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| Alberta | 19e | 2e | Remarques préliminaires à l'étude des crédits | 8 mai 1980 | M. David John Russell | Ministre des Hôpitaux et de l'Assurance maladie | PC |

**Mr. Russell:** Thank you, Mr. Chairman. I would like to make a couple of opening comments, just to emphasize some of the highlights of the department's estimates this year, and to explain why we're seeking the Legislature's agreement to votes of this magnitude. Mr. Chairman, I think this is the first time that a department of the government of Alberta has brought forward a $1 billion budget for approval of the members, and I think it reflects the growth and the economic good health of Alberta. I recall that 10 years ago the then Provincial Treasurer, Mr. Aalborg, brought forth a budget of $1 billion and made a point of emphasizing that that was a landmark in Alberta's development. A short decade later, here we are with one department bringing forward a similar amount.

I think it's also a time for serious reflection, though, when we look at the magnitude of those dollars and the rapid growth in that department's requirements for dollars. I won't go through the graphs that were contained in the budget speech presented by the hon. Treasurer, but certainly they show a rate of growth that has to be alarming. It's not unique to Alberta, but it certainly is there. I think it gives us food for serious thought with respect to the system we're building and the requirements we're laying out for those who follow us.

I'm naturally very excited and proud of the capital requirements and commitments that are contained in this year's budget as well. They represent a lot of work by hospital boards throughout the province, and a lot of co-ordinated planning by department officials. We've got the beginnings of a building program that's unique in Canada insofar as health care facilities are concerned. I'm excited about the fact that we're going to be able to do this, commencing this year.

An important part of the budget also, Mr. Chairman, is the fact that we're converting our capital projects to a pay-as-you-go system, and in doing that have written off, as you know, by a special appropriation of the budget this year, and a special Act of the Legislature, all past accumulated debentures for health care facilities insofar as capital projects are concerned. What I'm outlining to you, Mr. Chairman, is, I think, a level of spending and co-ordinated programs, a commitment to investment in capital projects that is both exciting and very large in scope. I'm pleased that I'm coming here and recommend this to members of the Legislature, with a department that asks for no increase in manpower this year. I'm pleased we've been able to do that, because another problem that I think haunts all departments is how to expand programs without expanding the civil service. We believe we can do it in this department this year, so there's no increase in manpower.

I don't know what the future of health care programs is going to be in Canada. We've followed with a great deal of interest the submissions that various health care groups and other governments have made to the Hall commission on the review of medicare '79. Alberta has made its submission as well, and laid its thoughts before Chief Justice Mr. Emmett Hall. We're waiting with a great deal of interest to see what kinds of directions he will choose to recommend to the federal government, thence to the provinces for discussion.

Certainly I think we're at a major crossroad in 1980 for the development of future health care programs and their methods of financing for Canadians. With respect to that, I think I'd be remiss if I didn't mention what all members are aware of; that is, the magnitude of the settlements or agreements which we hope have been reached with both the doctors and the nursing association with respect to payment for their services. We know that without them as willing contributors to the health care system, we wouldn't have a system. It's important that we do, but the signals are there that the price of paying for those services is going to be difficult for governments to cope with in coming years.

With respect to that, I must admit, too, to having some concern about the sabre rattling the federal government is doing with respect to the established programs financing Act. We're very pleased with that financial arrangement. In fact, our previous provincial treasurer worked very hard contributing to the development of that piece of legislation. There's some talk now about going back to a straight cost-sharing formula, which we think inhibits the latitude and freedom of the provinces to make the kinds of decisions they want with respect to their health care delivery programs. So I have to lay out our concern about directions Mme. Begin took during her former term as health minister and since her re-election to that post.

Just to conclude my remarks, I want to highlight a couple of things in the estimates that might not be noticed unless I bring special attention to them. The first thing is the provision of a special vote of $6 million which I hope will be the first for several years to come to buy rather expensive equipment of a high technological nature, in addition to the other equipment vote already contained and substantially enlarged in the estimates this year. In this era of modern science and technology, and heavy capital investment, I think it's important that we do keep pace with our hospitals' demands and needs for modern equipment, so that special $6 million vote appears third for the first time this year.

We're also increasing, from $50 to $150 a day coverage, out-of-province benefits to be paid by the government on behalf of Albertans seeking hospitalization in areas outside Alberta - that is, in other provinces.

Because it deals with two high-growth areas in Alberta, the last thing I'd like to mention is the provision of $0.75 million for two metropolitan bed-need studies to be carried out for the metropolitan areas of Calgary and Edmonton. As those studies are developed under the management of the area planning councils in both those regions, I hope we'll be able to lay out a long-term blueprint for the development of beds in the metropolitan regions and the roles those very particular kinds of beds would play.

Those are my opening remarks. Thank you, Mr. Chairman.