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| ***Province*** | ***Législature*** | ***Session*** | ***Type de discours*** | ***Date du discours*** | ***Locuteur*** | ***Fonction du locuteur*** | ***Parti politique*** |
| Ontario | 32e  | 1e  | Discours sur la santé | 23 Novembre 1981 | Dennis Roy Timbrell | Minister of Health | PC |

**Ontario’s Budget Speech: First Session of the 32th legislature, November 23, 1981.**

Hon. Mr. Timbrell: I was just going through my written notes from when Mr. McClellan spoke last Tuesday and he mentioned public health spending. I am sure both he and Mr. Van Horne, and for that matter a lot of members, have received copies of correspondence of recent date from some of the municipalities.

 We have increased spending in the public health sector marginally more than in the institutional sector over the last couple of years. This includes bringing up from 60 per cent to 75 per cent the funding of some of the rural health units earlier this year- I am thinking of Peterborough county-city health unit, Lambton, Huron and I am sorry I cannot remember all six - and increased the share of the Metro Health units from 25 per cent to 33 1/3 per cent a couple of years ago. Our stated intention there is as budget permits to move Metro towards the same levels of funding as the other 37 or 38 health units in the province.

 But the correspondence to which I refer and which you have probably been receiving recently has to do with the proposed health protection act. If you recall, one of the fundamental and most important parts of the proposed act is the provision pertaining to core programs.

Some of the municipalities have understandably been saying: "Hold on. Does that not mean more money being spent on public health?" We did not start out the process by saying more money should be spent on public health, but rather that public health services needed to be addressed in such a way as to ensure that in key areas public health services are of an acceptable minimum level of service across the province.

 Right now the range of per capita spending on public health is quite wide, the city of Toronto being by far the most generous in its spending on public health. Some other units-and not just rural units as you might suspect, but some urban units as well- have been, by comparison, rather more niggardly in their spending on public affairs.

 There will be an increase in spending on public health as a result of the health protection act, there is no question about that. But at the same time, we have indicated to the municipalities- and I hope you will bear this in mind when you are dealing with representations you are bound to get on the subject-that we will pay our share of any increases, which would be 75 per cent of the costs. Secondly, we have stated that the implementation of the core programs would be phased in over five years so as to cushion the impact on the municipalities over those years.

 The next point you raised had to do with our continuing debate on bed numbers. You wanted us to compare it back using your figures, but that chart has not been completed yet. As soon as it is ready-if not today, certainly by tomorrow- I will read it into the record and discuss it.