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| Alberta | 23e | 4e | Remarques préliminaires à l'étude des crédits | 4 mars 1996 | Mme Shirley McClellan | Ministre de la Santé | PC |

**Mrs. McClellan:** Okay. I want to assure members that there are some of my colleagues here that are here because they are part of my Health budget. As we present our budgets now, while a number of these members report to me, the detail of their expenditures are in my budget. I would introduce Jocelyn Burgener, who is here as the chair of the Seniors Advisory Council; Denis Herard, who is here as the chairman of the Health Facilities Review Commission; and Bonnie Laing, who is here as the chair of AADAC. So I just wanted to make that clear, that they're not here as committee members per se.

I'd like to also introduce the department staff that are joining me today and thank you for facilitating them being at the table. I do think it'll probably make it much easier for us. Dr. Jane

Fulton, deputy minister, is to my immediate right. Don Ford, assistant deputy minister for area services, is next to Jane. Cec Lord, executive director of the Intergovernmental Issues Secretariat, is next to Don. At my left arm, just coincidentally not philosophically, is Aslam Bhatti, assistant deputy minister of corporate services. I want to thank our department members for joining us tonight.

Colleagues, after three years of hard work and tough decisions 1996 will be a year of greater stability in health. It will be a year to monitor and evaluate quality and accessibility. Original budget targets announced previously therefore have been revised, and I'm sure we will discuss that this evening.

This year's estimates show an increase of 4 percent in my department's budget over last year's budget but only a slight increase over '95-96 expenditure forecasts. As I explained when I was before you in supplementary estimates, higher than anticipated expenditures in '95-96 are largely the result of the AMA agreement, which has postponed achieved savings of $100 million in medical and drug expenditures to subsequent years. I would note once again that these savings will be achieved through new efficiencies, not through benefit reductions, and that is very clear in the announcements that we made in the agreement. I want to emphasize that one more time: savings will not be counted if they were achieved that way. So frankly we're saying that there cannot be savings attributed to that $100 million in benefit reductions.

As well, $11.4 million in additional funds were also provided in '95- 96 to reduce surgery and MRI backlogs and to establish a whole nutritional therapy program. We had a very good debate and discussion - I would say maybe more than debate on that - when I appeared before you in supplementary estimates for those figures.

Health expenditures I believe have been brought under control but not at the expense of high-quality services. The efficiencies that have been realized will put this province in a better position than most others to withstand reductions in federal social transfer payments - and you note that we have not asked the regions to accommodate those reduced transfer payments - and to respond to our aging population and to address pressure points in the health system wherever and whenever they occur. The monitoring and audit system that we have in place through the Provincial Health Council will also ensure that we have that information, I believe, in advance so that we're being proactive rather than reactive in pressure points.

The government will, for example, not proceed with the $53 million planned reductions to the regional health authorities this year. Community services funding will increase $40 million, as we had planned. I'm working with the regional health authorities on the distribution of these funds. We thought it was important that we take some time to sit down with the regions and talk about how we redistribute these funds, and that process is occurring now.

We are committed to providing Albertans with the most advanced care, so therefore we are committing $15 million to the purchase of new medical equipment. Of course, these are over and above the dollars that we have available to us through lottery funding for specialized equipment. These funds will be distributed to the regions in a proportional manner. I have also asked the regions to work with me and among themselves to bring forward a capital planning mechanism for the future. I think it's extremely important that replacement of capital items be a part of their planning process. Once these funds have been allocated as well as the equipment funding and $2 million in waste management funding, all regional health authority budgets will be equal to or higher than their 1995-96 budgets. I plan to have those allocations made within a couple of weeks and most certainly by March 31.

Other priority areas will also receive additional funds. All members are well acquainted with the difficulties in recruiting and retaining physicians in some rural and remote communities across Canada, never mind just in Alberta. We therefore seek to bolster the rural physician action plan budget by $1.1 million to bring it to a total of $2.8 million. I know a number of members have had the opportunity to read the document, the report card on the rural physician action plan, and a number of the recommendations that we are bringing forward are as a result of that review.

I'm also pleased to add that Dr. Larry Ohlhauser, who is the registrar of the College of Physicians and Surgeons, has graciously agreed to chair the Rural Physician Action Plan Co-ordinating Committee. I'm confident that under his leadership innovative ways will be found to improve the geographic distribution of physicians in this province.

The Action for Health initiative, which funds health promotion activities, will see its budget grow by $2 million to a total of $6.5 million. This is certainly consistent with our goal of providing information to Albertans to enable them to take more responsibility for their health.

For its part Alberta Health continues to reduce its administrative costs. Its staff complement will be reduced by 124 full-time equivalents.

The estimates also show that the Provincial Health Council will receive an increase of $1 million to reflect its first year of operation. If you recall, we funded them for part of the year last year.

The theme of stability is also apparent on the revenue side. The planned increase in Alberta health care insurance premiums will not be implemented. Premiums will stay at 1995-96 levels, as will homemaker fees under the home care program. Long-term care accommodation rates will also remain the same. I believe they have not changed in the last two years. So we've been able to keep them stable, certainly, I think, giving our persons requiring long-term care accommodation the best rates in Canada.

Though the Health budget is increasing, we remain committed to restructuring. Over the coming months and years we'll continue to work with our service providers to reduce drug and medical expenditures through more appropriate usage and to explore new models of primary care including alternatives to fee for service.

To close, I want to acknowledge the efforts of the regional health authorities and the health professions in achieving these past targets. These ambitious goals could not have been accomplished without the input and co-operation of many groups and individuals.

The modest increase that we are asking for in 1996-97 will be invested into priority areas that ensure quality and accessibility for all Albertans. At the same time work will continue to find other and further efficiencies to ensure that resources are spent on necessary services that have a positive impact on the health of Albertans, to integrate services to improve access and quality, and to continue the shift from a treatment- based to a wellness-based health system.

I believe I've covered the highlights of the Department of Health's budget for '96-97 and look forward to discussing the elements in further detail. I think I did it in under the 20 minutes, so we have about a seven-minute advantage.