Legislative Assembly of Alberta

Title: **Thursday, April 25, 1991 8:00 p.m.**
Date: 91/04/25

head: **Committee of Supply**

[Mr. Schumacher in the Chair]

MR. CHAIRMAN: Order in the committee, please. The committee has a very important department's estimates before it this evening. The Chair again regrets that it missed the clock at 8 p.m., but it is now 8:01, and the Committee of Supply will come to order.

head: **Main Estimates 1991-92**

Health

MR. CHAIRMAN: The estimates are to be found on page 213 of the main book, with the elements at page 87. These estimates will be presented by the Minister of Health and the hon. Member for Calgary-McCall.

The hon. Minister of Health.

MS 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 Bhatti, 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.

8:10

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 efficiency 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 efficiency 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 refinement of our long-term care programs, including our single point of entry 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 very 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.

MR. CHAIRMAN: Thank you.

The hon. Member for Calgary-McCall.

8:20

MR. NELSON: Thank you, Mr. Chairman. I would just like to take a few moments here to express some comments with regards to the Alberta Alcohol and Drug Abuse Commission. I'd like to recognize Len Blumenthal and Terry Lind in our gallery tonight. They're here to watch the proceedings.

First of all, I would like to comment on AADAC and the professional manner in which they deal with the issues in the province and the care of our citizens. AADAC is 40 years young this year, and over those 40 years it has grown to a great deal of maturity in dealing with alcohol and substance abuse problems within the province of Alberta and Canada and internationally. It should be noted that although most people recognize AADAC as a very fine provincial organization caring for the needs of Albertans, it is also recognized worldwide as a leader in the addictions field. This hasn't happened by accident; it has happened through very professional people doing an exceptional job both in the research of the addictions areas and also in the service to the community in treatment, education, and certainly prevention.

AADAC's budget this year is just on $33.6 million, which will accommodate the programming that AADAC has set forth, as approved by the board and with the support of the minister. I would stress, Mr. Chairman, that we want to thank the minister for the continuing support that she gives AADAC, because it is very, very necessary and very welcome, and also to the Premier, because the Premier has a deep concern with regards to family life and the people of Alberta with regards to the program we're discussing here tonight.

Over the last year we've had the opportunity to open and service five new rural communities in Alberta. Those particular rural communities are now well served by a competent and a very professional staff. These offices have become very well used by the community not only for treatment but for counseling services and, most importantly, community educational services with a very, very large range of groups, from schools to professional organizations and what have you.

Additionally, we're presently involved with the official opening of two major adolescent treatment facilities in the province, one in Calgary, which we officially opened last week and, of course, one here in Edmonton, which will be officially opened very shortly. We've had some exceptional responses to the program. Mr. Chairman, it should be noted that many people tend to think we ought to be moving people around to other areas for treatment or other kinds of services, yet professionals from these other jurisdictions are coming in and looking at these programs and suggesting that what we've developed here, especially in our adolescent area, is somewhat 10 years ahead of what they have in other places. So we have to be cognizant that Alberta does have the facilities to offer our young people as well as others, including native Albertans and other adult needs. Additionally, this year we will be officially opening a large facility in Grande Prairie that will address the many needs of many of our northern friends and our community leaders. AADAC is in place to promote healthy, responsible lifestyles for our families and communities and to keep it free from alcohol and substance abuse.

I should like to just make some comments relevant to some of our people who have been recognized within the service of our community. For example, Mr. Chairman, we have one of our individuals who has gone, at the request of the World Health Organization, to set up programming in Pakistan. He's gone there for one year. We have another gentlemen that's gone to Australia to assist them in developing some programs there. And it continues. We have these people, and when we can allow them to go to assist other places, we do so. The reason I focus on that is to identify that the world community recognizes AADAC as a world leader in the field of addictions and care.

Our latest figures, Mr. Chairman, identify that AADAC served a community of some 374,500 people during the fiscal year of 1989-90 in a broad range of services, including nearly 21,000 people for direct service treatment. Impaired drivers: we assisted some 10,000 people in training programs to assist them in retrieving their licences.

Although AADAC has a considerable way to go in the province to assist our community, certainly there are other notable groups that we think we've got to do some work on, especially with the elderly, women, adult children of alcoholics, some of our disabled people, our natives, our native youth. Much work needs to be done in our isolated communities to offer them the same ability to have a drug-free community as we have in the cities and some of our other larger rural areas.

Mr. Chairman, with those few remarks, I think that Alberta is well served by AADAC. I must say that in the short time I've been able to participate, I think, firstly, that I've become a little more knowledgeable of the issues and the problems and, secondly, that I've been really proud to be able to participate and serve with these very professional people at AADAC. They're just a group of fine individuals, and Alberta is well served by these caring individuals in the province.

Thank you.

MR. CHAIRMAN: Thank you.

The hon. Member for Edmonton-Centre.

REV. ROBERTS: Thank you, Mr. Chairman. Members of the committee, I think it's the fifth time now that I've participated in what I think the minister knows I call a sort of annual checkup of the Department of Health through these budget estimates in this Committee of Supply. I'd like to approach it very differently, though, this year. As members know, this most unsatisfying and totally inadequate process of trying to review $3.4 billion worth of expenditures in just a couple of hours here tonight is totally inadequate and needs to change. We need more time to be able to congratulate the minister on a number of the significant improvements which she's made to the system over the past year, and as well we need time to articulate a number of other areas that continue to need drastic improvement. Yet time tonight won't allow for much of that at all. It's highly regrettable, and we're all the losers for it.

As well, the minister and others know that I'm currently enrolled in a most stimulating masters of health administration program at the university of Colorado in Denver. I have been trying very hard to apply here in Alberta much of what I am learning in terms of financial management issues, information technology issues, issues around the health professions and occupations, how to get a sense of quality assurance, a better reading of health economics – you can get a doctorate in that field alone – areas of statistics, epidemiology, planning. I mean, it is a massive and complex field, as we know, and there's just a burgeoning number of questions and concerns that we as responsible legislators and that I particularly want to pose. But I think there is a lot of overlap and agreement between the minister and myself in what the bottom line really is. The bottom line is involved in making the health care system more healthy, with a lot more human caring, to turn it into a system that maximizes efficiency and equity and human potential. I think in many respects we're on the same path, though there's still a lot of different questions and bridges to cross.

So insofar as I still maintain that it's very unsatisfying and unhealthy for us in this Legislature who are concerned and care about these health issues to have only a couple hours to review this $3.4 billion expenditure in any meaningful way, my approach will be different tonight in three ways. The first way is that I've decided that instead of trying in a mad way to rush through this budget vote by vote and line by line and detailed element by detailed element, Mr. Chairman and members of the committee, we have done our homework. We've done some research, we've done a lot of investigation, and we've put our questions, most of the most salient ones as we see them as the Official Opposition, into a written document, which I have here. I want to give it to the minister tonight and table it in the committee. We're also going to give it to the media, we're going to give it to our constituents, and we're going to give it to health professionals. We're going to circulate it around.

Chairman's Ruling
Tabling Documents

MR. CHAIRMAN: Order, hon. member. The rules don't really allow for the tabling of documents in committee, but the hon. member may distribute them amongst the committee. [interjections]

8:30 **Debate Continued**

REV. ROBERTS: As I say, Mr. Chairman, whether the members here tonight want it or not, it's going to circulate around to a lot of people who have a lot of questions about this $3.4 billion. We've posed 72 of them in this document here tonight, and I would hope that the minister would have some time and inclination to answer them. If not here, then we're going to continue to pose them in written questions and in motions for returns, in question period, and every other means that we have at our disposal to get them answered.

I'll just touch on a few of them so members will know what we're talking about. We want to know why, for instance, administrative costs in almost every vote have escalated far beyond the rate of inflation, when in fact the administration in the hospitals has been cut back and curtailed almost in every way; not so, though, for government. We want to know much more about the information technology division of Mr. Alvarez. It is a significant and vitally important area of Health, and I have a number of questions about which we'd like to have more information which I think would be helpful for all of us to know.

I'd like to hear a bit more about this health services innovation fund. We've proposed something similar to it ourselves, and I think it's a good move. We want to know more about it. We want to know about the Hyndman report, the 21 recommendations of Hyndman. What's the minister's timetable for responding to that? Why are out of province costs so high? In the last couple of years they've been up 5, 6 percent; this year they're up 25 percent for out of province costs.

We want to know if there's any medical variation practice studies done in the province of Alberta. This is revolutionizing the way of looking at medical practice to do variation studies.

I want to know if they're being done here in Alberta. What about having psychologists included under the Alberta health care insurance plan? Is the minister considering the Rand formula for doctors, with binding arbitration during the negotiation process?

In vote 3 we have questions about specific programs. One vote has tripled with no explanation. It goes up exponentially every year. We just want to know what that's about and why. We have lots of questions to get into about acute care funding. We want to know in terms of this year's budget estimate increase – the minister calls it 10 percent – what the actual increase is over the actual expenditure from last year. Isn't it more like 3 or 4 percent, as was announced in January?

A number of issues around governance and boards. I think a lot of care needs to be taken in terms of board development, board evaluation, who gets on boards, how long they stay on boards, and all of that. The whole issue of regionalization in the health care system we know is a major one and a developing one; we want to know more about it. Medical technology continues to plague us as one of the most increasing areas of cost. What about its cost/benefit analysis? There's a variety of very important questions which we just can't let sit idly by; let alone privatization, if that's still part of the minister's plan with respect to letting hospital boards privatize laundry, lab, and the rest. What about hospitals moving to more part-time and casual nursing and avoiding full-time nursing? You have to pay benefits for those full-time nurses.

Mr. Chairman, there's just a number of questions, 72 topics in all. Psychogeriatric care is an area of great concern. Abusive residents and staff in long-term care systems are others. An AIDS plan over the next three to five years: we want to know what the minister has in mind for AIDS. We have questions about home care. We want to know, as we've been raising in question period, the whole issue of means testing being used for seniors' benefits. This is, I think, the direction in which the government's moving. It's a move that resembles the claw-back that the federal government's been using on seniors. We don't like it; we want to know more about it. The urban native health proposal continues to be neglected. We want to know why. What about other early discharge programs? Mental health services: children's mental health begs a number of questions which we've got documented in this document, and case management for those adults with chronic mental illness.

All of these are vital and essential and important questions. We've taken the time to do some work around them, to research, and to put them in this document. I don't want to rush through them all tonight. I've got them documented for the minister and want to get some answers to them, as I think all responsible legislators would in this Assembly tonight.

What I would like to do, though, for the balance of my time, Mr. Chairman, is really not to look at the specific votes detail by detail but to look in a more general way at five main issues which I think, in a sense, cut across all of these other votes and particular areas. Now, there are five main areas where I've done a lot of thinking and a lot of feeling in the hopes that the minister and the government have done a lot of thinking and have a lot of feelings about these issues as well, with the goal that we might well work toward a healthier Alberta for all of our residents here in the province.

The first of my concerns in a more general, broader sense, Mr. Chairman, has to do with what the minister has referred to already in some respects and what I would like to almost entitle: the future of health care in a fragmented Canada. I get very despairing and depressed when I think about a number of events in the last short period of our Canadian history: the failure of the Meech Lake accord and the failure to amend the Meech Lake accord to strengthen national standards and national programs; Bill C-69, which, as the minister knows, is the one responsible for the diminishment of transfer payments from the federal government to the provinces for health; talk of disentanglement; proposals for transferring tax points from the federal government to the provinces; initiatives by a number of provinces, especially the province of Quebec and others, to continue to challenge the Canada Health Act. All of these concerns, particularly with the anxiety we have about Quebec possibly leaving Confederation, I think have profound questions for our Canadian health care system and for how we in the province of Alberta will continue to operate.

I want to know why this is happening when, in fact, all the literature clearly shows that the Canadian model for health is one of the best models for efficiency and equity of any health care system anywhere in the world. Yet I feel we have great danger here of it being in peril. As the minister said, we know we have problems, but in the tradition of democratic socialists we say that it's better to hang together than to be hung separately. That's what we want to do, and I'm pleased that the Minister of Health has met regularly with her provincial counterparts, other ministers of health from other provinces, several of whom are women who I think bring a new sensitivity and energy to these issues. I'm also pleased that the deputy ministers are meeting on a regular basis in an interprovincial way on a number of issues.

I'm pleased by the initiatives of the national health council and Dr. Mustard's group out of McMaster, who is looking at population health and issues across the board, because we need to get a much better handle on how our health care system is influencing the health of our population throughout Canada and how we can enhance that. As the minister might know, I'm influenced, not as much as she is, by Dr. Mustard but more by the likes of Bob Evans and others. There are many resources here in Canada we need to bring together to preserve and to promote our Canadian health care system, not in a fragmented Canada.

I want to recommend tonight that as the constitutional committee goes around the province and as we continue to look at our constitutional amendments and the future of our country, health care for us as Canadians should be a solid plank in any kind of constitutional consideration, that the universal health care system must be promoted and preserved in Canada. That's a distinctive mark for us as Canadians, and in constitutional considerations that really needs to be a prime consideration.

My second point is that I think we need to work toward what they have, I understand, in Europe: develop a social charter which talks about the entitlements that all Canadians can expect, whether it's in health or social services in whatever province. This might, in fact, mean some amendments or some changes to the Canada Health Act in the next five to 10 years, but I think a social charter is one that needs to be understood to be a right of all Canadians, what's involved in that charter.

That's my first concern. The second concern I have, Mr. Chairman, I sort of entitle: making choices or taking chances. I know that the minister has spoken a lot about choices and making choices and the choices that she has made and the trade-offs that are involved in this very difficult portfolio and these billions and billions of dollars, and I commend her for it. She has, in my opinion, far more than her predecessor and others, taken the road of making many of the difficult choices and instead of deciding to choose not to choose has said: this is

what we're going to do, and here's how we're going to try to do it. But I am not convinced, and I think many Albertans don't know if in fact the minister has made the right choices, the informed choices, or if she is instead taking political chances. I remember a professor at the seminary once said to me, "I don't want to challenge your faith; I just want to know upon what foundation it rests." Similarly, I don't necessarily want to challenge the minister's particular choices, but I want to know what data she has to show that these choices and not other choices are the ones that are most likely going to improve the overall health status of Albertans.

8:40

Now, what makes me suspicious is that in the time I've been here, I haven't really seen any of this data. I've asked for it about children's health status; I've asked about it in terms of various geographical areas in the province, about various ages: a variety of health status indicators. Are we healthier today than we were this time last year having spent $3 billion? Are we worse off or better off? We haven't ever had the necessary data, in my view, presented in this Assembly. I know that the epidemiological working group and others around the province are trying to get at this. It's been raised, and Fraser Mustard and others are talking about the same kind of issue, but it's never been fully discussed and debated in this Legislature. Similarly, or worse still, I have never heard this minister stand up in this Assembly amidst all of her administrative support and say: "By the way, these are our health targets for Albertans. This is what our goals are for population health here in the province. Here's how we know that this $3 billion is going to improve these health indicators. We know it for a fact, and that's why we're spending it on these items and not other items."

As I say, I've been asking for this for years. The Watanabe report is full of some good targets, some good health goals. The Hyndman report addresses it. I read that the Edmonton board of health now is going to go through a whole year-long process of trying to establish it. But we need leadership from this government and from this minister to set out these goals and these targets in terms of improving our health. We might have a great health system, but are we healthier as a people than people in any other province in Canada? The minister is not going to believe me when I say that what it sounds like to me is more spend, spend, spend. I don't mind spending; I just want to know what the outcome is. I want to know what the benefits are and what the results are for improved health.

How will this budget help us to reduce low birth weight among children, cardiovascular disease, the number of people smoking, excessive drinking, rates of cancer, children in poverty, help us with accident and injury prevention? All those things are what contribute to ill health. We need to set some targets and get at it with the money and see year by year if we're getting closer to that target or not. Let's set the goals; let's get the data. Then we can decide about the choices for where this $3.4 billion can best be spent.

My third concern simply has to do with this concept of universality, universality for health care and not just for medical care or hospital care. Now I and members on this side of the House have greatly appreciated the minister's affirmation of the principle of universality and of the Canada Health Act, but what I would like to discuss strongly tonight is that the economics of universality are so sound, as they have been demonstrated to be sound with medical care, that I cannot see why we cannot further extend it to coverage for other essential health care services. It is less cost to the community as a whole to expand entitlement if there is a single payer and a single administrative focus.

I've looked at the U.S. system, and it's interesting. In their call for a comprehensive universal health system like our Canadian system, it's amazing. They've got middle America on side. They've got corporate America who want it. They have small businessmen, people who work on poverty, people in the state legislatures. They even have the *New England Journal of Medicine* saying: yes, we need a comprehensive health care system with universality. But you know who doesn't want it? You know who is the biggest group opposed to comprehensive universal health care? It's the insurance companies. They know that with their experience-based rating and with their premiums and with their copayments and with their deductibles and with their means testing and all the rest in terms of insurance for services, they're running all the way to the bank. They're making more money off their health care system in the U.S. than doctors or anybody else.

We as 2 and a half million Albertans are a kind of consumer co-operative who, when we stick together with one voice as the seniors are doing, are in the best position to bargain with the providers of care, whether they're doctors or psychologists or midwives or drug companies or rehab people or whoever. If we stick together as a single payer and as a single administrative entity, we can bargain. We're a consumer co-operative in health care, and we can bargain with them if we maintain universality and the economics of universality. We as a government being the single payer for these services mustn't let it be clawed back or frittered away or have insurance companies try to get at it. With revenues from a fair taxation system the economies are here to expand entitlements under the principle of universality.

My fourth concern, and I know that we have to get into it in a much better way than we have time for here tonight, has to do with the lion's share of this budget, the $1.8 billion going to acute care and how those dollars are now being allocated under the acute care funding system. Yes, I am in favour, I'm on record, and I know the minister knows in fact that for some time I have argued in favour of a case-based prospective payment system in hospitals, that what the method of the acute care funding is about in principle is important, much better than global budgeting or any kind of process that doesn't have further efficiencies. It seems to me, and I need to argue it strenuously tonight, that the content and the process by which the acute care funding model is being implemented in this province causes me and a growing number of Albertans great concern. I've got 10 quick points about it which I'd like to make.

The first is that there is much discussion and debate on both sides of the border about this issue, whether it's prospective payment or diagnostic intergroupings or case mix indexes, whatever. Better to say that we are giving this particular method a try and these are the reasons for doing it than boasting that we have the definitive model and the best model and don't ask any questions about it and everybody is looking to the Alberta model as the panacea. That's not the case. It's a very major issue, and we need to make it more of an open, public issue.

The second point I'd like to make is that my information is that the case mix research group that's been hired from Queens University in Kingston was in fact rejected by the government of Ontario to do similar work there, and in fact they have looked at other models from other places. I would like to know why it is that we hired the people from Queen's University and upon what basis, given that, as I understand it, they were not highly regarded by other big health care players such as Ontario.

The third point I'd like to make, and it's a critical one, is: how is severity defined? We're talking here about $1.8 billion and a new model that's going to have a severity index. The minister might not like the fact that I have got a copy of the description of the severity of illness project of January 1990 that was prepared for Alberta Health. I've gone through it; I've studied it. I do not see here clearly how severity and severity index is defined and determined and measured. It's the crux of this whole matter. Yet on page 6 of this document it says: the framework for the analysis is to overlay the severity measures on DRGs and CMGs. What severity measures? I hope there are those who are in the department who are hearing these concerns of mine, because unless we get a much better sense of how severity is measured in this document, I think the crux of the matter is not being at all properly addressed. I'd like to know why no one from outside of Alberta Health has come in as a kind of intervenor or critical reviewer of this process. There's been little open debate, little outside scrutiny of this process. I think it would be healthy to get that kind of reading.

The fifth thing is that I see it as a zero sum game. It sets hospitals against each other. If you look at the bottom of this whole hospital performance index, the net says zero. Some hospitals win; other hospitals lose. What's that going to do to any environment? It's going to make it competitive. It's going to make it angry. It's going to mean that people at the Royal Alex are going to be mad at people at the University of Alberta hospital and vice versa; Grey Nuns nurses getting laid off – there's impending thought of more nurses being laid off at the Grey Nuns even tomorrow – and then hired back at the Royal Alexandra. There's a lot of concern about how this index is setting hospital against hospital at a time when the minister argues that everything just seems to be tickety-boo out there.

8:50

The role statements and the management information systems, it seems to me, must be in place prior to the establishment and implementation of this acute care funding model. I don't understand how it can be implemented and, at the same time, say to hospitals, "Well, we hope you get your role statements together," or "We hope that we have an information system that's going to keep up." It seems to me that without hospitals knowing clearly what they're about, without information systems gathering the data we need, there's a lot of inappropriateness there.

Then the minister knows, and it's a difficult issue – what are you going to do when people, like I've heard at the University of Alberta hospital, go out and hire consultants to teach doctors how to fix the charts to please the model so they can get more money. Indeed, they did so in the second round of acute care funding. The U of A gets more money just because in a sense they've known how to play the game. This is a difficult issue, and I'd like to know how the minister is addressing it.

I know she mentioned that there was a rural group looking at it. I'm hearing more and more of a revolt brewing in rural Alberta hospitals, which might not be as intimidated as the 29 major urban ones were by the department and the minister in terms of implementing the system. Their fixed costs and their variable costs are very different, and their patient load is very different. What I'm hearing more and more out there is that they are not at all happy and are going to say so loudly and clearly.

I just want to say and make the point tonight that as complicated as this acute care funding model is, it is of urgent and pressing importance for us as legislators and as those who are concerned about there being efficiency and equity and humanity out there in the hospital system. Let's have more up-front debate. Let's look at its strengths and at its weaknesses. Let's see how the winners are going to be winners and why the losers are going to be losers and help them in that. Let's see where its precisions are going to be and where its imprecisions are, and let's have much greater debate about it instead of saying, "This is it; we're going to rush and implement it" before anybody has a chance to really catch their breath.

The fifth concern I have, and the last one, is the concern that I know the minister has raised and that I share deeply with her in my own life. It's the concern we have for children and what I would like to call leaving with them not a legacy of debt but a legacy of love. The minister has said that she doesn't want to leave this big debt and mortgage the future of children. At the same time, we as parents and we as legislators often do carry a big mortgage and go into debt from time to time if we have to for our children. I want to leave our children with a healthy, caring, and human system for them and for their children. I want their mental health needs to be met in a much more comprehensive way. I want the needs of children in poverty to be met with the kinds of targets and the programs which I spoke of earlier.

We, in fact, as a caucus have done a whole task force and report with 44 recommendations about a healthy future for healthy children. We want to begin at precisely this kind of overall improvement of their health status. I'm not at all convinced that this could be accomplished by focusing on yet another children's hospital, an institutional, pediatrician-driven model. What we need is a healthy future for healthy children, with targets in terms of how we can best improve their health status in the community, in the school, in the home, where they are. I want to leave our children with a vision of health in its wholeness and their ability to reach their full health potential as individuals within a truly caring, human, and healthy community within communities. Then I hope that we can do it at a cost that we can afford and that they can pass the vision, the reality, and this legacy of love and concern on to their children despite some problems.

Mr. Chairman, as I've said, I wanted in the first document to outline a number of the specific questions which we as the Official Opposition caucus want to pose in terms of the element details. I have, in these remarks, addressed five major concerns which go throughout and which I think need to be addressed perhaps more in terms of policy and overall direction and on which this government and this minister need in my opinion to move. At the same time, we need far more time and opportunity to responsibly and conscientiously discuss and debate these matters. I've thrown out but a few, a tip of the iceberg in terms of what we need to be looking at before we approve this $3.4 billion expenditure. So to the end of having more opportunity with more people to look at this budget to see if in fact it is going to improve our health status, whether we're going to be healthier as a province of two and a half million people next year because of it than not, and for all the other reasons I've spoken of, I'd like to present a motion. Mr. Chairman, I have copies for all members, who I know as good Tory businessmen over there would never sit on a board of some business with some huge, big expenditure and just go by without asking at least a few questions about it. These are businessmen who I know want to get value for dollar, want to get results out of their investments, want to see the benefit margins demonstrated. I know that to that end they would like to make sure that this investment is going to go to the purposes that they would like to

have it go. So why not have more of the shareholders in a sense come to a shareholder's meeting and look at how they're running their accounts and their books and their business? In that fashion I know that they're going to support this motion.

Estimates Referral to Public Affairs Committee

Moved by Rev. Roberts:
Be it resolved that the Committee of Supply recommend to the Assembly that the budget estimates for the Department of Health for the 1991-92 fiscal year be referred to the Standing Committee on Public Affairs in order to receive public input on this $3,438,516,415 expenditure before legislative approval is given this session.

REV. ROBERTS: The Standing Committee on Public Affairs is a great committee, an upstanding committee.

Mr. Chairman, I'm in your hands. I'd like to speak to the motion.

MR. CHAIRMAN: The Member for Edmonton-Centre has moved that this committee recommend to the Assembly that the estimates be referred to the Standing Committee on Public Affairs. I don't know whether the hon. member just doesn't like the Chairman of this committee, because ordinarily the membership of both committees is the same except for the Chair.

On the motion, the hon. Member for Edmonton-Gold Bar.

MRS. HEWES: Yes, Mr. Chairman, on the referral motion. I will support the motion of the Member for Edmonton-Centre to send this budget to the Standing Committee on Public Affairs. I'm absolutely fascinated that the Official Opposition has taken up the cause. As all members here present know, the Liberal caucus has been trying very hard to do what we believe the citizens of Alberta want to see happen, and that is to open up the budget process so that in fact we can examine it a great deal more thoroughly and hopefully learn more about ways that the budget can serve Albertans, that in fact we might find some savings within it and find some meaning within it.

Mr. Chairman, I have spoken every time I speak to the budget about the flaws in the process. It's curious to me how members of the government can in fact accept this process that I find to be so poor in information, so truncated in the kind of time that we put into discussing items of major significance and importance to all Albertans. How to improve it? Well, other Legislatures across the country have improved it immensely by sending budgets as necessary to committees to have open discussions, to call in experts, to call in people from the department, to question them at length, and to make suggestions. This system works for other people. I don't know why we are so resistant. I know, of course, that this House used that system some years back and has, I guess without equivocation, decided that it didn't work then so it's not working now. Well, let me tell you, this is a different House. It's a very different group of people here now than were there then, and the circumstances outside, of the people for whom we make decisions, are very different now, and our health care is very different. So I believe it's high time.

Now, I think we need to open it up so that a committee can request input from experts and make it possible for people to make presentations. I personally have 16 pages of questions.

9:00

AN HON. MEMBER: Ask them. Ask away then.

MRS. HEWES: Oh, I'm not getting to that yet. I'm only speaking to the referral motion now, Mr. Chairman. I'm not speaking to the budget whatsoever.

We have been chided and scolded for not presenting questions. In the absence of a process that allows for open discussion of the budget, we are faced with no option, no alternative, so I have for the minister 16 pages of questions, which I'm sure she's eager to see and will want to answer.

We're not just talking about dollars here; we're talking about the hard choices that have to be made. I believe we should be talking about long-range plans that this department has. I personally commended the department when they decided to go for two-year budgets for acute care. I think that was a great decision, Mr. Chairman, but how we have managed . . .

Chairman's Ruling
Relevance

MR. CHAIRMAN: The Chair would ask the hon. member to make that relevant to the motion for referral. It sounds like the hon. member is slipping into her comments on the estimates and the program of the Department of Health rather than the motion for referral.

Debate Continued

MRS. HEWES: With respect, sir, I'm simply suggesting that if we in fact refer this to a committee, then we have an opportunity to question the long-range plans of the department and to find out where they're going down the road and to find out what value we are getting in this department. Mr. Chairman, we need the referral because we need to decide what measures, what means we use to decide collectively where we're going in health care for Albertans.

Just in closing, I am pleased that the Official Opposition has decided along with us that this budget is so badly flawed that we need another process, and I will support the referral.

MR. HORSMAN: What unmitigated nonsense and blather. There's an absolutely clear process established in the Standing Orders, and the Liberal Party has made it absolutely clear that they don't like the rules and they want them changed in the middle of the game. Well, they came into this Legislature knowing full well what the rules were; now they are taking up the time of the committee. Rather than asking these 16 pages of questions, now she wants to take up the time of the House by debating procedural motions. It is absolutely a flagrant abuse of the parliamentary system. I see members of the Official Opposition rising to support the same motion. Rather than getting down to the issue at hand, which is to consider the estimates of a department, they are wasting the time of this committee solely on procedural matters, for what purpose I have no idea, except indeed to waste time.

These are the Standing Orders. They provide a process by which the estimates of all the departments can have an opportunity for review. Under those I suggest, Mr. Chairman, we should proceed. I would urge hon. members of the Assembly to make short work of this frivolous nonsense put before the House by the Member for Edmonton-Centre tonight and supported like a parrot by the Member for Edmonton-Gold Bar.

MR. CHAIRMAN: The hon. Member for Edmonton-Avonmore. [interjections] Order please.

AN HON. MEMBER: Here come the Bobbsey twins.

AN HON. MEMBER: Send her a video.

MS M. LAING: Order, you two.

MR. CHAIRMAN: Order please.

MS M. LAING: Mr. Chairman, I would point out to the House leader that Standing Orders are put in place to facilitate the democratic process, and to hold them up and to bind us to a process that does not serve the public interest or the democratic process is to reverse the order of things in which they should evolve. Standing Orders are our creation. Surely they should reflect what will work for us. They don't tell us how to work.

MR. HORSMAN: Yes, and there are ways of changing them. This is not the time to do it. Waste time, waste time, waste time: that's all you're interested in doing.

MS M. LAING: Mr. Chairman, it would seem that when we try to serve our own agenda, we are accused of wasting time, but much of what goes on in here on the agenda of the government constitutes wasting time, because having two hours only to deal with a $3 billion budget means that we can hardly touch the specifics of it. We want that change so that we can have an effective process. [interjections]

SOME HON. MEMBERS: Well, stop wasting it. Stop wasting time.

MR. CHAIRMAN: Order please. Order. [interjections] Order in the committee. Order.

MS M. LAING: Mr. Chairman, we hear over and over again the frustration that opposition members feel with the budgetary process because we cannot examine it in the kind of detail we want to because we do not have enough time.

MR. PASZKOWSKI: Well, you've spent over an hour, and what have you achieved?

MR. CHAIRMAN: Order please. Order.

MS M. LAING: I haven't had an opportunity yet to ask a question, hon. member. Give me a chance. There are not enough hours in the day to allow us to truly examine these issues in the depth in which they need to be examined.

AN HON. MEMBER: Go ahead; put a motion on the paper.

MS M. LAING: This motion, Mr. Chairman . . .

AN HON. MEMBER: Ask your question.

MR. CHAIRMAN: Order in the committee please. [interjections] Order. Quiet down.

MS M. LAING: . . . would allow for more in-depth examination of the budgets and the spending of taxpayers' dollars. That is what the taxpayers of this province want. We hear over and over again from people who want to be heard on an ongoing basis. We hear submissions from people wondering how can they get their message across, how can they get their voices heard. So we hear these people here saying that it's a waste of time for them to want to be heard. I think that that's a flagrant disregard for the democratic process.

Mr. Chairman, in the last week I have had two groups of people come to me to speak about issues that would be well addressed in a Standing Committee on Public Affairs. One of them is in fact treatment for women who suffer from alcohol and drug abuse, the kind of special treatment processes required. I in fact have here on my desk a report from a group of people that want the minister to hear what they have to say. I would suggest that in the forum of a Public Affairs Committee we could all then hear that and be part of a more responsible process. The other group wanted treatment programs for children who are sexually abused by people who are not members of their families and for adult survivors of sexual abuse and for women who have been sexually abused by their physicians and health care givers. Those are serious issues, even though these people beside me would laugh at it, and we need a forum in which we can all know about that and that decisions can be made by the minister, by this Legislature in regard to these concerns.

So I would hope that the members opposite can see the need for opening up and making more responsible the budgetary process and give voice to people in Alberta instead of making decisions behind closed doors out of a kind of projection of what Albertans want. I would urge support for this motion.

MR. CHAIRMAN: The hon. Member for Drayton Valley, followed by Edmonton-Whitemud.

MR. THURBER: Thank you, Mr. Chairman. I have to speak in opposition to this motion, as usual. It bothers me greatly that we're sent here by our people to be legislators and to deal with the budgets and things that come forward from our constituents and from the various departments here. Continually we come into this House night after night and we try to deal with them. The minister's sitting there to answer questions. There's many, many avenues for them to ask their questions. They can write letters to the minister. If they can't get her any other way, they can talk to her in the hallway. They come in here and continually disrupt the legal process that we're involved in to discuss these estimates. I fail to understand what they think they're gaining.

The one hon. member says that she has 16 pages of questions. She could have asked half of them and probably got the answers to them by now. Instead they waste our time in here. Mr. Chairman, if there's any change in process that happens in these estimates, I would ask the indulgence of this House to put a time limit on our discussions at night rather than keep us here all night over a bunch of foolishness.

I speak in opposition to this.

9:10

MR. CHAIRMAN: The hon. Member for Edmonton-Whitemud.

MR. WICKMAN: Thank you, Mr. Chairman. I'm extremely delighted to support this amendment, and I'm extremely delighted that the Official Opposition is following the lead that we've been trying to drum away here night after night and, I believe, with a certain degree of success. At least a point is being made.

The reaction from the other side is extremely interesting. The comments come back. We hear here: tick, tick, tick. In other words, time's running out; maybe even two hours is too much to give to the public when we talk in terms of a $3.4 billion budget.

We hear comments made: trivial, waste of time, yawn, grandstanding. I don't understand, Mr. Chairman, why it is so difficult for the members on that side to understand what parliamentary reform is all about, what a fair parliamentary system is all about: one where there's process by all people that are elected; one that respects the right of the electorate, the citizens, the people that pay for these programs to have a little bit of input. I see a good number of staff members from the minister's department with all types of wisdom to share with all members, that would probably eagerly sit here in a committee and answer questions whether those questions came from the member from Red Deer or a member from here, but the existing system does not allow us to call down the deputy minister and ask that deputy minister in detail as to what a particular program may be.

Mr. Chairman, we will continue to drum home a point, and slowly, slowly some members on this side are going to start to realize, they're going to stop to think: maybe there is something to this parliamentary reform. Maybe they'll start getting phone calls from the public saying: "Hey, those Liberals are on the right track again. Maybe you should be listening to them." One can sit back over there and say that we're wasting time, but sometimes you've got to give a little bit of time because you want to achieve much bigger change. There's a much bigger picture involved than the two hours, two and a half hours we're going to spend here.

To the members over there: there are dozens and dozens of constituents, of Albertans out there that have contacted our offices and have said: "We have concerns about health care. We would like to participate in the process. We would like to have some input." Some of them recalled the Lou Hyndman report and they asked: "Whatever happened out of that? Why was that matter never referred to in such an arena that we as members of the public can feed in through our elected representatives, have our questions asked?" No, Mr. Chairman, there is a preference on that side to scoff at democracy, to scoff at openness, to scorn the process and make fun of it. Fine. Make fun of it, but I'll tell you, the people that will have the last laugh will be the people of Alberta, and it's going to be at the expense of some of the members that dare laugh at the people that put them where they are.

On that note, Mr. Chairman, I'll conclude.

MR. CHAIRMAN: Is the committee ready for the question?

SOME HON. MEMBERS: Question.

The hon. Member for Edmonton-Centre.

REV. ROBERTS: Well, Mr. Chairman, I'm disappointed. I'm not too surprised by these people.

AN HON. MEMBER: You've wasted half an hour.

REV. ROBERTS: Yeah, I think I get half an hour to sum up debate, Mr. Chairman, don't I?

MR. DAY: Yeah, you can waste it. You wasted the first half hour.

REV. ROBERTS: I'll beg to differ with the Member for Red Deer-North. I am not wasting time here. I've got a multitude of questions which I can read into the record time and time again if he would sit and listen. What I've done, I've told him, is simple: I've put the questions into a form. There are 72 questions here; I've given them to the minister. Five years I've been in this Assembly. Time and time again we've put questions to this minister. Two hours of debate for $3.4 billion. Who in their right mind would justify that kind of process? You're businessmen. You want to know about investments; you want to know how the process works; you want to have some say in it. Or do you just want to sit back and say: "Okay; rubber-stamp it. Let the minister do what she wants. We've got it all debated in priorities and planning. We've got it all debated in our caucus"? It's contempt of the House, Mr. Chairman, to talk about this motion in that way. The motion is in order, members of committee. I don't see the Deputy Premier saying the motion is out of order. It's the democratic process for Committee of Supply to refer a budget to another committee, particularly the Public Affairs Committee.

MR. DAY: Then call the question.

REV. ROBERTS: We're going to call the question in about 25 minutes from now.

AN HON. MEMBER: You're wasting our time.

REV. ROBERTS: I don't care if I'm wasting your time. I have every right. I don't care. [interjections]

MR. CHAIRMAN: Order. Order in the committee. [interjections] Order. Order please.

Is the Committee of Supply ready for the question on the motion?

SOME HON. MEMBERS: Question. [interjections]

MR. DINNING: He finished debate. He sat down.

REV. ROBERTS: I was called to order.

MR. DINNING: You sat down. The debate's over.

MR. CHAIRMAN: Order please.

REV. ROBERTS: The last time the Assembly referred a matter to the Public Affairs Committee was on Bill 44. It had to do with the right of nurses to strike. The hon. Premier Peter Lougheed pulled the committee into action. There were public hearings, public intervenors. People came into this Assembly to talk about nurses and their right to strike. Now, I'm simply asking for an issue which is equally important, it seems to me, as that kind of issue. We have $3,400,000,000, and I'm not one who in any kind of conscience is going to just sit back and say: "Fine; let it go. No questions asked about a 118 percent increase in one vote." Now, I wonder if the Member for Red Deer-North has an answer to that question.

MR. DAY: Let me ask it. You're hogging my time.

REV. ROBERTS: Well, I know he would just sit back and with some contempt of the process say: "We don't care. We'll just let that go. We have people who we trust for that. We're not going to have it go through the legislative process. We'll just rubber-stamp it." That's all we're saying: that that kind of rubber-stamping is not acceptable the more that Health consumes of this provincial budget expenditures. "Spend, spend, spend," I might say to members over there. Yet we want to know.

MR. MAIN: That is hilarious.

REV. ROBERTS: Yeah, it is hilarious, isn't it, Member for Edmonton-Parkallen? It's hilarious to think that the provincial budget can consume so much of this government's expenditure yet not want to say: well, if it's consuming a third of the budget, why not give it a third of the time in estimates so that all members who have hospitals, health units . . .

AN HON. MEMBER: You can do that. Call it up every Wednesday you like.

REV. ROBERTS: Well, we have a variety of things we want to call up, and we're calling up this vote in this way to ensure that there is a true public review and input on this process.

Now, the point is obviously made. It's obviously true that this tired old Tory government has a majority in the House and is going to vote the motion down. It's not news to me. It's not news to me that the other side of the House have such a contempt for the process and are willing to let this charade of $3.4 billion go by in two hours. I mean, it's not a surprise to me. It might be a surprise to them that we have done our homework. We have put on the record a multitude of questions. We have used time in debate to raise these other questions, and we think it's time that there be more open and public debate, more opportunity for all members of the Legislature to have some time to talk about these matters. I hope that they get as frustrated as can be by this process. I hope that they get very, very angry at me for this motion. I'm sure they are. Then maybe they'll realize that they don't like being shut out of debate. Maybe they don't like somebody taking up time when in fact they would like to get something on the record. Well, we have a lot we'd like to get on the record. It cannot be done at all in any conscious way within two hours, so let's feel on their side what their anger is like. Let them experience the frustration of being able to be in a process that they don't feel is working properly despite the fact, Deputy Premier, that the motion is in order. Standing Orders allow this kind of motion to be presented.

MR. GESELL: It doesn't make any sense.

REV. ROBERTS: Well, whether you think it makes sense, Clover Bar, or not, you have the freedom to vote it down, and I fully expect you will in a standing vote in just a few minutes. I want to make the point over and over again that this process is flawed, that there are a multitude of questions in this department which beg answers before we can in any conscience let it go by.

Enough said. The next time the voters will know about it will be at the next election, and the frustration will build with people who say that they want a change, whether it's in the Reform Party with public plebiscites, they want a direct vote in terms of their direct participation in decision-making, or with Public Affairs in terms of that kind of process. Whatever is the case, this process before us is a charade; it's flawed. I would ask all members to support this motion to open up the process to Albertans in a much healthier way.

Thank you, Mr. Chairman.

MR. CHAIRMAN: Order please. Is the committee ready for the question on the motion?

SOME HON. MEMBERS: Question.

9:20

MR. CHAIRMAN: All those in favour of the motion proposed by the hon. Member for Edmonton-Centre, please say aye.

SOME HON. MEMBERS: Aye.

MR. CHAIRMAN: Opposed, please say no.

SOME HON. MEMBERS: No.

MR. CHAIRMAN: The motion fails.

[Several members rose calling for a division. The division bell was rung]

[Eight minutes having elapsed, the Assembly divided]

For the motion:

Hewes	Pashak	Wickman
Laing, M.	Roberts	Woloshyn
Mjolsness		

Against the motion:

Ady	Drobot	Musgrove
Betkowski	Elliott	Nelson
Black	Evans	Paszkowski
Bogle	Fowler	Payne
Bradley	Gesell	Shrake
Calahasen	Horsman	Speaker, R.
Cardinal	Isley	Tannas
Cherry	Lund	Thurber
Day	Main	Zarusky
Dinning	Moore	

Totals	For – 7	Against – 29

[Motion lost]

Health *(continued)*

MR. CHAIRMAN: The hon. Member for Edmonton-Gold Bar.

MRS. HEWES: Thank you, Mr. Chairman. I have a few . . . [interjections]

MR. CHAIRMAN: I'm sorry. I understood the hon. minister wanted to reply after both critics.

The hon. minister.

9:30

MS BETKOWSKI: I'm going to reply to the hon. Member for Edmonton-Centre's points not on the motion but on the main estimates. Am I not allowed to do that now?

MR. CHAIRMAN: Oh, you are, but I understood you wanted to reply to both critics rather than just one.

MS BETKOWSKI: No. Excuse me. I think after each of the critics remarks, if I may.

MR. CHAIRMAN: The hon. minister.

MS BETKOWSKI: I'm not very clear in my notes, Mr. Chairman. I apologize. First of all, I would like to make some

comments with respect to Edmonton-Centre's remarks before the Member for Edmonton-Gold Bar makes her comments.

First of all, my remark is that I don't accept this as a document that's on the floor of this Legislature. As you rightly pointed out, Mr. Chairman, this is not before the Legislature, and if the hon. member has these questions he wants to ask, there are lots of forums in this Assembly where he can do that: for example, the question period; for example, Written Questions on the Order Paper or Motions for Returns. But for him to come in here and throw this on and then take the time of the House with respect to his motion, I simply don't accept that as the right democratic system.

The other point I would like to make is just in the general comments about public forum. There is no more public forum than this Legislature and this process we are all in right now. If the members of the opposition don't feel competent to deal with the issues in Health because of all the input they've received from their constituents, well I'm sure their constituents will be pleased to read that too.

At any rate, let me deal, if I may, with the five questions the hon. member addressed as briefly as I can to give all members time of the House to discuss them.

First of all, the issue of the future of health care in a fragmented Canada. My response to the hon. member is: don't underestimate the commitment of the provinces to health care and to many other social programs in Canada. I would also suggest that we should not confuse a federal with a national agenda. The issues of health, the issues of education are issues that are the sole provincial jurisdiction of the provinces under the Constitution. It is the collective view of the provinces which can make a national consensus, and that frankly is the model I believe is the appropriate one for national health and education policies. It is not one of a federal model, which I know is the preferred model of the opposition parties, whereby there's a central power saying, "This shall be the model across Canada." I happen to think it's very important. [interjection] The hon. member raises the issue of the Canada Health Act: a wonderful piece of legislation. I happen to support it. But did that stop the federal government from reducing their support for health care? No, it didn't. So the issue becomes: let's be committed to these kinds of social programs and let's put in place national agendas which speak to them. I'll get later into the issue of health and the economy, but the two are inextricably linked.

The second point the member made was the one of "making choices or taking chances," and then the question: are they making the right choices, and what guarantees do I have because of data that's been collected that these are in fact the right choices? Well, if I've ever heard a better categorization of what the NDs don't do, it is make choices and take chances.

REV. ROBERTS: Oh, come on.

MS BETKOWSKI: No. These are people who suggest that all we ever do to govern is say no. Well, I don't happen to believe that's the appropriate model: to say no. I believe very strongly in accountability to the people of this province and in making some choices, and we put them out there for the people of Alberta to choose and to make their own judgments on.

Health targets: an excellent point of the hon. member, one that's certainly dealt with in the Rainbow Report, one which I hope when we get a response to the Rainbow Report in this spring session we will have a process for the health targets, because we're certainly working on that internally within the department and with many other consultative mechanisms, with health units, et cetera.

He also asked: what are the principles that were used to make the choices? Well, I outlined that in the beginning. The principles were access and affordability. I think they're very fundamental principles as we view the choices we have to make.

The third point: universality for health care, not just for medical care. I believe in the principle of universality for health care on the model that we have. Can we expand that model to bring in many other kinds to guarantee universal access? I'm not sure we as Canadians can afford that. I happen to believe, for example with the issue of psychologists, that we would serve the public better if we could expand our capability for psychology in our mental health clinics, have accountable models where you have treatment modes and, I would argue, better health targets than simply adding them onto the fee-for-service basis, onto the health care insurance plan. I would suggest to the hon. member that when he suggests that we may be losing the value of universality in our health system he's been in the U.S. too long studying the Canadian health system from afar and that perhaps he should come and take advantage of the marvelous courses that are available in our own postsecondary institutions with respect to health management and not simply rely on an American model to teach him about it. I think we've got a lot to teach the Americans about providing health care.

Number four: acute care funding. The hon. member is right. I do have some of his quotes, and I won't waste the time of the House telling the House about how committed the hon. member is to speeding up the process on the acute care funding study, on which he spent a good deal of time coincidentally on exactly the same day in 1990 when the Health estimates were before this Legislature one year ago, about the values of the acute care funding plan. My only question with respect to it is – actually I've got two questions. The first one is: competitive. He says it's wrong because you're putting the hospitals in a competitive nature. Well, the hospitals have built the acute care funding plan; they are all part of building the acute care funding plan. The second comment I would make is that the issue of competition isn't always a bad issue. When we look at how hospitals might better deliver services, if they can see another hospital doing that better that's the whole purpose of the acute care funding: so that they can see one another and get some sense of the road map in order to make the best use of the health care dollars. I guess what I need at some point is some kind of an explanation on acute care funding, given the hon. member's keen support for it: why we have Motion 226 on the Order Paper from the leader of his very own party saying:

> Be it resolved that the Legislative Assembly urge the government not to proceed in extending the acute care funding model to rural hospitals.

And on it goes. Well, I don't understand the coincidence between those two, but maybe someone smarter than me does.

Fifthly, on the issue of children's services. There are many enhancements to children's services: in the area of mental health, in the area of home care for the under 65, in the area of suicide prevention, many areas that impact directly on children, plus the revamping of the proposal not to build a new children's hospital but rather to look at the issue of providing the best level of pediatric care that we can for northern Alberta. I won't get into those specifically.

However, I will say that the bottom line of all these questions that the hon. member has thrown out on the table is that the health system has to be all things to all people. Well, Mr. Chairman, it can't be that, because we have to make some

choices, and governing means accepting some responsibility and taking into account some of the choices that you've made. I realize perfectly that the NDs would like to go through and provide everyone with everything, and we simply can't do that. This budget is there for Albertans, and not accepting that there are limits to what we can provide in health within a fiscal context is something that I for one do not accept. I think there are limits and they have to be there.

Finally, the best thing we can give the children of this province, Mr. Chairman, is a strong economy so that we can sustain the kinds of programs that we have that the NDs are arguing should be left at the status quo. That is the whole link between our health and our economy. That is the way this government proceeds and why Albertans will be supporting us on it.

MRS. HEWES: I would just suggest at the outset that a strong economy doesn't exist and will not exist without healthy citizens and healthy communities.

Mr. Chairman, I want to thank the minister, whom I have always found to be hardworking and energetic in what she does from day to day and in her presentations here in this House. I'm a little alarmed at her comment about making choices and taking chances, and I suggest that we should never take chances with people's health care.

9:40

Mr. Chairman, the minister also attests to her commitment to the Canada Health Act, and I'm grateful for that. I was very concerned with the moves from B.C. and Quebec on disentanglement and would like to ask the minister if in fact she is committed to national health standards or do I read it the other way: that health is simply a provincial matter and the decision should be made provincially. Perhaps the minister will reinforce what she said in answer to the former questions, because I am not at all certain that the minister is committed to national standards in health care.

Mr. Chairman, yes, as the minister says: accessible, affordable health care to ensure healthy communities. Those are the objectives of the department and of the government. I cannot say, however, that these objectives are all being met. It seems to me that the decisions are being made to a great extent on the balance sheet with the assumption that health care dollars are finite or that it costs too much and that we cannot afford more of whatever it is we've got.

I was concerned of course and have been continuously concerned with the increase in premiums and the notion that premiums should pay for a certain percentage of the costs of our health care, but the greater issue here is: what are the indicators that the minister would like us to be able to market to Albertans to help them to understand how they must deal with some of those hard realities that they describe as a crisis in health care when they phone our constituency offices, Mr. Chairman? The crisis is evident every day to us in closed beds in acute care hospitals and layoffs of well-trained staff, waiting lists for cataract surgery or hips or knees, parents sobbing over the placement of their child on a waiting list for cardiac surgery. What can I say to them? What am I supposed to tell the parents of members of the Heartbeat Society or other groups whose children are 50th, 60th, 80th on the list, where they don't know if the child will survive another month or so? We don't seem to be able to come to grips with those realities. So when the minister says that the objectives are being met, in juxtaposition to those daily realities that I face, I don't understand how we can make those kinds of statements. I don't know what the indicators are that the minister uses to be comfortable saying, "Yes, we're doing it, and yes, ours is this kind of a program." I simply don't have them in my lexicon.

There are a number of general questions that I have about this budget before I get to the precise votes. I'm interested and pleased that the minister has increased her support to home care in the budget. I think that's a very good move. I would like to know, however, what criteria there are going to be for those under 65. I assume that those over 65 will have the same, but I need the information as to whether or not home care will be universal throughout the province and the same quality and the same mix of services available to people of all ages at this point in time.

Also, what is the minister's response to the need for women's health care? The most imaginative project in the city of Edmonton is still waiting for some kind of a timetable.

All of us, Mr. Chairman, have been dismayed at the circumstances of seniors. I was grateful for the memo that came today that told me exactly what the cuts really are. There again I'd like to know how the minister or the department decided that these reductions could and should be sustained. I know that the minister has said that seniors can withstand a 20 percent payment, that the government pays 80 percent on optometric and dental costs up to a certain point, but I would suggest, Mr. Chairman, that that's the government's fee schedule. Twenty percent of what? It's not 20 percent of the costs that the dentist is charging, and there's a vast difference.

The result of these kinds of cuts is that seniors and others will postpone treatment. People will have to postpone treatment because of closed beds and long waiting lists, which don't appear to be a problem to the minister, but therefore their treatment, their condition will become more acute, they will let their health care go, the length of time of the recovery will be longer, the costs will be higher, the level of acuity in the institution will be greater, the pressures on the staff will be more, and I submit that is simply not going to be cost-effective. It is not effective from a human standpoint, and I don't believe it's going to be cost-effective from a dollar standpoint or the taxpayers' standpoint.

How did the department decide that over-the-counter drugs and ADL supplies could conveniently be lopped off the list? I have no idea what kind of measures you used or how you decided that these could be withstood by seniors and by others in our communities.

Mr. Chairman, the health care professionals that we have lost as a result of the layoffs: where are they? These are people in many cases that we have invested in their training, and they are now presumably lost to us. I'm pleased at the minister's response to the need in rural Alberta for training for rural physicians to help them to see the importance of the rural experience, and hopefully many of them will stay in rural Alberta. There's certainly a great need there.

Mr. Chairman, a couple of other questions before I get to the vote. The Edmonton board of health layoffs I believe to be a very serious indication of serious problems within the public health system. I know that the minister once again suggests that the Edmonton board of health made some hard choices, but in fact they are choices that further restrict or constrain citizens in accessing health care, and I do not believe that is cost-effective.

Mr. Chairman, I've got a note here that I missed when I was speaking about children's cardiac surgery. The request for a step-down centre seems to me to be a sensible one and an economic suggestion that would ease that critical situation there

and would not require a rocket scientist to figure out how to do it.

Mr. Chairman, one other question about the cutbacks that is very curious to me is that in the TMJ condition we are still going to pay for surgery, but we won't pay for splints. Splints, of course, will sometimes prevent the need for surgery. We're into prevention, or we talk about prevention, but when the opportunities are there, we simply don't seem to capitalize on them.

Mr. Chairman, I too am supportive of the acute care funding that the minister has introduced. I am concerned about the transition and the way this has been put in place. I think there are still a lot of bugs in the system, and I would hope that there's sufficient flexibility that it can be adjusted as necessary so that institutions are not gravely deprived.

If I can go to the votes, I do have a good number of pages of direct questions for the minister, and if I can't get through them, I'll hopefully send them over for answers. They're not complex questions. Mr. Chairman, in vote 1 we see a 23 percent increase in departmental support. The Deputy Minister's Office is up by 10 percent. In vote 1.1.3, policy development and planning is up by a whopping 47 percent. Now, I'm not quite sure I understand that, because we did have the Hyndman report, the Watanabe report, the report on disabilities, and, more recently, the Cawsey report. We seem to have done a lot of surveys and a lot of examination and analysis, and I would have thought that that one would come down. Or, Mr. Chairman, are there some new policies? Are there some new policies that are going to be imposed here that we haven't heard about which perhaps are related to the Hyndman report? Is that what those costs are for?

9:50

The Human Resources vote. Again, up by 19.9 percent, almost 20 percent. Is this an increase in staffing in this section? It's very difficult to comprehend why we would be doing it at this time when we are presumably rationalizing services.

Information Technology, up 18.7 percent. A question: is this the Medilink project coming on stream? What is the status of that project?

In Health Disciplines Advisory Services, 1.1.8, up 36.8 percent, a major increase, and of course as usual, no explanation for it.

Vote 1.1.9, family life and substance abuse. Funding we see has been discontinued for the planning component. Well, now the department has completed the planning stages – I figured that one out – but where's the report? When is that going to be tabled? When are we going to see that in the Legislature, as to what's planned here?

The Mental Health Patient Advocate's Office. I've supported this office; I'm pleased that it's there. I wonder if Dr. Hislop has completed his survey to determine the number of involuntary patients that he must deal with in the province, and also I'd like to ask the minister what the intentions are in the government relative to his getting the mandate to investigate complaints from voluntary patients. Dr. Hislop has suggested that that's one of his greatest frustrations in the office, that he has no authority. Now, we raised this at the time the Bill came in appointing the advocate, and I wonder if now, having had the experience, we can extend the mandate to allow him to do that.

In Health Care Insurance, yes, here again we've got some very significant changes. General Administration here is up by 118 percent, and I'm sure the minister is going to be just dying to explain to us why.

In vote 2.2.2, Extended Health Benefits for Senior Citizens, down 9.6 percent. Well, are there fewer senior citizens in the province? I think not. What do we think is happening here? We're supplying fewer extended benefits, of course. What's going to happen? Well, it's going to cost more in the long run. It may look good today on the balance sheet, but over time that's going to cost us more.

Blue Cross Non-Group Benefits, up 28 percent. Out-of-Province Hospital Costs, 25.6 percent increase here. What's the reason for the increase? Has the minister looked at this with her department? I'm sure that this is one of the points that the minister and the department would want to go over in detail to determine where the money's going and whether we're making any headway here in cutting back out-of-province health care costs, making sure that treatments are available in the province. For instance, inpatient treatment for substance abuse: we've talked about that in question period on a number of occasions. Is that on the drawing board? Is that one of the decisions that needs to be made, or will we continue to use services outside of our province and outside of the country?

Will the minister be making any changes to the maximum income level for subsidy for health care insurance for those people who are at the level of $3,500 for singles or $6,000 for families? When we put the premiums up, did we increase the subsidy to ease the problem of those people at the lower income level? Why do we have an increase to Blue Cross Non-group Benefits?

Mr. Chairman, will the minister commit to looking at softening the blow for seniors who have now been given a whopping increase to their extended health benefits, even sheltering those who are hardest hit by this? Will the minister please look at some system of finding out what their circumstances are, perhaps with the chairman of the advisory committee? I don't know what that committee is saying to the ministry about the incomes that these seniors are trying to live on and deal with their health services as well. Has the minister any data at all anyplace to prove that increasing the premium fees will result in Albertans using health services less or that it will increase their awareness and understanding of the cost of medical services? Is this part of the reason? It seems to be, to justify increasing the premiums. If the objective of these increases to health care insurance, particularly under extended health benefits for seniors, was to have Albertans pay a greater share of the health budget, why wasn't it done by increasing taxes? I have suggested before that the premium is a tax, and it is a tax. The minister insists it is not. Well, that's just patent nonsense. As far as I'm concerned, it's a tax, and it's a regressive one at that. I want to know what the minister's research has said. It's not a good thought; nobody wants to do it, but at least premiums would be based on an ability to pay and the load would be properly and proportionately shared.

For out-of-province hospital costs can the minister tell us, for the treatment of substance abuse, what portion of that was paid for those Albertans getting a referral to travel to the States or, rather, how many Albertans received authorization to get treatment while still in the province and not in the United States?

[Mr. Moore in the Chair]

If I can go to vote 3, Mr. Chairman, the total vote is up by 9 percent. This is Financial Assistance for Acute Care. Program Support, once again up 14.6 percent, almost 15 percent. Why? General Administration, a 17.7 percent increase. I don't

comprehend these. When we are trying to show restraint and show leadership in restraint, I do not comprehend and Albertans looking at this budget do not comprehend those increases. Institutional Operations, again up 14.2 percent.

System Development, Mr. Chairman, is up 72 percent. Now, I'm sure the minister has very clear reasons for this one. What new systems are going to be changed? I need to know if this is related to the acute care funding and the transition period for that.

Ambulance Services, up 37 percent. Is this going to provide assistance to municipalities as they work to conform to the new Act? Is it for the establishment of air ambulance? Is it going to provide funding for a provincewide communications system? The provincial responsibility for communications for the ambulance service is something that we have spoken about in the Liberal caucus on a number of occasions, and I still have no answer yet as to whether the province will assume that responsibility.

Vote 3.1.9, Specific Programs: what are these that receive the 25 percent increase? Operational Commissioning was cut by 51.2 percent with no explanation. Other Program Support, up by 55 percent: what programs are these? Mr. Chairman, these are the kinds of questions that I need to have answers to, that Albertans want answers to, and that I believe we should properly be asking and should feel comfortable with the answers and the response to them.

If I can go on to vote 3.2, Major Urban Medical and Referral Centres, up by 7.5 percent. Now, Mr. Chairman, the minister's hard-line stance with hospital budgets has resulted in long, long waiting lists, particularly in elective surgery. Many situations have developed where hospitals have actually run out of specific health appliances, and hip, knee, and cataract replacements. I don't know if it's the intent of this government to have elective surgery tied to specific seasons of the year. Perhaps it is, perhaps that's part of the plan, but it certainly is puzzling. Several hospitals are now consulting with one another to combine services and looking to privatize other areas of hospital service because of a shrinking budget. We need to have some assurance from the minister to the people of Alberta that patient care is not going to be jeopardized in this process. Perhaps the minister will tell us what role she or the department is playing in these consultations between hospitals.

10:00

The issue of the Northern Alberta Children's hospital and the consolidation of pediatric services has all of the acute care facilities in the city of Edmonton questioning the impact of this decision and what it will do to their patient load in pediatrics. Many professionals who work in pediatrics have said they were not informed that this decision was being developed. What assurance will the minister give us that all health care professionals working in pediatrics have been consulted regarding the decision of this Northern Alberta Children's hospital? Perhaps we could have some kind of a time line when a formal decision is going to be reached in that regard.

The delays in Alberta's only child heart surgery program have reached a critical situation. Approximately 60 children are waiting. The average time has grown from three months to nine months in the past year, and it can get worse. Delays are sometimes so great that sick children are being sent from Calgary to Toronto for operations. Great difficulties for their families, and of course it's very expensive. In January the minister gave the unit funding for one more bed for a three-month period, bringing the – I don't know how many beds there are now available. But is that still in existence, or has the additional bed funding been extended? Has the minister acted on the suggestion from the parent group Heartbeat to include a pediatric heart specialist on her advisory committee? What is the status of that committee? Have they reported to the minister? And once again, the question about the step-down unit at the U of A to ease the pressure there.

Vote 3.3, Mr. Chairman, Other Referral Centres: what facilities are these? Perhaps a breakdown of the increase per facility. Specialized Acute Care Facilities: again, what ones are these, and how much is the increase for each of them?

Community-Based Hospital Facilities, up 11.4 percent. What plan does the minister have to improve the use of community-based and rural community-based hospital facilities at this point in time?

To go on, vote 3.6, rural hospitals, 40 beds and under, up 8 percent. What's the status of the Southern Rural Health Care Committee? What's the minister's position on the partial unification model recommended by that committee? Has the transitional council been established that is to begin planning and implementation of the unification model, which could phase out existing boards? Why has this report been allowed to proceed without any kind of public scrutiny or open debate?

If I can go on to 3.7, Equipment Support, up 6 percent. Last year we asked the minister to instruct her department to conduct a thorough review of all facilities in the categories of community-based and rural community-based in an attempt to streamline and rationalize purchases and costs. Mr. Chairman, I just wonder, and perhaps the minister can answer us. Has that been done?

Mr. Chairman, the problem of immigrant doctors has not been addressed by the minister in this budget, and I wonder if she has any new information for us on their circumstances and their situation and how they can be accommodated.

Financial Assistance for Long-Term Care, up 5.3 percent. General Administration, again up 10.5 percent. Specific Programs, down. Well, what are those programs that have been reduced? Operational Commissioning: the funding has been stopped. Does that mean there's no more operational commissioning happening? Other Program Support, up 7.7 percent. What on earth for?

Auxiliary Hospitals are up. District Nursing Homes are up. The added fee increase for nursing homes: what is the anticipated extra revenue that this will generate for the province? With the increase in home care, does the minister have any data on how much pressure this will take off nursing homes and auxiliary hospital waiting lists? Will we be able to discharge people from some of those institutions with the advent of more home care? Is it anticipated that nursing home fees will increase again next year?

Private Nursing Homes, up a modest amount in vote 4.4. Voluntary, the same amount approximately. Equipment Support is up 3.5 percent.

A number of other issues were asked last year based on the recommendations of the Seniors Advisory Council, and I think these might well be addressed. Perhaps we could ask the minister to respond to the council's recommendation that mental health services for the elderly be co-ordinated with other services.

Mr. Chairman, a most important question that I would like to have answered: have the three health unit pilot projects and senior wellness projects been evaluated, and what are the results of that? Will the expansion of the home care program include the provision of social, nonmedical services such as counseling,

homemaker service, and personal care services? As the council did point out, it's a lack of those social support services that often puts a person in an institution. Will they be covered and dealt with, and not just medical services?

Has the minister made any commitment toward increasing provincial support for specialized geriatric assessment and rehabilitation services, particularly in the acute care system, emphasizing rehabilitation and discharge and the use of quick response teams to prevent unnecessary hospital admissions? Has the minister moved on developing any certificate program and clinical geriatrics program, particularly in southern Alberta? What is the government doing to encourage the development of such innovation as shared beds and respite beds throughout the province? Will the minister be making resources available to expand day hospitals? The government long ago took a position that day hospitals were a very useful adjunct to health care, and I'd like to know if they've been expanded.

Mr. Chairman, how's my time? Two minutes. Thank you. My colleague will continue with the questions, or I'll certainly send them to the minister.

Community Health Services: the vote is up by 20 percent. Vote 5.1, Program Support, is up 11 percent. The Public Health Advisory and Appeal Board has not had any change. Does this mean that they are operating at a level or that the numbers of appeals have gone down?

Again, General Administration, up by 14.8 percent. I wonder, Mr. Chairman: with the increasing move towards community health and away from institutional care, what assurance can the minister give us that there will be adequate levels of community health care workers available to support this transition?

Communicable Disease Control is up by 12 percent. Prevention of Sexually Transmitted Diseases is up 10 percent. Will the minister tell the Assembly: what is her position today on earlier comments made regarding privatization of the sexually transmitted disease clinic and the AIDS prevention and community care division? What's happened with that government proposal that was circulated? Is the minister intending to move to privatize these two areas of communicable disease control?

AIDS prevention, Mr. Chairman, up 16.9 percent. I'm glad to see that. The native population has been recognized by health care officials to be at a high risk for contracting the AIDS virus. I wonder what portion of this subprogram is going to be directed to the native communities. Has the department consulted with native associations? Has the minister altered her position any with respect to establishing an AIDS hospice? Are we accessing all of the federal programs in AIDS to bring funds to Alberta for clean needles and so on?

Mr. Chairman, while I'm on that subject or around that subject, I'd like to ask the minister about the Cawsey report, if the department has reviewed and analyzed that report and if you can give us any idea of your response to the very important recommendations that came forward in that. I have some questions of the chairman of AADAC on the same, and I would hope that they are working as hard on the Cawsey report as are other groups across the province. I think there are many things brought to our attention there.

Thank you, Mr. Chairman. I'll send the rest of the questions along to the minister.

10:10

MS BETKOWSKI: Mr. Chairman, I would like to thank both hon. members for their very well-informed comments on the Health debate, both the Member for Edmonton-Centre and the Member for Edmonton-Gold Bar. I think it makes for very healthy debate in our Legislature to have the well-informed views of all parties, and I appreciate their input.

First of all, with respect to the member asking me whether or not I believed in national health standards, I am glad to go on the record again as being someone who supports the Canada Health Act and the five principles upon which that legislation is based, but I would repeat again that we tend to confuse national and federal agendas. I think it may well be an important discussion . . .

MRS. HEWES: You mean national and provincial agendas?

MS BETKOWSKI: National and federal. National I would say is consensus amongst the provinces; federal is chosen by the federal government. I think it will be a major part of the discussion that we have in the constitutional committee that's going around the province, because as I sit around the table with provincial health ministers and four political parties represented amongst those 12 ministers, I see ministers who are very committed to our health system. By our actions as a provincial government with a 10 percent increase, I believe that speaks a great deal for the kind of priority we place on our health system. Increasing our financial commitment to health at a time when the dollars are tight is very much part of the priority we place on health.

If I can proceed through the votes, Mr. Chairman, and answer at least some of the questions the member has raised, and those which I haven't been able to answer, I'll certainly reply to in writing to the hon. member. Vote 1 is Departmental Support Services, and the budget increase is 23 percent over the previous year. The first comment I would make is that that's 1 percent of the total estimates that we spend on health in the province. The 23 percent is a substantial increase, and it deserves some detailed explanation. A major portion of the increase relates to program service rather than just to administration.

The $5.2 million increase is towards the third-party liability program. Third-party liability is where we recover the costs of hospitalization from an insurance agent as a result of a wrongful act or omission of another party. By spending those kinds of dollars, the $5 million increase, we are able to recover a good deal more than that, so the cost benefit is there, into our health care plan as a result of increasing the people that can go after the third-party liability claims. There's actually a revenue generator for the province by spending that increase.

MRS. HEWES: Does it go into general revenue?

MS BETKOWSKI: No, it goes into the health care plan.

The second part of the 23 percent increase that's worth noting is the $1 million health innovation fund. That's also part of that 23 percent increase. The innovation fund isn't a manpower increase; it is a fund to get started on some of the injury prevention and health promotion issues which I think were so critically recommended as the number one recommendation in the Rainbow Report. For very deliberate reasons – and I said this to the health units when I spoke to them last Friday in Banff – we struggled with the name, whether it should be a health promotion fund or a health innovation fund. I opted for recommending "innovation" because it is not just in the area of prevention where we need innovation. It is in fact in the delivery of services between the community and the institution, to look at more models which mesh the two and create, in fact, the spectrum as opposed to the two solitudes, which tends to be what's in existence now. Hence, the term "innovation fund."

I would note that it's an initial fund, a start-up for what I hope will be more resources in the years to come.

Information Technology is up by 18.7 percent, but I guess we can't criticize that and at the same time criticize not having enough data, because it's in fact trying to get some kind of data where we can have some of the health status and health indicators as part of that data. We're attempting to reasonably increase our data capability. That's what information technology development is trying to do. There's in fact a consistency, as opposed to an inconsistency, which both members have pointed out.

Health Care Insurance. The total increase of 11.1 percent over the previous year's estimate is a 6.5 percent increase in Administrative Support and an 11 percent increase in Provincial Contribution to the Health Care Insurance Fund, which really is an indicator of the rate of growth of the fee for service model in the health care fund. The fund is in fact growing by 11 percent, which I think the hon. member would agree is quite a substantial rate of growth. I don't begrudge the spending of the resources, but I think there are other things than simply accepting that level of growth that we can do; hence our studies on utilization, our studies on different models for funding health care, which I think we will get into as we move into negotiations with the physicians in the province over the next year.

The 118 percent increase that all members have rightfully noted is primarily due to the establishment of a pharmaceutical services unit with the health care plan. We've talked a lot about moving to more generic drugs, and the drug benefit list is the first step in that. In other words, we'll create the list of drugs that will be covered under the plan. The next step is interchangeable. In other words, if this has been prescribed, these are the interchangeable drugs that can be used instead. I for one put myself on the record, as I know the hon. member has, to increase generic use in the province while not debilitating the research that goes on outside of the generic usage. I think there is a balance there, but certainly the low level that we're at in the province is not something that I think we should take great pride in. I think we should try and increase that rate.

MRS. HEWES: Is that research not done elsewhere?

MS BETKOWSKI: Well, research is primarily done through the drug companies, which are of course the complete antithesis of the generic, and then once the patent is off, the generic can come in. The issue is one that really confuses the federal and provincial agenda, because the federal agenda is allegedly to protect the patent through Bill C-22, I think it is. Yet, at the same time, the federal government is backing out of its commitment to health care. There's somewhat of an inconsistency there. I think one of the things we should be doing as we look at a national model for health care is saying who is responsible for what. That may not confuse those agendas, because if the federal government is getting out of those kinds of areas of protecting patents, then there's corresponding things that can happen within our own drug plan. I don't think any of us wants to see research stopped, but we need to know what is being dedicated to research and what is being dedicated to preserve our health plan and ensure that it's continuing.

Health care premiums. I committed in the House to review this year the level of income for which the premiums are lowered or reduced entirely. I will admit to the hon. member that I would have loved to have been able to do that this year within the choices made within the 10 percent increase in Health. I simply wasn't able to do it. I think this year we can look at those income levels and hopefully make appropriate adjustments if they're necessary.

Immigrant doctors: I wanted to make a comment on that. We're into a three-stage process. The first step was to get the rural physician incentive program in place. The second step was to approve the bylaw changes of the college, which has now been done, to ensure that the process itself was not discriminatory. That has now been done by order in council. The third step is – and in fact there was some good news in this past week where the Medical Council of Canada is looking at a way by which someone who is not on the internship list could be clinically as well as didactically tested for their skills, clinically tested and then be able to be put into a certain part of the province with that clinical testing having been standard. In other words, without an internship you could move into telling people where they could go. We can't demand that, as some provinces have tried, through the health care plan because that in itself becomes discriminatory, but I think the Medical Council of Canada model is one that will work, and hopefully that will be in place within the next couple of years.

10:20

Active care. The estimates provide for a 9 percent increase, $162 million. Of that, $64 million is the 3.5 general grant base rate adjustment on facilities, $41 million is the nurse salary settlement adjustments, and the remaining $57 million is for general activity increases, things like additional cancer drugs, which are going up not only in volume, because the number of people contracting cancer is going up, but also the cost of the drugs that are coming onto the market. That is certainly a major increase. Renal dialysis: we've had major activity increases there. Because, really, of the viability of kidney transplant, renal dialysis becomes a very important waiting period till the transplant is available. Cardiovascular surgery increases was a major activity. Waste management services programs: we can get into the issue of waste management perhaps further. Even through the question period there may be some good things we can look at there.

Long-term care. Yes, we are continuing to move with the initiatives in the Mirosh report, and the member asked for a quantification of home care actually being a result of discharge from long-term care. Discharge is becoming a very real alternative, because we've tended to think of long-term care as where you go and it stops. People can get used to debilitating diseases – even older people can – and hence the whole focus of single point of entry is to exhaust all of the community alternatives until the institutionalization comes. If it's come, we think we can get some people out, and in fact we are discharging people from long-term care that have been placed there. One of the quantifiable issues in home care versus institutional care is that we've actually lowered our index this past year for the number of people from seven long-term beds per 1,000 Albertans down to an indicator of 6.5 and even 6, and that's really as a result of more people being able to be delayed on institutionalization.

Community health services. I just wanted to comment on the geriatric rehab. The southern Alberta geriatric assessment centre, which is under the responsibility of the Calgary District Hospital Group, is really part of the planning for the Holy Cross capital project, which went ahead in this year's budget. I think that's a very important part of the acute southern Alberta counterpart to the Youville program in Edmonton.

I will respond to the remainder of the questions in writing to the hon. member.

MR. HORSMAN: Mr. Chairman, I move that the committee rise, report progress, and request leave to sit again.

[Motion carried]

[Mr. Moore in the Chair]

MR. ACTING DEPUTY SPEAKER: The Member for Banff-Cochrane.

MR. EVANS: Well, thank you, Mr. Speaker. I'm delighted to report that the Committee of Supply has had under consideration certain resolutions of the Department of Health, reports progress thereon, and requests leave to sit again.

MR. ACTING DEPUTY SPEAKER: You heard the committee report and request to sit again; are you agreed?

HON. MEMBERS: Agreed.

MR. ACTING DEPUTY SPEAKER: Opposed? Carried.

MR. HORSMAN: Mr. Speaker, tomorrow, as hon. members are no doubt aware, there will be a ceremony immediately after Prayers to unveil the portrait of Her Honour the Honourable the Lieutenant Governor just immediately past. We will participate in a brief ceremony at that time, following which the regular business of the House will resume.

It is proposed to deal in Committee of Supply tomorrow with the estimates of the Department of Federal and Intergovernmental Affairs.

[At 10:27 p.m. the Assembly adjourned to Friday at 10 a.m.]