

## ORAL QUESTION—KEVIN O'REILLY, MLA FRAME LAKE

### QUESTION 580-18(2): LONG-TERM CARE FUNDING

February 15, 2017

**MR. O'REILLY:** Merci, monsieur le President. My questions are for the Minister of Health before the clock runs out. Cabinet seems to be able to find resources for its preferred projects, whether it's NTCL, Mactung, or roads. We're still waiting to hear, though, about improving our housing stock and other social infrastructure needs. Can the Minister of Health comment on how we're going to fund our growing social infrastructure needs, including the shortfall in long-term care, or shall we just tell our seniors to hit the many roads we keep on building? Mahsi, Mr. Speaker.

**MR. SPEAKER:** Masi. Minister of Health and Social Services.

**HON. GLEN ABERNETHY:** Thank you, Mr. Speaker. The Member's question is dripping with cynicism. Bottom line is we know that we have significant needs in long-term care, 258 beds by 2026, and that's also factoring in doing more around aging in place, which is something clearly the Members want to see, as does Cabinet.

We know we have a capital need. That capital need has been included in the 20-year plan. That 20-year plan identifies capital projects but also some of the pressures that that will put on O and M which is utilized during our budget planning sessions when we're trying to figure out what we have money for today, how is tomorrow going to impact where we could spend today, and those types of things.

There's no question that there are going to be cost pressures on this government in the future as we roll out the 258 beds, and we know the cost is about \$139,000 per bed to operate, which is about \$35 million. We need to work together, we need to set priorities, and we need to be fiscally responsible so that we can make these important investments in this area but other areas as we move forward and we're committed to doing so.

**MR. O'REILLY:** I do appreciate the response and the work of the Minister. In an article that I'm going to table later today in the House it talks about how our territorial government, along with some provincial governments, caved in on the issue of the new healthcare agreement. As I understand it, the offer that was on the table in December was better than what we signed off for in January. So can the Minister responsible for the future of healthcare funding tell us why we signed this deal that offers us less money and will contribute very little towards our long-term care needs?

**HON. GLEN ABERNETHY:** With the reduction in the Canada Health Transfer from 6 per cent to 3 per cent, which was actually implemented by the Conservative government prior to the election but adhered to and supported by the Liberal government when they came in, we were going to take a significant reduction in growth in CHT moving forward. That reduction has been maintained; it's still going to be 3 per cent, but on top of that we are going to get \$6.1 million and \$7.4 million for aging in place, long-term care, homecare, as well as mental health

Those dollars are limited funding so they are time-sensitive. They come, they last for a period of time, and they're gone. We're going to have to be creative about how we utilize those funds in order to increase the services and support the design of meaningful as well as cost-effective programs moving forward. It does leave us in a position, though, Mr. Speaker, there is no question, where we're still going to have to find money from within to invest in these critical areas like long-term care, aging in place, mental health, and addictions. We are still going to have to find those dollars moving forward and we're going to have to do it in an age of slow growth. We're going to have to be creative, but I'm optimistic that we can. We know what we need to do. The trick is finding our way together as a unified Assembly to make that happen.

**MR. O'REILLY:** I do appreciate the response from the Minister, but as I understand it the original offer was for 5.2 per cent increase annually in healthcare, in the agreement that was under discussion. So why did we sign off on 3 per cent when the original ask was 5.2 and the offer that was on the table was 3.5?

**HON. GLEN ABERNETHY:** What does not change and what cannot change is the federal government made a decision to reduce the CHT by 3 per cent gross, so it was only going to be 3 per cent or GDP, whichever is greater. GDP is tended to not be too high over 3 per cent, but that change was going to happen no matter what.

The provinces and territories attempted to get the federal government to see reason that 5.2 was a sustainable number as opposed to a growth number. There was a disagreement. They took the 3.5 per cent off the table completely. It was gone in December, but they did approach the territories and indicate that there is some money for homecare and there is some money for mental health as well as the 3 per cent.

There are other areas that we're certainly having conversations about; we'll continue to work with the federal government, who has been a great partner with us. They have contributed money to homecare above and beyond the money for Aboriginal homecare. So we're going to continue to work with them, see what other opportunities there are to get some specific funding to support the initiatives of the Northwest Territories, and we'll move forward. In the meantime, we continue to have fiscal challenges. I think we can find a way forward and I'm looking forward to moving forward with a plan to roll out 258 long term care beds in the life of this Assembly so that we have those beds in place by 2026.

**MR. SPEAKER:** Masi. Oral questions. Member for Frame Lake.

**MR. O'REILLY:** Mahsi, Mr. Speaker. I appreciate the response again from the Minister but I just don't think that that deal that was signed will cut it for us, and certainly this side of the House was never really consulted in terms of what was on the table or what they actually signed off on, but Cabinet seems to think there's going to be a bunch of federal dollars that are going to rain from heaven that are going to help us meet our social infrastructure needs. So can the Minister give us any details on this funding or when we can expect some details and how this is going to help us with our long-term care needs? Mahsi, Mr. Speaker.

**HON. GLEN ABERNETHY:** Mr. Speaker, I know that there's some social infrastructure money that is available by application by the provinces and territories. I believe the Housing Corporation has been able to get some of those dollars. Those dollars are going to be used for basing the criteria. It's my understanding that those dollars are only available for independent living units in communities throughout the Northwest Territories, so it probably won't directly help with the long-term care. In the territories, where we want to do more to help people age in place and stay out of long-term care, the 258 is based on a low number of people going into the long-term care and doing a better job on aging in place, which is something we're also committed to.