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| Saskatchewan | 22e | 5e | Discours sur la santé | 2 mars 1995 | Lorne Calvert | Minister of Health | Saskatchewan New Democratic Party |

Thank you, Mr. Chairman. Seated to my left is Mr. Duane Adams, deputy minister of Health. We are expecting shortly Ms. Kathy Langlois and Mr. Steve Petz. Mr. Steve Petz is associate deputy minister, and Ms. Langlois, executive director of finance and management services. Currently in the House with us, Mr. Jim Simmons, who is director of capital and special operating projects. We have Lawrence Krahn, who is executive director of the medical care insurance branch, and Ms. Maureen Yeske, executive director of health planning and policy development. And Jahzi Van Iderstine will also be back in shortly — she's an assistant to the deputy minister.

Mr. Chairman, to address the member's latter point first, the question of the global estimate package that you've provided to my office, you will note in the request that you have made of us that you are requesting the totals for the fiscal year '94-95. We have not, as you will know, come yet to the end of the fiscal year 1995. When we have that date past us, we will prepare all of the information, and all of the information will be delivered to you.

So there's no sense here that we're holding back. You've asked for information for the total fiscal year and we will give you the complete package when it's possible for us to put that together.

I want to say just a few comments about the member's opening remarks and I think within the purview of those remarks you've raised a whole number of issues that I expect over the course of today and the days ahead we'll be debating one at a time.

Let me say, on some points I think we are in agreement. When you talk of health care being a focus of public concern in our province, you are absolutely dead on. And so it should be so. If there is something that is precious to the people of Saskatchewan as taxpayers, as residents of our province, if there is something that is key to the quality of life in Saskatchewan, it is health care. There should always be frank and open debate about health care in our province, and I'm sure we'll engage in some of that here.

You say in your opening comment — and I think again we can agree and I think there would be few in our province who would disagree — that if we were to sustain this quality of health care in our province, if we were to sustain the principles of medicare which at least we on this side of the House support, if we were to sustain this quality health care in Saskatchewan and available to all Saskatchewan people, the change was required.

Now you make an interesting point in your opening comments. I hear you being critical in your opening comment that we are spending as much today, or almost as much today, in Health as we were spending three and four years ago. You would suggest by that, that we should have further reduced expenditures in Health.

And I want to make it very clear to the member and all members that when we inherited government in 1991, spending within the Department of Health across government had, over the previous 10 years, literally doubled. Spending in Health had literally doubled over the previous decade. And that's in constant dollars.

Now if you take that trend line and follow it up, had no change been made in our expenditures in Health, had no change been made, if we simply followed all the programs and policies that were in existence in 1991 when we came to government, if no change had been made in spending, the budget figure before you this year would not be $1.5 billion — it would be $1.9 billion. A $400 million increase would have occurred, given the trending of spending in Health. We would today have to be spending $400 million more. In that sense, there has been a significant reduction in how we are spending in Health.

Now if the member's position is we should not have changed anything, that we should have just left everything in place, then that means, that trend line, we'd be spending $1.9 billion today and somehow we would have to find that extra $400 million to provide for that quality of care. I hope the member would agree with me, that is simply not sustainable in the Saskatchewan circumstance.

What has been happening, Mr. Chair, is that we have been taking the global amount of money that we have available to us to spend in Health and attempting, as best as we are able, to match that money and those resources with real need. And so there has been some shifting, some shifting away from institutional acute services to services that are more appropriate to need and more accessible to people where they live and to meet their actual needs.

Now the shift has not been easy. I want to remind the member — he will have read the Estimates — that still the vast majority of our resources, the vast majority of our resources are directed at providing the best quality acute care that we can possibly provide.

The largest item in the Department of Health estimates will be, and remains to be, the hospital budget. The second largest chunk of our budget is spent on medical professionals, and the bulk of that to doctors. The third largest part of our budget is for the provision of long-term care, institutional care. And so a significant — the most significant - chunk of our budget is yet provided to the more institutional acute care. But there has been shift, and we're proud of the shift because we know in the shift we are bringing services closer to where people are and closer to meet their needs.

At the end of the day, when this budget is passed, we will be spending now, in community- and home-based services, $140 million to provide community- and home-based services. In this budget alone, we are redirecting $15 million, plus another 5 million from the current fiscal year, to provide new funding of 20 — over 20 — $20.3 million to community-based, homebased services, bringing services closer to where people are.

That's the goal — to use the resources which are available to us, not in an ever-expanding way as was happening, not in an unsustainable way that sooner or later would bring about the collapse of the entire system — and sooner rather than later in my view — but to use the resources we have to their . . . and tailor those resources to provide the best quality health care for Saskatchewan people that we are able to provide.

And I want the member to know and all members to know that we are being watched, not only from across Canada but from across the world, in what we are being able to accomplish in Saskatchewan to reshape the delivery of health so that it is sustainable. So that it maintains the quality that Saskatchewan people desire and deserve; that it remains publicly accessible and universally accessible — publicly funded — and that the system that is being developed now in this last decade of this century will suit us well into the 21st century.

Mr. Chair, I know that the member will have many specific questions and I invite him now to bring us the specifics and we can have, I'm sure, a good discussion.