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| Alberta | 22e  | 3e  | Remarques préliminaires à l'étude des crédits | 25 avril 1991 | Mme Nancy Betkowski | Ministre de la Santé | PC |

**Mrs. Betkowski:** Thank you, Mr. Chairman. I appreciate the opportunity to make a few introductory remarks before we get into the estimates of the Department of Health. Before doing so, though, I just would like to say that this budget exercise for the Department of Health has been, of all the health budgets that I have presented in this Legislature, probably the one that took the most time and the most soul searching and the most preparation. I say that not to highlight anything that I've done but to highlight something that has been done within the Department of Health and with the agencies that are a part of the Department of Health.

May I simply say thank you to a whole bunch of people: each and every one of the people on the staff of the Department of Health who worked through the priorities, who tried to figure out where the balances lay, and who helped me in making the choices that were necessary to be made in the budget. I especially want to say thank you to my deputy minister, Rheal LeBlanc; to Aslam Bhatt my assistant deputy minister in charge of finance and administration, and if there's ever a question that I don't know about, believe me, Aslam is a terrific help to me in finding that; to the staff, obviously, in the whole department; to the AADAC people who are here, and I see them up there and greet them, and I know their chairman will speak further to the AADAC budget tonight; and within my own office, especially to my executive assistant, Darrell Osbaldeston, who is not only a wise counsel but a very good friend.

Most simply stated, the fundamental purpose of our health system is to provide all Albertans with reasonable access to quality health care and to provide support to initiatives that promote and maintain the health of Albertans. That, quite simply, is the reason why we're all here and why in fact you, Mr. Chairman, suggested that this was a very important budget this evening. The mission, then, of the Department of Health is to promote, maintain, and improve the health of Albertans by providing direction in the management of the resources to ensure appropriate, accessible, and affordable services in the province not only for now but in the future as well.

As Albertans we are fortunate in having one of the most comprehensive, one of the most accessible, most caring health systems anywhere in the world. To anyone who wants to contest that, I would more than gladly join in the debate. Indeed, our universal health system is a Canadian value. From traveling throughout this province in my time as Minister of Health, I know how precious our health system is to Albertans. As a government we are committed to preserving and enhancing that health system now and into the future.

On Thursday, April 4, when my colleague the Provincial Treasurer presented the 1991 Budget Address, he said that our province's budget was not only a balanced budget but a budget that protected "the quality of Albertan's priority programs."

Well, I believe that Alberta's health estimates before you reflect not only the details of how we intend to maintain and enhance the quality of our health system but, at the same time, how we intend to keep it affordable for future generations. I believe as well, with all my heart, that this is a budget in total, as the Provincial Treasurer presented, which is good for Albertans, and I say without equivocation as Minister of Health that this is a good budget for health in the province of Alberta.

It was and is a budget of choices and a budget of change for our health system. There were often very difficult choices to make as we face the challenge of ever increasing health costs during a time of fiscal restraint. Yet those choices reflect the clear decisions we've made to protect access to our health system for all Albertans, to protect the specialized programs and support for those Albertans with the greatest need and those who do not have the ability to pay and, finally, to protect the basic principles of the Canada Health Act, which Alberta not only maintains but exceeds in great supply.

Mr. Chairman, these health estimates show how these objectives have been met. The objective was not, however, to simply provide everyone with everything they want regardless of future fiscal consequences. The objectives were not to take the easy path and have our children or our grandchildren shoulder the burden in their day just because we didn't have the courage and resolve to live within our means today. Our objective was to maintain the integrity of our health system yet attain a greater degree of fairness, equity, and efficiency within it. Our objective was to balance the health expectations of Albertans with the reality of the available resources. Our objective was to continue a shift in emphasis from institutional to community services.

Our objective was to thoughtfully and prudently use our finite health resources so that the priority to assist those who most need our help was maintained; in other words, to prioritize and focus our attention. While the federal government has dramatically reduced transfer payments to this province for health programs and health services, we have chosen as a government not to reduce these programs but indeed to enhance many of them. At a time when this province is presenting a balanced budget to Albertans, we've chosen to continue our priority on the health of Albertans by providing a very significant 10 percent increase in the health spending to an amount in excess of $3.4 billion for the Department of Health alone.

Make no mistake, Mr. Chairman: other departments of government, like Economic Development and Trade, like Energy, Tourism, Transportation and Utilities, and the list could go on, had to take a substantial reduction in order that the Health department could take a 10 percent increase. For that, I personally say thank you to my colleagues who have had to bear those kinds of consequences, and I say to Albertans that it is an obvious statement of the priority of this department in the eyes of this government.

We are committed to the principle that people must be the focus of our health system and that the health system must not just be there to treat illness and injury but, as well, allow Albertans regardless of their age, gender, geographic location, or income to maintain their health and their independence and their ability to remain in their homes and be productive members of society. With that in mind, we've made substantial investment in home care services over the past year. Our total support for home care this year will be more than two and a half times what it was in 1985-86. This year alone we'll see a 30 percent increase, or an additional $16 million support, dedicated to home care in our province. Not only will this additional funding allow us to maintain and enhance the support currently provided, but it will enable us to expand the program to now include support services for the under age 65 group, something which I think is a very major step as we extend home care to all Albertans regardless of age. The change was one of the major recommendations of the Premier's Council on the Status of Persons with Disabilities. We'll now see all Albertans having that home support where they need it.

We'll certainly get into the issues of home care during the discussion this evening, but it's important to remember that home care has, in my view, three basic components. Home care is about prevention: it's about preventing institutionalization; it's about preventing the need to have treatment when we could be doing more things in the home. It is, secondly, about independence: it's about giving people a few of the supports they need in order that they don't have to become dependent upon institutions, upon other service or community agencies. Thirdly, home care is about discipline; it's about cost containment. Home care runs on a budget. Home care operators live within their budget, and frankly they are an example to many other sectors of the health system.

At the same time, Mr. Chairman, we have updated our Aids to Daily Living program so that all Albertans who are chronically or terminally ill or physically disabled will have equal access to or support for medical supplies and equipment regardless of age. The updating of the program along with the addition to the benefits list of a number of the expensive, medically required items that hadn't been covered before, such as power wheelchairs, diabetic service aids, ventilation therapies, and many others, was one of the major recommendations of the Premier's council. It will ensure equity of access to the program and reduce the financial strain on those Albertans with the greatest need. The issues of this budget are ones of fairness and equity, and they permeate the entire health budget.

Included as well in our continuing emphasis on developing community services are increases in areas such as the breast cancer screening program, immunization, speech language pathology, and our community-based AIDS program, one of the broadest programs throughout the country. It's a highly visible recognition of the efforts to empower Albertans to remain healthy and to take steps that will remove the need for future care and treatment.

We also recognize, however, that good health for Albertans does not just include physical well-being; it includes as well emotional and mental health. We've therefore increased our funding substantially to our community mental health services, services that will address the important issues, such as mental health for children, for our seniors, and for natives, services that will expand our suicide prevention programs and will increase our support to community mental health agencies. Albertans want community support services and an ability to remain in their own homes, Mr. Chairman, and we've empowered them to do so.

Albertans also want equitable and reasonable access to our health system, and we've protected that access. Indeed, in recognizing that in some rural areas of this province such equity of access may be threatened by ongoing difficulties to recruit and retain local physicians, we have introduced a new program to help recruit and retain physicians for rural Alberta. The $2 million program will address the ongoing problems faced by some communities in this province in maintaining an adequate supply of physicians by providing financial incentives through student loan remissions, providing for increased exposure of medical students to the benefits of rural practice, and increasing the availability of educational opportunities and cover-off for rural physicians. Rural Alberta must and will have access to our health system, and this program will protect and in fact enhance that access.

Albertans have said that they want a health system that provides a continuum of care and that focuses on health promotion and disease and accident prevention rather than simply on treatment and hospitalization. We've provided that system. To further stimulate the development of new and innovative strategies in the areas of both health promotion and health service delivery, we've established this year a health services innovation fund with an initial start-up allocation of $1 million. Our health system is in the process of change and in the midst of evolution, and the innovation fund will help to encourage the kind of creative thinking that will make our health system more efficient and more effective in the future.

Because efficiently and effectiveness will be key words in the future when there are not infinite resources available for health, when more money to meet the challenge is not always a feasible answer, then obviously more effective utilization of existing resources becomes a very viable alternative. We must live within our means. We must live within budgets, whether we be hospitals, health units, or individual Albertans. We cannot have precious health dollars being used to cover debt costs. We cannot put future generations of Albertans in the position of inheriting a health system that they cannot afford.

To ensure that as a province our health system as a whole lives within its means, we have again placed our emphasis on operating dollars for that system as opposed to capital dollars for more bricks and mortar. Only those capital health projects that meet the highest priority needs of Albertans will be proceeding this year. I recognize, too, that members on all sides of this House have had to deal with a local project that is not proceeding this year in order that the higher priority projects could proceed. To all members I give my thanks.

In the acute care sector our acute care funding plan continues in progress in developing a more equitable funding system for acute care hospitals. The plan will further address this year not only a funding model based on the efficiently of a hospital in treating patients and the severity of illness of those patients but will also move to assure the funding system supports and encourages outpatient and ambulatory care. The development of comprehensive role statements for each and every acute care facility in this province will be a major part of the acute care funding plan, and that process will ensure that changes will be driven by the needs and the creative energies of local communities, of which there is a good deal of energy.

To ensure that the special circumstances of rural communities are taken into account and since I've spoken to many, many rural facilities who have argued that in fact their situation is somewhat different from the larger metropolitan or urban centres, I announced a rural subcommittee of the acute care funding plan in November of last year which will look at those specific needs and continue in the process of revising the funding model. The development of the role statements is also being initiated amongst the health units to ensure that that community section meets the challenges of our evolving health system.

In the long-term care sector, Mr. Chairman, Alberta continues to be a leader in Canada in the referent of our long-term care programs, including our single point of initiatives, our long-term care funding model based on case mix index and patient classification systems. These were initiatives and enhancements that were part of the Mirosh report. To the Member for Calgary-Glenmore I say thank you for the long-term vision which she saw several years ago as part of her committee in revising our long-term care system.

To achieve the enhancements, Mr. Chairman, I've already noted that we've asked Albertans to participate both directly and indirectly: indirectly through my many colleagues in the Assembly who must manage their departments and agencies with fewer resources, and directly through increased health care premiums and through. a greater participation in the cost sharing of some support programs where reasonable and where an individual is able to afford it. We've asked all Albertans to share that responsibility, including our seniors, and as Minister of Health I feel that our request is a reasonable one.

We continue to protect our lowest income Albertans and those in greatest need through our premium subsidy support programs and through our home care program. We continue to protect and support our seniors through some of the most generous and comprehensive support programs anywhere in Canada. We continue to provide premium-free health care and Blue Cross insurance for our seniors. We continue to provide assistance with the costs associated with eye glasses and dental care and medical supplies and equipment. Our home care program for seniors has not only been maintained, Mr. Chairman, but substantially expanded. We have, effective this year, added drug and ambulance costs as program benefits to residents in our nursing homes, removing the previous requirement for people in long-term care to be responsible for some of these costs. At the same time, we have been able to keep our long-term care resident fees the lowest of anywhere else in Canada.

Albertans are proud of the health system we have here in Alberta. It is the envy of much of the rest of the world. Increasingly, I am receiving requests from health professionals and administrators from all over the globe, from the United States, from Europe, from Australia, to come to Alberta to visit, to study, and to examine our health system and adopt it for their own use. That doesn't say, Mr. Chairman, that our system is without challenge, for it faces many. That is not to say that it is perfect, for it is not. That does not say that change is not needed, for it most definitely is. But it is a clear indication that we must preserve those elements of the system that can continue to serve us well in the future and adapt those elements which no longer meet our changing health needs as individuals and as a province.

There have been and there will continue to be difficult choices to make, difficult decisions in terms of choosing the path to follow. Frequently, there is no right path but only many options, all of which have advantages and disadvantages. We will, however, make those choices, and we will have the courage to make those choices. The bottom line, the foundation for all those decisions, will always be the improved health of Albertans. I look forward to reviewing the Health expenditure estimates and the highlights of each of the support sections.

I would now ask the chairman of the Alberta Alcohol and Drug Abuse Commission to give some overview remarks before we get into the estimates in detail.