

Meeting of the
**Association of
Manitoba
Municipalities**



with

The Honourable Dave Chomiak

Minister of Health

June 2, 2004

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A) Executive Summary

1. Physician Training, Recruitment, Retention

- The AMM would like to take this opportunity to bring to your attention a long-standing concern of municipalities- the availability of family physicians in Manitoba communities.
- An important concern of Manitoba municipalities related to physician shortages concerns the availability of space at Manitoba Universities for physician training. AMM members argue that spaces in the University of Manitoba's Faculty of Medicine are very limited with no guaranteed accessibility for rural Manitoba students.
- The AMM argues that rural students may be more likely to return to work in rural areas, and therefore should be encouraged to practice medicine as a career. In addition, the AMM believes that those interested in practicing family medicine should be prioritized for entry into the Faculty of Medicine.
- Another important issue related to physician shortages concerns the entry process for physicians trained out of country. Manitoba students that train in other countries are required to write special tests to return and set up practice in Manitoba, even though they are permitted to practice in the United States and Saskatchewan without these entry tests. Many of these physicians are subject to extensive delays when applying to write these exams, and the AMM argues their qualifications can be assessed in a more timely manner.
- However, if the Province continues to require foreign-trained physicians to write competency tests, the AMM would argue that there needs to be an improvement to the timing and transparency of this process.

Therefore, the AMM urges the Province to continue to implement measures to make physician training more accessible to Manitoba students, and urges the Province to take all necessary steps to ensure and increase spaces at Manitoba universities for students most likely to practice family medicine.

2. Community Capital Contributions to Health Projects

- Currently, Manitoba Health requires all municipalities- except Winnipeg- to fund ten per cent of health capital projects within their jurisdictions. With increased funding responsibilities and limited revenues, municipalities do not have the necessary funds to carry out pressing infrastructure upgrades, let alone fund additional projects not initiated by the municipality.
- Although the AMM is aware that Manitoba has one of the lowest community contribution levels in Canada, the AMM firmly believes that health care is a

Provincial responsibility, which should not be funded by municipal revenues. In addition, the City of Winnipeg does not have this ten per cent requirement, and many municipalities are questioning why they must contribute ten per cent while Winnipeg is exempt.

- Health care facilities are vital to maintaining adequate medical services in rural areas, yet the ten per cent contribution poses undue financial hardship on the community, discouraging the construction of new facilities.
- Furthermore, because municipalities are not involved in planning health capital projects in their respective jurisdictions, it does not seem fair or accountable to require them to contribute to the cost of constructing these facilities.
- In addition to the ten per cent contribution requirement, municipalities are responsible for 100 per cent of change orders for health capital projects. Change orders are often initiated by a party other than the municipal government, yet under the present framework, municipalities must pay 100 per cent of change order costs after the initial contract has been issued. As municipal governments are elected representatives, responsible to their ratepayers, the AMM believes this practice to be an unfair burden to local governments.

Therefore, the AMM would urge the Province to eliminate the community contribution requirement for health capital projects.

3. Election to the Regional Health Authority Board

- Local municipal governments and their ratepayers feel it is important to maintain an adequate level of health care within their jurisdictions, and many local governments have legitimate concerns relating to health care in their areas, but are not represented on Regional Health Authority (RHA) Boards.
- If municipalities are required to share in the costs of health care in this province- such as with the community contribution policy for health capital projects-, they should have the right to be represented on RHA Boards.
- The AMM believes that if RHA Boards were elected, these Boards would be more transparent, accountable and legitimate to the communities that they represent.

Therefore, the AMM would urge the Provincial Government to have members of Regional Health Authority Boards elected, not appointed.

4. West Nile virus

- WNV poses a real threat to Manitobans, and for this reason municipalities want to take measures to protect their citizens. This past summer, Manitoba had 142 confirmed human cases of WNV, and because the threat of WNV increases over time, it is likely that WNV will remain a primary concern of municipalities in the years to come.

- Manitoba municipalities are in a good position to assist the Province with the WNV program and contributed many resources in 2003 to help control the spread of this serious virus. However, many municipalities have expressed concern with certain aspects of the WNV program.
- The primary concern of Manitoba municipalities is the matter of financial compensation to offset the costs associated with taking measures to deal with health-related emergencies. AMM members believe that because the control of WNV is a Provincial public health issue, not a municipal nuisance issue, the associated costs should be borne by the Province.
- In addition to cost concerns, the AMM would urge the Province to consult and communicate with municipalities when the risk of WNV becomes apparent or is increasing.

The AMM urges the Province to absorb all health-related costs associated with the control and surveillance of West Nile virus, and also encourages the Province to communicate more effectively with municipalities, and take into account municipal suggestions when planning the 2004 West Nile virus program.

5. Inter-facility Patient Transfers

- Currently, Manitoba Health insurance covers only the costs of transporting patients across Regional Health Authority (RHA) boundaries when the patient returns to the originally attending RHA within twenty-four hours. Subsequently, patients that require complex medical diagnostic testing or services lasting more than twenty-four hours are charged by the ambulance/service company that provides the service, at full cost recovery.
- The end result of the present policy is to penalize patients that live in an area in which hospitals lack the required medical resources, something that is entirely out of the patient's control. Therefore, in addition to having to leave their community in order to access appropriate medical care, these patients are burdened further by an inter-facility transfer fee.
- The AMM would strongly urge the Provincial Government to discontinue this fee-for-service policy as it unfairly penalizes residents that live in areas that do not provide required medical services.
- The AMM understands that the Province has established a working group on this issue and is aware that the group is to make recommendations regarding development of a policy that would be more equitable than the current one. Therefore the AMM would encourage your department to share the AMM's views with the working group.

Therefore the AMM would urge the Provincial Government to eliminate the inter-facility transfer fee so that the cost of patient transportation for diagnostic or other procedures is fully insured by Manitoba Health.

6. Funding for Regional Palliative Care

- The AMM believes strongly that palliative care respects the dignity of the terminally ill by supporting their decision to spend their final days at home and believes there should be adequate provincial funding across all Manitoba communities.
- On September 21, 2000, the Winnipeg Regional Health Authority received \$2.75 million in provincial funding for this service, and has a team of health professionals to assist palliative patients in the Winnipeg area.
- However, RHAs outside of the City of Winnipeg receive funding only for a palliative care co-ordinator and this person often tends to over 100 palliative patients within a huge geographical area without the assistance of palliative health professionals dedicated solely to palliative care.
- The AMM has spoken with a number of these palliative care co-ordinators outside of Winnipeg, and there is clearly a need for greater funds to increase staff and elevate the level of care that palliative patients currently receive.

Therefore the AMM would urge the Provincial Government to devote greater funds to regional palliative care, so that terminally ill patients may receive the same level of palliative care across Manitoba, regardless of location.

7. Education Funding

- An ongoing and important concern for Manitoba municipalities is education funding. In fact, the proportion of education funding coming from property taxes remains the primary concern of AMM members and was chosen as the AMM's number one issue of concern during the 2004 Strategic Planning Session.
- The AMM is pleased to be a part of the Minister's Working Group on Education Finance and would encourage the Province to move forward with the final report.
- In the short term, the AMM argues the Province must stop the habitual increase of property tax funding for education.
- The education component of property tax greatly limits the ability of local governments to fund property services, such as infrastructure maintenance, upgrading and construction.
- The AMM believes that a new formula must be developed that would decrease property tax support for education while not diminishing education quality. The AMM firmly believes that the Province needs to adopt a stable and sustainable education funding ratio of 80 per cent from Provincial general revenues and 20 per cent from property tax revenue levied by local school boards. Furthermore, it is important that once an 80:20 ratio is achieved, it be maintained in future years.

The AMM urges the Province to move forward with the final report of the Minister's Working Group on Education Finance, and looks forward to

discussing the recommendations with the Province, once released. The AMM further urges the Province to adopt a stable and sustainable funding ratio of 80 per cent from Provincial general revenues and 20 per cent levied by local school boards, and that once achieved, this ratio be maintained in future years.

8. A New Deal for Municipalities

- All Manitoba municipalities have concerns about the ability of the current taxation system to meet municipal financial requirements. The root of the problem is the gap between the services that municipalities must provide and the resources at their disposal.
- In Manitoba, the infrastructure debt is approximately \$7.4 billion as municipal revenues have failed to keep pace with increasing demands for investment. Although Federal and Provincial revenues have grown significantly over the past four years, Municipal revenues have grown by only four per cent.
- Municipal governments in Canada currently earn 54% of their income from property taxation, a revenue stream that does not increase in times of economic growth. Without a change to this system, infrastructure upgrades will continue to be postponed and the infrastructure debt will only grow larger.
- The AMM hopes that the Province is willing to work with all Manitoba municipalities to access new sources of revenue- including growth revenues, and hopes the Province will respond to the needs of local governments.

The AMM looks forward to working with the Province to make a new revenue deal for municipalities a reality for local governments across Manitoba.

B) Departmental Issues

1. Physician Training, Recruitment, and Retention

The Association of Manitoba Municipalities would like to take this opportunity to bring to your attention a long-standing concern of municipalities- the availability of family physicians in Manitoba communities. The AMM believes the Provincial Government has an important role to play in ensuring adequate medical services for Manitoba residents and would like to take this opportunity to give you a municipal perspective on physician recruitment, retention and training in Manitoba.

The AMM recognizes the Province's efforts to increase the supply of physicians practicing in Manitoba communities, and realizes that many of these solutions require some time to take effect. However, the AMM consistently hears from our members that more must be done to increase the supply of physicians in Manitoba communities, and have some pro-active suggestions for the Province to help to meet its goal to deliver adequate health throughout the province.

At the 2003 AMM Convention, members passed a resolution concerning physician training in Manitoba. AMM members argue that the non-availability of physicians in many rural areas has reached crisis proportions. In fact, this concern has been raised in each district during our municipal district visits this year, making physician availability one of the most frequently discussed concerns of AMM members.

The AMM would like to point out that the issue of physician shortages relates to the availability of space at Manitoba Universities for physician training. The AMM understands that spaces in the University of Manitoba's Faculty of Medicine are very limited, with no guaranteed accessibility for rural Manitoba students. The AMM would like the Provincial Government to take all necessary steps to increase spaces at the University of Manitoba for physician training in order to address the needs of all Manitoba communities. Currently, there are 85 spaces for students entering the Faculty of Medicine at the University of Manitoba, 75 of which are reserved for Manitoba students. The AMM would like to acknowledge the efforts of the Provincial Government to increase space as this will have a positive effect on physician shortages. Furthermore, the AMM understands that the number of medical students may be increased to 100 in the near future, and would encourage such efforts. Although the AMM agrees that it is important to ensure adequate space for Manitoba students, the AMM believes that the Province could do more to encourage rural Manitoba students to apply to medicine. The AMM argues that rural students may be more likely to return to work in rural areas, and therefore should be encouraged to practice medicine as a career. By ensuring space at the University of Manitoba for rural medical students, the AMM believes the shortage of physicians in communities outside of Winnipeg may be addressed.

A related issue concerns the proposed expansion of space in the Faculty of Medicine. The AMM believes it is very important to recruit students that have an interest in practicing family medicine. As medical students acquire greater specialization in the medical field, they are more likely to work in urban centres where there is a high demand for specialized practice. However, if the University of Manitoba's Faculty of Medicine recruited students

that have an interest in pursuing family medicine, the AMM argues there would be a greater supply of family physicians available to practice in Manitoba communities.

Another important issue related to physician shortages concerns entry tests for doctors trained out of country. Manitoba students that train in other countries are required to write special tests to return and set up practice in Manitoba, even though they are permitted to practice in the United States and Saskatchewan without these entry tests. While it is of paramount importance that the Province ensure those practicing medicine in Manitoba are qualified and capable, this policy puts Manitoba at a disadvantage in relation to Saskatchewan and the United States. The AMM believes this practice may be damaging the ability of Manitoba to recruit physicians, and believes the Province should re-consider the requirement for physicians trained out of country to write competency tests, so that Manitoba is competitive with Saskatchewan and the United States.

However, if the Province continues to require foreign-trained physicians to write competency tests, the AMM would argue that there needs to be an improvement to the timing and transparency of this process. Currently, international medical graduates may apply to the University of Manitoba's Faculty of Medicine for an assessment to determine if they have the medical knowledge and skills required for licensure in Manitoba. However, the assessment of qualifications often takes several months to complete, and delays these physicians from writing the entry tests required to practice in Manitoba. This further frustrates community efforts to attract physicians, and the AMM would argue that there should be a transparent and timely conditional registration process for foreign-trained physicians.

The AMM acknowledges the efforts the Province has made to recognize the importance of locally-trained physicians. The medical student/ resident financial assistance program is one such measure, and provides financial assistance in the form of a conditional grant to students studying medicine in Manitoba, or to physicians establishing a practice in Manitoba upon graduation. The recent decision to increase residency salaries is another positive step, and the AMM strongly encourages policies that recognize the important contribution of locally-trained physicians in providing high-quality health services that meet the needs of Manitobans. However, the AMM believes there is still much to be done to increase the supply of family physicians practicing in Manitoba communities, and would encourage your government to examine pro-active measures to increase the opportunities for students to train for the medical profession, and to consider measures to recruit those most likely to live in communities outside of Winnipeg into medical programs at Manitoba universities.

Therefore, the AMM urges the Province to continue to implement measures to make physician training more accessible to Manitoba students, and urges the Province to take all necessary steps to ensure and increase spaces at Manitoba universities for students most likely to practice family medicine.

AMM RESOLUTION NUMBER 28 – 2003

Sponsor(s): Arborg, Town (No District) and Bifrost, RM (No District)

Topic: Doctor Training in Manitoba

Department(s): Manitoba Health
Manitoba Education 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 36 – 1997

Sponsor: Town of Deloraine (Western District)

Topic: Physician Recruitment and Retention

Department: Manitoba Health

WHEREAS the difficulties in the recruitment and retention of physicians in northern and rural Manitoba continue to escalate;

AND WHEREAS we are competing with very generous offers made to physicians from other provinces and the United States;

AND WHEREAS recently announced salary opportunities in Northern Manitoba have created further competition within the Province;

AND WHEREAS the Province of Saskatchewan has advertised a provincial signing bonus of \$25,000 to attract physicians to rural and northern areas of their province;

AND WHEREAS rural and northern communities in this province are creating tremendously competitive and expensive barriers to physician recruitment and retention, with many different kinds of incentives, bonuses, etc.;

AND WHEREAS if more reasonable equities are not maintained throughout the province and also between provinces, Manitoba may find itself in the unenviable position of no new physicians entering the province and an additional exodus of physicians;

THEREFORE BE IT RESOLVED that the UMM lobby the Department of Health to establish new physician remuneration funding policies, and provincially funded recruitment and retention incentives to assist in attracting and retaining physicians in the Province of Manitoba.

2. Community Capital Contributions to Health Projects

An important issue for AMM members relates to municipalities having to assume financial responsibility for non-municipal matters. The AMM argues that the community contribution requirement for health capital projects is an example of this concern. Currently, Manitoba Health requires all municipalities- except Winnipeg- to fund ten per cent of health capital projects within their jurisdictions. Manitoba Municipalities derive most of their revenue from property taxes, and most municipalities- in response to ratepayer demands- have kept property taxes stable over the past number of years, despite increased funding responsibilities. With increasing responsibilities and limited revenues, municipalities do not have the necessary funds to carry out pressing infrastructure upgrades, let alone fund additional projects not initiated by the municipality.

Although the AMM is aware that Manitoba has one of the lowest community contribution levels in Canada, the AMM firmly believes that health care is a Provincial responsibility, which should not be funded by municipal revenues. In addition, the City of Winnipeg does not have this ten per cent requirement, and many municipalities are questioning why they must contribute ten per cent while Winnipeg is exempt. Health care facilities are vital to maintaining adequate medical services in rural areas, yet the ten per cent contribution poses undue financial hardship to the community, discouraging the construction of new facilities. Furthermore, because municipalities are not involved in planning health capital projects in their respective jurisdictions, it does not seem fair or accountable to require them to contribute to the cost of constructing these facilities.

In addition to the ten per cent contribution requirement, municipalities are responsible for 100 per cent of change orders for health capital projects. The AMM is aware of cases where the cost of a project changed after it had begun, therefore increasing the community contribution amount. Change orders are often initiated by a party other than the municipal government, yet under the present framework, municipalities must pay 100 per cent of change order costs after the initial contract has been issued. As municipal governments are elected representatives, responsible to their ratepayers, the AMM believes this practice to be an unfair burden to local governments.

The AMM has raised this issue many times with your department, and received a commitment that the Province would be examining alternative funding sources for health capital projects. The AMM would appreciate an update on the outcome of this discussion. The AMM would strongly encourage the Province to eliminate the community contribution requirement for health capital projects; however, in the interim, the AMM would request that municipalities not be responsible for 100 per cent of change orders for health capital projects.

Therefore, the AMM would urge the Province to eliminate the community contribution requirement for health capital projects.

AMM Resolution Number 56 – 2000

Sponsor: Rural Municipality of Westbourne (Mid-Western District)

Topic: Capital Projects

Department: Manitoba Health

WHEREAS health care facilities are vital to maintaining an adequate rural lifestyle;

AND WHEREAS rural municipalities, towns, and cities are required to contribute 10% of contract costs which could cause hardship for municipal governments;

AND WHEREAS architect and consultant fees represent a major portion of capital costs;

AND WHEREAS change orders, in most cases, are initiated by someone other than local municipal governments;

AND WHEREAS, under the present framework, municipal governments must pay 100% of change order costs after the initial contract has been issued;

AND WHEREAS the present method of funding change orders relating to capital projects puts undue financial strain on municipal governments;

THEREFORE BE IT RESOLVED that the Association of Manitoba Municipalities lobby the Provincial Government to change the policy requiring community contributions to capital healthcare projects so that municipal governments are not responsible for 100% of change orders.

AMM Resolution Number 51 – 2003

Topic: Community Capital Contributions to Health Projects

Sponsor(s) The Pas, Town (Northern)

Department(s) Manitoba Health
Manitoba Finance

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.

3. Election to the Regional Health Authority Board

An important and recurring issue for AMM members relates to municipal representation on the Boards of Regional Health Authorities (RHAs). Local municipal governments and their ratepayers feel it is important to maintain an adequate level of health care within their jurisdictions, and many local governments have legitimate concerns relating to health care in their areas, but are not represented on RHA Boards.

The majority of AMM members agree that there should be accountability to ratepayers and municipal councils for RHA Boards, yet the RHA Boards are not elected by the community. For example, the community contribution policy for health capital projects requires a ten per cent municipal contribution, yet municipalities have no input into the proposed projects. If municipalities are required to share in the costs of health care in this province, they should have the right to be represented on RHA Boards. The AMM believes that if RHA Boards were elected, these Boards would be more transparent, accountable and legitimate to the communities that they represent. This is a fundamental democratic principle, and one that the AMM believes must be addressed by the Province.

Therefore, the AMM would urge the Provincial Government to have members of Regional Health Authority Boards elected, not appointed.

AMM Resolution Number 54 – 2003

Topic: Election to the Regional Health Authority Board
Sponsor(s) Rivers, Town (No District)
Department(s) Manitoba Health

WHEREAS the Board members of the Regional Health Authorities are appointed by the Provincial Government at present;

AND WHEREAS communities would be better represented if Board members of Regional Health Authorities were elected by the people;

THEREFORE BE IT RESOLVED THAT the Association of Manitoba Municipalities lobby the Provincial Government to have Board members on Regional Health Authorities elected not appointed.

4. West Nile virus

WNV poses a real threat to Manitobans, and for this reason municipalities want to take measures to protect their citizens. This past summer, Manitoba had 142 confirmed human cases of WNV, and because the threat of WNV increases over time, it is likely that WNV will remain a primary concern of municipalities in the years to come. Manitoba municipalities are in a good position to assist the Province with the WNV program and contributed many resources in 2003 to help control the spread of this serious virus. However, many municipalities have expressed concern with some aspects of the WNV program and the AMM would like to take this opportunity to raise some common municipal concerns so that Manitoba's WNV program may be strengthened in years to come.

The primary concern of Manitoba municipalities in relation to WNV is the matter of financial compensation to offset the costs associated with taking measures to deal with health-related emergencies. For example, AMM resolution 46-2002 calls on the Province to ensure sufficient resources to accommodate province-wide mosquito population surveillance, as well as training, equipment, and expertise to municipalities to establish and maintain mosquito control programs throughout Manitoba. Although the control of WNV is crucial to maintain public health, the Province requires municipalities to bear 25 per cent of the cost of insect control measures. WNV is clearly a provincial health issue, not a municipal nuisance issue and the AMM believes that this policy disadvantages municipalities that are voluntarily assisting Manitoba Health to address this important public health concern. Therefore, AMM members strongly believe that because the control of WNV is a Provincial public health issue, the associated costs should be borne by the Province.

In addition to cost concerns, the AMM would urge the Province to consult and communicate with municipalities when the risk of WNV becomes apparent or is increasing. The AMM would like the Province to warn municipalities in advance of the occurrence and number of infected birds at the start of the mosquito season, as this will help municipalities make citizens aware of the threat and take pro-active measures to reduce the chance of contracting WNV.

The AMM also believes that it is important to take into account other municipal concerns with the 2003 WNV program, in order to improve the WNV strategy for 2004. Throughout November 2003, Manitoba Health invited municipalities to attend WNV information and feedback sessions in order to solicit feedback from municipalities on the 2003 WNV program. Key suggestions for planning for the 2004 season identified by participants focused on the following: the need for enhanced communication with municipalities, including enhanced participation of municipalities in planning the program; the need for enhanced sharing of data between the Province and municipalities, including, for example, sharing of cost information related to mosquito control in 2003 to prepare for 2004; the need for increased training, resource capacity, funding and quality control support to build capacity for larva sampling and larviciding; the need for better communication to the public about the various aspects of the WNV program, and the need for a more integrated regional response to WNV mosquito control. For example, the Towns of Virden and Deloraine were disappointed that the Province announced that Virden and Deloraine had been issued public health orders to fog for mosquitoes capable of transmitting WNV, without first informing the municipalities of this health risk. The concern was that the media had received the information regarding the order prior to the municipalities receiving the information. This resulted in several phone

calls from concerned parties to Virden's administrative staff and Council that could not be properly addressed. Furthermore, despite not being informed in advance of the public health order to fog these Towns, Virden and Deloraine were both required to pay approximately \$520 each for adulticiding. The AMM strongly believes that if municipalities are required to pay for these measures, they should at least be informed in advance. Therefore, the AMM believes it is important for the Province to consider carefully the suggestions of municipal governments, to build on the shortcomings of the 2003 WNV program.

The AMM urges the Province to absorb all health-related costs associated with the control and surveillance of West Nile virus, and also encourages the Province to communicate more effectively with municipalities, and take into account municipal suggestions when planning the 2004 West Nile virus program.

AMM RESOLUTION 46 — 2002

Topic: West Nile Mosquito Surveillance
Sponsor: Town of Russell
Department: Manitoba Health

WHEREAS the Province has had confirmed positive tests of West Nile virus in both birds and horses;

AND WHEREAS spraying or larvaciding for the entire Province is cost prohibitive;

AND WHEREAS proper surveillance of mosquito populations must be completed throughout the Province in order to identify potential high-risk areas which would require control measures such as fogging or larvaciding;

AND WHEREAS municipalities can provide resources by means of personnel to help with the surveillance of mosquito populations;

THEREFORE BE IT RESOLVED that the AMM lobby the Province to:

1. Ensure sufficient resources are provided for 2003 to accommodate mosquito population surveillance;
2. Implement Province-wide surveillance at the beginning of the 2003 mosquito season; and

3. Provide training, equipment and expertise to municipalities to help establish surveillance programs throughout the province.

5. Inter-facility Patient Transfers

The AMM would like to take this opportunity to bring to your attention another long-standing lobbying issue of AMM members concerning inter-facility patient transfers. AMM members argue that the Provincial Government should cover 100 per cent of the costs for inter-facility patient transfers so that Manitobans may receive the best possible level of health care available without incurring additional costs.

Currently, Manitoba Health insurance covers only the costs of transporting patients across Regional Health Authority (RHA) boundaries when the patient returns to the originally attending RHA within twenty-four hours. Subsequently, patients that require complex medical diagnostic testing or services lasting more than twenty-four hours are charged by the ambulance/service company that provides the service, at full cost recovery. The end result of the present policy is to penalize patients that live in an area in which hospitals lack the required medical resources, something that is entirely out of the patient's control. Therefore, in addition to having to leave their community in order to access appropriate medical care, these patients are burdened further by an inter-facility transfer fee.

The AMM would strongly urge the Provincial Government to discontinue this fee-for-service policy as it unfairly penalizes residents that live in areas that do not provide required medical services. A change in this policy does not require a large financial commitment from the Province. The AMM understands that the Province has established a working group on this issue and is aware that the group is to make recommendations regarding development of a policy that would be more equitable than the current one. Therefore the AMM would encourage your department to share the AMM's views with the working group so that this

group may be aware that Manitoba's municipal governments are strongly opposed to an inter-facility transfer fee.

Therefore the AMM would urge the Provincial Government to eliminate the inter-facility transfer fee so that the cost of patient transportation for diagnostic or other procedures is fully insured by Manitoba Health.

AMM Resolution Number 35 – 1999

Topic: Interfacility Patient Transfers

Sponsor: City of Brandon (Western District)

Department: Manitoba Health

WHEREAS hospitalized patients of rural Manitoba do not have immediate access to specialized medical treatment equipment in their own Regional Health Authority Hospitals;

AND WHEREAS these patients must be transferred by land/air ambulance to a Health Centre in order to receive the necessary specialized treatment or diagnostic testing;

AND WHEREAS insured health benefits for the costs of the land/air ambulance are only covered if the patient returns to the transferring Regional Health Authority Hospital within a twenty-four hour time frame;

AND WHEREAS such interfacility transfers are a direct result of doctor referrals and depend on the availability of equipment and scheduled use of such equipment which is not within the control of the patient;

AND WHEREAS such costs continue to escalate and cause undue hardships on vulnerable Manitobans;

THEREFORE BE IT RESOLVED that the Association of Manitoba Municipalities strongly urge the Minister of Health to immediately investigate and address this situation in order to allow for all Manitobans to receive the best possible level of care available without incurring additional costs for interfacility transfers whereby Manitoba Health would cover 100 % of all costs for interfacility transfers.

6. Funding for Regional Palliative Care

Another important health issue for AMM members is provincial funding for regional palliative care. The AMM is encouraged that the Province has an ultimate goal to offer flexible and responsible care to all terminally ill in Manitoba and for those who want to receive care at home. The AMM believes strongly that palliative care respects the dignity of the terminally ill by supporting their decision to spend their final days at home and believes there should be adequate provincial funding across all Manitoba communities.

On September 21, 2000, the Winnipeg Regional Health Authority received \$2.75 million in provincial funding for this service, and has a team of health professionals to assist palliative patients in the Winnipeg area. However, RHAs outside of the City of Winnipeg receive funding only for a palliative care co-ordinator and this person often tends to over 100 palliative patients within a huge geographical area without the assistance of palliative health professionals dedicated solely to palliative care. The AMM has spoken with a number of these palliative care co-ordinators outside of Winnipeg, and there is clearly a need for greater funds to increase staff and elevate the level of care that palliative patients currently receive.

The AMM was pleased with the announcement of the Palliative Care Drug Access Program, which will provide eligible prescription drugs to palliative patients at no charge. In addition, the AMM was pleased to see the launch of the Canadian Virtual Hospice, and believes both of these initiatives are positive steps toward helping the terminally ill in Manitoba. However, greater funding is necessary to expand and strengthen this program throughout Manitoba and the AMM urges the Province to devote greater funds to regional palliative care.

Therefore the AMM would urge the Provincial Government to devote greater funds to regional palliative care, so that terminally ill patients may receive the same level of palliative care across Manitoba, regardless of location.

AMM Resolution Number 50 – 2000

Topic: Funding for the Regional Palliative Care Program

Sponsor: The City of Selkirk (Interlake District), RM of Louise, RM of Morris, and RM of Thompson (Central District)

Department: Manitoba Health

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 Association of Manitoba Municipalities lobby the Provincial Government to provide additional financial support for the Regional Palliative Care Program.

C) General Issues

7. Education Funding

An ongoing and important issue for Manitoba municipalities is education finance. In fact, the proportion of education funding coming from property taxes remains the primary concern of AMM members and was chosen as the AMM's number one issue of concern during the 2004 Strategic Planning Session. The AMM is pleased to be included as a part of the Minister's Working Group on Education Finance and is pleased that the Province is including a municipal voice in its review. The final report of the working group was expected originally in October 2003 but has been delayed and the AMM would encourage the Province to move forward with this report. As the recommendations will not be available in time for the 2004 school budget process, the AMM would urge the Province to hold constant the current municipal and provincial contributions to education so that ratepayers are not further burdened by an increase in property taxes. The AMM is aware that property tax support for education has increased each year, and believes this situation must be halted. After the final report is released, our association looks forward to reviewing the recommendations of the working group and to collaborating with the Province to develop a new and sustainable system of education finance in Manitoba.

Education funding will continue to be a major issue for local governments in the coming year, as many school divisions have increased local levies again this year, placing further pressure on local ratepayers. Therefore, local education costs continue to increase, even when school divisions may have surpluses that they could use to offset these increases. The AMM

believes this current situation is unsustainable, and urges the Province to address this issue immediately.

The education component of property tax greatly limits the ability of municipalities to provide property services, such as infrastructure maintenance, upgrading and construction. The NDP election promise to phase out the Education Support Levy (ESL) over the next five years is welcomed, as this will partly assist in reducing the tax burden. The AMM acknowledges the efforts the Province has made so far, and we are pleased to see that a \$27 million reduction in the ESL has been achieved since 1999. However, the AMM believes that a new formula must be developed that would decrease property tax support for education while not diminishing the quality of education. Local schools are required to provide up-to-date learning tools, including current teaching materials and computer hardware and software, and the AMM does not believe that reducing property tax support for education should compromise the quality of education that Manitoba youth receive.

The AMM firmly believes that the Province needs to adopt a stable and sustainable education funding ratio of at least 80 per cent from Provincial general revenues and a maximum of 20 per cent from property tax revenue levied by local school boards, a formula recommended by our own Task Force that examined this issue in great depth. In addition, it is important that once the 80:20 ratio is achieved, it be maintained in future years. It is clear that the current system is not sustainable, and the AMM urges that the reform of education funding be substantive and fair. The AMM again expresses its appreciation for being a part of the Minister's Working Group on Education Finance and looks forward to the release of the final report in the near future.

The AMM urges the Province to move forward with the final report of the Minister's Working Group on Education Finance, and looks forward to discussing the recommendations with the Province, once released. The AMM further urges the Province to adopt a stable and sustainable funding ratio of 80 per cent from Provincial general revenues and 20 per cent levied by local school boards, and that once achieved, this ratio be maintained in future years.

8. A New Deal for Municipalities

A relatively new and emerging issue for municipal governments in Manitoba concerns a new revenue deal for municipalities. Although the Federation of Canadian Municipalities (FCM) has been calling for a new system of municipal finance for some time, the City of Winnipeg has initiated substantial discussion on this issue in Manitoba. The AMM believes this discussion has important ramifications for all municipal governments as all Manitoba communities have concerns about the ability of the current system of taxation to meet municipal financial obligations. Manitoba's prosperity and quality of life is determined largely by the health of its municipalities. Vibrant, sustainable communities are crucial to attracting the skilled, creative people who are key to this province's success. However many municipalities across Manitoba are struggling; their resources have not kept pace with their growing responsibilities for physical and social infrastructure.

The root of the problem is the gap between the services that municipalities must provide and the resources at their disposal. Municipal revenues have failed to keep up with the increasing demand for infrastructure investment. Across Canada as a whole, over the past four years, Federal Government revenues have increased sixteen per cent, Provincial/Territorial revenues increased twenty-one percent and municipal revenues only four per cent. Canada's core municipal infrastructure debt has been estimated at about \$60 billion and growing at a rate of \$2 billion annually. In Manitoba, the infrastructure investment debt hovers in the range of \$7.4 billion: \$3.4 billion for Manitoba's highway system; \$2 billion for rural municipal infrastructure; \$1 billion for rural land drainage; and \$1 billion for Winnipeg's infrastructure deficit.

Infrastructure debt passes on the costs of today's use and consumption of infrastructure to future generations, limiting their ability to meet impending infrastructure needs. Furthermore, failure to address the infrastructure debt breaches the principles of sustainable development. Infrastructure should be regarded as an investment and not solely as a payment or cost. However, it does require sustained investment, effort and organization to be maintained properly.

It is clear that the current situation is unsustainable and municipalities must gain access to new revenue sources. Municipal governments in Canada currently earn 54% of their revenue through property taxation, a revenue stream that does not increase in times of economic growth. In Manitoba, increasing school division levies have resulted in Municipal Governments maintaining current levels of property taxation to respond to ratepayer demands, leaving municipalities with less revenue to maintain property services. Without a change to this system of taxation, infrastructure upgrades will continue to be postponed and the infrastructure debt will only grow larger. Manitobans know that their municipal governments are accountable and responsive. They want the order of government closest to them to have access to new sources of revenue and they want the tax burden on municipalities lowered.

Municipal governments are in an ideal position to deliver many services, however, increasing municipal responsibilities have resulted in more demand for services with less revenue to meet these demands. In Manitoba, many examples of increasing municipal responsibilities without commensurate financial compensation exist. For example, the Province provides

Manitoba Universities- and research institutions affiliated with the Universities- a property tax exemption, but do not provide any grant-in-lieu to affected municipalities to compensate for the loss of property tax revenue. This results in municipalities having to subsidize Universities, despite the fact that this is not a municipal responsibility. Another example is the Province's decision to revert certain provincial roads and drainage infrastructure back to municipalities without appropriate financial compensation. A further example is the decision to charge municipalities for retail sales tax on mechanical and electrical contracts, which increases the cost of building new infrastructure. Policies such as these place increasing responsibility on municipal governments, reduce the municipal tax base, and divert much needed funding from municipal infrastructure priorities.

This is an important debate for all municipal governments in Manitoba, and one that should involve the input of all stakeholders. In fact, partnership must be at the heart of a new revenue deal for municipalities and Manitoba municipalities believe that the three orders of government must work together to deliver municipal priorities. The Federal Government has committed to raising the municipal GST rebate to 100 per cent and has also committed greater funds to existing infrastructure programs. Furthermore, the AMM is pleased that the Federal Government has agreed to give a portion of the federal fuel tax to municipal governments in Canada, and the AMM is very pleased that the Federal Government responded quickly and in the spirit of partnership to address municipal concerns.

Furthermore, there are suggestions that municipalities may receive a portion of the federal fuel excise tax, an exciting prospect for municipal governments in Canada and one supported by the Federation of Canadian Municipalities. There is much that the Province of Manitoba can do as well, and the decision to pass all Provincial fuel tax back to transportation

infrastructure is a good starting point. However, there is much more that needs to be done to address the growing revenue needs of municipal governments in Manitoba. The AMM hopes that the Province is willing to work with municipal governments to access new sources of revenue- especially growth revenues, and hopes the Province will remain responsive to the needs of local governments. The AMM looks forward to consulting with the Province to make this new deal a reality for all municipalities in Manitoba.

The AMM looks forward to working with the Province to make a new revenue deal for municipalities a reality for local governments across Manitoba.