Legislative Assembly of Alberta

The 31st Legislature
First Session

Standing Committee on Families and Communities

Ministry of Health
Consideration of Main Estimates

Tuesday, March 19, 2024
9 a.m.

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Standing Committee on Families and Communities

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Standing Committee on Families and Communities

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Ministry of Health
Hon. Adriana LaGrange, Minister
Chris Nickerson, Assistant Deputy Minister, Acute Care

9 a.m. **Tuesday, March 19, 2024**

[Ms Lovely in the chair]

Ministry of Health
Consideration of Main Estimates

The Chair: I'd like to call the meeting to order and welcome everyone in attendance. The committee has under consideration the estimates of the Ministry of Health for the fiscal year ending March 31, 2025.

I'd ask that we go around the table and have members introduce themselves for the record. When we come to you, Minister, if you would kindly introduce the people with you at the table, that would be great. Let's start to my right.

Mr. Lunty: Sure. Good morning, everyone. Brandon Lunty, MLA for Leduc-Beaumont.

Mrs. Petrovic: Chelsae Petrovic, MLA for Livingstone-Macleod.

Mr. Long: Martin Long, the MLA for West Yellowhead.

Mr. Singh: Good morning, everyone. Peter Singh, MLA, Calgary-East.

Mrs. Johnson: Good morning. MLA Jennifer Johnson, Lacombe-Ponoka. To my right, Beki Lees, my assistant.

Member LaGrange: Adriana LaGrange, MLA for Red Deer-North, Minister of Health. I also have with me Andre Tremblay, my deputy minister; Darren Hedley, my associate deputy minister; Christine Sewell, the assistant deputy minister of finance and capital planning; and Katie Fooks, director of executive operations.

Dr. Metz: Good morning. I'm Luanne Metz. I'm the MLA for Calgary-Varsity, and I'm the opposition Health critic.

Ms Sigurdson: Good morning. Lori Sigurdson, MLA for Edmonton-Riverview.

Member Eremenko: Janet Eremenko, MLA for Calgary-Currie.

Member Ceci: Hi. Joe Ceci, MLA for Calgary-Buffalo.

The Chair: Good morning, everyone. I'm Jackie Lovely, MLA for the Camrose constituency and chair of the committee.

Do we have any members participating remotely? No, we don't. Okay.

I'd like to note the following substitution for the record: hon. Mr. Ceci is substituting as deputy chair for Ms Goehring.

A few housekeeping items before we turn to the business at hand. Please note that the microphones are operated by *Hansard* staff. Committee proceedings are live streamed on the Internet and broadcast on Alberta Assembly TV. The audio- and videostream and transcripts of meetings can be accessed via the Legislative Assembly website. Members participating remotely, if they dial in, are encouraged to turn on their camera while speaking and mute when not speaking. Please set your cellphones and your other devices as well on silent for the remainder of the meeting.

Hon. members, the main estimates for the Ministry of Health should be considered for six hours. Standing order 59.01 sets out the process for consideration of the main estimates in legislative policy committees. Suborder 59.01(6) sets out the speaking rotation for this meeting. The speaking rotation chart is available on the committee's internal website, and hard copies have been provided to the ministry officials at the table.

For each segment of the meeting blocks of speaking time will be combined but only if the minister and the member agree. If debate is exhausted prior to six hours, the ministry's estimates are deemed to have been considered for the time allotted in the main estimates schedule, and the committee will adjourn. Should members have any questions regarding the speaking times or rotation, please e-mail or message the committee clerk about the process.

With the concurrence of the committee I will call a five-minute break during the midpoint of the meeting; however, the three-hour clock will continue to run. Does anybody oppose having a break today? Okay. We'll have a break.

I see Member Boitchenko.

Mr. Boitchenko: Good morning, everyone. I apologize; I had a broken bus on the way.

The Chair: There's no room for excuses. Just introduce yourself, Member.

Mr. Boitchenko: With that, my name is Andrew Boitchenko, MLA for Drayton Valley-Devon. Thank you and good morning.

The Chair: Ministry officials who are present may, at the direction of the minister, address the committee. Ministry officials seated in the gallery, if called upon, have access to a microphone in the gallery area and are asked to please introduce themselves for the record prior to commenting. Pages are available to deliver notes or other materials between the gallery and the table. Attendees in the gallery may not approach the table.

Space permitting, opposition caucus staff may sit at the table to assist their members; however, members have priority to sit at the table at all times.

Points of order will be dealt with as they arise, and individual speaking times will be paused; however, the block of speaking time and the overall three-hour meeting clock will continue to run.

Any written material provided in response to questions raised during the main estimates should be tabled by the minister in the Assembly for the benefit of all members.

Finally, the committee shall have the opportunity to hear both the questions and the answers without interruption during the estimates debate. Debate flows through the chair at all times, please, including instances when speaking time is shared between a member and the minister.

I would now invite the Minister of Health to begin with your opening remarks. You have 10 minutes, Minister.

Member LaGrange: Thank you so much, and good morning. I'm pleased to present the Health estimates for the '24-25 year. I guess I don't have to introduce my officials as I already did. I'd like to welcome the other members of the Alberta Health executive team who are here in the gallery. Thank you all for being here. I've got an A team, and I just want everybody to know that.

Budget 2024 provides yet another record investment in Alberta's health care system. It recognizes that the current health care system is fragmented and needs refocusing to improve patient outcomes, support front-line workers, and ensure every Albertan has access to services when and where they need them.

It delivers on our commitment to maintain capacity and advance goals outlined in the health care action plan like reducing wait times, improving emergency medical services, and hiring and training more staff. It supports capital projects across the province that will improve the delivery of health care while ensuring Albertans can receive value for dollars spent.

In total, Budget 2024 provides $26.2 billion in operating expenses for Alberta Health, an increase of 4.4 per cent from the ’23-24 forecast. This is the highest ever health care budget in our province’s history. With this level of funding we are continuing to prioritize the delivery of high-quality, reliable health services across the province while recognizing that there is more to be done.

Our ongoing efforts to refocus the health care system will ensure that we build a better system that supports patients and health care workers while providing oversight and using metrics to indicate progress and success. It will take time, and the conversations we’re having with patients, families, caregivers, and health care workers across the province have provided valuable insight that will lead to change.

I’d like to spend a few moments talking about Alberta Health Services. Through Budget 2024 the total expense budget for AHS is increasing by 3.6 per cent to $19.1 billion. These funds will provide health care workers with support and resources to deliver across the province. It is important to recognize that we are seeing increased demand for services, and we are relying on AHS to find efficiencies to meet the needs of Albertans.

Through our refocusing efforts we will be transitioning AHS to focus on acute care; however, that transition will take time. Come fall, the new acute-care organization will be operational with dedicated leadership that will be held accountable and tasked with achieving priority goals to improve patient outcomes.

Moving to primary care, the budget also includes $475 million in ’24-25 to support funding for primary care networks and nurse practitioner operations and the continued implementation of the modernizing Alberta’s primary health care system initiative, or MAPS. We’re also providing $6.6 billion this year for physician compensation and development, on top of the $200 million stabilization funding that was previously announced in December 2023.

Budget 2024 also provides $126 million over three years for the rural physician expansion program, which provides rural, Indigenous, and other learners with increased access to medical education. Last year Alberta welcomed 331 physicians, an increase of 2.9 per cent, and more than 7,500 regulated nurses, which is an increase of 11 per cent.

Specific to emergency medical services, we are continuing to make investments that strengthen the system and support patient care. Budget 2024 provides $730 million for EMS in ’24-25. We’re also providing an additional $25 million towards a total investment of $35 million over three years to procure new EMS vehicles and upgrade equipment, which we expect will help to improve response times.

We are also taking steps to reduce wait times for surgeries. Our goals are to ensure surgeries are taking place within recommended, clinically acceptable wait times and to provide access to surgeries in more communities. Budget 2024 provides $313 million over three years for the Alberta surgical initiative capital program to add and expand operating rooms and boost surgery capacities in hospitals. AHS will also spend $305 million over three years to complete more surgeries across the province.

As I mentioned earlier, we recognize that the current system is not working effectively. However, it is critical that we maintain capacity as our refocusing work continues. Budget 2024 invests $236 million in ’24-25 to deliver on the goals of the health care action plan. These funds will support capacity and flow initiatives to decrease emergency room wait times, improve EMS response times, reduce wait times for surgeries, and empower health care workers.

9:10

Our government understands that every Albertan, regardless of their age or circumstance, deserves quality health care. That’s why we are reshaping our continuing care system to better support families and caregivers, health care providers, and operators. This year’s continuing care budget is $1.6 billion, an increase of 6 per cent from the ’23-24 forecast. Last year we announced an investment of $1 billion over three years to transform the continuing care system. As part of this commitment $377.7 million is being provided this year to ensure that more people can receive the care they need in their homes and communities. We will also receive $139.4 million this year through the aging with dignity bilateral agreement to scale and spread continuing care transformation investments.

We’re also taking steps to support our youngest Albertans and their parents. Through Budget 2024 we’re supporting prenatal and postnatal health by investing $10 million to develop and implement a province-wide midwifery strategy and $8 million to expand the Alberta newborn screening program. Recognizing the need to invest in women-focused research, advocacy, and care, we’re also providing $10 million each to the Alberta Women’s Health Foundation legacy grant and the Calgary Health Foundation.

On top of these investments, we are continuing to support capital projects across the province. Budget 2024 includes $4.5 billion over three years to address Health capital needs. This includes $3.2 billion for infrastructure and equipment, $512 million for the maintenance and renewal of existing facilities, $84.8 million for the information technology projects, and $747 million for AHS self-financed projects.

Some highlights include $25.2 million for the Beaverlodge health centre replacement, $108.5 million for the Arthur J.E. Child comprehensive cancer care centre, $20 million for a stand-alone Stollery children’s hospital, $810.2 million for the Red Deer regional hospital centre redevelopment project, $71.9 million for the La Crête maternity and community health centre project, and $65 million for the rural health facilities revitalization program.

To conclude, Budget 2024 builds on many of the focus areas our government has outlined over the past year. It recognizes the need to create a more effective health care system while ensuring we maintain health care capacity so Albertans can access the services and care they need today and well into the future.

Thank you. I’m pleased to take your questions.

The Chair: Thank you so much, Minister.

We’ll now begin the question-and-answer portion of the meeting. For the first 60 minutes members of the Official Opposition and the minister may speak. Hon. members, you will be able to see the timer for the speaking block both in the committee room and on Microsoft Teams.

Members, would you like to combine your time with the minister?

Dr. Metz: I prefer block time.

The Chair: Block time.

Minister?

Member LaGrange: The block time, which is 10 and 10, I believe.

The Chair: Yes.

Member LaGrange: Yes.

The Chair: That’s fantastic. All right.

The block time is 20 minutes, during which you may go back and forth with questions if you change your mind, but we're going with block time.

Member, you have up to 10 minutes. Please proceed.

Dr. Metz: Thank you very much. I appreciate the opportunity to be able to speak today and ask questions. I'm going to minimize preamble because there are a lot of questions to get through. I am fine if there are things that you want to provide in writing afterwards; that would suit me just fine.

The first thing I'm going to go through is the business plan for the Health ministry and related estimate items as I can connect them. Sometimes it's a little bit challenging. The first key objective of outcome 1 – outcome 1 is the enhanced timely access to a number of important things. Key objective 1 really focuses on EMS, surgical wait times, emergency department wait times, lab and diagnostic delays, and improvements to primary care.

The first care service that will be improved is EMS, and the planned performance metrics include emergency department wait times, which is the time to the initial physician assessment, and 90th percentile wait times for the most urgent calls, which are the life-threatening calls. This document includes the end point of these time intervals, but I'm hoping the minister can define the start time, when the clock begins on especially the emergency department wait times. Because it's an interval, we need to know when it starts and ends. We understand that this has changed over time, so the wait times are not exactly what they were in the past.

I also note that the goal for this year is only to improve upon the times from last year, and I believe that Albertans deserve better than such a modest target. This target is far below what is clinically recommended, and it's notable that performance last year was worse across all four categories. In some categories it was substantially worse. For example, EMS 90th percentile response times for life-threatening calls in metro communities rose last year from 14.6 minutes in the 2023 year to 17.5 minutes in '23-24. I'm hoping we'll do better than just get those fairly bad times down.

It's also noted in the business plan and the estimates document that the minister budgeted $730 million for EMS and expects the system capacity to increase. The stated initiative on page 69 is that in 2024 $730 million is budgeted to increase capacity and to address the Alberta Emergency Services Provincial Advisory Committee and the EMS dispatch review committee. I'm wondering what accounts for the difference between this figure of $730.2 million and the operating cost for EMS, which is $617.797 million. There's around a hundred million dollar difference, and I'm hoping to know what else is included in that.

I also note that the EMS operating cost is decreasing by about $9 million from what was budgeted last year, and I'm wondering what will not happen or what's being cut to account for this decrease. I'm wondering if the minister is proposing to save money by contracting out. Will the contractor employ paramedics or perhaps people with less training and therefore less expensive, I assume?

It was recently announced that the government and AHS are contracting interfacility transfers to Medavie, and I'm wondering how the Medavie contract will ensure that Alberta does not experience the same problems that New Brunswick faced when they contracted to Medavie. As per the 2020 New Brunswick Auditor General's report Medavie was still able to collect full payment while clearly underperforming. I'm wondering how we're going to ensure that we're not paying for something we're not getting. In addition, according to front-line staff Medavie offers inferior jobs without benefits, resulting in high turnover. I'm wondering how Medavie will be required to offer stable service and that we can prevent this from being another contracting out to a private company failure like we saw with DynaLife. Also, how is the minister protecting Albertans from both failed service and an expensive bailout using public funds?

The EMS forecast for '23-24 is also considerably lower than budgeted. Can the minister explain why much less was spent on EMS than expected? We do know that sick time in EMS runs at over 20 per cent, and many ambulances are commonly out of service as they cannot be staffed. I'm wondering if this lack of staff is due to poor retention and/or poor recruitment. What measures has the minister taken to ensure better staffing this coming year? Paramedics in Alberta are amongst the lowest paid in Canada. We're also desperately short of paramedics, and retention is a major concern as the average career of a paramedic is less than 10 years. The failure of retention contributes to a shortage of paramedics, which then contributes to longer ambulance times. What funds have been allocated to retain and recruit paramedics?

9:20

Mental health concerns, specifically PTSD, are a major issue for EMS. They impact wellness and retention. The EMS advisory committee report included some additional recommendations on mental health. They noted these would be to enhance the ability of EMS staff to take scheduled breaks and discretionary time off, to move away from the core and flex staffing model, to move away from extended on-call shifts for air ambulance, to develop options to expand the availability of shorter work shifts, and to work with system partners to enhance access to mental health supports. They also suggested establishing requirements for entry-to-practise mental health breaks and resiliency training. I'm wondering what specific actions the minister has taken to support the mental health and wellness of paramedics, not only to help them but to improve retention, reduce absences due to illness, and to improve work performance and safety.

The next item I'm going to talk about is reduced lab and diagnostic delays, which is one of the other goals in key objective 1.1. There are no initiatives or metrics listed. This doesn't enable Albertans to look for accountability. How will the minister measure success and monitor that we're making progress? Given that pathologists and lab physicians now working for APL, which is a wholly owned subsidiary of AHS, have had their workloads dramatically increased beyond recommended workloads for safe care and that this leads to burnout and risk of medical error, what is the minister doing to rectify this? Pathologists' salaries are not adjusted for the extra workload. I'm wondering if this is to save money or if this will drive pathologists to burn out and potentially move away from Alberta, as we already have a shortage. How will the diagnostic delays be improved with this situation of shortage of pathologists?

How will improvement be achieved and recognized in the overall budget if it's only increasing by 2 per cent, which does not match population growth or inflation, when we already know that there's been a huge surge in demand for medical services and that equipment costs and servicing costs are impacted by inflation? Will the public again be starved to make the case to contract out services? Why are adequate funds not being allocated to deal with the increased volumes and the increased costs? I'd like to understand what the minister's plan is for this.

Thank you.

The Chair: Thank you so much, hon. member.

We'll now turn it over to the minister for her response.

Member LaGrange: Great. Thank you so much. Lots of great questions in there, so I'll try to get to as many as possible and hope to answer all of them.

When we look at the EMS response times and, of course, all of the associated factors that are in there, we know that every minute counts during a medical emergency, so we need to keep improving on the response times that we currently see. We look at the fact that we are seeing improved response times in a number of areas. We have added additional staff members. We are spending record amounts in EMS, totalling $730 million in the '24-25 year.

We are seeing that response times continue to trend in the right direction. The response time to 90 per cent of life-threatening events in metro communities in December of '22 was 18.4 minutes. It has improved to 14.7 minutes in December of 2023. However, we know there's still more work to be done, especially in our rural communities. We are looking at all of the options. We have repeatedly raised concerns about increasing issues within EMS, and that's why we put together the Alberta Emergency Medical Services Provincial Advisory Committee. In fact, we will call it AEPAC for short. Their recommendations are actually what is leading us in our ability to make improvements within the system.

Their recommendations included exemptions to emergency health service legislation allowing emergency medical responders to work on emergency ambulances to increase the number of ambulances on the road, which we've done. We've increased more ambulances on the road. We added 470 new EMS staff in 2023; 362 are paramedics, and this is an overall increase to a number of 1,790 between 2019 and December 2023. We've added an additional 1,790 in EMS. We currently have 2,150 full-time and 385 part-time FTEs. We have 400 new staff for '24-25 alone already budgeted for in our new budget.

We want to make sure that there are timely and safe hand-offs, another one of the recommendations that were proposed by the AEPAC committee. We have reduced the time that it takes for an ambulance when they drop off at a hospital. We've added nursing staff to accomplish this. What we did in 2023 was add 114 full-time equivalent nursing staff and allied health care professionals to emergency rooms in the 16 largest hospitals and some suburban hospitals to ensure that the transfer of responsibility for patient care from paramedics to ED staff is safe and fast. This supports the target of reducing the time paramedics spend at the hospital to 45 minutes. Nineteen 12-hour shifts were added also in '23 in Calgary and 20 in Edmonton. To staff these new shifts, EMS hired 80 new paramedics. Two were added in Lethbridge and Red Deer in the spring of 2023.

In '23-24 Alberta's government is providing $736 million, and we've added more to that. Again, how can we continue to support our EMS workers? We are adding additional dollars and supports for mental health. We know that this is of concern for our EMS service providers. Mental health supports for EMS staff have increased to improve their ability to best support front-line staff, create a more positive workplace culture, and improve how the EMS system functions.

In addition, AHS EMS has implemented the EMS fatigue management initiative to reduce fatigue-related service outages. We want to make sure that they're well looked after, because when we have a workforce that is supported, we know that they can perform better, and overall it keeps our emergency responses moving more appropriately.

When I look at the retention, we are continuing and contracting. We are continuing to add more supports in these areas.

I just want to make sure I don't miss anything. When you talk about the data having changed, we're actually making sure that we standardize it with CIHI data. I know that my assistant deputy minister of acute care, Chris Nickerson, has been working extensively in this area. I'd ask him to come to the microphone and speak a little more to the data and some of his work that he has done as an EMS operator himself.

Mr. Nickerson: Good morning. Chris Nickerson, assistant deputy minister of the acute-care division at Alberta Health. Thank you. This topic is very important to me as a former paramedic, so thank you for the questions. I'll try to answer the questions. I did write as fast as I could.

As far as the hospital off-load time, that time interval is measured from the time the patient is triaged in the emergency department to the time that the patient has transitioned to emergency department staff and the paramedic stretcher is clear and available for the next call.

I believe there was a question concerning the business plan and performance reporting. As you noted, the ministry is currently using the trend-based targets to improve system performance year over year, which will allow for ambitious goals and expectations for the health system and commits to steady improvement of response times over time. However, as announced recently by the minister – I believe it was in November or December – the province and the department are setting clear provincial performance indicators, operational standards, and mandatory reporting requirements for EMS. These standards will apply to all service providers. The goal is to make sure we have a high-performing EMS system that is reliable, accountable, and follows best clinical practices. Quantitative targets will be set in the coming months and years as the performance framework is developed, with a focus on decreasing emergency department wait times and decreasing EMS response times from year to year.

9:30

One of the key pieces that we'll be leveraging, as the minister announced, is the new standing committee on EMS, with a multitude of community and service provider partners. We'll continue to find ways to reduce response times even further, especially in rural and remote areas. The targets for '24-25 for all four geographic categories are to be below the '23-24 results, as you noted, which will be calculated and shared later this spring as well.

There was a question also on mental health supports and workforce supports in general. Mental health supports for EMS staff have increased to keep staff healthy. I will note this was a very key topic that was discussed, I believe, as the minister had mentioned, by the Alberta EMS Provincial Advisory Committee. A lot of focus on that topic.

EMS leaders are engaged in leadership development activities to improve their ability to best support front-line staff, creating a more positive workplace culture, improve how the EMS system functions. In addition, AHS EMS has specifically implemented the EMS fatigue management, which I believe the minister mentioned, expanded the EMS peer support program, providing consistent peer training and clinical oversight to support paramedic resiliency and mental health. They have rolled out EMS peer support pocket cards; QR access codes; posters in every AHS EMS facility; peer support team member identifiers, part of the uniform; posted new resources online for staff with direct links to mental health supports; integrated resources into provincial EMS orientation classes; launched a dashboard to report on peer support utilization; and launched a peer support experience feedback survey. They've also rolled out the AHS behavioural safety program training for all front-line EMS practitioners.

I think that's all the notes I have. Thank you.

Member LaGrange: All right. Thank you.

I guess I'll just end with – because I know many of the members opposite are from Calgary. Just to let you know, the median EMS response time in Calgary has consistently met the target of eight minutes for the past eight months, indicating sustained progress comparable to the pre-COVID levels. Edmonton is at 8.6 minutes, at the 90th percentile. Again, we're moving in the right direction, but we know that more needs to be done. We're very focused on making sure that we have the resources by our record investment into EMS to make sure that that gets done.

Moving to the second question, I'll try and cover as much as I can, but I'm sure we will have to go to the next block for this particular one on lab services. Obviously, when DynaLife took over for Calgary and south . . .

The Chair: Thank you so much, Minister. That's your time.

We'll head back over to the Official Opposition.

Dr. Metz: Thank you very much. I'm going to continue – thank you very much for that – with just another question around lab services, so we can come back to it. Item 10.3 on page 111 of the estimates document really talks about lab and diagnostic services and medical equipment replacement and upgrades. I note there's really no increase in this budget, yet there are long lists of medical imaging and perhaps lab equipment – I don't know about the lab equipment – that require replacement as they get beyond their life cycle. What happens when things stop working?

I'm aware of transports from Red Deer for CT scans outside of the city because the scanner in Red Deer is sometimes dysfunctional. And the new emergency department at Misericordia does not have a CT scanner, which requires a walk, which takes a nurse about 20 minutes through the hospital – it's on the other side of the hospital – to the CT scanner in the hospital. That's time there and back with a patient. That scanner is frequently broken down and out of service, which means that patients have to go to other sites. It's hard to imagine in modern times that a big city hospital wouldn't have a CT scanner. I'm wondering what the plan is for the money that's allocated here for this, medical equipment updates.

The next item I want to talk about is surgical wait times. Again, really important. We agree this is an important thing to work on. In the estimates document on page 110 the budget for acute care is increasing by less than population growth and inflation. Of course, surgical access is pretty dependent, a lot of it, on acute-care capacity. The budget also highlights $313 million for the Alberta surgical initiative to help increase the number of procedures performed in Alberta annually. This is on page 106 of the capital plan. Is this figure independent of line 2.4 on page 110 of the estimates document, which is the acute-care budget? Is that on top of that or part of that? I note that that item on page 106 is quite a bit lower. Does that mean there's less capital going into the Alberta surgical initiative this coming year? What will that expense be for?

In addition to this $313 million noted in the capital plan, I'm hoping the minister can provide a list and cost estimates of each of the capital projects related to the Alberta surgical initiative. I'm guessing they might be a variety of projects across the province, but it would be nice to know where and what those are.

I'm also wondering how service will be improved when there are no initiatives or performance metrics included in this. Just over a year ago the chief administrator for AHS, Dr. Cowell, stated: it's my hope and I actually believe that we will be at a zero waiting outside of the clinical wait times by March of 2024. A few weeks later in estimates the then minister stated, "That is our commitment, and . . . our objective." Minister, we're two weeks away from that – well, we're now in March but not quite at the end – and I'm wondering if you can confirm how many Albertans are currently waiting outside of CIHI's clinical wait time standards for surgeries. For hip replacement this is 26 weeks; knee replacement, 26 weeks; cataract surgery, 16 weeks. For clarity these standards are measured as the time between the date when a patient and the appropriate physician agree to the surgery and the patient is ready to receive it and the date the surgery is actually performed. These were standards when the minister, administrator, and Premier made their comments.

I also note that in last year's business plan there was a performance metric, the percentage of surgical procedures that meet the national wait time, but this is not in the current business plan. Has the metric been changed? We know that the wait time from when a patient sees their physician and we know they're going to need surgery: none of that wait time is included in any of this, including, for example, a person being followed for cataracts who's now losing their vision and has to wait to see the ophthalmologist. That wait time is not included even though it's known what is coming. Now, I'm wondering if the minister can clarify if the government has chosen to abandon accepted national standards and why these aren't any longer in the business plan so that we can measure performance. Will the minister commit that in future communications comparing previous years with current wait times we'll be able to see either both of the types of measurement or at least ensure full transparency so that we can know what is being measured and what was being measured in the past?

Will the minister also commit to reporting wait times for other surgeries, including gynecologic surgery? We know that there's data that exists, and there is concern that surgeries being measured are preferentially being performed rather than the surgeries where wait times are not reported.

9:40

Will the minister report the number of privately paid surgeries being done in Alberta on non-Albertans in chartered surgical facilities so that Albertans can see the impact of permitting these same facilities to lure precious resources away from the medically required surgeries for Albertans?

Will the minister start reporting the number of cancelled surgeries due to the lack of staff or in-patient capacity so Albertans can see the impact of the lack of hospital beds and the lack of staff? I have people telling me of four cancellations. They come from rural areas. They need to arrange child care, transportation, change in their job status, come into the city, and then the morning when they've done all this, they're told that they're not going to be having their surgery and they have to do this all over again. These cancellations are a very important metric.

In 2022 the then Minister of Health stated that there were approximately 460 anaesthesiologists working in Alberta; in 2023 he confirmed that the number had dropped to 454 instead of increasing to address the backlog and the increased population. Given that the recruiting and retention of anaesthesiologists is an essential component in increasing the number of surgeries being done, will the minister provide an update on the current number working in Alberta?

Is there data on the FTE of anaesthesiologists so that we know how many of them are working full-time, let's say? An alternative would be fee-for-service billings of anaesthesiologists with and without GP anaesthesiologists so we can get a measure of the work being done rather than just the number of people doing some aspect of that service.

Just with the last minute I'm going to ask a couple of questions around primary care and then come back to that in the next one. On key objective 1.1, which we're still talking about, the improving

health care, there is no outcome or metric listed for outcome 1, which is to improve primary health care, but there is one listed for outcome 2, so I'll skip ahead to that.

In the '23 to '26 business plan the performance indicator listed for primary care was the number of registered physicians in Alberta; that is, the number registered to practise. Of course, we don't know if they're working in primary care, and we don't know how much they're working. In this year's plan there's a new metric, number of practising family physicians and registered nurse practitioners. It lists 5,523 family docs as of December 23, which is . . .

The Chair: Thank you, Member.

Over to the minister for her response.

Member LaGrange: Great. Thanks for all those wonderful questions, and I'm happy to answer them. I'll start with DynaLife and lab services across the province. There was no reason, when DynaLife took over Calgary and south, given the fact that they already had been serving Edmonton and north for decades quite well, that when they won the contract and took over Calgary and south, they, you know, should not have been able to do the same level of service. Unfortunately, what we saw and what I came into when I became the Minister of Health in June was that there was a degradation of services for Calgary and south, so we took immediate steps to work with DynaLife to try and improve services, but in the meantime it became apparent that they no longer wanted to fulfill their contract, and therefore we were able to negotiate a purchase of that contract.

We also made sure while this was going on that APL, Alberta Precision Labs, would be able to help assist and make sure that we caught up on lab services across the province. What we've been able to see since August of 2023 is that thousands of additional community lab appointments in Calgary were allocated and significantly reduced wait times. Appointments in Calgary increased from 16,766 in May 2023 to 23,000 weekly in December 2023, which was a 40 per cent increase in appointments. Since September APL has reduced wait times for walk-ins and scheduled appointments by 34 per cent in Calgary. The current overall average wait time in the area is 18.3 minutes for 80 per cent of the patients. They continue to add more staff and are continuing to provide resources across the province.

Again, we are looking to make improvements in that area. I thank all the APL workers and specifically those that had to go through the transition, because I know transitions are never easy. We want to thank them for the great work that they're doing.

Lab pathologists: those contracts are negotiated between Alberta Health Services and the pathologists themselves, their association, their representatives, that negotiate on their behalf. Again, that is a negotiated contract. We certainly want to make sure that our pathologists are well compensated and that they are able to be well supported in the work that they're doing, but again, it's a negotiated contract that has to take place.

We've added $45 million in '23-24 to improve access to CTs and MRIs. That will continue, and we've added 27,500 CTs and an additional 2,250 MRIs, PET-MRIs. We also have added 4,100 radiology procedures as well. We're continuing to move in the right direction, making sure that we clear up the backlogs that we have seen that were created through COVID as well as pressures on our system. That is paramount, because we know that with good diagnostics you can get timely treatment, but if you don't have good diagnostics, then you can't get that timely treatment that you need. We're going to continue to make sure that that continues to improve.

On surgical statistics, surgical wait times, I'm happy to report a number of statistics, because I know there were a number of questions that were asked in this area. The total volume of surgeries performed: if I compare it to the 2018-2019 year, there were 297,900 surgeries performed in Alberta in 2018-2019. We are on track to meet our goal of 310,000 for the '23-24 year, which is 2.7 per cent higher than 2018-19 and 3.9 per cent higher than '22-23.

CS volume comparisons. Again, on the chartered surgical facilities I know one of the questions was: how are they performing? In 2018-2019, you know, I draw your attention to: that was when you were in government, when the opposition was in government. At that time there were 41,000 chartered surgical facility surgeries done, and right now, in '23-24, there were approximately 63,000, which is a 54 per cent increase, 54 per cent higher than in '18-19 and 23 per cent higher than in '22-23, which means that we're reducing the wait-lists.

Of course, there were many added to the wait-list. In fact, I know that of concern was the fact that I was talking to doctors throughout COVID who were saying that they weren't even putting people on the wait-list because the wait-list was so long. We don't want that to happen. We want to make sure that we're improving on our surgeries, and we need everyone to work together, whether it's chartered surgical facilities, whether it's our hospitals, where we've added additional surgical centres within our hospitals. We need everybody working together to bring down these wait times.

We are seeing that fewer people are waiting outside the clinically approved timelines. I can share that in orthopaedics 2,650 fewer cases were waiting outside clinically recommended wait times since the start of this documentation here. That is 7,233 cases in February 2024 compared to 9,886 waiting in March 2023.

9:50

We're continually improving on those wait times. Again, approximately 25 per cent more hip and arthroplasties have been completed, again, making sure that they're being completed in the appropriate window. At the end of 2022 42 per cent were completed within the window of clinically approved. Now we're over 60 per cent being completed in the window of clinically approved. So we're going in the right direction, but we need to go farther. And I could continue on with cataract surgeries, et cetera.

For the chartered surgical initiative program, the capital program, the $313.1 million over three years is to continue that great work. We have chartered surgical facilities right across the province. They're currently under way in Calgary, Edmonton, Lethbridge, Medicine Hat, Brooks, Taber, Innisfail, Olds, Crowsnest Pass, and Rocky Mountain House. They do more than just create capacity. They also relieve strain on the overall system. We also know that this helps with people getting timely access. Not only do they get the timely access to the diagnosis, the diagnostic imaging, et cetera, and they get their surgeries, but they also can then get back to their normal lives. So many people want to get back to their normal lives. We see it and I hear it on a regular basis.

I was asked for the list of capital initiatives to be funded for Alberta's surgical initiative capital program: the Grande Prairie regional hospital, fit-out of shelled spaces for two operating rooms; Edson, a new procedure room; the Royal Alex hospital in Edmonton, renovation of two operating rooms; the University of Alberta hospital in Edmonton, renovation of two operating rooms and an anaesthesia recovery unit and the MDR area; the Rocky Mountain House health centre, renovations for a new procedure room and development of a new MDR area; the Foothills medical centre in Calgary, fit-out of the PACU, installing ceiling lifts in unit 54, fit-out of shelled space for 11 new operating rooms, and renovating unit 91; the Chinook regional hospital in Lethbridge,

renovations for a new operating room, renovations to an existing operating room, expansion of an in-patient unit to increase capacity by four beds, and renovations to the MDR area; Medicine Hat regional hospital, minor renovations to the preadmission clinic, day surgery area, and in-patient unit; upgrading four operating rooms at the Lois Hole hospital for women at the Royal Alexandra hospital, Edmonton; South Health Campus in Calgary, build one shelled-out operating room; the Royal Alexandra hospital in Edmonton, upgrade four operating rooms at the orthopaedic surgery centre; the Rockyview general hospital in Calgary, operating room renovations for urology; Alberta children's hospital in Calgary, build out one shelled operating room; Foothills medical centre in Calgary, modify existing operating room; Grey Nuns community hospital in Edmonton, renovate two operating rooms, day surgery, and in-patient unit; Sturgeon community hospital in St. Albert, renovate one operating room; Misericordia community hospital in Edmonton, renovate and upgrade two operating rooms; the Royal Alexandra hospital in Edmonton, renovate, upgrade two operating rooms and the ambulatory treatment centre; the Royal Alex hospital in Edmonton, upgrade six operating rooms in the diagnostic treatment . . .

The Chair: Minister, that's your time.

Back over to the Official Opposition.

Dr. Metz: Thank you very much. Thank you. I appreciate the answers.

I'm coming back to the outcome numbers, looking at primary care. This year the new metric is the number of practising family physicians and registered nurse practitioners. In the document it lists 5,523 practising family physicians as of December '23, which is quite discrepant from what is listed on the College of Physicians & Surgeons website, where they have 4,400. I'm wondering where the metric comes from. What data is used to determine that?

I also would add that the number of family physicians registered is really not a very meaningful measure of primary care service being delivered because it doesn't mean that they're all delivering comprehensive primary care. If physicians leave, they tend to keep their licence for a period of time until they know how things are going in the new place, if they retire or cut back or if they change their work and perhaps just do surgical assisting. So we're not really measuring the number of active primary care physicians. I think that number would require a greater dig into the data that Alberta Health has, looking at the practice patterns of physicians. I'm hoping that that will be considered so that there will be good data for future workforce planning.

[Member Ceci in the chair]

Likewise, the number of nurse practitioners doesn't really reflect primary care because most of the nurse practitioners in Alberta work in specialty programs and were trained as specialty nurse practitioners, and they're not really able to work in primary care. It would be really great, when we're looking at primary care, to identify the actual work that's being done by the different providers.

On page 77 of the fiscal plan it says that $475 million is budgeted for primary care. Now, this does include $300 million for primary care networks. I'm wondering how this differs from previous years. I couldn't find what the primary care networks have been getting year after year. Is this an increase, a decrease, or no change?

It also is noted in the plan that the primary care networks will provide additional support while implementation of the MAPS initiative continues. I'm wondering if they're being asked to do more during this period or if that's what they've already been providing. How will this funding to PCNs be distributed, and are there any expectations attached to that funding? Will the refugee clinic in Calgary or the unattached maternity care clinic in northeast Calgary, which were previously funded by the Mosaic PCN, be included as part of this PCN funding? Both of them are no longer going to have funding from their regular source, and they look after a very large number of patients.

The budget on page 17 of the strategic plan also includes $200 million over two years for increased access to family doctors and health professionals. What is this for, and how much of it will be spent in the '24-25 year? Is this for Telus Health or an investment in our current primary care system? Is it for the teams that need to be developed to provide team care and increased access? Can the minister please outline, you know, exactly what this $200 million is for?

If we look at the $300 million and the $200 million, if we assume it's $100 million over one year, we're down to about $75 million left. It does state in the document that there will be $15 million allocated to support the compensation model for nurse practitioners. I'm wondering how this will work. Will they be fee for service, or will there be a salary model? What is going to happen? How many nurse practitioners will actually be available to work within primary care? And, importantly, will they be allowed to still bill privately for medically insured services? This is happening now. Because nurse practitioners cannot bill for seeing patients, other than patients directly, they are now billing patients for medically required and insured services.

I note that the program support for primary health care, item 5.1 in the estimates document, page 110, is increasing to almost $11 million. What is this for? Is perhaps some of it to improve the billing system that physicians are required to use? We know that's a really archaic system and has caused great difficulty in getting physicians and even optometrists paid, and there's been talk for many years on that needing to be upgraded.

10:00

On page 17 of the strategic plan it also states that there will be improved access to family doctors and health professionals. There's a promise to allocate $57 million over three years to help doctors and nurse practitioners working in primary care to manage the costs of increasing their caseload. I'm wondering if you could explain how that funding will happen, and how will this improve access to family doctors or primary care physicians of any kind?

[Ms Lovely in the chair]

How do these amounts fit in with the line items in the estimates document? I'm really not sure where they are. If we assume about a third of that is over the first of three years, there's still about $30 million out of this whole package for primary care.

If we go on to key objective 1.2, which is to look at improving access across the province, on page 17 of the strategic plan the minister is promising to improve access for underserved populations, including First Nations, Métis, and Inuit people, and there's funding of $10 million for some primary health care initiatives in Indigenous communities. That's also on page 77 of the fiscal plan. What are these initiatives, and how will the minister identify and support Indigenous individuals as there really are no indicators listed here? How will the minister know if they're successful? How will the minister support these communities in acquiring the capacity to deliver these planned services while respecting Indigenous ways of knowing and being? I'm wondering how much that is for.

Next there are four other initiatives on page 77 of the fiscal plan: $8 million for Alberta newborn screening; $10 million for a province-wide midwifery strategy; $10 million for the Alberta

Women's Health Foundation; $10 million for the Grace hospital. I understand that those are over three years. Do these take up the remainder of that $475 million, and if not, are there other items that I can't quite identify in the estimates document that are part of this package of money, and what might they be?

Okay. I'm just noting there are four important features of top-performing countries as far as their health services: they provide universal coverage and remove cost barriers; they invest in primary care systems to ensure high-value services are equitably available to all communities; they reduce the administrative burden that diverts time, efforts, and spending from health improvement efforts; and they invest in social services, especially for children and working adults. That is work done internationally, and I would reference the Commonwealth report of 2021, which shows where Canada sits and notes what these features are that we need to keep focusing on.

The Chair: Thank you so much, hon. member.

We'll head back to the minister.

Member LaGrange: Thank you so much. I just want to finish up on the last questions that were sent our way. I will continue with the Alberta surgical initiative capital program: the Mazankowski Alberta Heart Institute in Edmonton, fit-out of one operating room, renovations to in-patient unit, fit-out of one shelled OR, and additional beds, 18 to 25, to accommodate increase of cardiac surgical capability; the Cross Cancer Institute in Edmonton, renovation and upgrading of the operating area; the Brooks health centre, upgrade and renovations to three operating rooms, surgical scrub space, clean and soiled storage area, and recovery space; the Taber health centre, upgrade and renovations to two ORs, recovery, clean, soiled, and sterile areas; the Crowsnest Pass health centre, renovations and upgrades to one OR theatre, change rooms, et cetera; Cardston health centre, renovation and upgrades to theatres, recovery room required; Innisfail health centre, adding two operating rooms and required MDR upgrade; the Peter Lougheed Centre in Calgary, postanaesthetic care unit renovations; the Foothills medical centre in Calgary, renovate existing day surgery; the Walter C. Mackenzie health centre in Edmonton, renovations and expansion of the PACU and renovation and relocation of the SDA short-stay beds; Walter Mackenzie health centre in Edmonton, relocation of 20 recovery short-stay beds and creation of space to expand existing PACU; the Walter Mackenzie health centre in Edmonton, expansion of the existing PACU from 14 beds to 22 beds; Sturgeon community hospital in St. Albert, day surgery, same-day admits and 23-hour expansion; Fort Saskatchewan community hospital, renovations for day surgery and postanaesthetic care unit footprint.

The Pincher Creek health centre includes changes to the day surgery to improve OR access, two OR theatres, clean storage, recovery space; the Stettler hospital and care centre, creation of endoscopy suite, procedure room, and required MDR upgrades; the Red Deer regional hospital centre, new pacemaker insertion and ECT procedure room; the Ponoka hospital, upgrade recovery and surgical support areas and required MDR upgrade; and the QE II hospital in Grande Prairie, renovation of the ambulatory care space for cataract surgery.

As you can see, we have a very comprehensive list to improve our Alberta surgical initiative capital program fit-outs, and that will continue. Again, we are wanting to make sure that we are doing what needs to be done to provide surgeries in a timely fashion, in the clinically approved time frames. As I've said, we've seen the reduction in hip and knee replacements, and there are more surgeries being done within the allocated timelines.

Workforce was the next question. I know one of the questions that was asked was about anaesthesiologists. We actually have seen an increase in anaesthesiologists in the College of Physicians & Surgeons' quarterly report. In 2019 there were 252. That went down over COVID, but we have seen that number climb back up again to 456. I know that in recent months Alberta Health Services has been able to in fact increase their numbers in this area.

When we look at the health workforce, in '22 we had 38,265 registered nurses. In 2023 we had 44,734. That's a net gain of 6,469, which is 14.5 per cent. Licensed practical nurses went from 19,900 to 20,900, a gain of 1,001, which is 4.8 per cent. Registered psychiatric nurses went from 1,478 to 1,506, which is a gain of 28, or 1.9 per cent. Nurse practitioners went from 829 to 917, a gain of 9.6 per cent. Overall, we've seen a gain in the registered nurse population to 7,586, which is 11 per cent, and I do believe I spoke to that earlier.

When we talk about family physicians, there are currently 4,379 family medicine specialists and 1,277 nonspecialists – I think that's the discrepancy that you're seeing within the College of Physicians & Surgeons – for a total of 5,656 compared to 6,082 specialists. Compared to the same time last year, this represents an increase of 135 family physicians, or 2.39 per cent, and an increase of 196 specialists, which is an increase of 3.3 per cent.

We continue to recruit and make sure that our workforce is where we need them to be. Obviously, we're competing with the rest of Canada and the world. We know that there's a demand for practitioners right across the province, for health care professionals right across not just our province but every province in Canada. When I met with the ministers of Health last fall, this was something that we spoke at length about. Of course, we want to make sure that we all have the supports that we need within our own provinces, so when you are competing with other provinces, it does get a little trickier in that regard.

10:10

When we look at what we're doing to actually recruit for our workforce, we have so many recruiting initiatives. AHS continues to be an employer of choice, with competitive wages and benefits and offering meaningful career opportunities. We have been working with our partners within the postsecondaries, including the College of Physicians & Surgeons of Alberta and the Alberta International Medical Graduate Association, to highlight opportunities and streamline the processes.

What the College of Physicians & Surgeons have done: if you go onto their website, they've streamlined their processes in getting internationally trained medical graduates to come to our province, and for those that are out of province, we have seen that they are reducing the barriers to having those individuals come and work in our province. We've also seen that they have been recently, as of the beginning of March, able to allow for others than just Alberta Health Services, so communities and clinics now can individually recruit family physicians. I've already heard from some clinics that this is going well. This has aided in their process of being able to do that.

We've got programs for rural health professionals in our rural health professional action plan to support community integration, setting candidates up for success.

We've removed the barriers, as I said, for internationally trained nurses, not only for physicians but also for nurses as well, and kudos to the college of nursing for doing that. We have a process to hire IENs, which is also being expedited, reducing the time to hire from two years to six months, placing Alberta at the forefront of IEN recruitment nation-wide. As of February 23 AHS has hired 242 nurses. Of those nurses, 43 have successfully moved through the

immigration process and have started working at the AHS site. This is in reference to the IENs.

In the last round of collective bargaining the rural capacity investment fund was established to support recruitment and retention strategies in rural and remote areas in the north, central, and south zones. Approximately $17 million annually was allocated to the ’23-24 budget to support recruitment, retention, and relocation incentives as well as to support team and professional development opportunities for clinical staff in these rural areas. AHS has hired 84 per cent of all registered nurses who graduated in Alberta up to Q2 of ’23-24, and this number will grow as RNs and RPN graduates are hired between now and March 31, 2024. AHS typically hires about 90 to 95 per cent of all of Alberta’s graduates, and I think that’s worth noting.

When we look at nurse practitioners in the province, we are seeing that nurse practitioners provide a valuable service. We know that they are wanting to expand their scope and their ability to do what they’re trained to do. They are highly trained professionals that are able to provide the services that most Albertans need. We are currently working on a new funding model where it would allow them to be able to provide clinical services to Albertans that are, you know, lacking in primary care.

The Chair: Thank you so much, Minister.

Before we head over to the independent member, let’s take our five-minute break.

[The committee adjourned from 10:13 a.m. to 10:22 a.m.]

The Chair: All right, everyone. Let’s take our seats.

We’ll now move over to the independent member for 20 minutes. Member, would you like to combine your time with the minister?

Mrs. Johnson: If we could go back and forth, if the minister is willing, I would prefer that.

The Chair: Minister, what’s your preference?

Member LaGrange: I’m willing to go back and forth if they want to go back and forth.

The Chair: Sure.

All right. Now we’ll move to 20 minutes, please.

Mrs. Johnson: All right. Thank you, Madam Chair and through you to the minister and to her staff for being here today and taking some really great questions and providing the answers. I’ll start on page 72 of the ministerial business plan. We’ve heard a lot already this morning about physicians and some issues around that. I’m going to refer to the expense line item Physician Compensation and Development. It has increased about 8 per cent this fiscal year, which is more than inflation. Can the minister explain the reason for this significant increase? Related to that, our doctors are a valuable resource in our province. If I’m correct, doctors’ salaries are not all the same. What is the average family physician and the average specialist currently being paid per year in Alberta, and how does this compare to other provinces in Canada and internationally, maybe referring to the funding model there?

Member LaGrange: All right. I was waiting for the finish, but your question is complete?

Mrs. Johnson: Yes.

Member LaGrange: Okay. Awesome. Yes. Thank you for the great question. We are growing our physician compensation. We’ve seen growth in physician compensation from 2019 to present. For ’24-25 it will actually work out to over 21 per cent in total. It was $5.3 billion in the 2019 year, and it’s now going to be $6.6 billion. There are a number of reasons for this. One is that we were able to negotiate a contract with physicians approximately 15 months ago. That was worth $780 million over four years. Also, we are seeing our population grow, so there are more services being provided, and particularly when we pay on a fee-for-service basis we are seeing additional services.

We have also seen a growth in the number of surgeries that are being performed. As I said, we’re on track to have a historic number of surgeries completed at 310,000 surgeries, and we’re budgeting for that amount and, hopefully, more in the ’24-25 year. All of these together actually create a situation where we are (a) recruiting more physicians, so we’re getting more physicians into the province. We have additional costs because of inflation and the cost of growth in our province, which is a good-news story. As we all know, the fact that our province is growing is a very good-news story for Albertans, and we will continue to make sure.

The other piece that we want to make sure is that we’re providing supports within the areas that physicians – you know, where we have rural, remote areas where we need more physicians, so we’ve got various programs. Of the $164 million for workforce planning to train, recruit, and retain health care professionals, we have $50 million annually for physician recruitment and retention, we have $12 million annually for the rural remote northern programs, we have $12 million annually for physician support programs, we have $20 million annually for the business costs programs, we have $38 million in ’24-25 for physician training.

The other piece that I can add is the fact that even though we did sign a negotiated contract about 15 months ago, we have seen – I’m not really sure why – that family physicians weren’t prioritized by the AMA at that point in time. What we’ve seen is that there’s been additional stressors on the family physicians; therefore, we’re in current discussions with the Alberta Medical Association to provide a new funding model for family physicians.

What we’ve also seen is that because of the stressors that we’re seeing across the province, we’ve added an additional $257 million to $57 million for the panel enhancement program. I can get into more details on that if you’d like, but the $200 million is really about stabilizing family medicine over the next two years as we move into a new funding model, which is something that I’m hearing from family physicians they want across this province. So many factors as to why it has increased greatly, but I guess at the core of it is to say that we really value our family physicians and all physicians in this province. They deserve our respect, and they also deserve to be fairly compensated.

An aspect of your question was also: how do we compare to other provinces? We are still funding comparably to other provinces, and some areas are on the high end of certain specialties. When I look at Alberta, in 2021-22 the average family physicians – I just want to make sure it’s the family physician here. Oh, all physicians; an average of physicians. In 2014-2015 an average physician in Alberta made $424,000; in Ontario that same physician on average was making $364,000; in Manitoba, $377,000; in Saskatchewan, $389,000; in B.C., $361,000. In ’21-22 our physicians’ average was $444,000; Ontario was $373,000; B.C. was $400,000; Saskatchewan, $430,000. I could share that the average in Canada in ’21-22 was $398,000, and the average physician in Alberta was making $444,000. So we’re still top of the line, you know, 11 per cent higher than the Canadian average in ’21-22, and I know that has remained relatively steady.

Did that answer your question?

Mrs. Johnson: Yes. Thank you, Madam Chair, through you to the minister.

The next two are also on page 72. Expense line item Infrastructure Support is $89,452,000 for ’23-24. This increases to $241 million for ’24-25 and by ’26-27 increases to $455 million – more than that – an over 250 per cent increase for the budget. Can the minister explain this significant increase? As well, under capital investment, on page 72, can the minister elaborate on the line item Continuing Care? It is the smallest line item of the budget, so I’m just curious about that. As well, your infrastructure support goes from $1 million to over $10 million, this being the largest increase of the entire budget. Can the minister explain these significant increases?

Member LaGrange: I can’t overstate how important it is that our health care professionals are working in, you know, quality, safe environments. We have a lot of aging infrastructure, so we have to make sure that we are looking after our aging infrastructure. But we also need to build new infrastructure, so Budget 2024 includes $4.5 billion of capital funding over three years for health facilities and equipment, health IT projects, capital maintenance and renewal of existing health facilities, and Alberta Health Services’ self-financed capital initiatives. What we have included in this is $3.2 billion for health infrastructure and equipment; $512 million for capital maintenance and renewal of existing facilities; $85 million for health IT projects; and $747 million for Alberta Health Services’, as I said, self-financed initiatives.

10:30

When we look at what is included in all of that, it really is to make sure that we’re providing, right across the province, projects that are needed. In the capital funding we have $66 million over three years for the medical device reprocessing program. That is the sterilization units that are within hospitals to sterilize the equipment that is used through surgery, et cetera. This is phase 2. We’ve already performed a lot of this work in phase 1, and we’re continuing on with that work.

Budget 2024 provides an additional $20 million for EMS vehicles capital program so that we have safe EMS vehicles on the road. We’ve got $25 million over three years for the Beaverlodge municipal hospital replacement. We’ve got an additional $17 million in capital funding to advance the planning for the new Stollery hospital in Edmonton. We’ve got new capital planning for the Alberta kidney project in Calgary. We have $88 million for social infrastructure planning through Alberta Infrastructure, aiming for a comprehensive and unified view of infrastructure needs for health services, mental health and addiction services, and social services across the province, as you can tell. And that’s just a portion of what we’re funding. We’re funding so much more than that.

On the continuing care capital, because we have an aging population, we anticipate – like, right now 1 in 7 Albertans are over the age of 65; within 20 years that number will go to 1 in 5 Albertans will be over the age of 65. So we have to make sure that we are building spaces faster than our population is aging, and we are needing to do that in a more, really, strategic way. If passed, Budget 2024 investments in continuing care will help create additional spaces across our province.

We have $121.5 million in ’24-25 as part of the total $654 million over three years for the continuing care capital program, which will add or replace more than 1,600 continuing care spaces. We also have $57.1 million in ’24-25, which is part of a total $103 million over three years to support the Bethany continuing care project in Calgary. We have $63 million in ’24-25 as part of $113 million over three years to fund the Good Samaritan Society continuing care project in Edmonton. We have $45 million in ’24-25 as part of the total $69 million over three years for the Gene Zwozdesky centre at Norwood in Edmonton. And a further $139 million is budgeted for the anticipated aging with dignity federal bilateral agreement, which I can say that I’ve been working very closely and well with Minister Holland, who’s the federal Minister of Health, and we’re very close on that particular deal. I’m happy to say that we did sign the shared priorities agreement just before Christmas, and we are continuing to do this good work on continuing care as well.

I believe I’ve answered your question in there, and if I’ve missed anything, please feel free to remind me.

Mrs. Johnson: Yes. Thank you, Madam Chair, through you to the minister.

Shoppers Drug Mart in Lacombe just had their grand opening for the new pharmacy care clinic, one of over 100 in our province. Across Canada there are less than 100 of these pharmacy clinics in total, showing that Alberta is leading the way in utilizing the skill set of our workforce, specifically our pharmacists in this case.

Some of the ailments that these pharmacists can address are strep throat, minor skin infections, pink eye, UTIs, allergies, and even diabetes and cholesterol issues. This service takes a tremendous load off of our doctors, freeing them up to deal with more acute cases that they are trained for and relieving some of the burden off of our emergency rooms. This is good for doctors, good for pharmacists, and ultimately good for Albertans and our health care. How does this budget ensure that a medical professional, whether it be a pharmacist, a nurse practitioner, or a midwife or something else, can be more accessible to Albertans?

Member LaGrange: It’s a great question. You know, because of everything that we’re seeing across the province and, as I said earlier, on workforce across Canada, we really need to make sure that every health care professional is working to full scope, and the ability for pharmacists to work to full scope and provide primary care that falls within their scope makes sense. When we have roughly about 220,000 people coming into the province in the last year alone – great news for Alberta because we’re booming; we need those individuals to come and help our workforce, et cetera – it does create a strain on a number of the ministries, including Health. When we have everyone working together in a team, whether it’s a nurse practitioner, whether it’s a physician, whether it is a pharmacist and a pharmacy-led clinic, then we know that Albertans can get access to the supports that they need in a timely fashion.

We’ve got a compensation plan for pharmacy services. Like, we do not pay for their capital infrastructure. That is fully the responsibility of those clinics themselves. You know, if a patient or an individual comes in, an Albertan comes in and, as you say, has a sore throat, they can be tested quickly, and the pharmacist within their full scope of ability can actually prescribe for that minor ailment and, again, relieve the pressure that’s on our family physicians, our clinics, our primary care or nurse practitioners. Again, this is a plus for Albertans.

We are actually seeing that more and more services are being provided. In ’22-23 over 6.1 million clinical pharmacy services were provided to Albertans. That was up from 4.9 million in ’21-22, so in just one year we have seen roughly, you know, an over 1 million individual services’ increase within that area.

The compensation line item for pharmaceutical innovation and management has changed from the ’23-24 year. We budgeted $140 million in ’23-24, and in ’24-25 that’s up to $157.98 million. We are seeing that Albertans like this, and they are wanting it. The one

area that I would say is – you know, every community has a pharmacy, and if those pharmacists are able to work to scope, that provides greater access, particularly in some communities that struggle to get access to family practitioners and primary care.

Mrs. Johnson: Thank you, Madam Chair, through you to the minister.

Sometimes, for reasons known or unknown, a patient attempting to receive health care in Alberta may be denied because of an inactive Alberta health care number. In these situations doctors have the freedom to treat this patient and still receive funding based on good-faith billing legislation. Good-faith billing was removed in March of 2020. In subsequent years it was promised to be reinstated but was not. This UCP government recently committed to re-establishing good-faith billing. What line item reflects this expense, and will these payments be retroactive?

Member LaGrange: Yes, they are retroactive, and the line item is under Budget 2024 – I'll just get to you exactly where you can find it, but it is $2 million. I knew that off the top of my head. It accounts for approximately $2 million.

You're right. These are individuals that, you know, are vulnerable individuals that need the help and support. Our physicians step up at a time when they're needed, and they provide that service, and they should be compensated for that service. We had a little bit of a glitch with the technical implementation of this, but my understanding is that we're working through that and that those good-faith payments have been reinstated, and they're retroactive to April 1, 2022. Physicians and billers have been able to submit their outstanding claims and have those compensated because we do want to make sure that they are looked after in that regard. It's $2 million under the physician compensation line item.

10:40

Mrs. Johnson: Thank you, Madam Chair, to the minister.

On January 1, 2021, the government, through Bill 47, removed the ability for health care workers to apply for WCB following a workplace trauma. Is there a plan to reinstate presumptive legislation to ensure the full care of our front-line workers, and what would this cost be going forward?

Member LaGrange: I don't have that on hand at the moment but if I could come back to that question, please.

Mrs. Johnson: Yeah. For sure. If we could get that later, that would be great. Thank you, Madam Chair, to the minister.

In light of time I'll end with my constituency needs. Especially in Ponoka, the ER has received a little bit of a facelift, as the minister has already mentioned. This has made a difference also with two new doctors coming to Ponoka, where we were seeing weekly ER closures. It hasn't happened since before Christmas, and this is really good news. Can the minister speak to what else might be happening in the riding of Lacombe-Ponoka with capital projects or operational projects?

Member LaGrange: Going back to your other question on WCB, I've been informed that that is actually a question for Jobs, Economy and Trade. That would fall under their purview.

On the new physicians for Lacombe-Ponoka and other areas we'll just have to break it out. As you well know, with the long list that I read out to you on capital, we have a lot happening across this province. I'm happy to, actually, if you want, get back to you because we're not finding it right at the tip of our fingertips, but we will be happy to get that information back to you directly.

Mrs. Johnson: All right. Thank you, Madam Chair, to the minister.

The Chair: That's our time. Thank you.

We'll move over to government caucus now for their 20-minute block. Members, would you like to combine your time with the minister?

Mr. Boitchenko: Sure.

The Chair: Minister, what's your preference?

Member LaGrange: Sure.

The Chair: All right. Let's proceed.

Mr. Boitchenko: All right. Thank you for the opportunity to ask some questions today regarding this year's Health budget. Health care is consistently the largest budget allocation by far, so we have a lot to unpack today with the minister here.

This year sees an operating budget of $26.2 billion for the Ministry of Health, which is a precise $1.1 billion increase, and it's 4.4 per cent from the 2023-2024 forecast, as we see on page 76 of our fiscal plan. This investment reflects this government's commitment to health care in this province, and I'm proud to see this, so thank you, Minister. This government has some big priorities around Alberta's health care system, and I'm happy to be able to spend time to discuss health care today. Health care is one of the most important issues facing Albertans. I would like to start by thanking the minister and her department for the continued hard work trying to fix these issues facing the health care system in our province.

Some of these continuing issues are the delivery of services and the performance of Alberta health care services that our public health care provides. I'm sure that all of us here have heard from our constituents about some of the problems facing AHS, Alberta Health Services, and how health care is delivered in the province. Some of the examples would be from my own riding of Drayton Valley-Devon, where people are not able to give birth to their babies locally in the hospital unless this is an emergency. If it's not an emergency, they would have to drive all the way to Edmonton. Since 2015 we have more babies born on the side of the road because of the shortages created, so our constituents are super excited and thankful to the minister and your department for the AHS refocusing initiatives. In general Albertans are excited and grateful for your AHS initiative for refocusing.

Some of my questions would be from page 77 of the fiscal plan, that mentioned the strong role AHS will continue to have on the health system. How much of an increase in budget has AHS received? Can the minister provide some clarity on the types of programs and services Albertans can see being added and improved with these dollars?

Member LaGrange: Thank you for the questions. Yes. You're absolutely right. We're seeing, you know, our population grow, and, as I said earlier, we have an aging population. It's resulted in increased demands across the whole system. In '24-25 population aging and patient complexity are projected to increase by 3.6 per cent. These factors have a direct impact on key services, including emergency department visits, EMS events, and births. Investment is also being made into the priority areas such as increasing continuing care capacity and the opening of the Arthur J.E. Child cancer centre to patients. That is a state-of-the-art facility that will just be so impactful for Albertans and cancer care. I'm excited to see that fully opened in the fall here.

In addition to population aging and patient complexity, increases are also required to support wages, including overtime and agency nursing, inflation for clinical contract providers, supplies, and utilities. AHS will need to prioritize and find savings and efficiencies to manage these increases. But AHS is also looking to find efficiencies and opportunities to meet the needs of patients throughout modernization to help enhance system efficiency and optimization.

When you ask about, like, the overall funding – and I have to pull it up because I'm very pleased with this number – in '22-23 we had under the statement of operations Health's consolidated expense estimate, $25.225 billion. For the '24-25 year it's going to be $28.373 billion. This is a 5.1 increase even from the '23-24 year. This is needed, as I said, for all of the reasons I've just shared. We've got, you know, a vibrant community, and we need to make sure that we have excellent health care services. So that's the reason for the added dollars within our health care budget. We recognize that we need excellent health care and every Albertan deserves excellent health care.

Mr. Boitchenko: Thank you.

With my next question I also would like to focus a little bit on our AHS refocusing initiative, as it's something that is very important for my constituents and Albertans in general. Something that I am particularly proud of is this government's efforts to improve our health system.

As announced on November 8, 2023, the Ministry of Health is planning on refocusing health care. This refocusing initiative includes the creation of four new organizations. They break down into acute care, continuing care, primary care, and one of the most important ones to me would be the mental health and addictions within a singular unified system that you're creating. This is being done to ensure that services are more focused and effective. It will also ensure that front-line health care workers can get the resources they need and will modernize the way health care is delivered.

I see on page 70 of the business plan, key objective 2.2 discusses the need to engage the health workers, patients, families, caregivers, and system stakeholders to understand the front-line and local perspectives. And thank you for your engagement; I had the opportunity to be at one of them, and people are saying that it's the first time in a long time they've been heard from our Minister of Health.

10:50

This engagement would be critical to effectively implement the health care system and refocusing initiative. My question would be: with the system refocusing at an estimated cost of $85 million, is the minister able to provide and update on the ongoing refocusing initiatives?

Member LaGrange: Yes. Happy to do that. I'm very excited about the work that's happening within the refocusing. As you rightly indicated, there needed to be a revamping of the system.

When I became the Minister of Health, it was very apparent that the structure needed to be looked at, and when we announced the refocusing, it was exciting to see the engagement across the province. Not only did we hear from people online who attended the town halls – we had numerous town halls; I believe there were approximately 8,000 people that attended those online town hall meetings – but then we went into the in-person here starting in January. We've had over or fast approaching 60 in-person sessions across the province. To date we've had over 1,800 health care workers and Albertans who have attended those sessions. The vast majority are health care workers – and I stand corrected; at the town halls we had over 10,000 participants. We've had nearly 18,000 health care workers and Albertans provide feedback online. So there's an online survey as well.

All of this is very important. I really believe we need to hear from the front lines. It's often the front lines who actually know the system the best in terms of having practical solutions and, at the very least, identifying the problems. And I've seen that. I've attended well over half of the sessions that have been provided in-person. I'm hearing, whether it's doctors, nurses, health care aides, managers, that there is a long list of issues that need to be addressed, and we have to include the workforce in the solutions.

So I'm excited for the work that is being done, and we're going to continue that. We've actually, as we've been going across the province, said: you know, we're hearing from you; we're going to come back. We want to come back in a year's time and say: this is what we've heard, this is how we're addressing what we've heard, this is the progress we've made, and this is what still needs to be done.

That $85 million was allocated – because we went back to 2008, when Alberta Health Services was first created, and we were able to surmise from what was spent at that time and kind of budget for it. But we feel very confident that those dollars actually will meet the needs that we have during this refocusing effort. Not only are we engaging with Albertans; we also have dedicated engagement sessions for First Nations and our Indigenous leaders and partners. So there's a lot of work that's happening under way.

And, as you said, having four areas that are focused – laser focused – on what will be within their purview, whether it's mental health and addictions, primary care, acute care, or – what did I just miss? – continuing care. I don't want to forget continuing care; we're having record investments in continuing care. And all of these were actually formulated from a lot of engagement that previously existed. We have numerous reports. Whether it was the modernizing Alberta's primary care system, the modernizing Alberta's primary care Indigenous report, or the continuing care reports, the various reports there, or the EMS reports, all of those factored into the improvements we're making on refocusing.

All this to say that there's been a ton of work. There's more to be done, but at the end of the day we want to ensure that we have excellent health care for Albertans. We want to improve the surgery wait times, that they will actually decrease, that everyone will get their surgeries within their recommended time frames. We were going to put strong metrics in place to make sure that EMS is able to respond in a timely fashion but also off-load patients in a timely fashion at hospitals.

We want to make sure that Albertans, when they go to see a family practitioner, actually have a family practitioner to go see. We know that right now roughly about 700,000 people don't have family practitioners. That's why we need to have the nurse practitioner program, the pharmacy-led clinics, and of course we need to make sure that our family medicine practitioners and general medicine specialists are able to provide good service to Albertans.

A lot of work to be done, but I've got an excellent team, many of whom are sitting right behind me here, all dedicated to making sure we achieve those outcomes that we're gearing towards.

Mr. Boitchenko: Thank you.

My next question I would like to address a little bit is a question of access to health services as well as the wait times. I know we talked about it a little bit, but I want to kind of go a little bit more in detail. One of this government's key health care priorities is to improve access. Services only benefit people if they can use them and get to them, which is why this topic of access to health care is

so important to me and Albertans. Time is a significant component of this. Those seeking services need to be able to access them within a reasonable time frame. In fact, this is a concern my constituents often raise to me, things like surgical wait times, which can significantly affect their day-to-day lives.

According to page 69 in the business plan, key objective 1.1 indicates:

> Increased access to health care services for Albertans by improving the Emergency Medical Services [our] (EMS) system, reducing surgical wait times, decreasing emergency department wait times,

and last but not least,

> reducing laboratory and diagnostic services delays.

Can the minister please, through the chair, indicate what investments are being made on improving wait times for surgeries? How will that money improve wait times?

Member LaGrange: Thank you. I'm happy to reiterate some of the things I've already said but add a couple of new pieces. The Alberta government provided an $80 million increase in funding to add an additional 20,000 surgeries in '23-24. As I indicated earlier, over the next three years AHS will spend approximately $312 million to support a projected 310,000 surgeries in '23-24, and we've got $316 million on surgeries in '24-25 and $324 million on surgeries in '25-26. So we'll continue to see those surgeries improve in terms of the numbers and the times. We're also providing an additional $237 million over three years to add and expand operating rooms and hospitals across the province to boost surgery capacity in Brooks, Calgary, Camrose – I'm not going to go into that whole list again. I don't think you want me to repeat it. It's quite a lengthy list, but I'm very proud of that list.

Additionally, we've got $13.5 million being provided to rapid access clinics for faster assessments for muscle skeletal conditions to determine if patients require surgery. And, again, this is one of those things that orthopaedic surgeons are telling me actually helps to decrease the wait-list because people can be assessed quickly to determine whether they actually do need to move on to surgery rather than waiting on a list or if they don't. Perhaps they need physiotherapy or a number of other interventions. They can get those nonsurgical interventions done in a more timely fashion.

We continue to add more resources to the front line to reduce EMS response time. In 2023 EMS hired 470 new staff members, including 362 paramedics; that's close to a 17 per cent increase in EMS staff employed by AHS between December of 2019 and December 31, 2023. We continue to implement recommendations of the AEPAC report and dispatch review to improve EMS and support the workforce.

Further, we have established a new Alberta EMS standing committee, made up of front-line paramedics, municipalities, Indigenous representatives, and other key community partners. This new committee will provide advice on all aspects of the system, including air ambulance, dispatch, ground ambulance, and medical first response. Its work includes reporting to me on progress on implementation of the recommendations from AEPAC and the Alberta EMS dispatch review. So you can see that we're putting a lot of concentrated efforts to make sure that we've got the right people at the right tables and also the right people in the workforce doing the jobs that are required to meet the needs of Albertans.

11:00

Mr. Boitchenko: Thank you very much. These are the top questions that I had for my constituents and most Albertans: access, wait times.

The rest of my time block – I have a couple of minutes here – I'll probably just cede to my colleague Brandon Lunty from Leduc-Beaumont if that's okay.

Mr. Lunty: All right. Thank you, Member, and, through the chair, thank you to the minister. I certainly appreciate your department's hard work on this file for Albertans. It certainly hasn't gone unnoticed in my riding. We'll try to get my question in in the last part of this block. It's actually on the Canada Health transfer, and I know you are doing some ongoing active work with consultations with the federal government. The fiscal plan outlines on page 64 the transfers from the federal government, including the Canada Health transfer. Does this include the new bilateral agreement with the federal government? And if not, when would we expect to see that?

Thank you.

Member LaGrange: Thank you for the question. As you probably are aware, the Premiers across the country have really been pushing the federal government to meet their commitments. You know, in the past the split between province and the federal government was about 50-50. Now we're at roughly about 25 per cent. Currently we're at 22 per cent. With the shared priorities and the aging with dignity, that brings us up to about 25 per cent. But the Premiers were all pushing to increase that to 35 per cent, which brings it closer to where it should be. Those are continual conversations that we as ministers of health have with the federal minister, to fully fund and support the programs that we have here. Health is a provincial jurisdiction, and while there are opportunities to partner with . . .

The Chair: Thank you so much, Minister.

We'll move back over to the Official Opposition to start with their time.

Ms Sigurdson: Thank you, Madam Chair. I'd like to have some questions. I'd like to go ahead.

The Chair: Please proceed.

Ms Sigurdson: Thank you to the minister and all the public servants, who, of course, are working so hard to make sure that Albertans have the service that they deserve. I want to reference in the estimates 2.1 and also in the business plan key objective 2.3 and just talk about: recently we found out that a patient in a wheelchair requiring supportive living was transferred from the Royal Alex hospital to a motel for that supportive living. According to the budget $1 billion will be spent over three years to transform continuing care. Per the fiscal plan this investment will in part shift care to the community. This is also outlined in the business plan, objective 2.3.

But, in fact, last week the minister put out a release touting the reduction in wait times for alternative levels of care of patients and thus the push to move patients out of hospital faster. Can the minister please explain how much of this $1 billion investment is expected to go to social services in motels? Some people are calling it motel medicine. Is the motel considered an innovative, small continuing care home or one of the 150 temporary spaces of the 1,500 expected to be online by 2025, according to the Budget 2024 release of March 14?

Given that the patients in the motel were under the care of an approved community partner, what processes are in place to ensure the safety and well-being of patients as well as prudent use of taxpayer money? How does holding patients in a motel without access to health care workers fit with outcome 1 of the business

plan: a safe and responsive health care system that provides Albertans with the necessary care when and where they need it?

Also from the business plan, performance measure 2(b) talks about the percentage of clients moved to continuing care homes within 30 days of being assessed. I'm just wondering if the Travelodge placement, this motel medicine: does that fulfill this measure according to your business plan?

Also, how many clients or patients does the agency that was providing services in the Travelodge have? And how many other motels are being used for patients in the province? And what policies and procedures are being properly followed, as the minister had said previously, when patients end up in motels, especially those using wheelchairs, needing support with hygiene, and, of course, having proper food?

I just wanted to start with those questions and then go on to some further questions about continuing care. And, again, it's line 2.1 in the estimates budget, which covers operating costs for facility-based continuing care delivered by Alberta Health Services or contract providers. Certainly, one of the questions in the community is whether the government will sell public facilities such as Carewest and CapitalCare. Can the minister tell us: will more continuing care providers be for-profit as the government sells off public facilities?

We know from the Auditor General's report that the best outcomes for residents living in continuing care during the pandemic were those in public facilities. The highest number of cases of COVID and deaths due to COVID-19 were in for-profit facilities. Is the minister using this information in her planning for the delivery model of continuing care in Alberta? And where do we see those plans reflected in the budget?

In 2020, so some time ago, the facility-based continuing care report was completed. This report was a guide to improve care. We're now in 2024, and the issues remain the same: inadequate staff-to-resident ratios, staff qualifications do not align with resident needs, reports of neglect and abuse, and overuse of pharmaceuticals. I've heard from Albertans across the province of the poor service for themselves or their loved ones in the continuing care system.

Last year the previous minister and I discussed the many shortcomings in our system. Residents are not being given enough time by staff. In turn, staff are not allotted enough time to complete their duties due to unrealistic demands of employers and increased responsibilities due to high rates of absenteeism and vacancies. The facility-based continuing care review assessed that residents are not being given enough hours each day. The accepted standard is 4.1 hours of daily care. The regulations for the Continuing Care Act were just released a few weeks ago, and they don't even have an allotted time for care hours. Line 7.3, accommodation standards and licensing, in the estimates, refers to these questions. The previous regulations had 1.9 hours of daily care.

The Chair: Thank you so much, Member.

We'll head over to the minister for her reply.

Member LaGrange: Thank you for that. And, yes, we are making record investments in continuing care because, as you indicated, there is a need. There's a great need.

As I said earlier, we have an aging population. Currently 1 in 7 Albertans are over the age of 65, and we know that in 20 years, that is going to change to 1 in 5 Albertans. So beginning in '23-24 the ministry made a three-year strategic investment of $1 billion to transform the continuing care system by supporting initiatives that will enable more people to receive care in their homes and in their communities. We want to enhance the workforce capacity and increase choice for Albertans and prioritize quality of care and quality of life as well. I know that you would agree with me that many Albertans want to age in place, so we have to make sure that we have the ability to help them with home care and all of the other needs that they have. So this is a huge investment right across Alberta.

What happened to the individual that you referenced earlier, this patient that was housed in a hotel by a nonprofit provider? When Alberta Health Services and the patient had their discussions, that individual chose that particular site. That is the reason why we made the announcement we did last week; we need to actually have a more targeted approach. We need a crossministry approach. Obviously, we need to make sure that every person who leaves hospital is able to find the right level of care within the community or within their home. We are making, as I've said, record investment. We are taking a crossministry approach. We've added a task force.

11:10

What I can tell you is that – you mentioned alternative level of care patients in this province. I guess I should go back just for a second. We have in our hospitals over 500 patients each and every day that are successfully discharged from hospital, and I want to make sure that, you know, I give a lot of kudos to our health care professionals who work so diligently each and every day to make sure that patients get care while they're in hospital, and that when they're looking to transition out, they are given supports and information and care as well, and that then, when they leave hospital, they're given care.

On average there are approximately 1,500 Albertans who have finished their required hospital care and are waiting in hospital beds. These are the alternate level of care patients. While we know that almost half of these patients are transferred within seven days from their hospital beds to more appropriate care settings outside of hospital such as continuing care, and the majority are transferred within 25 days, we also know that there is a smaller percentage of patients with more complex needs that are experiencing delays and stay in hospital much longer than required.

Is this unique to Alberta? No, it isn't. Alberta is among the best performers in Canada related to managing alternate level of care, ALC, patients. The government is taking action to reduce the wait times for these patients to be transferred to a more appropriate care setting such as a long-term care facility, community support facility, or be set up with appropriate home supports. We know that there's lots of work to be done. I am a rehab practitioner by profession, and if anyone knows me, they will know that the drum that I have been beating since I have become a minister, whether it was the Minister of Education and now as the Minister of Health, is that we need a crossministry approach. We need to make sure that nobody falls between the cracks.

We need authentic wraparound services, and that is something that I'm very focused on. So to that end, in this particular case around alternate level of care patients, we have developed tactical teams between the ministries of Seniors, Community and Social Services and Mental Health and Addiction, Alberta Health Services, and Alberta Health. And we've brought in other ministries as needed. You know, if someone is missing their identification, people have . . .

The Chair: Thank you so much, Minister.

We'll now move back over to the government side for the rest of their questions. Five minutes, members, or if you're sharing, it's 10 minutes.

Please proceed.

Mr. Lunty: So are we . . .

The Chair: It's up to you and the minister.

Minister, would you request sharing time?

Member LaGrange: Sure. We can go back and forth.

The Chair: Okay. Go ahead.

Mr. Lunty: Thank you, Madam Chair. Through you to the minister, I just wanted to give you the opportunity to pick back up on the Canada Health transfer issue. You were referencing some of the work that you do with your provincial colleagues, and I believe you were just reiterating, of course, that health care is a provincial responsibility, something that's very important. I certainly would be interested to give you an opportunity to finish your thoughts on that important work and what you're doing crossjurisdictionally and how that impacts the Canada Health transfer and the items in the budget on those transfers, including our new bilateral agreement.

Thank you.

Member LaGrange: Thank you for that. As I was saying earlier, you know, while the Premiers had really been articulating to the federal government that they wanted them to step up, the federal government did not come up with that full 35 per cent that the Premiers were asking for. Again, that would have been down from what originally was anticipated when agreements in Canada Health transfers were first thought of, but they have come up. We have seen that there is a 10-year funding commitment to the provinces, and one aspect of the 10-year funding commitment that was included was the shared priorities.

We have seen, as I said earlier, that Minister Holland and myself – Minister Holland is the federal minister – were able to negotiate that agreement. We collaboratively worked on it; our departments worked on it. This agreement is worth – Alberta's portion: I'm just trying to find the exact number here. In total the federal government is providing $196.1 billion over 10 years, but Alberta's portion is $2.9 billion over 10 years with $1.1 billion issued as a lump sum for the first three years, which means that we will see approximately $643 million out of the $1.1 billion in this '24-25 fiscal year.

We are making good progress on the aging with dignity. I hope to be able to announce something in the near future. You know, the federal government continues to be responsive. I know we've had very good conversations with Minister Holland even as early as last week or the week before, I think it was, where we've talked about how we can work together for the betterment of all Albertans. Obviously, he's looking at all Canadians. I'm looking at all Albertans, but I'll always fight to make sure that Alberta gets a fair deal in any of these negotiations that we have with the federal government.

Mr. Lunty: Thank you very much for that information.

You know, I might switch gears a little bit. Obviously, we've been having some conversations on continuing care, and I can tell you that in my riding this is certainly top of mind. I've had the pleasure of touring a couple of our seniors' lodges, and one of the questions I get asked about is: what does that look like when there's a higher level of care required? What, maybe, does that look like in a transition? Also, of course, talked to many front-line workers in Leduc-Beaumont, in the hospital in particular, and continuing care often comes up in those conversations. I would say that people are very excited about the new continuing care focus under the refocusing. You know, my constituents are certainly looking for improved access and health care outcomes under this refocusing, so I certainly feel that more information on this continuing care, continuing to emphasize it as a priority, is super important.

I mean, obviously, this issue is much more than coming up with a litter of phrases that may or may not actually be in this budget, so I did want to ask you if you could maybe dig in a little. Specifically, you know, we're looking at line 7.2 for continuing care supports. We've already made reference to a dramatic increase, $141 million increase. I think that's really important to highlight. This is a major investment for a continuing care initiative, so I did just want to give you an opportunity. Can you elaborate on what exactly these initiatives are and what impact they are expected to have on continuing care?

Thank you.

Member LaGrange: I'm happy to. Thank you so much. We've been working on reshaping the continuing care system based on the recommendations from the facility-based continuing care review, the palliative and end-of-life care engagement, and learnings from COVID-19, and in those documents we saw that there was a need for a modernization. We had four acts previously. We brought in a new Continuing Care Act last spring, that really looks to modernize the system, kind of get rid of the red tape and some of the redundancies that existed. It asked for – you know, we now will have one piece of legislation that oversees everything.

Better oversight was asked for, and thus we are putting in the continuing care organization which is going to be stood up shortly in the regulations. There was extensive engagement that was done on the regulations. These are things that you will see in the new regulations that are updated, that actual facility providers wanted in there. They needed the flexibility.

11:20

Beginning in '23-24 the ministry made a three-year strategic investment of $1 billion to transform the continuing care system by supporting initiatives that will enable a shift to more care in the community, by investing in community-based services and supports to ensure Albertans are getting the care they need when and where they need it. We're enhancing the workforce capacity to ensure the appropriate workforce is available to provide care now and into the future. We need to increase choices available to continuing care clients and residents and encourage innovation among continuing care providers and operators and improve quality across continuing care.

I can tell you that the system out there, the providers out there: they're excited about the changes that have been coming and the ones that are coming because we're making record investments.

In '24-25 $377.7 million has been allocated through continuing care transformation investments to ensure more people are able to receive care in their homes and their communities. Workforce capacity and supports are improved upon, choices for Albertans are increased, and quality of care and quality of life are prioritized. In addition, the government, as I said earlier, will receive $139.4 million in '24-25 through the aging with dignity bilateral agreement. This is really to scale and spread continuing care transformation investments in enhanced home and community care, improve workforce capacity and supports and quality of care in continuing care homes. Overall, these continued investments in continuing care transformation will provide a sustainable way to meet the increasing needs and demands for continuing care and will ensure the needs and desires of Albertans are met.

Also, we want to make sure that people are housed safely, that they're in environments that are safe and appropriate for them, and that they have a good quality of life. Our seniors have given so much to this great province. They have built it, and they deserve

our care and attention and making sure that they have a quality of life into their final years.

Mr. Lunty: Thank you very much for your answer. Yeah, certainly, consensus in my riding is that it's so important to support our seniors and to make sure that, you know, they are receiving the care that they deserve and the care that we are able to provide for them. A lot of times that means: what's the best option? Oftentimes that means more care spaces being available.

Again, most of my constituents, a lot of whom are seniors, talk to me about a lack of care beds in their communities. I know you've spent a lot of time listening where we've made some investments, and we certainly appreciate that across the province. I'm just wondering if you can touch on very quickly, here in our block, some of the communities who might be receiving long-term care beds or upgrades to their beds.

Thank you.

Member LaGrange: Sure. That's something that we learned. You know, we have to acknowledge that through COVID we learned many things, and one of the things we learned is that some of the more ward-like room settings in continuing care homes are not appropriate, and so there are modernizations that need to be made so that individuals can have their own bed.

The Chair: Thank you, Minister. That's our time.

We'll head over to the Official Opposition.

Ms Sigurdson: Thank you, Madam Chair. Yeah. I just want to go back to questions I asked earlier regarding objective 2.3 in the business plan. I just would like to know how many other patients are at the Travelodge in Leduc, and how many other motels are being used?

Now I'd like to . . .

Mr. Long: Point of order.

The Chair: Go ahead, Member.

Point of order has been called.

Mr. Long: Thank you, Chair. I believe that – we'll call this under 23(c) – the member opposite persists in the needless repetition of the same question the minister has already provided an answer to. I believe that was something the minister answered in her last round of questions, and I'd appreciate moving on to something new for us and for the public to see.

The Chair: Go ahead.

Member Ceci: Yes. I don't think it's a point of order. I didn't hear an answer previously from the minister on this same topic, and I think the member is appropriate to go back and just sort of want to clarify and understand it.

The Chair: Well, thank you so much, members. I don't find this to be a point of order at the moment, so member please proceed. If the minister chooses to answer it, then we'll hear from her. Thank you.

Ms Sigurdson: Thank you. So those are those two questions.

Now I'd like to move to the estimates, 7.3, accommodation standards and licensing. I mean, it's sort of understood that the accepted standard for daily care hours is 4.1, around that. The regulations for continuing care did just come out recently, but there is no allotted time for care hours. Previously the Nursing Homes Act said 1.9 hours of daily care, which of course is abysmally low, but now we have absolutely nothing identified. So I'd like the minister to explain this omission that should include the specified hours and regulations. What is the government's standard of daily care hours, and how is that funded in Budget 2024?

Also, I've heard numerous times from care providers that the funding model underestimates the time needed to deliver quality care. In seniors' contexts, tasks often require more time; for example, helping a 98-year-old out of bed in the morning is not a quick process. Has the government recognized the need for higher staffing levels to provide responsive and compassionate care, and where is that reflected in the budget? How many hours per day will be funded in Budget 2024?

Also, the case mix index, or CMI, can change rapidly in a facility but is only updated on an annual basis. This can underfund operators, Madam Chair, and I just want to know if the minister is creating a more timely funding response to these changes in resident acuity and where this will be tracked in the business plans.

I'd like to move over quickly to home care. That's in the estimates, 2.3. There are certainly some fundamental flaws in our home-care system. One key issue is the lack of qualified available staff. Staff are paid low wages and, thus, often do not have proper skills, training, or education. Stable and reliable staff are so important as those needing support are vulnerable. What's the government doing to improve this situation, and where is that reflected in the budget?

Another key issue that I hear of regularly is the allocation of hours for home care. I've heard many stories of not receiving adequate support to properly maintain vulnerable citizens in their homes. This situation puts a citizen at risk, which may lead to hospitalization and eventually moving to continuing care. How is the minister addressing this issue to ensure that clients or patients are provided with the amount of care that the ministry is paying for?

I just want to go back to 1.4, which is concerning the Health Advocate's office. This advocate reports directly to the minister. Back in 2019 the office of the Seniors Advocate was closed by the UCP and the minister at the time said that seniors would be supported by the Health Advocate, and the closure of the Seniors Advocate office meant there was no longer duplication of services. Yet two-thirds of the work of the Seniors Advocate's staff was related to financial and social service issues. In the last report of the Health Advocate, it indicates that these issues are out of scope of the Health Advocate. Would the minister please explain how Budget 2024 plans to address this discrepancy to ensure that seniors have access to an advocate for these issues?

Also, the latest report of the Health Advocate is '21-22. Can the minister explain how she is addressing issues highlighted by the advocate in the absence of reporting and where in Budget 2024 we can see the results of changes called for by the advocate? Like, the last report should have been, you know, submitted by June of 2023, and we have nothing in terms of a Health Advocate report so I'm hoping that the minister can explain how she's getting this information. How come the public isn't receiving information about the Health Advocate's work? What exactly is she saying? Is she meeting with the advocate on a regular basis to deal with these important issues? I should think that Albertans would like to know about those key issues.

The Chair: Thank you so much, hon. member. We'll move over to the minister for her response.

11:30

Member LaGrange: Well, thank you for the questions. Continuing care supports and having the right workforce is extremely important. It is the reason why, you know, as part of that $1 billion, we've established a continuing care workforce group to make

recommendations on supporting staff, including staff, professional associations, et cetera. These are included in that workforce group. They have a report to myself coming this spring, so I'm looking forward to getting that report and their recommendations. Obviously, given all of the other previous engagements and that we've acted on those previous engagements, I know that they're committed to making sure that we make continuous improvements within our continuing care overall funding as well as workforce strategy, et cetera.

We've increased the wages of health care aides by $2 per hour. That covers not just continuing care workers but also home-care workers, because we do recognize that they provide a valuable service and it is hard work, and they should be fairly compensated. Again, having that increase of wages: that's going to be ongoing, so that's included within our commitments and our dollars.

We've got bursaries to support people to become health care aides, again making sure that we are able to fund those that are taking postsecondary to get their credentials. We want to make that more easily accessible across the province. That's why we've increased spaces across the province as well.

We've got money to two Indigenous colleges to develop health care aide Indigenous context training. We want to make sure – and that's something that I've heard from Indigenous communities, that they want to have their own trained workforce, so we're enabling that to happen.

We're providing funding to care centres specifically to support mental health of staff because we know that it's very taxing to work with individuals. It's emotionally hard at times. You know, as I've said myself as a rehab practitioner, I know how you bring that home with you. You internalize the work that you do with individuals. So we want to make sure that they're supported.

We've increased hours of care in long-term care by .25 this year, and we'll continue to increase this year after year.

I know a question was asked to talk about the new legislation. In the new legislation – as I said earlier, this was outdated legislation. There were several acts, I believe four in total, that now have been consolidated into one functional act. This was after extensive – extensive – stakeholder feedback and engagement with continuing care home providers, with residents, with families, with regulatory colleges, with union representatives, and with postsecondary institutions. The new regulations, as I said, have been compiled with that extensive feedback from those individuals.

In that there is: the intent of the staffing within the new regulation is to establish requirements for the operator to develop a staffing plan that meets the unique needs of the residents while maintaining specified clinical staff requirements. Example: 24/7 registered nursing in type A long-term care – it used to be called long-term care – continuing care homes. This approach maintains requirements to enable accountability while increasing the flexibility from the current state overall and in key areas.

I can also state that the type A long-term care operators in Alberta are actually funded to provide an average of 3.62 worked care hours per resident, which is significantly improved upon from what was existing previously in the 1.9 hours in the nursing home operations regulation. That was outdated. That was part of the regulation that existed since 1985. So just to answer your question: it is actually 3.62 that Albertans are funded for.

We've actually seen an increase in '22-23 in the office of the Alberta Health Advocate. They've witnessed an increase in the number of files that they are able to manage to 1,632, and the number of issues managed now is 2,296. So in the last year, as I said, they've now increased their capacity.

The Chair: Thank you so much, Minister.

We'll head back over to the government side for their questions.

Mr. Singh: Thank you, Madam Chair, through you to the minister. Minister, if it's okay to go back and forth?

Member LaGrange: Sure.

Mr. Singh: Thank you, Minister. First of all, I would like to thank you and your team for your hard work for Albertans.

I have a couple more questions around access to care beds. Suddenly facility space is very important, as we have spent some time discussing earlier; available, qualified staff is another major factor in how much capacity we have within the continuing care system. I see page 78 of the fiscal plan looking at staffing, especially in continuing care. Can the minister please tell us how much is being spent on the continuing care capacity plan? And can the minister supply us with a general update on how the plan is progressing?

Thank you, Minister.

Member LaGrange: I'm happy to do that. Thank you for the question. AHS will spend an additional $50 million in '24-25, which is $245 million over three years, to support the continuing care capacity plan. An additional 750 beds and spaces are forecasted to open in '23-24, and in total that'll be 2,390 bed spaces over the next three years; 510 net new spaces are expected to open in '24-25, 950 net new spaces expected to open in '25-26, and 930 new net spaces are expected to open in '26-27. Again, we know that we have an aging population, and there's more to be done, so we'll continue to work to make sure that we add capacity across the system over the years as our population continues to grow and to age.

Mr. Singh: Thank you, Minister, for answering.

Moving along to line item 2 in the operating expenses section of the estimates, page 110, for Alberta Health Services, and the line is 2.3 and is home care. This line has a funding increase of about $27 million over last year's budget. I have always felt that people who are able to get back to their homes to recover with their family and loved ones has always had a positive effect on patients. What I would like to know is: what types of services does the home-care line fund within Alberta Health Services? And what, if any, benefits does this additional funding bring to patient care?

Thank you, Minister.

Member LaGrange: Thank you for the question. It really is about health and personal care services that support Albertans so that they can age in place and remain independent. I know that myself as I journeyed with my in-laws, they really wanted to be as independent as possible – right? – you know, right to their final moments. Sometimes this is impossible, but what does make it possible is to have excellent home care. It can be short term; it can be long term.

Some of the things that home care handles is case management and professional care and personal care. They can provide home and community support services. They can provide self-managed care or client-directed home care, caregiver support and respite. They can provide adult day programs. They can provide restorative, rehabilitative-type care, and they can also do palliative and end-of-life care.

In the next fiscal year Alberta home-care clients will benefit from enhanced access to palliative and end-of-life care at home, increased availability and access to client-directed home-care programs in rural Alberta, and increased support for caregivers. We really want to give the residents, Albertans, the choice so that they can choose what is best for them and make sure that their needs are

being met. So that is something that you will see within home care, is more choice and availability for patients across Alberta.

Mr. Singh: Thank you, Minister, for answering, through you, Madam Chair.

My question again is on continuing with home-based care initiatives. I appreciate that this is an important option for Albertans, to remain independent and in their own homes. That feeling of independence, of being comfortable in your own surroundings is a powerful benefit to home-based care. On page 78 of the fiscal plan we see that $70 million will support home and community care initiatives. Can the minister please provide details on how these initiatives will support patients' care needs?

11:40

Member LaGrange: I'm happy to. Again, you know, this $70 million is new incremental funding which will be used to scale and spread continuing care transformation investments in home care and community care right across the province, expanding home and community care capacity, investing in enhanced palliative and end-of-life services for home-care patients, enhancing caregiver supports, including building awareness of caregiver roles, increasing capacity for expanding caregiver programming availability, and training caregivers. We know that well-trained caregivers and consistency with caregivers has a positive impact on individuals in these situations, so we want to make sure that we have that funding.

Additionally, we're also adding new incremental funding of $69.4 million. It'll be used for accelerating continuing care transformation investments in continuing care homes, including enhancing continuing care workforce education, training, development, and engagement; increasing continuing care workforce mental health supports; improving rural continuing care workforce capacity; enhancing compliance and monitoring capacity; and enhancing quality of life best practices and initiatives.

All of that we are funding through the aging with dignity bilateral agreement that we have with the government. It's a total investment of $139.4 million of new incremental funding. That's in addition to all of the great things that are already going on in this area, but we know that we hear more and more from people that they want to stay at home as long as possible, and home care allows them to. Sometimes it's individuals who have gone to hospital and need that extra little bit of support after they get out of the hospital. That is also provided. There's a variety of options, and we look to expand that as we move forward.

Mr. Singh: Thank you, Minister.

Madam Chair, through you to the minister, my next line of questioning is on drugs and supplemental health benefits. Drugs and supplemental health benefits are their own huge topic, one we would spend more time discussing than we have available today. Drug benefit coverage is something I hear about from my constituents of Calgary-East. It very much affects the individuals' health and daily lives.

On page 79 of the fiscal plan over $2 billion has been included for drugs and supplemental health benefit programs. This is an increase of $111 million from last year with $883 million budgeted for the seniors' drug program in 2024-2025, serving 700,000 Alberta seniors. Can the minister please indicate how this large investment will help expand coverage to Albertans and how these increases will modernize drug coverage and care?

Thank you, Minister.

Member LaGrange: Thank you for the question. Yes. We do have a very extensive program for drugs and supplemental health benefit programs. We do fund over 5,000 drugs here in Alberta. More complex and expensive pharmaceuticals are coming online all the time within the Canadian market, and pharmaceutical manufacturers have begun focusing on specialized medicines and treatments for rare diseases. It's really exciting to see the innovations and the new things that are coming that really target certain illnesses and certain cancers, et cetera. You know, obviously we have to invest, and these are wise investments.

These pharmaceuticals come with significant budget impacts to government, so Alberta's government aims to provide Albertans with access to necessary pharmaceuticals based on the best available evidence to support their use. There is a process that happens, and the way it works is that the department is continually working to lower the cost of pharmaceuticals through our partnership with the Pan-Canadian Pharmaceutical Alliance and other formulary management tools without impacting patient access and care. We know that there's a process that happens at the federal level, and then we work with the federal government to really refine and try and get those costs at a lower cost for Albertans. Increases to the drug and supplemental health benefit program budget ensure that Alberta's government can continue to offer pharmaceuticals to Albertans and keep up to date with changing therapeutic spaces.

The Chair: Thank you so much, Minister.

We'll move back over to the Official Opposition for their time.

Dr. Metz: Thank you. Through you, I have more questions for the minister, and they're on the same topic, drugs and supplemental health benefits. In the estimates document I'm referencing line 4.2, outpatient drugs, and specifically that this line item has decreased over this year. I'm wondering how this will happen given population increases. Are there drugs that are being delisted, or perhaps better prices are coming, have been negotiated, or more generics are becoming available? I'm just trying to understand that.

Within this line item, I believe, is the opioid agonist therapy gap program funding. Is this program at risk of being discontinued? One of my concerns about the decrease in this budget item: this OAT gap coverage program only covers some of the opioid agonists, buprenorphine and methadone, and it covers them for 120 days. This means that people who have not benefited from these cannot go on to other slow-release drugs that are recognized in the Canadian opioid use disorder guideline as another form of opioid agonist treatment. I'm wondering why this gap coverage program is not adhering to other opioid use disorder guidelines.

[Member Ceci in the chair]

Then considering that this is a very low expense to Alberta Health and can have very significant life-saving and cost-saving potential, would the minister consider extending the period of universal gap coverage, perhaps to a year at least? Recognizing that in that beginning time people suffering from addictions are not the best at completing paperwork and forms, maybe a little bit longer time would be helpful.

My next question also relates to the drug programs. Line 4.3, which is seniors' drug, dental, optical, and supplementary health benefits: this line item is not going up in keeping with population, yet the older age groups are increasing at a faster rate in Alberta than across Canada. Alberta's population age from 60 to 69 has increased by 4.2 per cent over the past year, which is nearly double the increase in Canada, and I'm wondering how we're going to keep up with the cost of this program.

Line item 4.4 is nongroup drug and supplemental health benefits. This figure seems to reflect an increase below inflation and cost of living. What is responsible for this change? I note that nongroup coverage for clinical psychological services is up to $60 per visit in

this program to a maximum of $300 per family each benefit year, and this is for treatment of mental and emotional illness by registered chartered psychologists. Yet the Psychologists' Association of Alberta's recommended fee schedule is $220 per hour, so the $60 per hour really doesn't help much for people that don't have access to service. I'm wondering if there is a plan to bring this in line with the actual cost of this service.

As well, Alberta is opting out of the federal government's plan to cover diabetes medications and birth control.

Mr. Singh: Point of order. Thank you, Mr. Chair. The point of order is under Standing Order 23(b). The member "speaks to matters other than the question under discussion." The committee has convened for the purpose of considering the ministry's 2024 budget, including estimates, fiscal plan, and business plan. The matter that has been raised by the member is not within the boundaries of the set topic. The pharmacare program by the federal government mentioned by the member is not related to the Ministry of Health's 2024 budget, fiscal plan, or business plan, and under Standing Order 23(b) that matter cannot be raised in today's consideration of the ministry's estimates.

Thank you, Mr. Chair.

11:50

The Acting Deputy Chair: I'll just look at the colleague.

Member Eremenko: Thank you, Deputy Chair. I do not believe this is a point of order; 4.4 talks about nongroup drug and supplemental health benefits. Whether or not a drug is adequately covered under that program or whether it would fall under pharmacare is absolutely a matter of debate. This is not a point of order.

The Acting Deputy Chair: I have to agree. This is not a point of order.

Dr. Metz: I guess I'm really wondering, if we're not going into that program – there was potential for saving in this line item – about whether we will be making equivalent services available to Albertans who have this coverage yet will not if Alberta is not going to be going with this federal plan.

And in my last few minutes here, the child health benefit, line 4.6 in the estimates document: this program allows low-income families to apply to get eyeglasses, prescription drugs, and dental care, et cetera, but the increase is not keeping up with population growth and inflation. How will this be adequate?

The Acting Deputy Chair: You have five minutes, Minister.

Member LaGrange: Thank you so much for the great questions.

[Ms Lovely in the chair]

When we look at the outpatient drugs that were mentioned earlier, yes, there is a decrease, and I'm happy to speak to this. The purchase of outpatient cancer therapy and specialized high-cost drugs – HIV, cystic fibrosis, organ transplant, rare diseases – and other specialized needs that are administered by Alberta Health Services: these are included in this. The outpatient drug grant is made up of two components. It's $333.3 million for the outpatient cancer therapy drug program, which provides cancer drugs to eligible Albertans who are receiving cancer treatment outside of hospital, and there's $146.7 million for the specialized high-cost drug program providing specialized drugs at no cost to Albertans through the rare disease drug program, short-term exceptional drug therapy program, and specialized high-cost drug programs.

There's a $13.4 million decrease attributed to a $17.8 million decrease in outpatient cancer drugs due to lower anticipated requirements, but there is also a $4.3 million increase to outpatient specialized high-cost drugs for the anticipated volume growth as more patients are provided treatment as well as new drugs are expected to be added to the program. While there was a $17.8 million decrease, there was a $4.3 million increase, so they off-set each other, and that's the difference in those two numbers.

On the opioid agonist – it's always hard to say that particular . . .

Dr. Metz: OAT.

Member LaGrange: Yeah.

. . . program – that really falls under the purview of Mental Health and Addiction. I know that Minister Williams would be very happy to have conversations with you on this, you know, on the effectiveness, on the prolonged use, et cetera, of this particular therapy, and I'm sure he would be happy to provide those answers to you for that particular piece.

Seniors. We are providing a – just let me get the right sheet here. There it is. Lots of paper. Just so many great things happening in Health: that's why. Low-income seniors have access to essential dental and optical benefits through the dental and optical assistance for seniors programs. We provide eligible low-income Albertans over the age of 65 access to essential dental and optical benefits to support their health care needs. The cost is over $143.1 million in '22-23. It's forecast at $148.3 million in '23-24. Seniors' dental, optical, and supplemental health benefits program is shown on page 110. We all know that.

Eligible seniors are provided up to a maximum of $5,000 of dental coverage every five years for select dental services and procedures that maintain a reasonable level of dental health and financial assistance for the purchase of prescription eyeglasses up to a maximum of $230 every three years. This is negotiated on a regular basis. We are always looking to improve these services. I'm confident that we will continue to have those conversations and make sure that we're providing the supports that low-income seniors need. Let me just see if there's anything else. I think I've covered the rest of that particular piece.

On the nongroup, which is another program that you were referring to, nongroup and supplemental health benefits cost approximately $199.9 million in '22-23. That's actually $198.5 million in '23-24, and we see that number going up to $214.325 million in '24-25. What is covered here is ensuring that all Albertans have access to supplementary health benefits programs that provide coverage for a variety of health-related services, including prescription drugs. Nongroup coverage is designed to provide access to supplementary health benefit plans even if an individual has pre-existing conditions. Subsidized rates are available to those who qualify based on information reported from their income taxes. I know that there are many Albertans that are making use of this. In fact, the number has grown from 73,398 in '22-23. We anticipate it will be well over 75,637 in '24-25, so we're seeing more people make use of these good programs that we have available.

The Alberta child health benefit program provides eligible children . . .

The Chair: Thank you, Minister.

We'll move back over to the government side for their final block.

Mr. Long: Thank you, Chair, and thank you, Minister, through the chair, and your staff and your team for being present today to

answer questions. We'll jump right in. I'd like to ask some things around emergency medical services. It's something that frequently comes up for me with constituents and folks that I chat with around the province. Many folks, whether they're elderly or have complex medical needs or have family members who need emergency medical services: they're worried that an ambulance won't reach them in a timely fashion. This for me in rural Alberta is something I hear a significant concern around, and some are concerned that an ambulance won't be available at all in a number of communities. Thankfully, we have great medical first responders in a lot of our rural communities, but inevitably our province has a significant rural population, and folks believe that urban and rural Albertans should have appropriate access to life-saving services like EMS.

I looked at the performance metrics for EMS for 2022-2023, that has response times at 17 minutes for metro and urban communities, 18.9 minutes for communities above 3,000 residents, 33.9 for rural communities, and 61.8 minutes for remote communities. I was hoping the minister could explain what improvements are being considered to increase these metrics and provide Albertans with a better EMS service.

Member LaGrange: I know we've spoken on this earlier, but I'm happy to reiterate the fact that, you know, yes, we're seeing improvements, but they're not where they need to be, so we're going to keep working at it. We've got the AEPAC standing committee that is continually reviewing and recommending how we can implement the recommendations that were provided to us and make those significant improvements. We need to reduce our EMS response times. We need to get better on the off-load times. We need to make sure that interfacility transfers happen and that we utilize the best support at the right time for those procedures.

The Chair: I apologize for the interruption, but I must advise the committee that the time allotted for the portion of consideration of the ministry's estimates has concluded.

I'd like to remind committee members that we're scheduled to meet this afternoon at 3:30 p.m. to continue our consideration of the estimates of the Ministry of Health.

Thank you, everyone. The meeting is adjourned.

[The committee adjourned at 12 p.m.]

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