

**ORAL QUESTION—JULIE GREEN, MLA YELLOWKNIFE CENTRE**

**ORAL QUESTION 504-18(2) & QUESTION 508-18(2)**

**TERRITORIAL AGREEMENT ON FEDERAL HEALTH CARE TRANSFERS**

**February 3, 2017**

**MS. GREEN:** Mahsi, Mr. Speaker. Mr. Speaker, my questions are for the Premier. Yesterday, the Premier gave some answers on the new healthcare funding deal which was signed with the federal government last month. He repeated, "The new healthcare deal provides what Northerners want and need." The healthcare accord has a 3 per cent cost escalator rather than the 5.2 per cent the Premiers asked for in December. I didn't hear a clear answer to the question yesterday, so I'm going to repeat it today: what is the point of walking away from those talks and then settling for less? Thank you, Mr. Speaker.

**MR. SPEAKER:** Masi. Honourable Premier.

**HON. BOB MCLEOD:** Thank you, Mr. Speaker. I don't know what channel the Member was watching yesterday, but I certainly didn't say that. We walked away because they offered us zero on the territorial health funding, and we obviously settled because they offered more. Thank you, Mr. Speaker.

**MS. GREEN:** Thank you to the Premier. What was reported in the news is that Canada offered 3.5 and that the leadership walked away from that deal although they had wanted 5.2. You got 3. You wanted 5.2. There's a gap. Why did you settle for less?

**HON. BOB MCLEOD:** The federal government said, "Take it or leave it." We didn't take it until they came back and offered more.

**MS. GREEN:** Thank you, Premier. The problem is that healthcare costs are forecasted to rise significantly, and I gave some numbers in my Member's statement especially around the precision of long-term care to our aging population. That's on top of home care. What is the plan to ensure that healthcare funding is adequate to meet our needs? Because I don't see that this deal with \$7.4 million in it will do it?

**HON. BOB MCLEOD:** I'm not sure what \$7.4 million she's referring to. I think she's referring to targeted funding of home care that the federal government raised.

We spend approximately \$420 million. We also get funding through the Healthcare Act which is provided on a per capita basis, which, on a per capita basis for the Northwest Territories, works out to about \$40 million. This year, because the federal government reduced the healthcare funding percentages to 3 per cent, they offered targeted funding of \$13.5 million over ten years for home care and for mental health. We still have to work with the federal government to determine how they want us to spend that money. Obviously, \$13.5 million over 10 years works out to about \$1.5 million a year. That's not going to help us with the long-term home care, but it was never intended to do so.

Prime Minister Trudeau, during the government election, now Prime Minister, wrote to us and indicated that there was some significant infrastructure funding that would be available, including social infrastructure funding. We are still waiting for details. In his letter, he pointed out that funding under those programs could be used for seniors' housing and other options to raise money to provide for seniors' housing. We are still waiting for that detailed information. We're looking forward to the federal budget, upcoming, where we expect to have more details of those programs.

**MR. SPEAKER:** Masi. Oral questions. Member for Yellowknife Centre.

**MS. GREEN:** Thank you, Mr. Speaker, and thank you to the Premier. It's my understanding, but this math really needs to be set out, that the reduction of 6 per cent to 3 per cent is not offset by the \$13.2 million over 10 years. Infrastructure funding is good, but the long-term care beds cost \$139,000 each per year to operate. By the health Minister's own estimate, that's \$33.9 million annually required to provide care to people in long-term beds. I'm still not clear. Where's that money going to come from? Thank you.

**HON. BOB MCLEOD:** Thank you, Mr. Speaker. The healthcare funding was not intended to provide for that. The federal government provided \$7.4 million over 10 years from homecare, and we're still waiting for them to tell us how they wanted to spend that targeted funding. The housing for seniors over the long term will have to come out of whatever funding that our government comes up with and whatever federal government funding we can access through the social infrastructure funding.

**QUESTION 508-18(2):  
TERRITORIAL AGREEMENT ON FEDERAL HEALTH CARE TRANSFERS**

**MS. GREEN:** Mahsi, Mr. Speaker. Mr. Speaker, I'm going to resume my questions to the Premier because I didn't feel that I got an answer to the question that I asked, so I'm going to repeat the question. There is going to be an additional \$33 million required for operations and maintenance of long-term beds when they're available. What money will pay for this operations and maintenance costs? Thank you.

**MR. SPEAKER:** Honourable Premier.

**HON. BOB MCLEOD:** Thank you, Mr. Speaker. If there is operation and maintenance costs required, it will come from within the government's budget. Thank you, Mr. Speaker.

**MS. GREEN:** Thank you to the Premier. Adding another \$33 million to the operations and maintenance budget of the Department of Health would be a very considerable increase over what they are spending today. How will the government decide on cuts, efficiencies, taxes, co-pays, to raise this money? Where will this money come from?

**HON. BOB MCLEOD:** The Member is asking me to speculate on future events. Certainly, at the appropriate time, we will deal with the issue.

**MS. GREEN:** Thank you to the Premier. Yesterday, the Premier said to my colleague that the department has been very diligent in finding ways to become more efficient and effective in delivering healthcare. Could the Premier please elaborate on that statement?

**HON. BOB MCLEOD:** I'll be pleased to do so. When the previous government negotiated or imposed a 10-year health accord on all of the governments of Canada, the provincial and territorial governments, there was a 6 per cent increase. It would drop to 3 per cent after 10 years. We've reached that point. This new federal government has continued with that. They've accepted what the previous federal government did. The basis for that decrease from 6 per cent to 3 per cent was to provide for more efficiencies, become more effective through innovation and governance.

We had a territorial health investment fund that was negotiated separate from the Canadian Health Act which provided for medical travel, innovation, and other medical services which worked out on an annual basis, approximately \$10 million. Over the last few years, we've been able to reduce our spending in those areas to about \$5.2 million. That's what I was referring to, Mr. Speaker.

**MR. SPEAKER:** Masi. Oral questions. Member for Yellowknife Centre.

**MS. GREEN:** Thank you, Mr. Speaker, and thank you to the Premier. Despite the efficiencies that may have been realized, the health budget is growing again this year by \$8.9 million, of which Ottawa is paying \$1 million in extra funding to the whole budget. What I still am not understanding, even with forced growth, not new initiatives, the health budget is going up. That's without the big push of taking care of our elders. What additional efficiencies are possible to meet those extra costs? Thank you, Mr. Speaker.

**HON. BOB MCLEOD:** Thank you, Mr. Speaker. The largest part of our healthcare funding comes through the formula financing, and through that process, we already spend for extended care. We already spend long-term care, and we would have to use that process, whatever success we have in assessing the social infrastructure programs of the Federal Government. Thank you, Mr. Speaker.