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| Alberta | 23e  | 1re  | Remarques préliminaires à l'étude des crédits  | 23 septembre 1993 | Mme Shirley McClellan | Ministre de la Santé | PC |

**Mrs. McClellan:** Thank you, Mr. Chairman. I'm pleased to have this opportunity to discuss the 1993-94 Health budget with the subcommittee. I don't intend to take up a great deal of time with introductory comments, but I do want to make a few points.

I would begin by introducing the staff members that are here. We have Don Philippon, acting deputy minister. Don, as many of you would know, assumed this role in March of this year and has served us well in those months of challenge. Frank Langer is down at the end. He's the acting assistant deputy minister in the acute and long-term care division. Immediately beside me to my left is Dave Kelly, the assistant deputy minister in the health care insurance division. Next to Frank is Steve Petz, the assistant deputy minister of community health. Sitting in for Bernie tonight is Denis Ostercamp, the executive director of the mental health division; our ADM is out of the province right now. As well, Rhonda Stevenson, with our communications area, is back there. Of course, I think most of you know my executive assistant, Maureen Osadchuk. If you don't, you should get to know her, a very knowledgeable lady in my office that's willing to help any and all of you. Yes, I almost forgot Aslam Bhatti. How could I do that? Aslam is with the finance part of our operation.

Just a couple of opening comments, Mr. Chairman. I'd just share with the committee that one thing I learned very quickly in this portfolio is that Albertans hold our health care system in very high regard. They believe, quite rightly I think, that our health system is among the best in the world, if indeed not the best. They also believe that we must work hard to sustain the system for the future. We have seen that commitment from the people in this province, from the people who access our system to the people who provide in the system.

Certainly our government shares this very deep commitment to the system, Mr. Chairman. I think living up to this commitment certainly means that we must ensure that we have the financial capacity to sustain the system and to ensure its viability. I believe that our 1993-94 budget takes significant steps in ensuring that viability. It's a budget that maintains our generous financial commitment to health, but it also recognizes that resources are finite. It recognizes that we do no one any favours jeopardizing the future of our system by spending irresponsibly today. In reviewing the 1993-94 budget, I would note that we have reduced overall spending by about $200 million. I believe that Health, spending about a third of our provincial budget, must be a part of our commitment to deficit reduction and, while doing that, maintain the high quality health services that we have in this province.

Mr. Chairman, I'm going to speak very briefly about each vote, and then we could certainly go to questions.

Program 1 is Departmental Support Services. I think if you observe the budget in that area, you will see that we are prepared to tighten up in our own administration, with a drop of over 10 per cent from our last year's estimates.

Program 2 funds the health care insurance plan. We now have an overall cap on physician services and also, you would recall, have committed to no increases in allied health services such as podiatry, optometry, chiropractic, and physiotherapy. In other words, we're going to maintain them at their level for this budget year.

Program 3 is acute care funding. This is the largest program. It is the area where we're seeing the greatest savings potential, for a number of reasons. Hospitals have certainly become more efficient, not only individually but collectively, as planning together a network progresses. Also, new techniques in medicine and diagnostics have reduced the need for numbers of inpatient services, and we see a great move to ambulatory care, to outpatient surgeries, et cetera.

Program 4 is long-term care. This is a major area of funding reform for Alberta Health. We've seen the introduction of a patient classification system and a single point of entry delivery system. I should say for your interest, committee members, that both of these systems have been seen as models across Canada.

Program 5 is Community Health Services, which comprises our funding to the 27 health units around the province. In this area we've continued our increased commitment to home care as a desired and appropriate alternative to institutional care, certainly encouraging a shift to community-based health.

Program 6 is community mental health. We've maintained funding in this very vital area and are working stakeholders through the mental health strategic plan to create a continuum of care for the mentally ill.

Program 7 is unspecified at this time. I would say that we've received excellent suggestions from the Red Deer roundtable on where to achieve savings in 1993-94, and I hope that we will be able to announce specifics in the very near future.

Mr. Chairman, through the budget process and throughout the restructuring process that we've embarked on in Health, I've certainly been impressed by the willingness of health professionals to roll up their sleeves and get involved in the process. That's been evident through the roundtables, through informal discussions, head-to-head meetings. Through all of those, health professionals and government members have discussed, debated, argued, and planned, but all in the interest of making this system the best it can be. Equally important have been the ideas and suggestions of thousands of Albertans who have participated in these discussions or written to me as individuals. I appreciate that support and the constructive criticism I've received from Albertans. I think it's a clear indication of Albertans' desire to be a part of the decision- making process. I also would say that I appreciate the critical evaluation of our work provided by my government colleagues and by members of the Official Opposition. I know that regardless of what side of the House we sit on, all members of the Assembly share an honest desire to sustain our health system and prepare it for the new challenges and opportunities of the next century.

Mr. Chairman, one final note. Through these challenging times I've been very fortunate as minister to have received advice from many talented public servants in the Department of Health. Some of them have joined me tonight, but many others that you won't meet have worked very, very hard, and I want to acknowledge that.

Mr. Chairman, with those very brief comments, I look forward to questions from the members.