if other provinces were as generous as Saskatchewan is, and has been for many years, that the problem would cease to exist and that most of the doctors who want to intern here, who qualify, would get an opportunity.

In addition to that of course you have the residency program where they take specialty treatment. And in phoning around the province the last few days, there's anywhere from 50 to 60 foreign doctors doing residency training in the province, doing specialty work in the University (of Saskatchewan) Hospital and the Plains Hospital here in Regina.

And so as I say, if other provinces were as generous as this province is and has been, it would be a problem that just wouldn't exist. Obviously you can't take care of everybody that wants to come in here, but apparently it's a fair program. So I wanted to get that in; that's why I asked the question.

Now I don't have any other questions.

Mr. Martens: — I guess I've got a question maybe for the auditor or the comptroller. On page 4, for general revenue, just as it relates to Health, on volume 1, do we get a grant from the federal government to offset health care costs? Is it specific to health care?

Mr. Vice-Chairman: — If the department can answer that, you go ahead too.

Mr. Shaw: — My understanding is that there is a federal-provincial program in place called the established programs financing program. Its intent is to allow the federal government to in part fund the costs of the provincial operation of the health and education systems. And in the year under review, the transfers from the federal government to Saskatchewan for those purposes were approximately $409 million.

Mr. Martens: — This has no relationship to equalization

payments.

Mr. Shaw: — Mr. Chairman, it's a separate program from equalization.

Mr. Martens: — How come that doesn't show up in the general revenue? Or where does it show up? Did I miss it?

Mr. Kraus: — Did you say general revenue?

Mr. Martens: — Revenue, on page 4 of your volume 1.

Mr. Kraus: — The 409 we're talking about?

Mr. Martens: — Yes.

Mr. Kraus: — It shows under receipts from other governments. It's called established programs financing.

Mr. Martens: — Oh, I see. Okay, that's health care then.

Mr. Shaw: — I would just note, Mr. Chairman, that those are transfers from the federal government for Health reasons, for Health purposes as well as Education purposes. They don't flow directly to the Department of Health; they flow directly to the Consolidated Fund.

Mr. Kraus: — Well, yes, in fact that's the problem, because they're . . . probably for a variety of reasons, they actually show up under the Department of Finance. And in this volume 3, if you looked on page 16 and page 17, there is both Finance and Health shown on these pages.

And for Health specifically, if you were to look on page 17 toward the top, you'll see that the total moneys they've received, or that are attributed specifically to Health, are only $17 million. There are some receipts from other governments in there — Canada assistance plan, vocational rehab of disabled persons, and so on — but that big item of 409 million shows up under Finance over on page 16. But some of that money is for Health.

Mr. Vice-Chairman: — Before you continue, it looks like we may not get quite finished with . . . or may just finish with Health by 10:30 or something. Would it be all right if we let Environment go home for the day? Okay.

Mr. Lyons: — Mr. Chairman, we had passed a motion in the committee outlining the work of the committee in the next while. I guess Environment would be sent home and not recalled again till the '87-88 auditor's report is discussed.

Mr. Vice-Chairman: — I'm not aware of the motion, but maybe we can look into it.

I was just given clarification towards that motion, Mr. Lyons, and it is evident that, from that motion, it was that Mr. Van Mulligen and myself, along with the Clerk, set an agenda as to decide which departments to bring forth before we move off the '86-87 report and get an agreement there. And there was no clarification, though, as to the time that it would take. It wasn't in that motion, so apparently that hasn't been dealt with in the timing factor.

I can reread the motion for you.

Mr. Robert: — Unless you want to do it like that, you see there is an implication that it might be done by today.

Mr. Vice-Chairman: — Yes, there was an implication that it may be done as of today, but that was it.

Mr. Lyons: — It wasn't an implication; it was the direct understanding that this committee would finish its work for '86-87 today and that we would proceed to the auditor's report, '87-88, commencing on the next sitting after. That was not implication in there, that was the understanding, and I think that's the understanding from the members . . . other members of the committee.

Mr. Wolfe: — Mr. Chairman, I just . . . I guess I'd like to be clear. If Mr. Lyons's is . . . his suggestion that he's very satisfied that all of his inquiries and concerns have been expressed with regards to '86-87, Department of Health or Department of Environment. We just don't want to short-circuit the . . .

Mr. Neudorf: — We're not trying to extend this into Tuesday. We're still going to maintain, as I understand our schedule, that Tuesday, '88 starts.

Mr. Wolfe: — We'll do our very best to accommodate that. We just don't want to not let you have the opportunity to ask all the questions you would like.

Mr. Vice-Chairman: — Do you want to extend the day then so that we can finish it?

Mr. Lyons: — I think that myself and Mr. Rolfes and Mr. Anguish had all made ourselves perfectly clear, we want to proceed to the 1987-1988 auditor's report. If there are any hangovers from '86-87, we think that those hangovers will appear in '87-88, and we will be able to deal with it at that time.

Mr. Wolfe: — So you're satisfied with the '86-87 accounts, Mr. Lyons?

Mr. Vice-Chairman: — Excuse me. We'll just continue with these officials here and keep the officials of Environment waiting and at bay. So we'll just continue with the line of questioning.

Mr. Martens: — I had another question. It has to do with . . . I'll use an example of ACT (Associated Canadian Travellers) make donations of various kinds of . . . Kinsmen club make donations of various kinds. Are they contacting the Department of Health for those kinds of donations of equipment and facilities and those kinds of things? Do they make representation to the Department of Health for an opportunity to . . .

Mr. Vice-Chairman: — Order, order here. Let's get some order around here. Order, please.

Mr. Martens: — On matters pertaining to Health, the Kinsmen club, ACT, make donations of buildings and help and assistance in providing the equipment. Do they make representation to the Department of Health or to the hospitals? How does that work?

Mr. Vice-Chairman: — Order, please.

Mr. Martens: — How do they work that program out?

Mr. Loewen: — Mr. Chairman, there are a number of service organizations and other kinds of organizations within the province that generously donate money for both equipment in hospitals and other institutions, but also from time to time, at least, make capital grants, as the Kinsmen Foundation has for the children's rehab centre in Saskatoon and for Wascana here. Generally speaking, those organizations would not approach the department, they would approach the institution that they wish to support, and the institution of course then identifies its particular wishes and needs to those organizations that have an interest in contributing.

The arrangement we have is for items of equipment over a specified value, whether the hospital is buying it itself or getting it through a donation, they do require an approval from the Department of Health, so that that gives us an opportunity to vet situations where we think that it would be inappropriate to supply equipment for major surgery to a 10-bed hospital, for example. So we have an opportunity to vet those kind of prospective donations to hospitals.

In addition, we have a representative of the Department of Health that sits on the Kinsmen Foundation board so that we have direct input at that level to the decisions and the decision making process that they go through and are able to, if necessary, influence the decisions where we think that it's . . . It occasionally comes up that people are asking for something that in fact our programs will provide, and so we can solve it that way. In other cases they're asking for items that we may have some technical knowledge of, and not be satisfied that it's yet the thing we should be buying for use in Saskatchewan. So we have input in that form, as well as through the prior approval process on equipment.

Mr. Martens: — Okay. I've noticed in different hospitals that I've gone into that the furnishings have been supplied by or donated by such and such, let's say. Does that include the beds, or is that just the night stand or whatever, or can all of that be done?

Mr. Loewen: — All of that can be done. And very often an organization will agree to fund a ward, a one-bed ward, with all of the equipment that that requires — or a two-bed ward.

Mr. Martens: — Okay. And then the agency provides the tax receipt for that individual probably then. But the government doesn't?

Mr. Loewen: — No, the government definitely does not, and in a lot of cases the agency would not be able to either. If you're thinking of a charitable organization tax receipt, not all of the hospitals are licensed as charitable organizations. Some of them are, but not all of them.

Mr. Martens: — But the agency of record making the donation to the hospital would have authorized a receipt likely in lieu of the Kinsmen Club did that?

Mr. Loewen: — Oh, yes. The hospital itself would certainly issue a normal receipt to that organization.

Mr. Martens: — No, no, I'm not getting the question through, I guess. The Kinsmen Club would be able to make a charitable receipt available to me when I make a donation for that money, and then they could in turn deliver it to the Wascana Institute, right?

Mr. Loewen: — Yes, that's correct.

Mr. Martens: — Okay. Are these facilities, just so that I understand it, the depreciation that is charged to these and the grants in lieu of that depreciation to these hospitals, that includes those kinds of furnishings in these rooms and the equipment that is donated? Or does it change there too?

Mr. Loewen: — No. The hospitals are entitled to record all of that donated equipment as depreciable equipment, and it will be included in the figure that we look at when we determine their depreciation allowance, even though it has been donated. And the rationale for that is that what we're trying to provide through the depreciation allowance is for the next purchase that has to be made of that item.

Mr. Martens: — Right, more or less a sinking fund kind of an idea. Okay. The next item is on 191 on the grants and assistance of city health departments and other health agencies. How many cities run their own public health departments?

Mr. Loewen: — Just the two cities of Regina and Saskatoon, Mr. Chairman.

Mr. Martens: — Okay. None of the services that the provinces get are provided through that, so that they just get a lump sum grant, like Regina has 681,000, Saskatoon has 752; that's a lump sum payment to them to provide that service?

Mr. Loewen: — Yes, it is, and it represents, in that particular year, about 25 per cent of what those two cities spent on public health services. Our grant represented about 25 per cent of their total cost.

Mr. Martens: — So then they go to the taxpayer to get the rest, or the ratepayer?

Mr. Loewen: — That's correct, yes.

Mr. Martens: — Okay. In that same area, you have grants that you made to the Saskatchewan Institute on Prevention of Handicaps. What's that for?

Mr. Loewen: — That's a . . . The Saskatchewan Institute on Prevention of Handicaps is an organization that was created in about 1979, and its focus was to prevent illnesses of early childhood. It has made its major focus things like reduced alcohol and substance use during pregnancy, and then appropriate care during the early months and years of child development.

It's an organization that is jointly sponsored by the

Government of Saskatchewan, by the Saskatchewan Association for Community Living, formerly the Saskatchewan association for (the) mentally retarded, the Saskatchewan Abilities Council, and the Kinsmen Foundation. And all of those other organizations make what totals a matching grant. In other words, we are providing 50 per cent of those, of the organization's budget, and those other organizations in total are providing the other 50 per cent of the budget for the institute.

Mr. Martens: — Okay. I notice here too that there's a grant for the College of Dental Surgeons of 13,000, and then further back there's another one of . . . I think it's over 100,000 — $200,000, I think it is. Can't find it just now, but I had one here where the dental . . . College of Dental Surgeons had a grant, but it's also in the city health department's other agency. What would that money have been spent for?

Mr. Shaw: — Mr. Chairman, the $13,600, in terms of a grant to the College of Dental Surgeons of Saskatchewan, goes towards funding to residency positions at the College of Medicine in Saskatoon in residency in dental surgery.

Mr. Wolfe: — Excuse me. Just while you're under those grants, I was just curious about the one for the optometrists. Is that for a similar type of program?

Mr. Shaw: — We provide a grant to the optometrist's association to fund a summer student program, so those students . . .

Mr. Wolfe: — So that's over and above the Opportunities program, Opportunities '88, those kind . . .

Mr. Shaw: — That would be over and above that program, and it's meant to provide students with working experience in the field while they're undertaking their studies in optometry.

Mr. Wolfe: — Could you just give us just a brief breakdown on how that program is made up?

Mr. Shaw: — I believe there's three students in that year. It's salaries and expenses, travelling expenses, sustenance for three students for the summer months.

Mr. Martens: — And on page 220 you've got a $2,760,951, that's for the College of Dental Surgeons too. What's that?

Mr. Shaw: — In that year the dental program of Saskatchewan was made up of two parts: one was the children's program which covered children aged 4 to 13, and the second part was the adolescent program for children ages 15, 16, and 17. And this was a grant. And that program had always been operated on the government's behalf by the College of Dental Surgeons and private practice dentists, and this is a grant in support of that program.

Mr. Martens: — Okay. On page 192, communicable diseases, what kind of program is it that would cost $1.089 million under scientific and educational supplies? What kind of programs did you have that you identified there?

Mr. Loewen: — The major item of expenditure in that particular code, Mr. Chairman, would be vaccines that we purchased for the immunization programs, and we purchased those vaccines for the whole province through this item.

Mr. Martens: — That's if people would be going away, for anything from hog cholera to measles?

Mr. Loewen: — Just if I could add to that, that is also all of the vaccines that our public health nurses would use out in the field. So it's all of the child vaccines are included in there as well.

Mr. Martens: — Okay, things like . . .

Mr. Loewen: — Measles.

Mr. Martens: — . . . measles. Okay, I was thinking of polio.

Mr. Loewen: — There would be polio in that as well.

Mr. Martens: — Okay. Under the hearing aid plan, you had an item there that says, stores for resale. Do you get these hearing-aids back, or what . . .

Mr. Loewen: — What that amounts is that we buy the hearing-aids through this vote that we dispense to the public. Then the revenue from those hearing-aids will show up in another code. We don't net the revenue against the expense, but this represents the expense of hearing-aids that we have sold to the general public at cost.

Mr. Martens: — Okay, where does that come back in? Do you know?

While you're looking for that, I made an interesting observation, and maybe Mr. Kraus can answer this question. Under provincial lab, psychiatric services, and Saskatchewan Aids to Independent Living, they've got a line there that says, construction, farming, and maintenance equipment. I wonder if that comes in the same category as the MLA.

Mr. Kraus: — I don't have it in front of me, but those auditing codes, as they're called, try to cover off, I suppose, the needs of all the departments. And sometimes they're not the best match in the world.

Mr. Martens: — It's an option to put all of them in.

Mr. Kraus: — Yes, and sometimes the terminology . . . I agree. I look at some of them myself and think that they look a little bit outdated. I suppose in part, if we hear concerns expressed by the members of the committee, that maybe will tell us that maybe you as members who use this information would be interested in some changes. So I take that under advisement.

Mr. Wolfe: — I see another one — coal, wood and other fuels. That might be a little outdated.

Mr. Martens: — Yes. I've seen burial in there, and I saw one for $20. And I thought, well that's not normal. So it must have been something else.

A Member: — You can't die for that amount these days.

Mr. Kraus: — Well there are costs associated with burials, but I'm not too sure what they are.

Mr. Loewen: — Mr. Chairman, if you like, before you go on to your next question, I'll answer the question about the revenue on hearing aids. It appears on page 16 of the Public Accounts as revenue to the Department of Health. It's part of that figure of $1.087 million that's shown on that particular page.

Mr. Martens: — Going back to Beattie Martin's questions about the Drug and Alcohol Abuse Commission. Do they submit a budget to you like an NGO (non-governmental organization) does, or are they considered . . . No, they're not considered an NGO.

Mr. Loewen: — No, they submit a budget to the Department of Health and to the Minister of Health in the same fashion as do the rest of the branches within Health.

Mr. Martens: — Okay. And then they itemize in detail the areas that they will be funding.

Do you have places . . . Do you have a detail . . . I'd like to know where this . . . you don't have to give it to me here, but if you'd send a detail of that budget so that I could see where those moneys had gone in relation to North Dakota and the different places in Saskatchewan.

Mr. Loewen: — Okay. If I might, Mr. Chairman, the expenditure for patients who go out of province for alcohol and drug treatment is paid out of the hospital services branch subvote. We, for administrative reasons, have recognized those facilities as hospitals, and therefore the payment is made out of the hospitals.

Mr. Martens: — So they wouldn't come in here.

Mr. Loewen: — They would not be part of the SADAC budget.

Mr. Martens: — Could you dig them out for me?

Mr. Loewen: — Yes.

Mr. Martens: — Okay.

The Saskatchewan Cancer Foundation, $17 million: is that the same . . . operates the same as the Commission on Drug and Alcohol Abuse? Do they submit a budget or are they . . . or how does that set itself down?

Mr. Babiuk: — The $17 million, Mr. Chairman, for the Cancer Foundation is the Cancer Foundation submits a budget to the Department of Health for the operation of the clinic, the Allan Blair Memorial Clinic in Regina and the Saskatoon Clinic, and it is a similar review is undertaken as with SADAC.

Mr. Martens: — Okay. They run those?

Mr. Babiuk: — That's correct. There's a board, a Cancer Foundation board.

Mr. Martens: — The prescription drug plan, you have the administration section there put down for $2 million; that's not the whole. Where does the rest of that come in? I couldn't find it anywhere.

Mr. Shaw: — Mr. Chairman, the information on the program spending of the prescription drug plan is on page 195.

Mr. Martens: — Oh I see, okay. Good. And I've one last question on the grants for psychiatric health services. I notice that Saskatoon has a lot of these facilities. Is that where most of them are located ? I know that, for example, Swift Current has one floor in the hospital that they use as a psych services facility. Do most of these people go to Saskatoon to have that opportunity?

Mr. Loewen: — No, the expenditures for the in-patient units throughout the province, including the beds at Swift Current, are funded through the hospital services branch. That's in those units that are located in acute care hospitals. The Weyburn mental health centre in-patient unit and, of course, Saskatchewan Hospital, North Battleford, are funded through the operating subvote of the psychiatric services branch.

What you see listed in that group of organizations that received grants for psychiatric health services are community service and self-help organizations located throughout the province that provide special assistance in the area of mental health. And if you'd like, for instance, the Saskatoon group, the crisis intervention service, they provide a 24-hour call service, emergency call service, where people who are in difficulty can call there and get immediate help.

The Saskatoon Housing Coalition provides some housing apartments and housing units for mentally ill people in Saskatoon. The Pastoral Institute was involved in delivering a treatment program for batterers. So you get quite a range of activities being undertaken with these particular grants, but they are spread throughout the province.

Mr. Martens: — Okay, good. Thanks.

Mr. Wolfe: — My questions have been answered.

Mr. Lyons: — Okay, Mr. Hopfner, I have a motion, a procedural motion that doesn't relate to the officials, so if you would . . . If there are no more questions of the officials?

Mr. Vice-Chairman: — I've got a question for the department first before we get into their . . . In the year under review, or has there been any signal to the general public in regards to out-of-country travel, seniors especially maybe, if they're, say, in Hawaii or in the United States or in some other country where they may take seriously ill? My understanding is that we only pay in Canadian dollars. Is that still correct or . . . is that correct

in the year under review?

Mr. Loewen: — The policy in place, in the year under review, was that we paid for referrals where they went through a review mechanism and were referred out of province. We would pay for those referrals at full cost of those costs that we would normally cover. Where one was simply visiting outside the country and required emergency services, then those services were reimbursed simply in Canadian funds. We currently have that policy under review, but in the year in question that was the policy.

Mr. Vice-Chairman: — Is there in the year under review then, or in subsequent years, I mean it might have been, do you have some sort of an advertising campaign for seniors or for the general public to warn them about this particular happening? I'm talking basic then of vacationers where, you know, where someone may get sick and seriously sick, and where they can't travel to get back to our health service. Do you suggest them taking out extra insurance and warn them of rates in other countries, and stuff like this?

Mr. Loewen: — We do some of that. We, for example, print on the health card itself when you receive it that if you're going out of country you would be advised to get additional coverage. So we do that in our pamphlets and we do that on the card itself.

The two major private insurers in the province, MSI (Medical Services Inc.) and GMS (Group Medical Services), do fairly significant advertising as well, in terms of encouraging people to look at their coverage, and supplement it when they're going outside the country. So it's a combination of what they do plus what we try to do through the health card itself to alert the public.

Mr. Vice-Chairman: — Thank you. Any further questions? Thank you very much then. You're dismissed, I guess.

The standard motion is that the hearing of the Department of Health be concluded subject to recall, if necessary, for further questions. Moved by Mr. Martens, seconded by somebody?

Mr. Robert: — No, there doesn't need to be a seconder.

Mr. Vice-Chairman: — Oh, okay. All in favour? Opposed? I guess it's passed.

Agreed

Mr. Lyons: — I'd like to move that:

> The sittings of the Public Accounts Committee for the consideration of the auditor's report for the year ending March 31, 1988, and for the consideration of the auditor's special report, be held in the Legislative Chamber, and that the Clerk of this committee make the arrangements necessary with Mr. Speaker, so that such shall be done.

And I say that, Mr. Chairman, motivation for that motion is based on the statements made by the Premier and also the Minister of Justice in regards to the . . .

Mr. Neudorf: — Mr. Chairman, I wonder if we could get a ruling on your part, with consultation of the Clerk, of the legality of that motion, whether it's in order or not, before we start the discussion on it.

Mr. Vice-Chairman: — The particular wording was out of order, but instead of me having to explain it I'm getting the Clerk to explain it so that he can rewrite it . . . very difficult.

Mr. Neudorf: — Could you repeat that, Mr. Chairman?

Mr. Vice-Chairman: — He can suggest that we . . . Yes, we're going to be clarifying it.

Mr. Neudorf: — Mr. Chairman, I would appreciate the Clerk making an explanation to all of us from the original and as to how he's recommending that the member from Rosemont change his motion so that it becomes legal.

Mr. Vice-Chairman: — He's going to do that in a minute. I've just asked him to . . . Okay, I'll ask the Clerk to explain what it was.

Mr. Robert: — Well the motion as drafted suggests that the committee give instructions to the House as to how it should operate; that is, the Chamber itself. The committee has no power to do that.

Mr. Wolfe: — That's my point.

Mr. Robert: — Well the motion has been redrafted to simply, by way of report, have the Public Accounts Committee make a recommendation to the Chamber to consider the Public Accounts Committee . . . the auditor's report, rather, in the Chamber, and such a thing as that is in order.

Mr. Martin: — Is it suggested in there that this be done during the regular sitting hours of the legislature or at a time other than the regular sitting hours?

Mr. Robert: — It's not clear from the motion itself how that would work.

Mr. Lyons: — For the regular sitting hours of the committee . . . (inaudible) . . .

Mr. Vice-Chairman: — Now, Mr. Lyons, can I have you speak to your motion now.

Mr. Lyons: — Right. I'm basically motivating that motion on the statements made by both the Premier and on the Minister of Justice in that they thought that the proper place for the consideration of the auditor's report, the comments in the auditor's report, the statements by the Minister of Justice, the material contained within the special report of the auditor, was to be considered by the Public Accounts Committee. I personally feel that it should have been — those charges and allegations made against the Provincial Auditor in regards to the things contained in his report.

Mr. Martens: — We had a ruling yesterday or the day before in the Assembly, as it relates to matters that have been voted on and in past have been decided on by a motion and a vote in the Assembly, cannot be discussed again, and the relationship of this discussion will, if that's the motive for doing it, the motive is not in order, and I think that that's a . . . because it has already been assigned to be handled by the Public Accounts Committee. And so . . .

Mr. Lyons: — That's correct. That's why I'm moving the motion.

Mr. Martens: — . . . and so, therefore, I believe it's out of order because the assignment of the *Public Accounts* to the Public Accounts Committee has already been made, and I believe that in that sense it's out of order.

Mr. Neudorf: — And Mr. Speaker did make that ruling two days ago.

Mr. Lyons: — Mr. Chairman, on the point of order if I may speak to that. First of all, it's a procedural . . .

Mr. Vice-Chairman: — Are you on a point of order?

Mr. Lyons: — It's a procedural motion . . .

Mr. Vice-Chairman: — Mr. Lyons, hold it, please.

Mr. Wolfe: — I'd just like to comment further on that. If one refers to the Act pertaining to the Provincial Auditor, if you refer to section 19, you'll see in there that:

> On the request of the Standing Committee of the Legislative Assembly of Public Accounts, the Provincial Auditor and any member of his office shall attend meetings of that committee to assist that committee:
>
> (a) in planning the agenda for its review of the public accounts, the annual report of the provincial auditor, a special report prepared pursuant to section 13 or a report prepared pursuant to section 16(1) on the request of the committee; and
>
> (b) during its review of the items described in clause (a).

And section 13, as you're well aware, refers to:

> The provincial auditor may prepare a special report to the Legislative Assembly on any matter that is, in his opinion, important or urgent.

So as I understand it, this committee has the ability under that jurisdiction to request that that report be brought here.

Mr. Lyons: — I'm absolutely total agreement. But I'm not talking about that the public accounts be moved to the legislature for consideration by the legislature. I'm saying that the Public Accounts Committee move into the Legislative Chamber for the consideration of the public accounts and the auditor's report ending March 31,1988 — that we physically move.

And I do so for one very important reason, that the auditor has been put on trial by the Minister of Justice. He has been made . . . there are charges levied against him in regards to his ability to carry out his functions. He has been put on trial and has had no opportunity to defend himself. I am suggesting to members of the committee that this is a way in which he will be able to defend the accusations made against him, that the accusations made against him will be examined, that the accusations made by the auditor himself will be examined before full public scrutiny.

And to move the sitting of this committee into the Legislative Chamber provides that, both through the attention it draws to the public in regard to the seriousness of the matter contained within the auditor's report, but more importantly, or just as importantly, it provides people the opportunity, the number of people who will want to come to attend these particular sitting of the Public Accounts Committee, the opportunity to be able to get in and see precisely what the process is. And that, Mr. Chairman, is the sole motivation for this, is that it will give public access to the hearings regarding this report.

We, for my part, and also I speak for Mr. Rolfes and Mr. Anguish on this matter, do not want this matter hidden away from the public. We want to . . . (inaudible interjection) . . . I have the floor. We do not want this matter hidden away from the public; we want this matter debated openly, fully, in full public scrutiny. And that is the reason for the moving of the meetings into the Legislative Chamber.

I would suggest, based on the statements of the Premier of the province, that he himself would not object to this procedure in so far as he wanted it discussed in Public Accounts but he also wanted apparently, from his own statements, wanted it to receive full public scrutiny. And it's on that basis that I move the motion, Mr. Chairman.

The Vice-Chairman: — Okay, I'll just make some . . . I'll just bring a ruling into this. Basically, on Mr. Lyons' interpretation of his own motion here, we can't regard this motion as being considered completely to be in order, basically on the account that there is now a motion on the order paper on the floor of the Assembly for debate as to whether this particular suggestion as what he's making would remain on the floor of the legislature or be reviewed or referred to the Public Accounts Committee. So the motion is therefore in conflict to the motion that's on the order paper now.

Mr. Neudorf: — Thank you for the ruling, Mr. Chairman. That was my concern right from the beginning, and having made that ruling, Mr. Chairman . . .

Mr. Lyons: — Point of order, Mr. Chairman. I challenge your ruling on that, that there, first of all, does not exist a motion which is contrary to the intent of this motion. And secondly, I challenge it on the basis that this committee can make requests of the Legislative Chamber as provided for in some of the statutes just right out by the member from Assiniboia-Gravelbourg, that in fact, that we can make any requests for consideration by the

Legislative Assembly. And in that sense, I would challenge your ruling.

The Vice-Chairman: — You have the right to challenge the ruling. I have to call for the vote then, and my ruling has been challenged in regards to this motion, so I would ask all those in favour . . .

Mr. Neudorf: — Mr. Chairman, there's no discussion now?

Mr. Vice-Chairman: — No my ruling . . . I ruled and my . . .

Mr. Neudorf: — Well I am assuming that your ruling was based on the advice of the Clerk? Am I correct?

Mr. Vice-Chairman: — Yes. There's no debate on the challenge, so all in favour of the challenge of my ruling, please . . .

Mr. Martens: — Excuse me, what did you mean by that?

Mr. Vice-Chairman: — My ruling has been challenged by Mr. Lyons and . . .

Mr. Martens: — What's the consequences of voting yes or no?

Mr. Vice-Chairman: — Well, because the chair can be overruled by the committee, so if you so want my . . .

Mr. Robert: — If you vote in favour of Mr. Lyons, the ruling of the chair is overturned.

Mr. Martens: — Right. I understand that, but the question isn't clear that if you vote yes or no, what is the . . .

Mr. Robert: — Mr. Lyons has challenged the ruling of the chair. If you vote in favour of Mr. Lyons, you overturn the chair. If you vote against the motion . . . the challenge of Mr. Lyons, you vote to sustain the chair.

Mr. Wolfe: — I just wonder if I could just clearly have on record . . .

Mr. Vice-Chairman: — There's no debate.

Mr. Wolfe: — No, but I just want on record the advice of the Clerk on this.

A Member: — I did that already, Jack.

Mr. Wolfe: — But the Clerk hasn't stated it though.

A Member: — He's just explained it.

Mr. Vice-Chairman: — All those in favour of my ruling on this motion — as I had indicated the motion was not completely in order — if all those wish to agree with Mr. Lyons that I made the ruling, would they show their hands?

Mr. Lyons: — Are you saying that . . . (inaudible) . . . all in favour of upholding the challenge of the Chair?

Mr. Vice-Chairman: — Yes.

Mr. Lyons: — To signify by saying aye.

Mr. Vice-Chairman: — And those opposed?

Negatived

Mr. Vice-Chairman: — Being 10:30, I would like . . . we have Environment outside yet. We haven't dismissed them. What are we going to do with . . .

Mr. Neudorf: — Mr. Chairman, because it's substantially over our appointed time, and I'm assuming that the member opposite has no questions for the Department of Environment, or if he does, I would like him to indicate so now. And his silence indicates to me that he has no further questions of the Department of Environment. And because of our commitment to go into '87-88 on the following Tuesday, I suggest that for my previous motion on Tuesday, that the course of events now unfold, as that motion indicated, and that we adjourn for this meeting.

Mr. Vice-Chairman: — So Tuesday, Environment will be back?

Mr. Neudorf: — No, Mr. Chairman, the course of events as outlined in my motion on Tuesday now take effect — '86-87 has now been concluded and the report, in conjunction with the chairman and vice-chairman of this committee, a report is going to be drafted, brought back to this committee for consultation, and this committee then will advance that report to the Legislative Assembly.

Mr. Vice-Chairman: — All right. So be it. Thank you . . . (inaudible interjection) . . . This meeting's adjourned, yes. I'm not used to all this procedural stuff.

The committee adjourned at 10:45 a.m.