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| ***Province*** | ***Législature*** | ***Session*** | ***Type de discours*** | ***Date du discours*** | ***Locuteur*** | ***Fonction du locuteur*** | ***Parti politique*** |
| Alberta | 19e  | 4e  | Remarques préliminaires à l'étude des crédits | 7 avril 1982 | M. David John Russell | Ministre des Hôpitaux et de l'Assurance maladie | PC |

**Mr. Russell:** Mr. Chairman, there are some important things in the budget this year that I think ought to be highlighted. It's not all good news, although the net result is that good services are delivered. I think members share my concern that this department, the highest spending one in government, has estimates that increase by 30 percent this year. That's a figure that has to cause us all some alarm as legislators. It puts the total spending of the department over the $2 billion mark. I can remember the time during my term in this Legislature when the budget for the whole government was $1 billion, and this year we see one department going through the $2 billion mark.

I get that $2 billion mark by adding the $1.7 billion of total expenditures to the $255 million shown as revenues falling into the health care insurance plan. Those have to be added if we're looking at total expenditures.

There are some very large increases involved in the delivery of our health care system this year. Members will notice that the bill for health care insurance has gone up 40 percent - a 40 percent jump in one year. By maintaining health care premiums at their present level and not including an increase in the budget, I'm not in a position to be able to guarantee that even that 40 percent increase will be sufficient. The costs for the various kinds of hospital care have gone up considerably as well - well beyond the rate of inflation - from 14 percent for active care, through 20 and 2 1 percent for auxiliary care and nursing home care. The last major part of the budget for this department, the capital portion, is up 143 percent over last year, which shows our continuing commitment to ongoing upgrading and construction of new facilities.

I want to go back for a minute and emphasize again my concern about what is happening to the health care insurance portion of this vote. Expenditures are expected to go up by 25.7 percent, but revenues are only increasing 10 percent, so we're looking at a difference of $480 million and $255 million. As that gap widens, and as the federal government continues to make adjustments and policy changes with respect to its attitude toward a national health care program, I think we can continue to be concerned about those figures.

There are some highlights contained in the estimates I'm putting before the members, Mr. Chairman. There are considerably more funds, up to $9 million, allowed for the broadening of physiotherapy services as an insured service provided by the private sector. There is in excess of $29 million in this one year for the purchase of major equipment, and that's on an ongoing basis and is aside from any capital project budget for any specific new hospital. It's just part of our ongoing replacement and enhancement of equipment in existing plants.

Medical education financial support is up 18 percent to $24 million. That's exclusive of the schools of medicine, the faculties of medicine, or the schools of nursing. It is strictly for interns and residences, and I think it's a very presentable figure on a national basis. The air ambulance program, which is bringing very welcome assistance to many of our Alberta citizens, particularly those in the remote parts of the province, is being increased by 41 percent - looking at the increase in expected numbers of trips and inflation there - to $1.5 million. There is $9.5 million included in these votes for purchase of blood and tissue from the Canadian Red Cross, which they produce through their voluntary blood donor system.

Although I shouldn't pick out one hospital in particular, I want to mention the children's hospital in Calgary. Its budget is up 33 percent this year, to $24.5 million, as the impact of that fine new capital plant flows into operating funds. The 143 percent increase I mentioned in capital funding is, of course, in addition to the major chunk of dollars also available in the Alberta Heritage Savings Trust Fund for capital plants. This year, I hope to see construction start on the sites of at least 13 of the prototypical hospitals we've been developing over the past several months for a number of our medium-sized communities in Alberta. I expect to see those start to go to tender about mid-June this year, and keep going throughout the summer months. I'm very pleased that what I think is a very innovative program will enter the construction stage. There's also a large amount of funding, in excess of $20 million, set aside to allow for the start of construction, toward the end of the fiscal period, of the four new major urban hospitals of roughly 500 beds each.

Another thing I want to mention when I'm talking about capital facilities is our program of fire code upgrading. We've seen what's happening in other parts of the world with respect to fire hazards and damage in health care facilities. We don't want that to happen here, and have devised a multi-year program whereby we're committed to go through the facilities and upgrade them according to the latest code requirements. There's $6.5 million in the budget this year to do that.

I'm also pleased that there's funding included - although not of great magnitude, but always very important I think - for two additional new moves this year, Mr. Chairman. Today I introduced the members of the Nursing Home Review Panel, and I'm expecting to receive from them a comprehensive report that is going to require a lot of work. This budget requests $144,000 to establish within the department a special four-person team that will deal only with nursing home matters. That's in addition to the regular staff there now. There is also $530,000 in special funding that will see us work with three pilot projects - the Foothills hospital in Calgary, the Drumheller General hospital, and the Medicine Hat General hospital - with respect to trying to find a new model of funding the operating costs of hospitals.

With that, I'll take my seat and be glad to listen to comments and questions. I did want to emphasize my concern about the rapid escalation of this very expensive department, and the rate at which the required dollars are accelerating each year.