

Meara Conway

MLA for Regina Elphinstone-Centre

Shadow Minister for Rural & Remote Health/Ethics & Democracy

Deputy House Leader for the Opposition



April 29, 2025

Honourable Minister Jeremy Cockrill
Room 204, 2405 Legislative Drive
Regina, SK. S4S 0B3

Minister Cockrill,

This week in Question Period you stated the following in response to Questions regarding the state of Healthcare.

You know, Mr. Speaker, we hear a lot about challenges. I'd love to hear some ideas from the other side. Thank you.

I have provided just some of the ideas we would like to see you engage with. Most of these ideas come directly from frontline healthcare workers, nurses, physicians and administrators working in the healthcare system. This is but a snapshot of the many ideas I hear about every single day. Many of these ideas, if implemented, would actually bring savings to overall healthcare spending:

1. Attend events, rallies, and educational conferences involving healthcare providers that you have RSVP'ed to. This is a much needed opportunity to hear their ideas, hear what isn't working, and engage with them;
2. Build out team-based care/patient medical home (MPH)/community clinic model at much greater scale to address the crisis in our primary care system. This will reduce pressure on hospitals and acute care, and save money;
3. Do not reduce the healthcare budget by 17M as you have voted to do in this most recent Budget (see page 27 or 56) rather invest in healthcare;
4. When frontline healthcare workers offer to participate in round tables or task forces to identify solutions to our health crisis, take them up on it early, meaningfully and in good faith;

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5. When frontline healthcare workers share the realities of their job with you, believe them and take action;
6. Saskatchewan continues to rank near last in healthcare worker retention. Revisit the Health Human Resources Action Plan: urgently convene a round table to bring together key players and develop a new plan with the ideas and input of people on the ground;
7. Strengthen and subsidize upskilling and education pathways: whether from CCA to nurse; nurse to NP; medical tech or lab advancement, these programs are not sufficiently robust and this is especially key to rural health;
8. Expand the mandate of the healthcare recruitment body in Saskatchewan and resource it accordingly;
9. Develop a robust Northern recruitment strategy in recognition that the North has unique challenges when it comes to recruitment and retention;
10. Enforce a zero tolerance policy for racism and discrimination within the SHA;
11. Greatly expand home-care to allow older adults to age in place and expand LTC beds to meet growing older population; this will free up ALC beds in hospital setting which is far more expensive than developing expanded home-care/LTC options;
12. Foster a culture of transparency within the SHA and protect healthcare whistleblowers; and create more robust mechanisms for them to provide meaningful feedback;
13. Integrate NPs into broader primary care and infrastructure like LTCs; this will enhance both patient care and reduce the burden on acute care and our hospitals;
14. Launch an investigation into AIMS and the stalled health authority amalgamation. The lack of coordination has made our system inefficient and fragmented, as well as increased workforce burnout;
15. Ensure there is quality housing and access to childcare for healthcare workers, especially in rural communities;
16. Publish hospital and health centre disruptions in real time so people know when their home community's ER or obstetrical ward is closed. This may embarrass your government, but it will save lives;
17. Have a means-based test for travel reimbursement for those having to pay out of pocket for travel to access basic healthcare due to lack of local capacity (whether traveling out of

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province for breast healthcare or within province for kidney dialysis or to return to their community after being transported to another community due to healthcare disruptions);

18. Scrap the Lifelabs contract as Lifelabs is an American company that donates to the Trump administration. Use this as an opportunity to procure local services, expand public access, or better yet, reform primary care to include lab services in patient medical home (PMH) model;
19. Healthcare workers have attempted to negotiate protections into their contracts that would bar shifts that lead to dangerous levels of exhaustion (for i.e, 50 hours with less than 45 minutes between call backs, which led to Medical Technician Dexter Mercer to lose consciousness and crash his car in a Hospital Parking Lot – Dexter is now leaving full time work in the profession). Work these protections into healthcare worker contracts to ensure quality of care and decrease burnout;
20. Release a clear, measurable timeline and plan to phase out of reliance on out of province, expensive, private breast care for Saskatchewan women;
21. Develop hands-on, on the ground mentorship programs for medical techs, nurses and physicians. This is particularly important in rural Saskatchewan. Current ones remain inadequate, leaving new professionals without necessary supports;
22. Ensure wages and conditions of work for frontline healthcare workers are competitive with the rest of the country and reflect inflation;
23. Do not accept political donations from healthcare companies that are currently engaged in or bidding on contracts with your government;
24. Fix the Urgent Care Model before expanding it. Had the Sask Party listened to frontline voices in the development of the Urgent Care model, many of the staffing issues could have been avoided. Now, your government is paying some urgent care physicians over \$550/hr (more than ER physician shifts) to *partially* staff the facility. This is one of many issues yet to be resolved before this model should be looked to for duplication;
25. Future initiatives *must* be developed with frontline healthcare providers taking the lead , and not without workforce scans that ensure staffing issues are not exacerbated by so called “solutions” (virtual shifts have the potential to reduce the ROTA of already thin physicians willing to work in person; travel nurses are leading to more burn out and exodus among Sk nurses; hospitalist model drew already scarce family physicians out of primary care; urgent care is drawing physicians away from understaffed acute care, etc.)

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26. Replace costly contracts with full time positions;
27. Launch a dashboard that provides real-time information on emergency room wait times;
28. Ensure that healthcare needs assessment are continually updated to reflect population growth;
29. Accelerate and prioritize the Nursing Task Force that nurses have been asking for for years;
30. Invest in Community Health Advisory Networks so local communities can participate in healthcare decision-making;
31. Re-establish a publically available list of family doctors accepting new patients;
32. Medical associations and unions have outlined clear, evidence-based retention strategies yet to be implemented; draw on the ideas of frontline healthcare providers to address the crisis in our healthcare system.

Minister, this is an nonexhaustive list of the solutions I've been hearing about over the past few weeks. I hope to see you work to implement many of them and engage more thoughtfully with the sector to address the crisis in our healthcare system. Implementing these strategies and others will also help to reduce your government's reliance on costly overtime, costly private healthcare, costly travel nurses, and many other exorbitant stop gaps that do not improve the overall picture.

All the best,

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