

Meeting of the  
**Association of  
Manitoba  
Municipalities**



with

The Honourable Theresa Oswald

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Minister of Health

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September 19, 2007

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# **Executive Summary**

## **A.) Departmental Issues**

### **1. RHA Review**

- Municipalities are committed to seeking effective ways to deliver health care services, but RHAs are not effective at responding to local community needs.
- Municipalities are increasingly expected to contribute to the cost of health care services and therefore should have greater input regarding the issues that affect their residents.
- With supportive legislation already in place, increasing accountability by creating locally elected RHA Boards is a policy decision of the Provincial Government that must be implemented.
- The AMM is pleased that a review of the RHA system is underway.

**The AMM urges the Provincial Government to move forward quickly with the review of the RHA structure in order to achieve greater accountability and transparency in all RHAs.**

### **2. Physician Recruitment, Training and Retention**

- There is a critical shortage of medical professionals throughout this province and a coordinated effort must be undertaken in order to counteract this trend.
- Without relaxing the entrance requirements, the number of medical school spaces must increase. Another aspect of this issue is to ensure that rural students and those likely to practice family medicine are adequately represented in medical studies.
- The AMM and municipalities look forward to hearing if the new international medical graduate assessment program has been more successful in increasing the number of physicians in rural, remote and northern communities.
- Nurse Practitioners are increasingly recognized as a solution for alleviating current gaps and decreasing wait times in health delivery, particularly in rural and remote communities.
- Any effort to recruit medical professionals, whether locally or from abroad, must be complemented with efforts to retain these professionals in Manitoba.
- Municipalities recognize that they have a role in the recruitment and retention of medical professionals. This includes enhancing communities in order to attract medical professionals and educating residents on types of appropriate interactions with medical professionals in order to ensure that they feel comfortable in the community.

**The AMM urges the Province to ensure that Manitobans have local access to physicians by providing additional support for locally trained students; by facilitating the recruitment of international medical graduates; and by contributing to retention strategies to keep physicians in Manitoba.**

### **3. Community Capital Contributions to Health Projects**

- Concerns regarding community capital contributions to health projects was raised several times with the former provincial health minister who indicated for several years that this issue was being reviewed and would soon be resolved.
- The AMM is bringing this issue forward again and encourages the Minister of Health to eliminate the policy whereby municipalities must contribute to the provision of health care services.
- Although the provincial policy does not specify that municipalities must be the only local contributor to the capital health project, municipalities are typically expected to make some portion of the local contribution.
- This is especially problematic since municipalities have no opportunity to influence financial health care decisions. Rather, they are required to contribute a set percentage to capital projects with no input as to how the funding is spent.

**The AMM urges the Provincial Government to eliminate the policy of local government contributions to capital health projects and accept full responsibility for health care services.**

### **4. West Nile Virus**

- To ensure that residents are adequately protected, Manitoba must have an effective surveillance and prevention strategy, and the Provincial Government must be prepared to cover the costs associated with these health services.
- The incidence of human WNV cases demonstrates the importance of this issue in terms of maintaining the health of Manitoba's residents.
- As part of the prevention strategy, communications must be facilitated in order to inform municipalities of required mosquito control services in a timely manner.

**Therefore, the AMM urges the Provincial Government to take a proactive stance on West Nile virus prevention and to absorb all related surveillance and mosquito control costs.**

### **5. Funding for Regional Palliative Care**

- Palliative care is an important element of health care in which the focus is achieving comfort and respect for a person nearing death and maximizing quality of life for the patient, family and loved ones.
- Currently in Manitoba there is no dedicated funding for palliative care.
- Most RHAs employ a palliative care regional coordinator or director in an attempt to meet the needs within the health care system, but this is not enough.

**The AMM urges the Provincial Government to provide financial support to a Regional Palliative Care Program.**

## **6. Issues with Centralized 911 Call Centre**

- The Provincial Government must support the expansion of 911 services throughout Manitoba and enable all municipalities to participate in this critical emergency service.
- Municipalities are appreciative of the ambulance enhancements and anticipate faster response time and more efficient dispatch as a result of the centralized services of the Medical Transportation Coordination Centre.
- The centralized system will only function properly if there is enough staff in place to respond to all incoming calls.
- Since improved technology will be available in all Manitoba's ambulances it is necessary for all municipalities to provide 911 service to their residents.

**The AMM urges the Provincial Government to ensure that all Manitobans have access to 911 services by adequately staffing the Medical Transportation Coordination Centre and by enacting mandatory 911 legislation for all municipalities.**

## **General Issues**

### **1. Creating Fiscal Balance**

- Manitoba's municipal governments continue to take on increasingly greater responsibilities. As the importance of local community increases, it is necessary that the roles, responsibilities and resources of municipal government be examined.
- Unclear legislation, such as the Water Protection Act, concern municipal governments because the financial costs in implementing and enforcing this Act are great. Infrastructure needs in municipalities throughout the province are at the top of municipal agendas however the municipal budgets are stretched thin.
- Some options to support municipal governments to serve their communities effectively are removing education tax from property and exempting municipal governments from the Provincial Sales Tax.
- Provincial/territorial municipal associations are developing a cross Canada perspective of municipal responsibilities and finances to inform municipalities of the similarities and inequalities that are currently being experienced nation-wide.

**The AMM urges the Province to work collaboratively with municipalities to create a fiscal balance for all orders of government in Manitoba.**

# Departmental Issues

## 1. RHA Review

Municipalities are concerned about the delivery of health services and a review of the RHAs is well deserved as the system moves into its tenth year of operation. The AMM is therefore pleased to submit concerns that are raised annually at the AMM Convention and impact all 198 municipalities in Manitoba. These include the need for enhanced communication between RHAs and municipalities, RHA Board accountability, and the role of RHAs in the recruitment of medical professionals.

### *Communication*

Enhanced communication is a vital component of a sustainable health delivery system. The initial creation of RHAs dramatically altered the delivery of health care services in Manitoba, and the amalgamation of certain RHAs has created some difficulties. Municipalities are committed to help find effective ways for the Province to deliver health care services, but RHAs are not adequate since they do not respond to local community needs. The lack of effective mechanisms for meaningful feedback from municipalities and their residents needs to be addressed in this review. The decision-making that is undertaken by RHA Boards has a significant impact on local residents therefore the public should have opportunities to provide input into local health service delivery.

In addition, municipalities are increasingly expected to contribute to the cost of health care services and therefore should have greater input regarding the issues that affect their residents. For instance, the Assinboine RHA recently required municipalities to cover the cost of ambulances that attend fire scenes. This is clearly a downloading of Provincial services to the municipal level and municipalities have no authority to negotiate or provide meaningful feedback on such changes. A further example is the practice of requiring local communities to contribute to the costs of health capital projects including the requirement to fund 100 per cent of any change order. Municipalities are becoming more and more involved in health care, yet this is being done with little to no discussion with municipalities. Municipalities are always willing to work with the Province to find the best way to provide needed services, but they need to be part of the decision-making process. This can only happen with an improvement in communication.

## *Accountability*

Municipalities and the public are also concerned with the lack of public accountability of RHA Boards under the current system. Municipal officials are far more accessible to residents than RHA Boards and consequently become the recipient of complaints regarding local health care services. RHA Boards should be accountable for their decisions and be available to address concerns. Instead municipalities are in the position of being held accountable by the public. Municipal councils are willing to defend the decisions they make, but it is unfair to expect them to defend the decisions of RHAs, especially when they have no role to play in the decision-making process.

A key improvement to the accountability of RHA Boards would be to alter the process of board member selection. Currently, RHA Boards are appointed by the Minister of Health leaving local communities without a voice to address their key issues. Municipalities have been encouraged to make nominations for appointments, however a wide range of individuals interested in and involved with health services make nominations each year. Therefore, this process does not guarantee that local interests will be successfully represented. There are also concerns with public accountability of provincial appointments as often RHA Board members are seen to be working for the government that appointed them, and not the local area.

There is currently sufficient flexibility in the legislation since Section 14(1) of *The Regional Health Authorities Act* indicates that the prescribed number of directors will be “appointed or elected in accordance with this Act and the regulations.” Therefore, the Minister of Health is authorized to determine the process for selecting the RHA Board. Since the supportive legislation is in place, increasing accountability by creating locally elected RHA Boards is a policy decision of the Provincial Government. The demonstrated need for increased responsiveness to local communities and enhanced accountability necessitates a review of the current procedure and a thorough examination of electing RHA Boards.

## *Recruitment of Medical Professionals*

Recruitment of medical professionals, in particular physician recruitment, is an ongoing concern for municipalities. Without sufficient access to physicians and other medical professionals, residents are required to travel to get medical attention or forgo medical care. This situation is not ideal and needs to be rectified.

The AMM is interested in the review of the RHA system and therefore requests that the RHA Review Committee continue to consult with the AMM and municipal/community groups in all RHA regions to ensure that all municipal concerns are addressed.

**The AMM urges the Provincial Government to move forward quickly with the review of the RHA structure in order to achieve greater accountability and transparency in all RHAs.**

## **2. Physician Recruitment, Training and Retention**

For several consecutive years, the AMM membership has passed resolutions regarding the need to improve health services by training, attracting and retaining medical professionals for all Manitoba communities. There is a critical shortage of medical professionals throughout this province, and a coordinated effort must be undertaken in order to counteract this trend.

Currently some municipalities are effectively bidding for physicians to work in their community, which can include providing financial incentives. This is not possible for all municipalities, nor should it be necessary for any municipality. Municipalities recognize that they have a role in the recruitment and retention of medical professionals. This includes enhancing communities in order to attract medical professionals and educating residents on types of appropriate interactions with medical professionals in order to ensure that they feel comfortable in the community.

Training, recruitment and retention initiatives should continue to be completed at the Provincial level, as they are issues that impact all communities province-wide. However, innovative practices should be devised on an ongoing basis in order to effectively attract and retain medical professionals throughout Manitoba. The Provincial Government, as the order of government that is responsible for health care, should allocate additional funding to these important measures. The health of Manitoba communities has wide-ranging effects on the competitiveness and sustainability of Manitoba, and providing local access to high quality health care services province-wide is a vital part of this process. Municipalities have identified three key areas where targeted improvements are necessary: increasing the number of spaces at the University of Manitoba's medical school; reducing the

obstacles associated with recruiting international medical graduates (IMGs); and providing incentives for retaining medical professionals in Manitoba.

In order to increase the number of practicing medical professionals in Manitoba, it is necessary to ensure that there are sufficient opportunities for Manitobans to attend medical school in this province. Without relaxing the entrance requirements, the number of medical school spaces must increase. In both 2006 and 2007, the University of Manitoba has enrolled 100 students which meets the Provincial Government commitment to increasing the number of medical school spaces to 100 by 2006-2007. However, the funding for these spaces must be maintained in order to continue training a sufficient amount of Manitoba doctors. The next step will be to follow up on Premier Doer's 2007 election campaign promise of increasing the number of medical school spaces to 110.

Another aspect of this issue is to ensure that rural students and those likely to practice family medicine are adequately represented in medical studies. Such target groups are crucial since rural students are more likely to practice in rural areas and family physicians are in high demand throughout rural areas. The number of rural students has been rising along with overall enrolment and this is a positive trend. Increasing the number of doctors trained in Manitoba should be a high priority for the Provincial Government since it will encourage students to remain in the province after graduation and begin to address the severe shortage of physicians.

The second key area requiring attention is the process for licencing IMGs to practice in Manitoba. There has been widespread concern that Manitoba's entrance procedures are too time-consuming and administratively burdensome to a point where IMGs are deterred from seeking employment in this province. Manitoba must remain competitive with Canadian and American neighbours regarding licencing procedures and ensure that there are no additional barriers to entering this province in comparison with these other jurisdictions. In the fall of 2006 Manitoba Health implemented a new process for assessing International Medical Graduates (IMGs) seeking medical licensure in primary care.

This new process replaces the former Clinicians Assessment & Professional Enhancement program (CAPE). The new assessment is based on the input for suggested improvements from many health stakeholders, including rural community physicians. Some of the feedback from IMGs themselves

was that the former abbreviated assessment process was inadequate for assessment. The AMM is pleased to see 10 additional spaces in the new IMG program.

With pre-employment interviews conducted in December 2006 and March 2007 the AMM and municipalities look forward to hearing if the program has been more successful in increasing the number of physicians in rural, remote and northern communities. As well, with a target of forty practice ready candidates a year, the retention of these medical professionals is also important.

Any effort to recruit medical professionals, whether locally or from abroad, must be complemented with efforts to retain these professionals in Manitoba. Municipalities have a strong role to play by providing local services and welcoming medical professionals to their communities. The Provincial Government has also recognized the need for retention strategies by implementing the Medical Student/Resident Financial Assistance Program that provides conditional grants to students studying medicine in Manitoba or to physicians establishing a practice in Manitoba upon graduation. The commitment to increase the number of physicians in Manitoba by 100 over four years will only be meaningful if retention strategies are successful. Therefore, greater action must be taken to retain medical professionals in Manitoba.

There is also a need to facilitate the training and retention of other medical professionals such as Registered Nurses, particularly those with the Extended Practice designation RN(EP). These medical professionals, known as Nurse Practitioners (NP), provide a range of health services with a target of promoting health and preventing illness. NPs work in collaboration with other health professionals such as physicians, RNs, pharmacists, nutritionists, social workers and therapists to ensure that patients receive the most complete and coordinated health care. NPs are increasingly recognized as a solution for alleviating current gaps and decreasing wait times in health delivery, particularly in rural and remote communities.

In rural settings NPs often manage the daily health needs within communities while the family physician rotates through a number of communities on a regular but intermittent basis. This coordination of medical professionals has been supported by the College of Family Physicians of Canada in its paper, *Primary Care and Family Medicine in Canada: A Prescription for Renewal in Canada (2000)*. Coordinated teams of medical professionals are seen as a quality model to deal with

the health of communities in terms of increased access, quality of life and disease prevention.

Although these models are operational and working well, there are not enough of them. The success of multidisciplinary teams in rural and remote communities demonstrates the potential of utilizing the full scope of skills represented by NPs and other professionals to meet the health needs of municipalities. The role of NPs in Manitoba is still evolving but there are numerous examples of positive collaborations between medical professionals and success stories for communities. An ongoing awareness of the role that all professionals play in the health care delivery system is vital in the creation of community health delivery models and subsequently overall community health. These medical professionals and the services they provide need to be fostered in order for the NP model to enhance health delivery services in Manitoba.

Innovative practices should be devised to effectively attract and retain medical professionals to practice throughout Manitoba. The Provincial Government, as the order of government that is responsible for health care, should allocate additional funding to these important measures. The AMM is looking forward to seeing \$1 million to attract more doctors to Manitoba that was committed to in the 2007 election. The health of Manitoba communities has wide-ranging effects on the competitiveness and sustainability of all communities, and providing local access to high quality health care services across the Province is a vital part of this process.

**The AMM urges the Province to ensure that Manitobans have local access to physicians by providing additional support for locally trained students; by facilitating the recruitment of international medical graduates; and by contributing to retention strategies to keep physicians in Manitoba. As well, the AMM requests an update on the number of IMGs who have successfully completed the new assessment process.**

### **3. Community Capital Contributions to Health Projects**

Many municipal concerns regarding health care have been recurring for several years and relate to the need to ensure effective health care services for Manitobans. This is characteristic of the community capital contributions to health projects since the former provincial health minister had indicated for several years that this issue was being reviewed and would soon be resolved. The

AMM is bringing this issue forward again and encourages the current Minister of Health to eliminate this policy whereby municipalities must contribute to the provision of health care services.

Local communities should not be required to contribute to the costs of health care service since it is the responsibility of the Provincial Government. Currently, communities are required to fund at least 10 per cent of all health capital projects within their communities. This system unfairly burdens municipalities that do not have the additional resources to commit to capital health projects.

Although the provincial policy does not specify that municipalities must be the only local contributor to the capital health project, municipalities are typically expected to make some portion of the local contribution. Furthermore, regardless of whether it is the municipal government or the local residents that are required to fund these costs, the financial burden is still being downloaded from the provincial government to local communities. It also takes away much needed infrastructure investment in other key areas, as municipal budgets are limited. This policy must be reversed and local communities should no longer be required to contribute funding to capital health projects.

Ensuring that Manitobans have access to appropriate health care facilities is an important consideration, and municipalities are not suggesting that investment in health care service is not required across the province. The key concern is that health care is a provincial responsibility, yet municipalities are continually expected to contribute to various aspects of health care services. This is especially problematic since municipalities have no opportunity to influence financial health care decisions. Rather, they are required to contribute a set percentage to capital projects with no input as to how the funding is spent. This situation is exacerbated by the requirement that municipalities must fund 100 per cent of any change order regarding the health capital project. Such a policy restricts the ability of municipalities to predict project costs since additional costs can arise unexpectedly. As a result, the combination of these policies places a significant burden on municipalities and limits their ability to respond to local priorities.

This issue has been raised with the Provincial Government several times over the past four years and the AMM has been told repeatedly that solutions are being sought and alternative arrangements being reviewed. This issue continues to be an important municipal concern as seen by the fact that another resolution on this matter will be forthcoming at the 2007 AMM Convention. Therefore, the AMM is seeking an update on the status of the policy review that examined alternative funding sources for health capital projects

**The AMM urges the Provincial Government to eliminate the policy of local government contributions to capital health projects and accept full responsibility for health care services.**

**4. West Nile Virus**

The summer of 2007 demonstrated that West Nile virus (WNV) remains a major health priority in Manitoba communities. To ensure that residents are adequately protected, Manitoba must have an effective surveillance and prevention strategy, and the Provincial Government must be prepared to cover the costs associated with these additional health services. Municipalities will have a role in communicating prevention activities to their residents, however the Provincial Government must maintain the primary responsibility for health care by funding WNV surveillance and prevention initiatives.

Trends have indicated that the WNV threat only increases over time and therefore will pose a growing threat to Manitobans. Although there was a low incidence of human cases of WNV in previous years due to cooler weather conditions, ideal climate conditions for mosquitos in 2007 have increased the incidence of human exposure. Currently more than 500 humans have tested positive and there have been three deaths due to the virus. The incidence of human WNV cases demonstrates the importance of this issue in terms of maintaining the health of Manitoba's residents.

Municipalities do not have the resources to fund the additional costs that are required for increasing mosquito surveillance and control, therefore the Provincial Government must commit funds to fully cover these costs in 2008.

As part of the prevention strategy, communications must be facilitated in order to inform municipalities of required mosquito control services in a timely manner. Municipalities are expected to disseminate information regarding the occurrence of larviciding and adulting, therefore communication from the Provincial Government is essential. In the past, there have been issues regarding mandatory mosquito control in certain areas and inadequate communication with municipalities. There have been improvements to the communications systems in recent years and the AMM recognizes that the WNV Communications Subcommittee is working to maintain a dialogue with municipalities to provide detailed information for local residents. The Provincial

Government must also provide timely responses to municipal requests for information and approvals for applications. Prevention initiatives must be undertaken in an expedient manner in order to provide maximum protection to local residents. Therefore, the Provincial Government must ensure that sufficient staff is available to respond to concerns and conduct approvals.

The increasing incidence of WNV elevates Manitoba's mosquito concerns from a municipal nuisance issue to a provincial health issue, yet municipalities are currently required to contribute 25 per cent of mosquito control costs. Municipalities are willing to facilitate mosquito surveillance and control, but as a health issue, should not be responsible for providing funding.

**Therefore, the AMM urges the Provincial Government to take a proactive stance on West Nile virus prevention and to absorb all related surveillance and mosquito control costs.**

## **5. Funding for Regional Palliative Care**

Palliative care is an important element of health care in which the focus is achieving comfort and respect for a person nearing death and maximizing quality of life for the patient, family and loved ones. Palliative care requires an interdisciplinary team of caregivers that assist from hospital to hospice to community to home. These caregivers deal with not only the medical requirements of an individual but also the psycho-social, spiritual and economic needs of both the patient and their family.

Currently in Manitoba there is no dedicated funding for palliative care, although RHAs work to provide assistance in this area by capturing funding from other, equally important, components of the health care system. Most RHAs employ a palliative care regional coordinator or director in an attempt to meet the needs within the health care system, but this is not enough. These coordinators must attempt to utilize funding from areas such as the Home Care Program in order to support the palliative care requirements in their region, however this pulls funding and resources away from other programs. RHAs are therefore required to rely heavily on community contributions and volunteers to support palliative care in communities.

Manitoba residents deserve more. The health care system should be able to support health care needs throughout the entire life cycle. Municipalities are therefore interested in seeing increased support for a Regional Palliative Care program.

## **The AMM urges the Provincial Government to provide financial support to a Regional Palliative Care Program.**

### **6. Issues with Centralized 911 Call Centre**

Efficient access to emergency services can only be achieved if local response teams are dispatched in a timely manner. The process of calling for help must be quick and easy in these stressful situations since time delays can cause tragedies. In rural and remote areas emergency response may take longer due to geographic limitations, therefore every effort should be made to take advantage of potential system efficiencies. In particular, local knowledge has been lost due to the centralization of service and will require increased consideration through clear and succinct communication. The Provincial Government has a role alongside municipal governments since ambulances are managed at the provincial level. Therefore, the Provincial Government must ensure that a centralized 911 call centre enables all municipalities to use this critical emergency service.

The establishment of the new Medical Transportation Coordination Centre (MTCC) has made a significant difference due to the incorporation of advanced technologies, such as global positioning systems (GPS), throughout Manitoba's ambulance fleet. Municipalities are appreciative of the ambulance enhancements and therefore anticipated faster response times and a more efficient dispatch system as a result of the centralized services. This however has not been the case.

The AMM advised the Provincial Government that prior to the operation of MTCC, that two key issues had to be addressed. First, the system can only function properly if there is enough staff in place to respond to all incoming calls. There are gaps in the current service provision whereby callers have been placed on hold or asked to call back at another time. This is unacceptable for an emergency response centre whose purpose is to assist those in an immediate crisis. Media reports indicate that the MTCC will employ 31 staff members trained to handle emergency 911 calls.

Municipalities have indicated that the level of service is not yet acceptable. Therefore the Provincial Government should commit to an ongoing evaluation of this staffing level to ensure that all calls are

answered in a timely manner. Emergency response is a crucial part of Manitoba's health care system and timely response is necessary in these urgent situations.

Secondly, the improved technology available in all Manitoba's ambulances makes it necessary for all municipalities to provide 911 services to their residents. Efficient emergency response should be occurring in all municipalities regardless of where emergencies occur. A consistent system across Manitoba facilitates the process of accessing assistance and minimizes the time required to call for help.

**The AMM urges the Provincial Government to ensure that all Manitobans have access to 911 services by adequately staffing the Medical Transportation Coordination Centre and by enacting mandatory 911 legislation for all municipalities.**

# General Issues

## 1. Creating Fiscal Balance

Municipal government is playing a more important role in the every day lives of Canadians. No longer is the local council seen as merely the local tax collector and tertiary service provider. Today, municipal governments have greater responsibilities, often playing a leading role in key areas that are not traditionally municipal in nature, such as health care and environmental protection. As the importance of the local community grows, municipal government, as the order of government closest to the people, is becoming more important. Yet, municipal governments do not have the tools they need to meet these new expectations. Many communities are starting to see the decay of key infrastructure and the unfortunate reduction in program delivery as a result of limited resources and increasing responsibilities. Municipal councils are left with the impossible task of delivering all the services expected by both the citizens and other orders of government, while only having access to limited resource streams. This is not sustainable and consequently it is necessary to undertake a major review of municipal government in Manitoba to create a fiscal balance between all orders of government.

Nationally, through the work of the Federation of Canadian Municipalities, municipal governments have been able to secure a full rebate of the GST as well as the New Deal for Communities or 'Gas Tax Rebate.' Community issues have become front and centre on the national stage, and the AMM is pleased with the recognition by the federal government of the importance of local government and the need to put resources in the hands of the order of government that delivers key services.

Provincially, municipal government in Manitoba has seen some advances as well. Most recently the Province announced the new Building Manitoba Fund that will link municipal grant money to provincial gas tax revenues. Manitoba is also unique in that the Provincial Government shares a percentage of income tax with municipalities through the previous Provincial Municipal Tax Sharing agreement.

While these initiatives are certainly positive, more is needed. Many of the resolutions currently being worked on by the AMM deal with issues of funding, or more specifically inadequate funding levels.

A serious discussion of the resources available to municipalities needs to be undertaken. However

for this discussion to be fruitful, it must be raised within the greater context of what are and what should be the responsibilities of municipal government.

Municipal government in this province has embraced taking on additional responsibilities as these have been seen to be for the betterment of the local community. For instance, many municipalities have gone to great lengths to help provincial RHAs recruit physicians. As well, municipalities have undertaken projects to help reduce greenhouse gas emissions and improve the environment. Yet there are limits to how much municipalities can do with their current revenue streams.

We have consistently heard from the Province that Manitoba municipalities fare better than almost every other province in terms of funding transfers from provincial governments. However, this discussion is meaningless without a discussion of the responsibilities of these municipal governments. If Manitoba's municipalities are continually expected to take on additional responsibilities it is imperative that new revenue sources are made available.

Provincial and territorial municipal associations are in the process of developing a cross Canada perspective of municipal responsibilities and finances. Manitoba municipalities have heard many times that they receive more resources from other orders of governments than any other province or territory. This report, which is due to be released in May 2007, will inform all municipalities on the similarities and inequalities that are currently being experienced nation-wide and will assist in understanding the issues that need to be addressed within Manitoba.

In Manitoba, a major municipal issue is the financial implications of the recently passed Water Protection Act. While the intent behind this legislation is laudable, the overwhelming lack of detail, especially in the area of responsibilities and finances, has many municipal governments concerned. Municipal governments cannot take on the financial costs associated with implementing and enforcing this Act. The Municipal budget is already stretched too thin.

The current municipal infrastructure deficit in Manitoba further compounds the need to re-examine the resources available to municipalities. Communities are facing crumbling roads, deteriorating community centres and inadequate water treatment facilities. It is estimated that Manitoba's infrastructure deficit is \$7.4 billion, which includes \$2 billion in rural municipal infrastructure and \$1 billion within the City of Winnipeg. These are staggering numbers when compared to the revenue

streams available to these municipalities. When only 7 to 8 cents of every tax dollar goes to municipalities, it is evident there is a lack of resources to deal with this deficit.

This is why the AMM has been advocating for a 5-year plan to significantly reduce the reliance on property tax to fund education. Currently the property tax base is the principal source of revenue for municipalities. However, this tax base is diminished when education tax takes up over 50 per cent. Equally concerning is the continuing increases year after year which force municipalities to seriously re-consider any municipal tax increases, as there are limits to what local residents are able to withstand. The AMM fully supports maintaining and improving the quality of education in Manitoba, however the current system of education taxation is not sustainable and in reality it is hurting local communities by limiting municipal resources.

In addition to the removal of education tax from property, there are other options to provide greater revenue to municipalities. For example, the Provincial Government can follow the lead of the Federal Government with the GST and exempt municipal governments from the Provincial Sales Tax. Not only would this leave more money in the hands of municipalities, but it would significantly reduce the costs of many major infrastructure projects, thereby freeing up valuable funding for other areas of need. This would represent a significant shift away from the current tax and return system toward a new system that allows municipalities to retain resources for community needs.

Strong communities are the foundation of a strong province and a strong Canada. As the Association that represents all incorporated municipalities in Manitoba, we understand this. The AMM has long been advocating for municipal governments to look at ways of improving how they do business to ensure strong, sustainable communities across Manitoba. We also hear firsthand the challenges communities are facing and we see the implications provincial actions are having on municipalities. It is for this reason that we believe it is time to take a closer look at the resources available to municipalities and take stock of the roles and responsibilities of municipal government in Manitoba. It is only through this type of examination that we can truly create fiscal balance in Manitoba.

**The AMM urges the Province to work collaboratively with municipalities to create a fiscal balance for all orders of government in Manitoba.**

## **Appendix A – Active Resolutions**

### **AMM Resolution Number 34 - 2005**

#### **Topic: Physician Recruitment Strategy**

Sponsor: Town of Churchill

Department: Manitoba Health and Healthy Living

WHEREAS Manitoba is experiencing a chronic shortage of medical professionals and doctors throughout the Province, affecting the ability of all Manitobans to access adequate medical services;

THEREFORE BE IT RESOLVED THAT the AMM lobby the Provincial Government to aggressively recruit medical professionals and doctors through marketing, recruiting incentives and all other means available to the Province.

### **AMM Resolution Number 22 - 2004**

#### **Topic: Physician Recruitment**

Sponsor: RM of Alexander (Eastern District)

Department: Manitoba Health and Healthy Living

WHEREAS municipalities are very concerned that the pre-emptive practice imposed by the College of Physicians & Surgeons resulting from a complaint to the Human Rights Commission of requiring all potential physicians to write an exam prior to practicing medicine here is damaging this Province's ability to attract doctors, especially in rural areas;

AND WHEREAS the municipality certainly recognizes and appreciates the College of Physicians and Surgeons for the critical role they play in protecting and establishing the medical standards for all Manitobans, it remains disappointed that this decision was arbitrarily imposed and not discussed with stakeholders and that consideration of a phasing in of required testing was not considered;

THEREFORE BE IT RESOLVED THAT the Association of Manitoba Municipalities lobby the Provincial Government to reconsider this matter in order that Manitoba becomes consistent with other provinces, where the above noted requirement is not yet required until determined by virtue of law.

### **AMM Resolution Number 28 - 2003**

#### **Topic: Doctor Training in Manitoba**

Sponsor: Town of Arborg, RM of Bifrost (Interlake District), RM of Miniota (Midwestern District)

Department: Manitoba Health and Healthy Living, Manitoba Education, Citizenship and Youth

WHEREAS the non-availability of doctors in rural Manitoba has reached crisis proportions;

AND WHEREAS spaces at our universities are very limited with no guaranteed accessibility for Manitoba students;

AND WHEREAS Manitoba students consequently need to go to other countries to train in the medical profession;

AND WHEREAS Manitoba students who train in other countries are required to write special tests to return to set up practice in Manitoba even though they are permitted to practice in the United States and some other Canadian provinces without these entry tests;

THEREFORE BE IT RESOLVED THAT all necessary steps to ensure and increase spaces at Manitoba universities for doctor training be immediately implemented to adequately address the needs of rural Manitoba;

AND BE IT FURTHER RESOLVED THAT the Provincial Government be aggressively persuaded to help make doctor training more affordable for Manitoba students;

AND BE IT FURTHER RESOLVED THAT if entry tests are deemed necessary for Manitoba doctors trained out of country, that the appropriate governing body ensure that the tests be set up in such a manner that those new doctors can write the tests and have the results within 10 days to alleviate additional expenses incurred attributable to that delay in obtaining results.

**AMM Resolution Number 38 -2003**

**Topic: Funding for Seniors Independent Living Program**

Sponsor: Town of Virden (Western District), City of Portage la Prairie (Central District)

Department: Manitoba Health and Healthy Living

WHEREAS there is insufficient funding provided to the Regional Health Authorities by the Provincial Government for Seniors Independent Living Programs;

AND WHEREAS this is a service provided to seniors to allow them to remain living in their own homes;

AND WHEREAS this service costs the Department of Health substantially less than seniors residing in personal care homes;

THEREFORE BE IT RESOLVED THAT the Association of Manitoba Municipalities lobby the Provincial Government for additional funding for the Seniors Independent Living Programs across the Province.

**AMM Resolution Number 51 - 2003**

**Topic: Community Capital Contributions to Health Projects**

Sponsor: Town of The Pas (Northern District), Town of Virden (Western District)

Department: Manitoba Health and Healthy Living

WHEREAS the provision of health care and health services is the responsibility of the Province;

AND WHEREAS The Regional Health Authorities Act has no provision for local government authorities to be involved in plans for regional health authorities capital projects, yet requires a 10 to 20 per cent community contribution to capital projects, creating a financial commitment from a municipality;

AND WHEREAS municipal ratepayers already contribute to Healthcare through Provincial taxation;

THEREFORE BE IT RESOLVED THAT the Association of Manitoba Municipalities lobby the Provincial Government to remove the community contribution requirement for capital projects of the Manitoba Health Capital Planning Branch.

**AMM Resolution Number 50 - 2000**

**Topic: Funding for Regional Palliative Care**

Sponsor: Town of Morden (Central District)

Department: Manitoba Health and Healthy Living

WHEREAS the Province of Manitoba is constitutionally and legislatively responsible for the provision of health care for all Manitobans;

AND WHEREAS palliative care is the active and compassionate care directed toward improving the quality of life for people who are dying, and toward supporting individuals and families as they incur losses;

AND WHEREAS the Province of Manitoba has recognized its responsibility through the provision of palliative care beds and the provision of funding to regional health authorities for a regional palliative care coordinator;

AND WHEREAS to date there is an absence of adequate formal funding and inequitable distribution of funds allocated for the provision of palliative care services;

AND WHEREAS the service requirements for palliative care services are totally dependent on the population served by Regional Health Centres and Regional Acute Care Facilities;

AND WHEREAS there is an absence of interdisciplinary teams to administer to the needs of the terminally ill and their families;

AND WHEREAS there is an absence of 24-hour crisis response services in palliative care;

AND WHEREAS there are inadequate resources (both human and equipment/supplies) for someone who chooses to die

at home, which can be prohibitive to the individual and their family;

THEREFORE BE IT RESOLVED THAT the AMM lobby the provincial government to provide additional financial support for the Regional Palliative Care Program.

**AMM Resolution 54 - 2005**

**Topic: Staffing 911 Call Centre**

Sponsor: Town of Shoal Lake (Midwestern District)

Department: Manitoba Labour and Immigration

WHEREAS 911 is an essential emergency service in all of Manitoba;

AND WHEREAS the City of Brandon hosts the 911 Call Centre for rural Manitoba;

AND WHEREAS citizens had recent incidents where all 911 operators were so busy that emergency callers were instructed to "hold" or to "call later";

THEREFORE BE IT RESOLVED THAT the AMM lobby the Provincial Government to provide funding to assist with the provision of adequate staffing for the rural 911 Call Centre.

**AMM Resolution 32 - 2003**

**Topic: Mandatory 911 Subscription**

Sponsor City of Brandon (Western District)

Department: Manitoba Labour and Immigration, Manitoba Health

THEREFORE BE IT RESOLVED THAT the Association of Manitoba Municipalities urge the Provincial Government to legislate mandatory 911 subscription within all municipalities in the Province;

AND BE IT FURTHER RESOLVED THAT the this legislation include a completion date for system implementation of June 30, 2005.