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DEBATES and PROCEEDINGS

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Bill No. 179 – The MRI Facilities Licensing Act

Mr. Forbes: Thank you, Mr. Speaker. It's an important time for us to have this debate. It's an interesting time as we're in our last week, with only two more days of government business before we break and return home. And so this is an interesting piece that comes before us, and we really have to have . . . The question before us is why all of a sudden has this come forward in the last week? What really brought this forward in the dying days?

You know, I heard people shout over there, game changer. Is it a Hail Mary? It might be a Hail Mary, closer to Hail Mary when you're talking about game changers. Paving the way, I'm not sure what kind of metaphor that is. But I have to say, there are an awful lot of people who have an awful lot of questions about this. And while the minister would like to say, let's pass this today, and it may be the way that they operate things over there, this takes a lot more work and needs a lot more attention.

And besides the rhetoric we hear from the other side about how we need to rush this through, clearly, Mr. Speaker, when we've seen the letters in the paper, the editorials, the commentary from doctors who have a lot of questions about what does this really, really mean for health care in Saskatchewan, I mean, even if you put aside the ideology, put aside the ideology, is it common sense? How does it work when you have two lines and one person can jump the queue by paying for an MRI and then have the results, and are they just going to sit with the results? Are they going to sit with the results when their time comes again? How does this all work? And this has not been explained, and I'd be curious to know. I'd be curious to know.

And the minister didn't — and I was listening carefully to his comments — did not talk about who called for it. Who did he consult with? Did he consult with the medical association? Did he consult with people on this? Who was bringing this forward to say we've got to do this, that it's urgent and that we break the norm of how we do legislation, where we introduce legislation like this in the fall and then we have a chance to look at it

over the winter months and pass it in the spring. And he's talking about a one-year test pilot and then it's going to be an evaluation. And I'm thinking, is that really . . . How quick is this all happening here? I mean clearly, clearly have they got all their ducks in a row over there, with the outcry from lots of people saying, what does this really mean?

And so Bill No. 179, *An Act respecting the Licensing and Operation of certain Facilities providing Magnetic Resonance Imaging Services and making consequential amendments to other Acts*, so it's quite a thorough Act. But we have to say that really, when you think about other things that this government . . . And we've been calling on response and a decision about the hyperbaric chamber in Moose Jaw. What's going to happen with that? We've been talking about that for several, several weeks. People have been coming to the legislature and saying, what's happening with the hyperbaric chamber, and we've not got a response.

This government says we need time to study that. We need time to study that, but here we have something brought in — as they would say, a game changer or Hail Mary pass — as we end this session. And I think it is a bit of a political game and really, when they talk about game changer and they're throwing something in the last days . . . We have two more days after this of government business and clearly, clearly it's a Hail Mary. I'm really deeply concerned about the political game that's being played here, and many other people have raised that concern as well.

And so we'll talk about this, and there will be lots of questions. I do have some comments I want to get on the record. And I know all of us over on this side will have comments to make as we look at this closely, just because it's our duty and our responsibility as opposition to make sure this government has really thought out this idea. Because too many people are saying, it doesn't look like you've really thought it all out.

And you know, sometimes when you see the Premier responding and acting from social media and whether he has a Twitter out there, so what do you think. Then he works from there. And I think, Mr. Speaker, you know, when you have a Health budget the size it is and how critically it is important to people here in this province, and we have some of the best services and the best traditions and best people working in health care, that this in many ways can be even considered as a bit of a reckless move when they really haven't thought this out. So we have those questions. Where does this come from? Whose idea was this? Was this from the doctors? Was it from the patients? Where did it come from? Where did it come from, and why aren't we seeing those people here? We've not seen a petition calling for this, you know, and of course there is a lot of questions that we'll have to ask about this.

So you know, Mr. Speaker, clearly when we think about . . . This will essentially create two lineups for MRI scans, but at the end of the day there will only be one line for the surgeries because that in reality is why people are getting MRIs. And then they'll talk about this as we look at some of the comments that have been made by some of the professionals in the field who've asked real questions about, you know, when we've had the MRIs here in Saskatchewan, what has been the impact? And particularly people are now asking questions about how effective are they? Clearly they help an awful lot in

diagnosing situations that need surgeries or need treatments, but how has it been?

You know this would be a good time. Why do we have to wait one year? And it would be very interesting to see what that study the minister talks about that will happen in one year's time. Why doesn't he do a study right now to connect with the people who are raising those concerns and say, so what has been the impact of MRIs here in Saskatchewan? What has been the impact, and has it had a real impact on the health situation here in Saskatchewan?

And of course and that would have been in days gone by, part of the issue for the Health Quality Council. They could have been very, very helpful in that field, but now they are too busy really promoting lean. And this would have been the perfect thing for them to come forward and say, listen, you know, really in terms of MRIs this has been the positives of MRIs in Saskatchewan and how it's been utilized and the impact it's had on health care, on our waiting lists, and all of that type of thing. And where should we go? But I would like to know, has the minister talked to the Health Quality Council? What have they said about this?

You know, that's one of the things that I was really struck by the minister's comments. Often we have people say, the ministers will say we were consulting with this group and this group and this group, and it adds an awful lot of weight. And we have to say, well if they have, then clearly many people have thought about this.

When a minister gets up and doesn't mention one group, not one group that he's consulted with, particularly when we've talked about this kind of impact on health care, and he can't name one group that he's been consulting with, that's a real problem. And whether it's the SMA [Saskatchewan Medical Association], the medical association, with the Health Quality Council, there are people out there I'm sure, I'm sure could give him an opinion about the directions he should be taking.

We know, we've had people come into this Chamber and into the galleries saying, if you're thinking about innovations, think about keeping the hyperbaric chamber in Moose Jaw. And we've had good debate about that. We've had lots of questions about that, but the government is silent about the innovation around that.

We have areas that we really need to talk about in health care. And I know, for example, and we've not heard from the two Health ministers what has been their response about Craik. Craik is still up there. On the very first day, the very first day of the spring sitting, we had a demonstration out in the front of the legislature. And it's not a common day when we have folks who come from rural Saskatchewan, whether it's because of travel or distance or whatever, but they came, and they had some comments to make about what's happening in their community about health care.

So if this government was truly interested in making innovation happen, you would think that probably one of their priorities they might want to talk about, and the Minister of Health has been silent about, places like Craik. Why is it that Craik and the people there feel they're not being well served by this government in health care when it comes to

providing the kind of health care they need in their community?

But instead, on the dying days of this session and in fact as we're heading into, you know, in the course of . . . The election is actually scheduled for November 4th, and until the federal election is actually called, technically this is it for us. This is the dying days of this government. And you know, this is what they do in their final days. It is quite shocking and it really shows still how people haven't, on that side, haven't thought through what might be the unintended consequences of this.

You know, we often make the comments that we'll see, and of course there's no explanatory notes to go along with this because this is a bill that is fresh starting out. There is no other legislation dealing with it, so it's not . . . While it's amending some other Acts, there's no other main. It's not an amendment, so there's no explanatory notes. But we probably will see some if this bill happens to pass, that we will see amendments. But we're not sure, really clearly, how serious is this government in doing this bill. Because if it was, they would've introduced it in the fall and it would've been here as a bill like any other bill and it would be going through the regular process.

This has just got too many problems with it, Mr. Speaker. And that's why I know, on this side of the House, we will have lots and lots of questions about it. And again as I said, the minister with his comments, we were very, very disappointed with the lack of clarity about the implementation of this, but more the language of paving the way. I think this is really problematic, and we really have a lot of concerns.

We see that there might now well be two lineups for the MRI scans, but really there will only be one line for surgeries. And allowing queue jumping really means that most people will have to wait longer for both. This government has been not been clear, and as we go through . . . And I will demonstrate from some of the letters that I have here with me that there will be a lot of questions about, how does this actually work? Have they really thought this through? Where did it come from?

And, Mr. Speaker, evidence from other provinces, including Alberta, shows that introducing user-pay MRI clinics makes wait times longer for everyone. And in Saskatchewan, 90 per cent of the people now get their scan within 88 days, but in Alberta, 90 per cent of people wait up to 247 days. So this is not good. This is not a good situation that we want to emulate, in Alberta.

Now why isn't it? And of course as we will find out, of course it's easy enough to get people through and get their scans, but then you have to do something with those people. Everybody'll be waiting around holding their scans and saying, I want and I need. And many of them will be . . . And I can understand exactly where they're coming from because they'll have the medical results, and that will create anxiety. And the next question will be, I jumped the queue to get my scan; can I now jump the queue to get my surgery? That seems to be the thinking that this government may be okay with, and I think we have a lot of questions around that.

We see the results of what has happened in Alberta, where their waiting list went up to

247 days because they did not have the capacity really to deal with all of this, and there is some real concerns.

And, Mr. Speaker, we have a health care system that we can be really proud of in terms of the fact that it is a system that allows people to get services that are paid for. But now it will be . . . People will be thinking, really should I take a look, should I take a look at getting a loan? Should I be taking at look at using my credit card? Because they may have the idea that they'll get an answer or treatment sooner for their loved one. Now unfortunately that may be a bit of false hope, and I think the government will have to be responsible for that, Mr. Speaker, at the end of the day. Because if you're giving the idea that you can get your scan faster, then people will automatically think that they'll be able to get their surgery or their treatment quicker, and that may not be the case, Mr. Speaker. That may not be the case, and in fact it may cause some more issues.

You know, and, Mr. Speaker, as I've talked about issues already, whether it be the hyperbaric chamber in Moose Jaw or the Craik hospital, we have also brought forward many times concerns around ambulance charges. And we know for example, Saskatchewan, we already have the highest rates in Canada. In fact we charge way too much, and we've shown the inconsistencies, the problems that we should be focusing on when it comes to ambulance charges. That would have been a much more reasonable innovation for them to bring forward. If they were thinking about a Hail Mary pass, this would have been one that they should have really thought about.

And I'm surprised actually that members over there have not been paying attention to questions in question period, whether it be the hyperbaric chamber in Moose Jaw, the Craik situation, the ambulances, why they have not brought forward at this time, if they are interested in doing something innovative . . . This is what has been in the papers. This is what's been brought to the House. This is what's been brought here by patients. It's been patients who've been coming forward. And while they will chirp from their seats, it's patients that's driving . . . Yes, patients have been driving down here. Patients have been driving down here to call for better, more reasonable fees for ambulances. They've been calling for work around their hyperbaric chamber in Moose Jaw. They've been calling for better services in Craik.

Yet the folks over there will say no, this is the time we want to do something to create a second line for MRIs. And everybody's wondering why. Why? Yes, and I think that this an interesting process that we're going through. It is a diversion. We're coming to the end of the session. They don't want to talk about things that were brought up in the House. They don't want to talk about their performance, whether it be lean, whether it be the hyperbaric chamber in Moose Jaw, whether it be Craik, whether it be the ambulance charges. This is obviously hitting a nerve, Mr. Speaker. I didn't realize they were so sensitive about this, but clearly they are because they have been listening during question period to what people have brought forward as concerns, as concerns.

Now, Mr. Speaker, we're not against a study into MRIs. And as we see from Dr. Steven Lewis, in fact he calls for some more research on that. I think that would be reasonable, but this is putting the cart before the horse. And then to say we're going to take a look

back at it a year later is even sillier. Yes, Mr. Speaker, I really think it is a case of doing your homework and paying attention to people who, coming down here, coming down here . . . And you know, we've had petitions. We've had petitions about lean. We've had petitions about the hyperbaric chamber in Moose Jaw. We've had the fire folks come from Moose Jaw. We've had the doctor talk about that. We've had the doctor from Craik talk about the situation in Craik. Why aren't we dealing with those issues?

Here we have in the dying days, the dying days, Bill No. 179, talk about MRIs. And that's what they want to talk about. That's what they want to talk about. And, Mr. Speaker, we hear what people want to talk about, whether it's lean, John Black and his gravy, gravy plane. Let me just . . . I don't want to downgrade him too much. He doesn't ride no train. He takes the plane. And, Mr. Speaker, we've got issues. We have issues that they should be looking at. And seniors' long-term care homes, we could really talk about that if we wanted to talk about innovation that that minister should be talking about. That's what people on the doorstep are talking about, seniors' long-term care. And we know the Ombudsman is really taking a look at that.

And so, Mr. Speaker, we have some real, real concerns about this. And you know, we are deeply concerned that when people have come forward . . . For example, when you talk about ambulance charges and the fact they're too high and people are stuck with these charges, and in fact the suggestion from the other side is, you know, people have raised money through steak nights. That is their level of innovation when it comes to dealing with ambulance charges — hold a steak night. That's outrageous, Mr. Speaker, and here yet the minister can stand up in the House and talk about this Bill No. 179 about MRIs.

I think we've got a real issue here, Mr. Speaker, as we finish up session and really how this government has not paid attention to what people are really talking about. You know, we saw a budget in the spring that kicked off, that middle-class seniors were kicked off the drug plan. We've seen more and more families are paying for extra private care at homes and senior care and even in the hospital because of understaffing on the front lines. And today we saw we had questions that one in ten — one in ten — nurses don't believe that lean is the direction we should go. Nine in ten believe we should be doing other things to make our hospitals and our health care system better. This is a real, real problem.

So, Mr. Speaker, I know that we have a lot of questions and I have a lot to say here. And I know that we already have private MRI clinics to handle patients, and the government pays. Now they say they're going to cut that work in half. The experience in other provinces is poaching of professionals from the public system, like technologists, so the existing capacity of the public system is likely to suffer, and that's a concern. That's a concern. That's a huge concern about this.

You know, the other day we had a discussion about pharmacist technologists, and the government had not made any plans. There's 1,300 technologists in the pharmacies across the province. Two hundred work in the hospitals. Two hundred work in the hospitals. And they're going to have to get registered. They're going to have to do upgrading. It's going to cost thousands of dollars. They're going to get one year to do it

but the minister cavalierly just brushed them off saying, you know, we don't know what the impact is going to be.

So we don't know what the impact of this is. We're going to know a year after the fact, a year after the fact. We should know a year before the fact. This is a government that prides itself on being business oriented. Have they made the business case for this? Have they shared the business case with us? What's the impact on the professionals, and what will that do for the public sector?

You know, when we've asked about pharmacists and the pharmacist technologists, they had no idea. They shrugged their shoulders. We'll see what happens. We'll see what happens. We asked what happened in Alberta. Well they didn't ask that question. They travelled to Alberta. They asked about other things, but they didn't ask about what's the impact on the human resources aspect of it.

I would ask the minister, what is the impact on this Hail Mary as we finish this session? As we finish this session and the four years of this government, they throw a Hail Mary pass because there are things that we should be talking about in health care and things that should be addressed. But they decide to throw this, and this is something else.

So, Mr. Speaker, we have some real, real questions. Mr. Speaker, I want to talk about some of the public stuff that's out there. I could go on about some of the questions we have, but I want to make sure because I really want . . . And I know people are going to be anxious to get into this debate. But here is *The StarPhoenix* editorial. And I know, I know the other side reads these editorials because we had them shown to us last week. I forget what the topic was, but everybody brought that in. And I just wondered if those folks brought in today or if they've read the editorial from May 7th, *The StarPhoenix*. And this is *The StarPhoenix's* opinion, and it's "MRI legislation reaches too far."

Just because something is billed as a "Made in Saskatchewan solution" doesn't make it sensible or even particularly effective.

That appears to be case with the legislation Health Minister Dustin Duncan introduced Wednesday to bring in more private provision of magnetic resonance imaging services to the province.

[And it goes on.] From a government that has managed to shorten the wait lists for select surgeries by opening up the market to private care providers and paying them directly from the public health care envelope, this approach to MRI privatization is confounding.

Either it amounts to a case of forcing private companies to offer a two-for-one discount on MRIs, or cashing in on the desperation of potentially seriously ill people — who either have the money or will find it in order to [spend for] . . . their diagnoses — by making them pay not only for their own scans but also someone else's. The fact that it emulates the model currently in use for Workers' Compensation and SGI claimants as well as Roughrider players doesn't make it

any more desirable.

[And I go on.] What Mr. Duncan is proposing, however, is a further privatization of health care based on one's ability to pay, even if there's provision made to provide a no-cost second scan under the public system. Not only does the legislation create a potentially huge administrative nightmare in terms of policing the service providers, but also in questions about equity.

Mr. Duncan justifies the move by saying Saskatchewan people already are paying out-of-pocket for private MRI scans in Alberta and the U.S. and says, [and the quote is for the minister] "We're trying to balance off what already happens in Saskatchewan with allowing for a little bit more patient choice and trying to tackle what is a public wait list using private dollars.

But I go on, and I quote *The StarPhoenix*:

It's a questionable strategy for a Saskatchewan Party government that has faced enough public skepticism on privatization that it couldn't go as far as Alberta did on liquor sales. While Saskatchewan has a 5,000-person wait list for MRIs, it's the second best in Canada and the government has ample room under its current outsourcing model to tackle the problem.

Instead of an innovative solution, this comes across as a poor strategy that crossed a line it didn't have to in order to get the job done.

So it just doesn't make sense. Ideologically it doesn't make sense, doesn't make sense. Here we are in the dying days, and it simply doesn't, doesn't add up. And so today, Mr. Speaker, you know, those folks over there, they appreciate the editorial *The StarPhoenix* board has come up with. You know, they'll come in, and maybe they're picking and choosing what editorial they live by. You know, this one is bad; this one's good. You know, you should try to be consistent and really think and listen to these folks. They're thinking, they're hearing from the public as well. They're hearing from the public as well.

But here's one from Steven Lewis, and it was in today's paper on page 6 in *The StarPhoenix*. And I think this one makes a lot of sense. Now they may not, I mean, but I think he's got something interesting to say. Now Steven Lewis is the president of Access Consulting Ltd. and is adjunct professor of health policy at Simon Fraser University:

Whether the Saskatchewan government's legislation to allow private MRIs is good public policy depends on what problems it wants to solve, and whether the proposed solution will solve them.

That's the question before us really. Does this make any sense? Does this make any sense in the dying days of session and of the four years of this government that all of a sudden they throw this Hail Mary pass? You know, I don't know what they're hoping for to come out of this. But when we have people talking about long-term care, when we have people talking about the \$40 million consulting contract to John Black, when you have

people talking about the hyperbaric chamber in Moose Jaw, when you have people talking about the situation in Craik, the list is long of where people are demanding innovations. The list is long. Emergency rooms, today we had a situation about emergency rooms, a situation that was tragic, tragic. And we can all identify with that. That's something that we need innovation on. That's something we need innovation on.

So what is the problem they're trying to solve here? Is it a deflection as we wrap up the session? I think it is. I think it is . . . [inaudible interjection] . . . And the fellow from Moose Jaw, the fellow from Moose Jaw does not want to talk about the hyperbaric chamber. He doesn't want to talk about that. Clearly he wants to talk about MRIs. That's what he wants to talk about.

And I think, Mr. Speaker, from the situation that we have, where we have people coming to the legislature, as we did today and we've had in the past, to talk about a whole host of problems — whether it's long-term care, whether it's fees for ambulances, whether it's emergency rooms, you know — the list goes on. And people are losing faith with this government, as we saw with the nurses, where it was 1 in 4 who thought lean was not a bad idea. Now we have, it's 1 in 10, 1 in 10. There are some serious challenges in health care, serious concerns.

Now I want to quote a little bit more from this article, "MRI law wastes money, makes system less fair" by Steven Lewis. And I go on, and I quote:

Saskatchewan has doubled capacity since 2007. The question is whether all scans are genuinely needed and clinically appropriate. Before 2007, were there legions of undiagnosed patients whose health status was compromised due to inadequate MRI access? Has the doubling of capacity improved patient outcomes? I know of no studies that answer either question. We have no clear idea of what the doubled capacity has achieved, except more scans.

There is a growing, physician-led movement across North America called Choosing Wisely. Physicians started the campaign to raise awareness of a growing concern in contemporary health care — overuse of services. Many tests and procedures do nothing to improve patient care or outcomes, and some — like excessive CT scanning, which subjects patients to high doses of radiation — actually cause harm.

Adding MRI capacity without identifying and eliminating inappropriate scans simply feeds the beast. Doctors have come to realize that more is not always better. Policy-makers should take note.

And I think this is something the minister should pay attention to. And if he can make his case on what has been the impact of the number of scans that we've had, the increase . . . And I'm hoping and I think everybody hopes they're all . . . You know, we're disappointed when we hear that services that have been paid for have not actually been useful. In fact they're harmful. We're all disappointed in that. So we're all hoping that good things will come out of this. It's a great thing when we hear that the doubling of

capacity since 2007, but the question really is, so what's been the impact? What's been the impact? Has it been really the priority that we should have set? Or should we have paid attention to the people in Craik? Should we have paid attention to the people in Moose Jaw about the hyperbaric chamber? Should we have paid more attention to long-term care? Should we have done more about ambulances and more about mental health?

And we know, and we know those are real challenges. Those are real challenges. So clearly, you know, I've been on both sides of the House. I know how difficult it is to make decisions about budgets. You have to make difficult decisions, I understand that, but you should make it on evidence. You should make those decisions on evidence, and we see no proof of evidence from this minister today.

Nobody is . . . he's not said who's, who called for this. He's not brought forward any proof of evidence that this would be a worthwhile initiative. Now maybe there is, maybe there is. And if there is, we're very happy, we're very happy to take a look at it and read through it, and we will do that. But when we have such a thin speech from the minister, on the third-last government day of the session on such a significant bill, leaves a lot of questions open.

So, Mr. Speaker, this is how Steven Lewis asks the question. And this is one, I think maybe they've got it all figured out over there, so maybe they're going to become the administrators of this process. But what he says, he asks, "So let's see the accounting in full light of day. And then there's fairness." He asks, this is the fairness. And I'm quoting:

Suppose Harriet and Jim go to their doctors on the same day with the same symptoms. Both doctors send them for an MRI. Harriet pays for a private scan three days later. Jim gets his four months later from the public system. The scan results reveal that both need surgery. Harriet's diagnosis is confirmed 117 days before Jim's. How will Harriet not get her surgery before Jim? If she does, she has paid to jump the queue.

Maybe the government is clever enough to figure out how to prevent that, but I can't.

And that's really, that's the big question. How do you do that? How do you do that in fairness to everyone involved? You've made a promise to Harriet. You get this scan, you get the information, then there's sort of a half-promise there that's left in silence. What do we do? People are expecting that they will get the next thing happen, right? But in fairness, they were in the line together for public, for services from the public system. And if we let Harriet jump ahead of Jim because he didn't have the money to pay for a scan, that's not fair. That's not fair. And that's a real problem.

So, Mr. Speaker, he goes on to ask . . . This is what he says, "MRI scanning presents the government with a golden opportunity to apply an appropriateness and equity lens to policy-making. Appropriateness is one of the Ministry of Health's formal . . . [policies]."

And that's so true, appropriateness and equity. We can do a lot of things. We can do a lot

of things. But we know a lot of things don't help, and we know that a lot of things may give false hope. And we know that a lot of things cost a lot of money. So it's all about being appropriate, and that's what the Ministry of Health's role is.

And also there's a sense . . . And we have a strong tradition here in Saskatchewan — we've always been worried about this government in terms of its sense of equity — here we have a strong commitment to equity right across the board here in Saskatchewan. Whether you are rich or whether you are poor, it doesn't matter; all people are equal when it comes to health. And we value that, and we value that as Canadians. We value that as Canadians.

So I have some real questions about this when it comes to this kind of process, and so does Steven Lewis. Where is the Ministry of Health in this innovation when he asks about that?

Now, Mr. Speaker, there has been several letters so quickly written, and we'll see many, many more about this. But I do want to get on the record some of these letters because they are so thoughtful. So this one is from Gilbert Will, and he writes in the *Leader-Post* "Wrong way to fix MRI wait list." He writes:

Here we are again: the government has done its polling and has come out with another way to push private health care.

The government has had time to fix the MRI . . . list since the last time it floated private MRI scans, yet it seems . . . [to have] done nothing, but polling. The premier should be ashamed for not fixing this problem.

I know I can get a private MRI, but it shouldn't come to that. If we need more MRIs done, then get it done. The government wants to grow this province and that must include building health capacity, and not just for MRIs.

The government spent large sums of money on the lean process, but it has failed to fix this simple problem. We pay taxes to cover the bills . . . [but] that isn't enough . . .

So there's, you know, I think that's exactly what we've been talking about, exactly what we're talking about.

Now here in *The StarPhoenix*, a letter written by Stan Rice. Stan Rice writes that:

New legislation that allows private, for-profit operators to charge patients to access an MRI ahead of those who cannot afford to pay or choose to access the public system creates two distinct problems.

The first is allowing private operators to provide insured services in our health-care system. Numerous American studies have shown that not-for-profit health care agencies consistently provide better quality and safer care than for-profit agencies.

The second issue is allowing people to pay for a private MRI. Access to health care should be based on need, not ability to pay. This principle has served us well for decades. The SP quoted Premier Wall saying in 2008, “Offering medical services such as an MRI for a fee seems to be outside the Canada Health Act (CHA) and is an area where the government doesn’t want to tread.”

Alberta was forced to repay patients for medically necessary MRI scans that were deemed to be in contravention of the CHA.

So, Mr. Speaker, it goes on and it concludes:

. . . Saskatchewan MRI wait . . . [lists] are the second best in Canada. Wall has a choice. He can continue to strengthen our public health system, or venture forth in a way that’s extremely risky.

And here’s a letter in the *Prince Albert Daily Herald*: “MRI decision will lead to every man for himself?” Albert King writes that:

If I have decided that I was going to purchase an airplane ticket to anywhere, knowing that the person beside me was going along at my expense, how would I feel? Then why would I pay twice as much as I should so that this person rides free, and gets there at the same time as me to see the same surgeon at the same time as me. I would look around and notice that there were people coming in and filling up the waiting . . . [list].

The airline would be over booked, they were trying to find more planes and pilots, they were not able to and therefore hired more pilots from another airline.

And you can see where this is going about the human resources capacity, stealing from the public sector and creating this for people who really need services, and then creating this idea that if you want to jump ahead, then you can.

Mr. Speaker, we’ll wait, and we’ll see more letters I’m sure in the days ahead. We have CUPE [Canadian Union of Public Employees] Saskatchewan, they have added their voice to this concern. Tom Graham says those with large wallets can get MRIs quickly while the rest will have to wait. He points to the provinces which use a pay-for-use model and studies have shown an increase in overall wait times, and that again is so true.

But I want to... And I know that many others will want to get into this debate, but I want to have two physicians, and what do they say about this? What do they say about it? And this is a story from *The StarPhoenix* just a couple of days ago on May 8th. SMA president quotes private MRI plan, and I quote from the paper. The president of the Saskatchewan Medical Association is skeptical of a government plan to allow MRIs, saying the proposed cut structure may not be viable. It goes on to say:

The provincial government has tabled legislation that would allow private clinics to offer MRIs to paying patients — as long as they offer one free to another patient.

[The doctor says], Dr. Dalibor Slavic, whose term as SMA president ends today, said the two-for-one plan would make it difficult for radiologists to cover their costs. As for passing the added cost to the patient, he said most people would rather get a cheaper scan in Alberta.

There is another idea. I hadn't thought about that. So if you're paying more in Saskatchewan and if you're already thinking you're going to pay, then you probably will end up going to Alberta. So that's what Dr. Slavic raises and he says, and I quote: "The concern among the radiologists is that it's going to be a two-for-one deal where they are going to have to cover the cost."

And it's very interesting that, you know, and he does raise this and this is one that I think that we have to think about. You know, it's interesting as we think about the history of innovation. You know, he raises again like Dr. Lewis around the appropriateness of tests:

Although the patient would still require a doctor's referral, Slavic said the appropriateness of the MRI should be the main concern. He said many couples have paid for [and he quotes] "entertainment ultrasounds" to look at a pregnant woman's abdomen since they became available. "Will this open up that possibility?"

So there's a lot of work that needs to be done beforehand and that's the kind of thing I think Dr. Lewis has really, really raised. And I think that, as I said, when we have the long list of health care concerns that have come to the House over this past spring session, whether it be long-term care, whether it be the ambulance fees the highest in the province, whether it be emergency rooms and the overcrowded services, overcrowdedness of emergency rooms, we have a lot, a lot of work.

And here is Dr. Ryan Meili, and you know, both sides of the House...And I'm glad to see that he's doing a lot of work on poverty and these folks over here have come to appreciate his good work. And so I'm glad that Dr. Meili has also jumped into this because this is his primary area. He is a physician and he does want . . . And you know, when I've heard him speak . . . And he really does talk about the holistic approach to health care that we need to take and not an obsession with testing. But really we need to look at the root causes of what's happening in our health care. He really has some questions. And so what he says, and I'll quote:

This past week, Saskatchewan Premier Brad Wall took to Twitter to ask the question "Is it time to allow people to pay for their own private MRIs in Saskatchewan like they can do in Alberta?"

And so and it goes on to say:

It's a real problem. For that reason we should be wary of false solutions, and look first to evidence before rhetoric takes over.

The best place to look for evidence is the province Wall references as a model: Alberta. Many Saskatchewan residents have sought out care in Alberta's private

MRI clinics, giving the impression that the experiment there has been a success. It turns out, when we take a closer look, that things are not so rosy in the land of private MRIs after all.

Perhaps the most surprising fact is that the wait list for an MRI in Alberta, rather than having been shortened by the presence of private imaging clinics, is actually the longest in the country.

In Canada it's the longest. And we want to emulate Alberta? We want to go to that . . . [inaudible]. As the minister would say, he's paving a road and this is the road that he wants to pave.

According to the Canadian Institute for Health Information (CIHI), patients in Alberta can wait from 87 days . . . to up to 247 days . . . compared with a 28 to 88 day wait [list] in Saskatchewan. These waiting lists exist despite Alberta having the second highest number of scanners per capita in the country, suggesting that [there's an] overuse may be a problem — a phenomenon that may actually be exacerbated by excess capacity.

It may seem counter-intuitive that the public wait list would lengthen in the context of more MRI clinics and scanners. It appears that capacity, in the form of physicians and technologists, is siphoned off from the public system by parallel patient-pay . . . [system], a pattern that has been seen in surgery as well as imaging.

And he goes on to say:

More troubling yet is the question of equity. If an MRI scan is the limiting factor for getting a surgery, and I can pay for my scan, I get to have my publicly-funded surgery before someone in as much need but less able to pay out of pocket. This is the principal reason that the existence of patient-pay MRI clinics, as Wall pointed out . . . is against the Canada Health Act.

This is also the reason that Alberta has in recent years:

. . . moved away from the patient-pay model. Many of the private clinics charge the public system for the scan and charge the patient a premium on top. Alberta was also forced to repay some patients who had paid for medically-necessary scans out-of-pocket.

He goes on to say:

Expanding hours of use, training programs for personnel, and the number of machines in the public system is another. [We can all learn from] Anyone can learn from their mistakes, a true leader learns from the mistakes of others. Saskatchewan should look closely at the experiences of other provinces before choosing a path [and as the minister would say, "paving a path," choosing a path] that, while seeming to offer solutions to our challenges in healthcare, could

actually make them worse.

And that's Ryan Meili, and I know those folks over there listen to Dr. Meili and they've often quoted him. And I hope they quote him when they think about the MRIs. This is a problem.

And you know, Mr. Speaker, as I said, we know there is a lot of reasons that we're looking for innovation from this government in health care. There are a lot of needs. And they should just think about the people who have been in the galleries, the people who have been in the galleries since March and in the past years, who have called for better long-term care, better long-term care for our parents, those who we love dearly and are put in dangerous situations because there just hasn't been the resources put forward.

Emergency rooms, like we learned today . . . We need to really think about that. What are the innovations there? What about ambulance charges? When we know they're the highest in Canada, the highest in Canada, why are we putting forward MRIs this way when we really have a challenge there?

Mental health. Mental health, we had a study done last year, a study done last year, and this government has done nothing with it. They're saying they're taking some time to think about it. We know, we know that's a huge issue, and too many families are faced and touched with that. And it's a tragedy when they are because it can manifest in so many different ways.

There are challenges before us, and I look forward to hearing from my colleagues on this. And as I said, I was disappointed in the minister's comments who didn't really set out the plan, didn't talk about who called for this. This is a real problem. And if we're in the final, the dying days of this session in this four years of this government, and this is how they think they're going to change the channel — change the channel — because you've got to know, Mr. Speaker, and they will talk about how they've been on the doorstep, but if . . . I'd be surprised if, when they're on the doorstep, that they've not heard about long-term care. Clearly, clearly people are talking about that. Clearly people are talking about that, and they're looking forward to hearing about what the Ombudsman's going to say about that. And there's going to be demand for resources, and we know the government has to be ready for that.

But if they're going to say no, we want to do this MRI scheme where some will pay for one and get one free and how that'll work and then they're going to do an evaluation after a year, I've got to tell you, we have some real, real concerns about what's happening here.

As Dr. Steven Lewis talked about, this government and this ministry has a real obligation to look at equity and look at appropriateness of training. And so many people are talking about what's really gone wrong, what's really gone wrong in Alberta, and how they're backing away. They're backing away from it because it just doesn't work. It doesn't work at all.

Mr. Speaker, I know that many of us will want to talk about this so at this point, Mr.

Speaker, I'd like to move adjournment of Bill No. 179, the Act respecting licensing and operation of MRIs. Thank you, Mr. Speaker.