Legislative Assembly of Alberta

Title: Wednesday, May 2, 2007 1:00 p.m.
Date: 07/05/02
[The Speaker in the chair]

head: **Prayers**

The Speaker: Good afternoon.

Let us pray. Grant that we the members of our province's Legislature fulfill our office with honesty and integrity. May our first concern be for the good of all of our people. Let us be guided by these principles in our deliberations this day. Amen.

Please be seated.

head: **Introduction of Visitors**

Mr. Stelmach: Mr. Speaker, I wish to introduce to you and through you to all members of the Legislature a very special guest seated in your gallery, someone that is well known to many Albertans and has dropped by for a visit to do some business at the Legislature, meeting with various individuals: of course, none other than Mr. Mark Norris. I would ask him to rise and receive the traditional warm welcome of this Assembly.

The Speaker: The hon. Minister of Energy.

Mr. Knight: Thank you very much, Mr. Speaker. It's a special privilege for me today as the Minister of Energy to welcome to Alberta my Yemeni counterpart, the Minister of Oil and Minerals, as well as Yemen's ambassador to Canada and several senior Yemeni oil officials seated in your gallery. I would like to introduce to you and through you to the members of the Assembly His Excellency Khalid Mahfoudh Abdullah Bahah, Minister of Oil and Minerals, Republic of Yemen; His Excellency Dr. Abdulla Nasher, ambassador of Yemen to Canada; and Mr. Nader Ahmed Al-Saidi, honorary consul of the Republic of Yemen. Joining our guests today are members of the Yemeni government as well as senior officials from Nexen Inc. The ties between Alberta and Yemen are important to us, and we thank the Yemeni delegation for coming to our province to further build on our relationship. I would ask them to rise, as they have done, and I would ask all members to join me and give them a warm welcome to our Assembly.

head: **Introduction of Guests**

The Speaker: The hon. the Premier.

Mr. Stelmach: Well, thank you, Mr. Speaker. Once again I have such a wonderful opportunity to introduce to you and through you to all members of this Legislature two very special guests from Lamont, Alberta, of course constituents of Fort Saskatchewan-Vegreville. Seated in the members' gallery are Colleen Lopushinsky, who's had the pleasure of serving as a 4-H leader. Colleen was in the Andrew 4-H. Accompanying her today is her daughter Brittney, who's taken a very active interest in politics, both local and provincial, and spent some time with me today in the office. I would ask both of them to rise and receive the traditional warm welcome of this Assembly.

The Speaker: The hon. Minister of Agriculture and Food.

Mr. Groeneveld: Thank you, Mr. Speaker. It gives me great pleasure today to introduce to you and through you to this Assembly 18 grade 6 students from beautiful downtown Blackie, Alberta. They're accompanied by their teachers, Mrs. Margaret Speelman and Ms Lindsay Smith. Also, the parents that are with them today are Mrs. Shannon Wells, Mr. Larry Usselman, Ms Karri Eggli, Mrs. Michaeleen Smith, Mrs. Tracey Matthews, and Mr. Curtis Hall. Also along is a person special to me, my daughter-in-law Pam Groeneveld, who happens to have my grandson Harley in this class. I'd ask them to please stand and receive the traditional welcome of this Assembly.

The Speaker: The hon. Minister of Education.

Mr. Liepert: Thank you, Mr. Speaker. It is my pleasure today to introduce to you and through you friends of mine who are formerly from Edmonton and now live in Manhattan Beach, California, and are here visiting their respective mothers in the fine city of Edmonton. I'd ask Dick and Jean McClure to stand and be recognized by the House.

The Speaker: The hon. Minister of Public Security and Solicitor General.

Mr. Lindsay: Well, thank you, Mr. Speaker. It's indeed a pleasure for me today to introduce to you and through you to members of this Assembly two guests. The first is Kei Inamura. Kei is a Rotary exchange student from Japan being hosted by my Rotary Club out in Stony Plain. These student exchanges promote cultural awareness and present numerous learning opportunities for the participants. Kei has been a joy to have in our community. She is here today to observe our Legislature in action. Kei is accompanied by Bill Forbes, a fellow Rotarian. They're seated in the members' gallery, and I would ask that they rise and receive the traditional warm welcome of this Assembly.

The Speaker: The hon. Member for Lacombe-Ponoka.

Mr. Prins: Thank you, Mr. Speaker. It gives me pleasure to introduce to you and through you to all members of the Assembly a good friend of mine from a long time back, Mr. Jim Visser from Horse Hill, which is in northeast Edmonton. A retired potato farmer and an artist, he's a member of the Legacy Lands Conservation Society, which is active in forming a land trust in the greater Edmonton area. The city of Edmonton is a partner in this along with the Edmonton Community Foundation and a number of other environmentally focused groups. This trust will be officially launched later this year. He's seated in the members' gallery, and I'd ask him to rise and receive the warm welcome of this Assembly.

The Speaker: The hon. Member for Calgary-Buffalo.

Mr. Cenaiko: Thank you very much, Mr. Speaker. It's indeed an honour to introduce to you and through you to all members of the Assembly for the hon. Member for Battle River-Wainwright 25 young kids that are here today from the Blessed Sacrament school in his riding. They've been on a tour with teachers and parent helpers looking at the Legislative Assembly and an opportunity to see us in action this afternoon. I'd like to introduce teachers Mrs. Michelle Folk and Mrs. Tracey Campbell and parent helpers Mrs. Mardy Charlebois, Mrs. Laverne Phillips, Mr. and Mrs. Dean Martineau, Mrs. Lisa Marchand, Mr. Harold Malcolm, and Mr. Konrad Heier. I'd ask them to stand and receive the warm welcome of this Assembly.

The Speaker: The hon. Member for Edmonton-Centre.

Ms Blakeman: Thank you very much, Mr. Speaker. I am really honoured today to introduce to you and through you to all members of the Assembly a very special organization from Edmonton-Centre. Seated in the public gallery today we have 25 members of the Edmonton Vietnamese and Chinese Seniors Mutual Assistance Society. This is an extremely valuable organization in my community. They do great work, and I've been very honoured to be a guest at a number of their functions. With them today are Ms Lan Kwok and their president, Thuy Quoc Du. I would ask them all to please rise, and would you all join me in welcoming them to the Assembly.

The Speaker: The hon. Member for Edmonton-Gold Bar.

Mr. MacDonald: Thank you very much, Mr. Speaker. I rise to introduce to you and through you to all hon. members of this Assembly a group visiting from high school Austin O'Brien in the constituency of Edmonton-Gold Bar. It is one of two excellent high schools that we have in our constituency, and we're very proud of the work that this group does. This delegation is led by Maria Lucas and Bruna Kriegel. I would now ask them to please rise and receive the traditional warm welcome of this Assembly. They're in the public gallery.

Thank you.

The Speaker: The hon. Member for Edmonton-Decore.

Mr. Bonko: Thank you, Mr. Speaker. It's my pleasure to rise today to introduce to you and through you to all members of this Assembly two brand new parents. The first one is Craig Miller, my brother-in-law, and his lovely wife, Keltie. They're here today with their first born, Baden Thor Miller, who was born April 18, 2007. Baden's an early riser as he came into this world at 6:29. I would like them to please rise and receive the warm welcome of the Assembly.

The Speaker: The hon. Member for Edmonton-McClung.

Mr. Elsalhy: Thank you, Mr. Speaker. It's my pleasure to rise and introduce to you and through you to all members of this Assembly Richard MacKay, executive director, and Tara Erickson, team leader of Mira Facilitation Center, a community-based agency providing services to individuals with developmental disabilities. Mira, which is the name of the first pulsating star discovered in 1662, meaning the wonderful or the amazing one, uses five major components – educational, vocational, recreational, socialization, and independence – to assist clients and promote independence and involvement within the community.

Richard and Tara are joined today by Sean Mapstone, Patricia Levesques, Jose and Ines Silva, Pauline Boni, Donna Goryniuk, Cathy MacKay, Tracy Stanfield, Sara Levee, Sarah Lamb, Lana Cote, Blair Cote, Kelly Grant, Perry Stebner, Brandon Stadd, Amber Koehler, Janine Donovan, parents Jan Stanfield and Whitney Laycock, and staff members Marsha Taphorn, Cassie Kepke, Alina Matthews, Hayley Halvorson, Tina Froese, and Krista Mitton. I commend them all, and I invite them all to stand and receive the traditional warm welcome of this House.

1:10

The Speaker: The hon. leader of the third party.

Mr. Mason: Thanks very much, Mr. Speaker. It gives me great pleasure to introduce to you and through you to this Assembly two guests seated in the public gallery. They are Hazel Jorgensen and Sylvia Craig. Both Hazel and Sylvia are Palace Casino workers who are on day 236 of their strike due in part to this government's unwillingness to protect basic worker rights by improving their weak labour legislation. Hazel Jorgensen has been working at the Palace Casino for two and a half years as a slot attendant. Hazel originally hails from Newfoundland and came to Alberta to be with her sons in June of 2004. Sylvia joined the Palace Casino as a slot attendant a few months before the workers went on strike. She lived in Chilliwack, B.C., for 30 years but moved to Edmonton to be closer to her daughter and son-in-law and her two lovely grandchildren. They are joined today by UFCW 401 representative Don Crisall. I would now ask that they rise and receive the traditional warm welcome of this Assembly.

The Speaker: The hon. Member for Edmonton-Calder.

Mr. Eggen: Thanks, Mr. Speaker. I'm delighted to introduce to you and through you to members of this Assembly Gerry Brin. Gerry is a constituent of mine in Edmonton-Calder and has been an active and diligent member of our community for the past two decades. Gerry has been representing the residents of Dunvegan and Wellington since 1989. He was instrumental in saving taxpayer dollars in 1991 when CN attempted to load off toxic liabilities onto the city of Edmonton. He's also a member of the Cyclists Advisory Committee, representing north Edmonton for the past decade. I would now ask him to please rise and receive the warm traditional welcome of the Assembly.

The Speaker: The hon. Member for Cardston-Taber-Warner.

Mr. Hinman: Well, thank you, Mr. Speaker. My guests have not yet arrived, but I'll introduce them to you and through you to this Assembly. It's a great honour to have the students from Magrath high school travel here. They've travelled a long ways, and the early start, I guess, wasn't recalculated in time. I know their one teacher, Brad Sabey. I'm not sure who else is here with them because they haven't arrived yet. I would ask the Assembly to please give them the traditional warm welcome when they do get here.

Thank you.

The Speaker: The hon. Member for Calgary-Bow.

Ms DeLong: Thank you very much, Mr. Speaker. It's my pleasure to introduce a couple visiting Edmonton to attend the Premier's prayer breakfast. They are members of the Claresholm chamber of commerce, but much more important they are my constituents from Valley Ridge. In the members' gallery if Rod and Joan Dyrholm would please rise, I'd ask the Assembly to welcome them.

The Speaker: Are there others? Calgary-Varsity.

Mr. Chase: Thank you very much, Mr. Speaker. I'd like to introduce to you and through you to our esteemed colleagues Rory Koopmans, who is here for the 28th time. He must be a bit of a beggar for punishment. His postscript: always a gentleman.

Secondly, I'd like to introduce Wade Izzard, who is a very active Liberal both provincially and federally. He sits on the Edmonton-Riverview Liberal Constituency Association. So thank you, gentlemen, for coming.

head: Members' Statements

The Speaker: The hon. Member for Calgary-Fort.

Calgary Catholic Immigration Society

Mr. Cao: Well, thank you, Mr. Speaker. Last week I had the great pleasure of attending the world tour in a day at the Calgary Catholic Immigration Society office in Calgary. Twenty-five years ago the CCIS was incorporated as a nonprofit charitable organization. The CCIS history, however, stretches back to the 1960s when a group of dedicated volunteers helped refugees and newcomers settle in Calgary. CCIS believes in settlement and integration as a process that involves newcomers and the entire community and offers a wide variety of specialized services and programs that are designed to aid and enhance the integration process of newcomers to our society.

With the help and support of the community the CCIS has become the largest immigrant-serving organization in southern Alberta. With 150 full- and part-time staff speaking over 50 languages, supported by 800 volunteers, the CCIS offers more than 60 diverse programs serving more than 8,000 immigrants annually.

Mr. Speaker, the amazing part is the help from volunteers. Last year 793 volunteers contributed over 40,000 volunteer hours. That's equivalent to over $700,000. The federal government contribution to the budget of CCIS is 31 per cent, the province's is 37 per cent, the city's is 6 per cent, and 25 per cent is from donor and private sources.

So, Mr. Speaker, I want to recognize the CCIS, a great service to Alberta, to Calgary.

Thank you.

The Speaker: The hon. Member for Lethbridge-East.

Caregivers for the Developmentally Disabled

Ms Pastoor: Thank you very much, Mr. Speaker. My guests today in the gallery are listening. These are the people who care for the less fortunate, our fellow Albertans. They care for persons with developmental disabilities. Creating close bonds with those that they are responsible for is imperative for good care and trust. It is established by consistently having the same team of workers, but there is a 50 to 60 per cent turnover in front-line staff. These clients are all over 18 and require help to stay independent or 24-hour care just to stay alive. It is labour intensive. It is hard work mentally and physically. These caregivers deserve salaries that at least match fast-food joints and keep up with inflation.

Price of prosperity: what does that mean? Does it mean that there's no such thing as a free lunch? This province is prosperous, but we have lost our moral compass, our ethical behaviour, and the ability to do what is right. Is it right that it's the vulnerable, not just persons with developmental disabilities but those on AISH, those on fixed incomes, those that can't afford their rent, those who go to school hungry, those who sit in crumbling schools, and those who die before their time and those who are homeless that are paying the price of prosperity?

Business has become the new religion for Alberta. We adore at the altar of money, but the question is: does business have a conscience? Does it have a moral compass, ethics, and integrity? Dig deep for this answer, and you be the judge.

The Speaker: The hon. Member for Calgary-Nose Hill.

St. George's Day

Dr. Brown: Thank you, Mr. Speaker. I rise today in recognition of St. George's Day, which occurred on April 23. St. George is the patron saint of England. His emblem is a red cross on a white background, and it is portrayed as the flag of England and also as part of the British flag and is prominently displayed on our own provincial crest and our provincial flag.

Beyond the legend of St. George upon his horse slaying a dragon to save a princess is the real St. George. He's believed to have been born to Christian parents in Cappadocia in present-day Turkey in the third century. He became a Roman soldier who served in England. He was imprisoned and tortured for protesting the emperor's persecution of Christians. He stayed true to his beliefs and was beheaded at Lydda in Palestine on April 23, 303 AD. The story of his life and death spread rapidly, and he became a symbol of bravery in defence of the defenceless.

In 1222 the Council of Oxford declared April 23 to be St. George's Day. In 1415 St. George was acknowledged by becoming the official patron saint of England. St. George is also the patron saint of soldiers and of farmers and fieldworkers.

St. George embodies the very essence of bravery in servitude to others, and I would like to acknowledge St. George's Day for our friends in England, for all Albertans of English ancestry, and for all of those who represent the spirit of St. George himself.

The Speaker: The hon. Member for Calgary-Buffalo.

1:20 Alcohol and Drug Abuse Commission

Mr. Cenaiko: Thank you very much, Mr. Speaker. I'm pleased to rise today as chair of the Alberta Alcohol and Drug Abuse Commission to highlight some of the addiction issues and trends in Alberta. AADAC has a long history of providing addiction services across Alberta either directly or through funding programs and services offered by other agencies. Services are located in 51 communities throughout the province. There is also a toll-free helpline providing access to information and referrals.

Our efforts in the Alberta drug strategy are bearing fruit, with expanded services for youth and many examples of successful collaboration among stakeholders to address addiction issues at the community level. Albertans have improved access to addiction services, including assessment and outpatient counselling, day treatment, detoxification, short- and long-term residential treatment, and overnight shelter. We are making progress, Mr. Speaker, but continually face new challenges.

As Alberta's population grows so does the need for addiction programs and services. It is estimated that about 1 per cent of Albertans over age 15 are drug dependent, and about 3.5 per cent are alcohol dependent. Last year AADAC provided treatment to more than 35,000 Albertans, an increase of nearly 11 per cent over the previous year, and served an additional 150,000 Albertans through its information and prevention services.

Alberta has one of the youngest populations in Canada, and the use of alcohol and other drugs tends to be the highest among youth and young adults. Alcohol is a growing concern, especially the increasing rate of drinking among junior high and high school youth and the rate of heavy, frequent drinking among young adults.

Much of Alberta's recent growth is due to immigration from other parts of Canada and the world. Isolation from family, friends, and other community supports can increase the risk for a variety of health and addiction issues. Language and other cultural barriers can make it difficult to access information or connect with appropriate services. It's important that newcomers be aware of available services like AADAC.

As our population continues to grow, Mr. Speaker, the demand for addiction programs and services increases. It's now more important than ever to reaffirm Alberta's investment.

The Speaker: The hon. Member for Edmonton-McClung.

Caregivers for the Developmentally Disabled

Mr. Elsalhy: Thank you, Mr. Speaker. Persons with developmental disabilities need care workers in order to preserve the dignity they deserve as members of the human race. These caregivers are represented here today. They represent staff from all over this province who cannot live on the salaries they receive.

There is a huge discrepancy between government unionized salaries and those paid by contractors, whether they're for-profit, not-for-profit, or faith based. They are asking for equality within the system. This equality will go a long way, Mr. Speaker, to ensuring that there are people willing to stay in the field, continuing to educate themselves, and to recruiting more staff for the ever-increasing number of cases they handle.

The need is there despite the government's attempts to raise the criteria for admission for care in order to keep the case numbers down. There can be a very difficult transition period from the caseworker for the person under 18, when the education system picks up some of the care, and when they turn 18 and change to PDD for full care.

There are 9,200 adult PDD clients and a budget of $509 million, Mr. Speaker. For that amount of money what are the outcomes? Is this is not time for a review? What is the percentage of these dollars for front-line staff, the ones who are the advocates for their clients?

This situation cannot be stressed enough. Last year a 40 per cent staff turnover rate was reported by the Alberta Council of Disability Services. With an average wage of $13.76 per hour the lack of resources available to retain qualified staff is having enormous repercussions throughout the industry. Low wages are resulting in an inability to maintain staff and services, with some providers being forced to close on weekends, leaving those they assist with nowhere to go.

Those workers and staff need to be consulted and asked how things could be improved or what true changes need to be made. They have the knowledge of their clients and their needs, and they're the ones on the ground making things happen.

This government talks about the price of prosperity. This is a price members on this side of the House are not prepared and not willing to ask individuals with disabilities or those who support them to pay. It's not fair, Mr. Speaker.

Thank you very much.

The Speaker: The hon. Member for Cardston-Taber-Warner.

Groundwater Storage

Mr. Hinman: Thank you, Mr. Speaker. Where there is water, there is the life. It is the first resource we look for when we are moving to or settling in a new place. I live in what is called the Palliser Triangle, a region designated by John Palliser as uninhabitable. Innovation and hard work have proved him wrong.

As a long-time Scouter I do believe it is our duty to use our resources wisely. Our climate is changing, and where we received snow before, now it often comes as rain. If we fail to adapt to this change, our future choices and opportunities will be limited. I listened to a wise First Nation elder from my area say: we must look at everything from a view of and for seven generations. Now, that is long-term planning. I am only a fifth-generation Albertan.

Mr. Speaker, security is critical to quality of life. Water is part of our economic security, our environmental security, and certainly our food security. We must protect and store and use our water wisely. We have recently placed moratoriums on the Bow River basin, a wake-up call.

In order to secure our future, we must store our water. We need reservoirs and dams to help mitigate high flows and enhance low-flow periods. We have the water resources. The question is: how will we develop and use them? Failure to build the infrastructure now to save our runoff could end up costing us more than failing to save our surplus dollars in the heritage trust fund. To help avoid future crises, we need to learn from the past, which will enable us to live better in the future. To paraphrase Dave Hill from the Alberta Irrigation Projects Association, if we are going to build the west we want, then we need to include water in the choices we make now. Proper planning and storing of our water will give us choices for building the west we want, which will end up a lot better than the west we get if we do nothing. We all want to build a better Alberta. Capturing and storing our water is critical for a secure future.

An old proverb is that the best time to plant a tree is 20 years ago; the next best time is today. The best time to build a reservoir was 20 years ago; the next best time is today.

head: **Presenting Petitions**

The Speaker: The hon. Member for Edmonton-McClung.

Mr. Elsalhy: Thank you, Mr. Speaker. Today I rise again to table some more petitions, this time 1,814 signatures from concerned Albertans throughout the province urging the government to:

1. Ensure that the remuneration paid to employees working with people with disabilities is standardized across the sector, regardless of whether [they're] employed by government or by community-based or private providers;
2. Ensure these employees are fairly compensated and that their wages remain competitive with other sectors . . . [for] the valuable and crucial service they [deliver];
3. Improve employees' access to professional development opportunities . . .
4. Introduce province-wide service and outcomes-focused level-of-care standards.

Thank you.

The Speaker: The hon. Member for Edmonton-Manning.

Mr. Backs: Thank you, Mr. Speaker. I'd like to rise to give a petition of some Albertans. They're calling on the government to "hold rent increases to no more than the rise in the average monthly wage until December 31, 2010."

The Speaker: The hon. Member for Lethbridge-East.

Ms Pastoor: Thank you, Mr. Speaker. I am going to reread exactly what's been read by my colleague because I think it's very important that everyone hear these words. I'm presenting a petition signed by 144 people to:

1. Ensure that the remuneration paid to employees working with people with disabilities is standardized across the sector, regardless of whether these workers are employed by government or by community-based or private providers;
2. Ensure these employees are fairly compensated and that their wages remain competitive with other sectors . . .
3. Improve employees' access to professional development opportunities (training and upgrading); and
4. Introduce province-wide service and outcomes-focused level-of-care standards.

head: **Notices of Motions**

The Speaker: The hon. Deputy Government House Leader.

Mr. Renner: Thank you, Mr. Speaker. I rise pursuant to Standing Order 34(3.1) to advise the House that we will be accepting written questions 10 and 11, and I give notice that on Monday, May 7, 2007, Written Question 9 will be dealt with. The balance of written questions appearing on the Order Paper will stand and retain their places. Motions for returns appearing on the Order Paper will stand and retain their places.

head: **Oral Question Period**

The Speaker: First Official Opposition question. The hon. Leader of the Official Opposition.

Nuclear Power

Dr. Taft: Thank you, Mr. Speaker. When it comes to nuclear power in Alberta, this government has in past years opposed the idea. However, since some well-connected Tory supporters signed an exclusive agreement with Atomic Energy of Canada Limited to commercialize CANDU reactors in the oil industry, this government appears to suddenly have a glow for the nuclear industry. My question is to the Premier. Will the Premier tell us if he or any of his cabinet ministers have met with supporters of nuclear power in Alberta?

Mr. Stelmach: No, I haven't. I don't know about my ministers. I was in Toronto for two days at the Premier meetings, but certainly I haven't met with anybody.

The Speaker: The hon. Leader.

Dr. Taft: Thank you, Mr. Speaker. Whether the Premier is aware or not, officials from his government have met with investors who want to develop nuclear power in Alberta, investors, I might add, who would make a lot of money from these plants but who wouldn't live anywhere near them. Even more, this government is supporting and funding groups that seem to be pushing the nuclear option for this province. Again to the Premier: why hasn't this government consulted with the people who will actually live near these potential power plants in places like Whitecourt, Cold Lake, Fort McMurray, and Peace River to see what they think?

1:30

Mr. Stelmach: Mr. Speaker, yesterday this question was raised to me by the media while I was in Toronto, and I said that when it comes to the whole question of whether we will pursue nuclear power in this province, we will have a full dialogue with Albertans, looking at establishing the process. We'll dialogue with them and look at some of the issues obviously tied to this particular proposal that may be coming forward. But, you know, I just came back from Toronto, and one of the Liberal Premiers is just motoring full speed ahead, building a nuclear power plant in his province.

The Speaker: The hon. leader.

Dr. Taft: Thank you, Mr. Speaker. The EUB has never held a hearing on a nuclear energy plant in Alberta. It makes one wonder what regulatory expertise this government or any of its agencies actually has to assess nuclear power plants, and it makes one wonder how much it's going to cost the taxpayers of Alberta for this government to develop that expertise. My question is to the Minister of Energy. Given that the EUB would be responsible for assessing and approving a nuclear power plant application, how many nuclear power plant experts does the EUB have on staff, if any?

The Speaker: The hon. minister.

Mr. Knight: Well, thank you very much, Mr. Speaker. Most certainly, as the hon. member opposite very well knows, there has never been an application, and there is no application in the province of Alberta at this particular point in time. I might add that the application that will come forward at some point in time, if one does come forward, I would presume will firstly be directed to the federal level. It would be their responsibility in the first place. There is some shared responsibility with respect to the regulatory authority around nuclear. We are investigating that and will continue to work with that, and as I've said many times, I would not close my eyes to any form of alternate energy in the province of Alberta.

The Speaker: Second Official Opposition main question. The hon. Leader of the Official Opposition.

Dr. Taft: Thank you, Mr. Speaker. As just about everybody in here knows, Alberta is on the brink of a water crisis. A billion dollar project at Balzac has nearly ground to a halt because of water shortages, and there are many indicators that water shortages are a real threat in northern Alberta too. Nuclear power plants use vast amounts of water. Individual CANDU plants in Ontario use many times the entire water consumption of the city of Toronto. To the Minister of Environment: where does the development of nuclear power plants fit into the province's Water for Life strategy?

Mr. Renner: Well, Mr. Speaker, the question with respect to nuclear power and the Water for Life strategy is speculative at best. I can tell the member that at this point in time nuclear power is not part of the Water for Life strategy. It was not contemplated. If circumstances are to change, if applications are to come forward, then perhaps we'll have to consider that exact question: where does nuclear power fit into the Water for Life strategy?

The Speaker: The hon. leader.

Dr. Taft: Thank you, Mr. Speaker. There are serious, serious concerns about security around the transportation, use, storage, and disposal of nuclear materials. There is now concern around the world that nuclear plants are targets for terrorist groups. Alberta is already on various watch lists as a potential target for terror activities. I don't want to become a bigger target. To the Solicitor General and Minister of Public Security: given that his department is responsible for the security of Albertans, has his department done anything to assess the security issues related to nuclear power plants in Alberta?

The Speaker: The hon. minister.

Mr. Lindsay: Well, thank you, Mr. Speaker. It's a little tough to answer a question based on speculation, but this ministry is looking at all issues of public security that could affect Albertans today and in the future. It is in good hands and will continue to be so.

The Speaker: The hon. leader.

Dr. Taft: Well, thank you, Mr. Speaker. One of the greatest concerns with nuclear power is the storage of radioactive waste.

Atomic Energy of Canada has yet to obtain an environmentally and publicly accepted location for a permanent reactor waste vault anywhere in this country. To the Minister of Energy: given that his department would need to approve any nuclear power plants in Alberta, what sites, if any, are suited to either temporary or permanent storage of radioactive waste in Alberta?

Mr. Knight: Mr. Speaker, the hon. member knows very well that in the nuclear industry in Canada Atomic Energy Canada Limited and the federal government of Canada have the authority to deal with the spent fuel issue. However, I must point out again that the Liberals across the way are living in the past. If you just happen to take an opportunity to cast your eye around and take a look at what's happening with the nuclear industry around the world, nuclear energy experts are already saying that within a decade spent fuel storage depots of today will become fuel sources of tomorrow.

The Speaker: Third Official Opposition main question. The hon. Member for Edmonton-Glenora.

Affordable Housing

Dr. B. Miller: Thank you, Mr. Speaker. As a member of the Affordable Housing Task Force I heard story after story of despair and hopelessness. There is a housing crisis in Alberta, and the way to respond to a crisis is with immediate action. Instead, we have confusion. The reality is that the market is more volatile than it was before. Renters are scared to come home in case they get eviction notices or massive rent hikes. Landlords are unclear as to what the rules are. Even real estate agents are not sure what's going on. My first question is to the Premier. The government had enough time to come up with a clear plan. Can the Premier provide an explanation as to why this file was so badly handled?

Mr. Stelmach: Mr. Speaker, the government has identified this issue with respect to housing. As I said many times in this House before, it's on three different levels: those dealing with homelessness, which many municipalities are facing; of course, low-income rental units; and families wanting to buy individual family units for themselves. We have addressed a lot of the issues in the budget. We're working with municipalities to ensure that we find a solution to this particular issue. But, again, we continue to have tens of thousands of people from outside Alberta coming to Alberta because, really, this is where they can fulfill their dreams. It's the only job opportunity they have.

The Speaker: The hon. member.

Dr. B. Miller: Thank you, Mr. Speaker. The Affordable Housing Task Force recommended a $7 million fund to prevent Albertans from entering into the stream of near homeless or homeless, but the government has twisted the task force's recommendation, applying it to workers moving to Alberta who require assistance in finding a home. My question is to the Minister of Employment, Immigration and Industry. Our intention was to provide money for Albertans for damage deposits, first month's rent, and emergency rent shortfalls. Why did your government distort our recommendations?

Ms Evans: Mr. Speaker, this government has not distorted the recommendations. Au contraire. In the last several months we have provided additional supports for people who do face eviction. We have helped people on low income if they needed extra shelter allowance, and there have been a considerable number of dollars spent there. It's my understanding that we will continue to do that. This $7 million will help us with even further opportunities to help the people on low incomes. It would be wrong to make people that are facing crises today feel that we don't provide supports. We do and will continue to do so.

Dr. B. Miller: We need a homeless and eviction prevention fund to help Albertans in a crisis situation right now. People living on social assistance and low-income families are falling further behind. The Edmonton Social Planning Council in a recent report stated that income support allowances are now worth less than half of the amount received in 1980, and the budget offers only a 3 and a half per cent increase. To the same minister. There is money for new workers coming to Alberta, but our own people fall deeper and deeper into poverty. Is this the price of prosperity?

Ms Evans: Mr. Speaker, we have provided income support increases this year and previously. I think that if the hon. member looks further, he'll see that it isn't 3 and a half but, rather, a 5 per cent increase. There was a 5 per cent increase last year. We also have additional supplementary benefits. Our supplementary benefits in this province for people who are on low-income supports are bigger than they are in any other of the provinces.

The Speaker: The hon. leader of the third party.

1:40 Ministerial Appearances before Committees

Mr. Mason: Thank you very much, Mr. Speaker. Well, this Premier's commitment to democratic renewal in this province is all talk and no action. In our democracy elected officials are supposed to be responsible to the public, and ministers are supposed to be accountable to the Assembly for their expenditure of taxpayers' hard-earned money. One of the ways that ministers are held accountable to the public for the funds that their ministries spend is through the Public Accounts Committee, yet at the Public Accounts meeting this morning the Minister of Education skipped out and sent his unelected deputy instead. My question is to the Premier. Why did you allow the Minister of Education to take a pass on his responsibilities?

Mr. Stelmach: Mr. Speaker, by my interpretation of the rules – and I stand to be corrected because I don't follow all the rules of every committee and am not knowledgeable of all the rules of a committee – I believe that Public Accounts has the option of sending in senior officials to reply to the questions. Remember that Public Accounts covers all those expenditures from a year before, and this minister was just appointed this time around and sent his officials to take all of the questions on the prior year's spending.

Mr. Mason: Mr. Speaker, the Premier's answer indicates that he does not understand the principle of elected ministers being accountable, elected people being accountable. That is the very essence of our system of responsible governance. I guess that my question is to the Premier. Is the Premier saying that it's the committee that said that the minister couldn't be there? My understanding is that he just sent a fax saying that he wasn't going to show up, and he was going to send his deputy.

Mr. Stelmach: Mr. Speaker, I find it rather, well, unfair for the hon. member to say that I don't understand the responsibility of serving in public office. I've had the opportunity to serve both as a municipal official and as a member elected for Fort Saskatchewan-Vegreville to the Legislative Assembly for many years, served in different ministerial capacities, and now as Premier. I can assure

you that I do accept responsibility for decisions made. I don't need to have someone sitting in opposition tell me what my responsibility is.

Mr. Mason: Well, Mr. Speaker, you know, the Premier needs to hear some of this stuff whether he thinks so or not.

He talks a lot about accountability, but this Conservative government is the same Conservative government of yesteryear. Can the Premier tell the House why, when the New Democrats designated a day for budget estimates, we were told that the Minister of Advanced Education and Technology wasn't going to be there because he was going to be in China?

Mr. Stelmach: Mr. Speaker, these are really weird questions. Ministers do have responsibilities, those responsibilities within their ministries to pursue markets, in this particular case in advanced education. They can travel to those jurisdictions that seem necessary to build further relationships and ensure that in this province we look at broadening our tax base, looking towards new revenue streams so we're not always dependent on oil and gas. That's part of the overall vision of this government. It's not just today, but it's 10, 20, 30 years down the road. That member can never see that far. I can tell you that.

The Speaker: The hon. Member for Drayton Valley-Calmar, followed by the hon. Member for Lethbridge-East.

Fishery Management at Pigeon Lake

Rev. Abbott: Well, thank you, Mr. Speaker. My questions today are for the Minister of Sustainable Resource Development. As the minister knows, on April 24 a large public meeting was held in my constituency regarding fish populations in Pigeon Lake. It was particularly about concerns about a lack of whitefish. A large majority of the 300 to 400 attendees felt that the management of the lake was out of balance. What can the minister tell us about decisions regarding fisheries management for this lake?

The Speaker: The hon. minister.

Dr. Morton: Thank you, Mr. Speaker. I'd first like to begin by thanking the 350 or 400 Albertans who came to the Sustainable Resource Development open house to discuss the fishery in Pigeon Lake in Thorsby on April 24. Our officials were there to listen. We heard the message loud and clear. Are there as many whitefish in Pigeon Lake today as there were 10 or 15 years ago? No, and the whitefishing is not as good. But why is that? The walleye population went extinct in Pigeon Lake in the 1960s, so in 30 years there was no competition. We reintroduced walleye in the 1990s. Our goal is to establish a balanced fishery.

The Speaker: The hon. member.

Rev. Abbott: Well, thank you, Mr. Speaker. Some of my constituents disagree, but if the minister is saying that walleye populations are still too low, then why are we allowing a walleye harvest on Pigeon Lake this season?

The Speaker: The hon. minister.

Dr. Morton: Thank you, Mr. Speaker. A very good question and with a good-news answer. Our restocking of the walleye has succeeded to the point where we can introduce a limited walleye catch, so Pigeon Lake has been chosen along with several other lakes, Wolf Lake and Lake Newell, where Albertans can fish for walleye. I encourage all Albertans: starting on May 4 you can call up and get a special walleye tag to go out and catch a few walleye and take them home to eat.

The Speaker: The hon. member.

Rev. Abbott: Okay. Well, thank you, Mr. Speaker. My final supplemental to the same minister: with all of this focus on walleye, what is being done by your department to meet the needs of those who want to fish for whitefish at Pigeon Lake?

Dr. Morton: Mr. Speaker, I want the hon. member to know that my staff is working day and night to keep the peace between the friends of the walleye and the friends of the whitefish, and the key to this, of course, as I said before, is balance. I want the friends of the whitefish to know that we've heard their message. We'll keep that balance. I particularly want to thank the Pigeon Lake anglers' association for bringing the whitefish into our office in February. I had the occasion to eat some of that smoked whitefish last week. It's the best smoked whitefish in Canada, and I want to make sure it's there in years to come.

The Speaker: The hon. Member for Lethbridge-East, followed by the hon. Member for Edmonton-Mill Creek.

Support for the Developmentally Disabled

Ms Pastoor: Thank you, Mr. Speaker. Life is becoming more difficult for people with disabilities. Government funding for programs like PDD and AISH isn't sufficient to meet basic needs or to keep up with the cost of living. People with disabilities are struggling to cover the increasing costs of shelter, food, clothing, and the costs associated with living with a disability. In fact, they experience twice the level of poverty as those without disabilities. To the Minister of Seniors and Community Supports: why does the price of prosperity for this government include leaving Alberta's most vulnerable groups behind?

Mr. Melchin: Mr. Speaker, there is a tremendous amount of concern for those with disabilities and a lot of support that continues to be provided on an ongoing basis to see that those with disabilities can be provided the services they need. This government in response to some of the issues has seen about a 90 per cent increase in its funding since 1999 just in this, to acknowledge that this is an area where there is a tremendous amount of need, where those with those vulnerabilities and disabilities do require the help. It's in that regard that the budget has followed to support this group.

Ms Pastoor: To the same minister. The rate of inflation now in Alberta is 5.5 per cent, and MLAs got a raise of 4.9. But PDD only receives a 3.5 per cent increase. How does the minister expect service providers to maintain existing services, keep up with increasing caseloads, and pay staff fair wages on what amounts to a budget cut?

Mr. Melchin: Mr. Speaker, it's correct that in this year's budget there's a 3.5 per cent increase to persons with developmental disabilities boards, but on top of that last March, two months ago, we also reallocated within the department an equivalent amount that would go to the boards. So that would be a one-time payment to them of another 3 and a half per cent really to address the staff kind of labour issues.

Ms Pastoor: And it was very appreciated, but it wasn't sustainable.

An increase in funding that fails to cover inflation and the increasing number of PDD clients is in effect a funding cut. Is this funding cut part of a long-term plan by this government to scale back supports for Albertans with disabilities?

1:50

Mr. Melchin: Mr. Speaker, quite the contrary. We have taken a lot of measures by this government to ensure that the funding has well surpassed any inflationary measure and growth of the PDD caseload. Like I said, since 1999 there's been a 90 per cent increase to this department, a very substantial – higher than really any of the other forms of investments in any other departments. It is an acknowledgement that these people are in great need, and we are working hard with service providers so that we can see that the services are there for when they're needed.

The Speaker: The hon. Member for Edmonton-Mill Creek, followed by the hon. Member for Edmonton-Mill Woods.

Climate Change Public Consultation

Mr. Zwozdesky: Thank you, Mr. Speaker. On April 18 in Edmonton I was pleased to attend and speak at the Minister of Environment's public consultation on climate change called Meeting the Challenge. It was very well attended, and many interesting comments and ideas were expressed surrounding what all of us want: clean air, clean water, clean land, and so on. But in order to ensure that these critical needs are met, leadership on environmental issues is needed at all levels of government. My questions are for the Minister of Environment. What are you doing to toughen up our environmental standards, and will you be creating stronger regulations and stiffer penalties for violations in order to protect our environment?

Mr. Renner: Mr. Speaker, the meeting to which the member refers was one of 10 such meetings held throughout the province. The purpose of those meetings was really to engage in discussion with Albertans on a go-forward plan with respect to climate change and the environment. If I can say in a short summary, what we heard at those meetings is that Albertans take the environment and take the issue of climate change very seriously, and they expect their government to do the same. I can assure you, Mr. Speaker and the hon. member, that that is just the case.

Mr. Zwozdesky: Thank you for that.

I wonder what this minister is prepared to do within his own ministry to ensure that more environmental education occurs in our province – and I mean for all age groups – and to ensure that more attention is paid to the prevention side of this issue.

Mr. Renner: Well, Mr. Speaker, that was one of the issues that we discussed at those meetings. It was, again, solid feedback from Albertans that this is an area where they're desperately seeking more information, more education, more knowledge on matters of the environment: how can I, as an individual Albertan, contribute my piece to this environmental plan? So we are looking at intensifying the way we deliver education now, primarily through schools, but we will be over the coming months and years intensifying that opportunity to educate Albertans on these very important issues.

Mr. Zwozdesky: Mr. Speaker, my constituents and others will be very interested to pursue that further because we know that Alberta has never been afraid to be innovative. We were first to develop an action plan for climate change, first to pass climate change specific legislation, and first to pass legislation that requires industry to cut their emissions. Will Alberta be first again to step up our commitment for additional research in this important area and to provide true scientific-based leadership in areas such as absolute versus intensity-based caps?

Mr. Renner: Well, Mr. Speaker, the issue of intensity versus absolute caps is pivotal to this whole discussion on climate change. In our view, intensity is a means to the end. You need to start somewhere. Absolute is the end target. If anyone thinks that they can get to the end without going through the means to get to the end, they're kidding themselves. That's exactly what this government is attempting to do. By investing in the necessary technology and research, we will develop the means through intensity reductions to achieve in the long term real absolute reductions in CO_2 emissions.

The Speaker: The hon. Member for Edmonton-Mill Woods, followed by the hon. Member for Livingstone-Macleod.

Support for Child Care

Mrs. Mather: Thank you, Mr. Speaker. The number one priority for Children's Services is supposedly child care, yet in the past year this government failed to spend $30 million of the funding allocated for this crucial service. This is the second year in a row that the budget has been underspent by a wide margin, despite the critical shortage of spaces in this province that forces working parents to scramble to make daily care arrangements, accept underemployment, or drop out of the workforce altogether. This failure is shocking. To the Minister of Children's Services: how can you explain to struggling Albertan parents the department's failure to allocate all of its resources for child care in the budget last year?

The Speaker: The hon. minister.

Ms Tarchuk: Well, thank you, Mr. Speaker. First of all, this is my number one priority. My number one priority in this year's budget is to ensure that parents have access to quality and affordable child care. If I could just quickly kind of explain a little bit about the budget process. It was in the middle of '05-06 that we implemented and agreed to the five-point plan. For the budget year of '06-07 we again approved the five-point plan. We did what we always do during budgeting: we estimated what we thought the cost of the five-point plan would be. What we can't tell is how people will access the five-point plan and how many people will access the five-point plan. There is very . . .

The Speaker: The hon. member.

Mrs. Mather: Thank you, Mr. Speaker. Yesterday a Children's Services spokesperson suggested that because of lower than expected costs in some programs the department sat on the $30 million, because they needed to consult with child care advocates before spending the entire amount budgeted, while the department completed a comprehensive consultation involving parents, staff, and child care advocates eight months ago and also engaged in consultation with child care advocates leading up to the new Child Care Licensing Act. To the Minister of Children's Services: can the minister please tell us how much more consultation is required before this department will finally use all of its available resources for child care?

The Speaker: The hon. minister.

Ms Tarchuk: Thank you, Mr. Speaker. If I could just continue. I was saying that we don't know how many people will access the plan and how they're going to access the plan. We have various levels of government support, depending on whether people choose daycare or family homes or kin care or whether they stay at home and they want to access nursery schools. The good thing about the five-point plan is that we support choice and flexibility. What I can tell you is that last year we made an estimate. Going into the end of the year, we knew exactly how much the five-point plan was. Going into this next budgeting process, I took what it cost us, and I asked for more money so that not only could we approve the five-point plan again but move forward on enhancing the five-point plan. So, in fact, we are spending more money this year than what we spent last year.

Mrs. Mather: Since the department cannot seem to find a way to make use of the entire child care budget, will the minister consider adopting initiatives like improving access to out-of-school care, providing funding for municipalities to create spaces, or increasing funding for operating costs, all of which are in the Alberta Liberal child care plan but have not been a priority for this government?

Ms Tarchuk: Mr. Speaker, if I could, we had an added complication last year as well. I think what the hon. member is suggesting is that last year at some point during the fiscal year we should have maybe made some kind of adjustment to the budget. I think that that would not have been a prudent move. At the same time we also had the federal government pull out of their funding. So I think it was responsible what we did: get to the end of the year, find out what the plan is costing us, and then move forward on enhancements. That's what we've done.

The Speaker: The hon. Member for Livingstone-Macleod, followed by the hon. Member for Calgary-Currie.

Agricultural Income Stabilization Program

Mr. Coutts: Thank you, Mr. Speaker. The Canadian agricultural income stabilization program is a program that is administered independently in Alberta by the Agriculture Financial Services Corporation of Alberta. Yesterday the federal Auditor General in her report stated that CAIS is overly complex, lacks transparency, and she found that the federal administration has conflicts of interest among employees and focuses too much on overpayments. These are issues that have been brought forward by my constituents in Livingstone-Macleod. My question to the Minister of Agriculture and Food: are the issues in regard to the federal CAIS program also true in Alberta, and if so, what have you done to rectify the situation here in Alberta?

The Speaker: The hon. minister.

Mr. Groeneveld: Well, thank you, Mr. Speaker. Alberta certainly agrees that the program is complex and lacks transparency, as I've said in the past in this Legislature. In fact, we have been pressing our federal and provincial counterparts for changes. As the member says, I want it to be clear that Alberta has a separate administration to CAIS. We take a different and transparent approach unique to Alberta: a system on the web that lets producers track their claims as they move through the system, field analysts across the province who can meet with producers in person, complete package on individual claim results including information on all changes, and advance phone calls on significant changes.

The Speaker: The hon. member.

Mr. Coutts: Thank you very much. Mr. Speaker, to the same minister: what assurance can you give to Albertans that a clear conflict of interest policy that protects both producers and stakeholders exists in the program in Alberta?

2:00

The Speaker: The hon. minister.

Mr. Groeneveld: Thank you, Mr. Speaker. AFSC takes this issue very seriously. They've always had a clear conflict-of-interest policy. Before Alberta handed out a single application, we ensured that the rules were very clear. For example, CAIS staff are not allowed to complete the forms for producers. They need to discuss up front if relatives or close friends are using the program.

Mr. Speaker, this is the first federal audit. Indeed, our Auditor General has looked at our administration every year since the program was started. We continue to refine it. The AFSC is very proactive in doing it right in the first place.

Mr. Coutts: Mr. Speaker, last spring many in my farm and ranch community had occasion to get letters from the CAIS program about overpayments, and there was a concern that the people operating the program were neglecting the underpayments to farmers as well. So my question to the minister is: do you ensure that Alberta's program will in the main focus on overpayments while neglecting underpayments? That is a criticism that the federal program has. What are you doing to rectify that situation?

The Speaker: The hon. minister.

Mr. Groeneveld: Well, thank you. Mr. Speaker, the AFSC is committed to ensuring that the right payments go to the right people. We follow a very clear verification strategy. Staff make adjustments, both positive and negative, to ensure that the strategy is followed. All claims, including those that don't initially look eligible, are reviewed and tested to ensure that there are no material errors. Alberta takes pride in the transparency and integrity of all of its programming.

The Speaker: The hon. Member for Calgary-Currie, followed by the hon. Member for Edmonton-Beverly-Clareview.

Calgary Municipal Funding

Mr. Taylor: Thank you, Mr. Speaker. Calgarians are tired of being taken for granted by the Conservative government of Alberta, and if the Member for Calgary-Lougheed thought he was winning any friends in Calgary with those softball questions he lobbed to the Finance minister yesterday, he's sadly mistaken. In 2006 Calgary accounted for 60 per cent of the jobs created in this province. That is unprecedented growth, and it is straining both infrastructure and services. To the Minister of Municipal Affairs and Housing: given the growth projections of Calgary and the importance of rapid transit to the quality of life and the quality of the environment, is he prepared to accept the cancellation of construction on Calgary's west LRT line?

Mr. Danyluk: Mr. Speaker, first of all I need to say that the planning and decision-making for the municipality of the city of

Calgary is done by the city of Calgary. The Alberta government supports municipalities such as Calgary with their ventures with the Alberta municipal infrastructure program of $600 million per year. It also supports municipalities with the municipal sustainability initiative, of which the city of Calgary got $127 million.

Mr. Taylor: Ah, Mr. Speaker, piffle. This government refuses to take responsibility for its actions or inactions. If the budget numbers didn't add up or if the government couldn't figure out what to prioritize, they should admit it. The simple fact is that the government didn't deliver, and now cities around the province are changing or even shelving plans. Money they were told would have no strings has strings attached. In my world actions have consequences. Apparently in their world they like to think that they don't. Will the minister step up to the plate, apologize, and admit that municipal infrastructure plans were cancelled because he didn't deliver on his municipal sustainability initiative promise?

Mr. Danyluk: First of all, Mr. Speaker, this is all new money that is given to municipalities. I'd ask the Minister of Finance to supplement.

Dr. Oberg: Mr. Speaker, it's really time that the Liberal opposition – in their plan that was put out on September 11, 2006, they had a 2 per cent increase in funding, which would not even fund the south Calgary hospital. It would not fund the cost escalation to run every budget around Alberta. That's what the Liberal opposition brought out.

The Speaker: The hon. member.

Mr. Taylor: Thank you, Mr. Speaker. To the Minister of Finance, then: will the minister admit that as neglected as health, education, and postsecondary education in Calgary were on his watch in infrastructure, the $4.2 billion he referenced yesterday that will be spent on those things in Calgary this year has, in fact, nothing to do with Calgary's municipal infrastructure?

Dr. Oberg: Mr. Speaker, I am so glad that the opposition party has finally asked me a question about this. On September 11, 2006, these gentlemen, this party, put out that they would spend $590 million more this year than was budgeted last year. This government put out an extra 3 and a half billion dollars on top of that. All question period they've been talking about the cost of inflation. The hon. Member for Lethbridge-East said: 5 and a half per cent; anything less than 5 and a half per cent is a cut. Their plan came out and said: 2 per cent spending. That is one-third of the cost of inflation, one-third of the costs of the people that are coming out here. It's time they came clean.

The Speaker: The hon. Member for Edmonton-Beverly-Clareview, followed by the hon. Member for Wetaskiwin-Camrose.

Affordable Housing
(continued)

Mr. Martin: Thank you, Mr. Speaker. On Monday in this House the minister said: "There is nothing that you can do in a market that will stabilize rents better than to build new housing units." In the short term there isn't the capacity to build the affordable housing that is needed. In fact, a report to Edmonton city council dated April 24 says, "The home building industry is working at full capacity" and "it is clear that the need for affordable housing is increasing while the capacity to address affordable housing needs is diminishing." My question is to the Minister of Municipal Affairs and Housing. Why does the minister not see that in the short run, temporarily, we need rent stability while you build the affordable housing?

The Speaker: The hon. minister.

Mr. Danyluk: Thank you very much, Mr. Speaker. Rent controls would only slow down any sort of building to increase the capacity of rental units. We also talk in our budget about rent supplements. We talk about secondary suites, that we need to have on the market to address the immediate concerns. So we look at a balanced approach, and I suggest again to the member of the third party that we need to look at a balanced approach for affordable housing and the homeless.

Mr. Martin: Mr. Speaker, the balanced approach that you're giving is money for the gougers, and let the renters take the hind leg. That's what's happening. My question – you said that it would temporarily stop. In Ontario, where they've had rent guidelines for 15 years, they've had an 88 per cent increase in apartment units. In Alberta we had a 53 per cent decline. How does the minister justify those figures?

Mr. Danyluk: Mr. Speaker, first of all, mentioning Ontario, in Ontario since 1991 there have been rent controls, but any buildings that have been built since 1991 do not have rent controls because rent controls don't work. You need to have a balance. We have given the municipalities the authority to look at their affordable housing needs and for them to make the decision on what is better for their municipality.

Mr. Martin: Well, Mr. Speaker, that's precisely the balance that Ontario has made. Of course the new units don't have rent guidelines on them. That's what we're asking for now. So why don't you do exactly the same thing? We'll build the units and also protect renters at the same time.

Mr. Danyluk: Mr. Speaker, we have very many people that are coming from Ontario here. We need to look at a balanced approach for affordable housing for individuals that come from other provinces to Alberta to address the growth pressures. We need to invest in the individuals that are coming here and the Albertans that are here. What I want to say is that when we look at it in that balance segment, affordable housing affects all individuals that need housing.

The Speaker: The hon. Member for Wetaskiwin-Camrose, followed by the hon. Member for Calgary-Varsity.

2:10 Arts Funding

Mr. Johnson: Thank you, Mr. Speaker. There's a lot of support for the arts in my constituency, and constituents often ask me about the grant programs available to fund the arts. Many local groups do fundraising, and the arts community generates much of its own funds to support its activities. Other groups and individuals expect government to bear more or most of the cost. My first question is to the Minister of Tourism, Parks, Recreation and Culture. What is the portion of government support for the arts in relation to total revenues generated?

The Speaker: The hon. minister.

Mr. Goudreau: Thank you, Mr. Speaker. First, I want to say that the arts are extremely important to all Albertans, and they form a very, very important and integral part of our day-to-day living. Last year our government provided more than $20 million in grants to over 1,300 artists and arts organizations through the Alberta Foundation for the Arts. This year the Alberta arts community will benefit from an additional 4 and a half million dollars, a 20 per cent increase over last year's budget, raising the foundation's budget to more than $27 million. In 2004 this generated about $153 million in economic activity in the area.

Mr. Johnson: Mr. Speaker, the first supplementary is to the same minister. Certain jurisdictions or provinces require arts groups to match funding prior to the approval of a government arts grant. What is your department's expectation of the arts community to match government grants?

The Speaker: The hon. minister.

Mr. Goudreau: Mr. Speaker, again, thank you. The Alberta Foundation for the Arts generally requires that the organizations should have financial support from their communities. The grant amounts are based on the level of revenue generated by these organizations within the community they serve. When we talk about individual artists, we do not expect them to provide any matching funds, but the organizations themselves must.

Mr. Johnson: To the same minister. Research reports quoted in the media recently indicated that individual Albertans support the arts at the rate of $971 per capita for events such as live theatre and concerts. This shows that Albertans highly value cultural opportunities. How do you expect that the Community Spirit Program MLA Committee might address personal contributions to cultural activities?

Mr. Goudreau: Mr. Speaker, as I indicated, the member is right that Albertans do value and participate in various cultural activities, and Albertans support a variety of causes and organizations, including faith, sport, recreation, arts, and cultural activities. The MLA committee that we announced recently is looking at ways to use tax credits to encourage an increase in private donations. Cultural contributions are one of the areas the committee will be looking into. Already, through our budget here in 2007 Alberta's tax credits, for instance, for total charitable donations above $200 have been increased by more than 60 per cent.

The Speaker: The hon. Member for Calgary-Varsity, followed by the hon. Member for West-Yellowhead.

Affordable Housing
(continued)

Mr. Chase: Thank you, Mr. Speaker. Today is May 2, 2007, weeks after the Affordable Housing Task Force turned in their report, weeks even since the government caucus gutted it because it didn't fit their ideology. Despite the Premier's many statements about the importance of an affordable housing strategy tenants in my Calgary-Varsity constituency are now counting the days until they are evicted. Seniors and disabled people continue to suffer the stress of having their basic human need for food and shelter threatened. My first question is to the Premier, who I requested to remain in the House. What words of advice does he have for my constituents?

The Speaker: Well, I'm going to call on the minister to respond, but that was a no-no.

Mr. Chase: Well, he turned down my request.

Speaker's Ruling
Referring to the Absence of a Member

The Speaker: No. No. You know, hon. member, sometimes people have reasons not to be here. It's one of the long-standing rules. Well, I can look at the chair and say: where is the Member for Edmonton-Meadowlark? Where is the member for somewhere else? That's not correct, and that's not appropriate, and that's why we don't deal with that.

The hon. minister.

Affordable Housing
(continued)

Mr. Danyluk: Well, thank you very much, Mr. Speaker. We will forward the question and have a written response to the member.

The Speaker: The hon. member.

Mr. Chase: Thank you, Mr. Speaker. The Minister of Employment, Immigration and Industry replied to my previous questions on this matter stating that the new eviction and homeless prevention fund was in place to solve these problems, but the picture on this fund is completely confusing. One ministerial spokesman says that it's up and running. Another says that we're just going to have to wait for a few months. Time to set the record straight. To the Minister of Employment, Immigration and Industry: what specifically are the eligibility requirements for the $7 million eviction and homeless prevention fund? Please tell me about the benefits and where Albertans can find this information.

Ms Evans: Well, Mr. Speaker, in a previous response this afternoon I indicated that since November last year we have given emergency shelter funding to the amount of $9 million for people who need income support. This government currently, a base from last year, gives $100 million in support of shelter allowances to low-income Albertans, over and above that $9 million last year for emergencies, over and above that again, with the recent budget approval, $7 million. We will, working with our partners in Municipal Affairs and Housing, determine how there are cracks, if any, in the funding arrangement so that we can assure that Albertans in need do not go unheard.

The Speaker: The hon. member.

Mr. Chase: Thank you very much. The lack of transparency and accountability is completely unacceptable to Albertans. People in my constituency and in many others across this province are desperate. They need answers, and they need action right now. Websites are of no use to people who can't afford basic food, clothing, and housing. To the Minister of Municipal Affairs and Housing: when will clear and consistent eligibility requirements or benefit levels be made available to the public, and how will you transfer that information to people who can't afford a paper, can't afford a computer? How are you going to get that information to people on the streets or who are about to be on the streets?

The Speaker: The hon. minister.

Mr. Danyluk: Thank you very much, Mr. Speaker. As we in the House all know, two weeks ago we announced our budget. Last week we also rolled out the new housing responses to the housing task force, trying to address the needs and the recommendations that were made by that housing task force. We are now dealing with how we are going to make sure that we most effectively – most effectively – address the needs of those individuals and how that access can happen in the most efficient way.

The Speaker: The hon. Member for West Yellowhead.

Mountain Pine Beetle Control

Mr. Strang: Thank you, Mr Speaker. In a recent announcement about declaring a forest health emergency due to the mountain pine beetle, a very high number of trees are likely going to be killed. My question is to the Minister of Sustainable Resource Development. How much capacity does the Alberta forest product industry have to manage the timber killed by mountain pine beetle?

The Speaker: The hon. minister.

Dr. Morton: Thank you, Mr. Speaker. My department is working with the forestry industry to assess this capacity. Last year our forestry industry processed approximately 25 million cubic metres of wood for all commercial purposes. We're estimating that that capacity could be up to as high as 30 to 35 million cubic metres of wood per year, so we do have some room to absorb the additional wood that is anticipated.

The Speaker: The hon. member.

Mr. Strang: Thank you, Mr. Speaker. My first supplementary question is to the same minister. What plans does Alberta have to maximize the value received from harvesting beetle-killed trees?

The Speaker: The hon. minister.

Dr. Morton: Thank you again, Mr. Speaker. The pine beetle invasion puts at risk $23 billion – $23 billion – of wood in this province, so we're doing everything we can to manage that risk. Of course, the most effective way to manage that risk is through an aggressive policy of meeting the pine beetle and stopping it from coming into the province, and I'm happy to note that the week that we were away, Canada's leading pine beetle expert, Dr. Allan Carroll, with the Canadian Forest Service, centred in Victoria, visited this city and told Albertans that this aggressive response is the most appropriate way to stop the pine beetle spread into the province.

2:20

The Speaker: The hon. member.

Mr. Strang: Thank you, Mr. Speaker. My second supplementary question is to the same minister. How will Alberta deal with more wood mass generated from harvesting more trees from salvaging operations?

The Speaker: The hon. minister.

Dr. Morton: Thank you, Mr. Speaker. We do anticipate there will be more low- quality wood as a result of the beetle if it does spread, so we're working with British Columbia to see what they've done. They're doing some new and innovative things. Also, SRD is working with Alberta Energy and Advanced Education to look at opportunities for biofuels and biomass, but in fact our forestry industry already has products that can use this. I'm referring to these types of pellet samples that are produced by some of our forestry companies now. These wood pellets are exported to Europe, where they're mixed with coal to reduce greenhouse gas emissions and get greenhouse gas credits, so there's opportunity there already for our forestry industry.

The Speaker: Hon. members, yesterday during the question period there was an exchange between the hon. Minister of Health and Wellness and the hon. Member for Edmonton-Centre. Today the hon. Minister of Health and Wellness would like to supplement an answer, which will provide for the hon. Member for Edmonton-Centre to ask an additional question.

The hon. minister.

Good Samaritan Pembina Village

Mr. Hancock: Thank you, Mr. Speaker. Yesterday the Member for Edmonton-Centre raised questions with respect to the safety of staff and residents at risk at the Good Samaritan Pembina Village in Evansburg. I wanted to supplement my answer to make sure, first of all, that I had indicated that I would inquire – and I did – and secondly, to indicate that there is not a problem with the safety of staff or residents. The public should be aware of that because, with all due respect, the way the question was framed yesterday left some allegations in place which would cause a great deal of concern.

The Pembina Village is operated by the Good Samaritan Society. The facility provides 40 long-term care beds and 30 units as supportive living under the department's lodge program, which is the responsibility of the Evergreen Foundation. First of all, the facility was built in 2003, so it's a relatively new facility. The Health Facilities Review Committee, as was mentioned yesterday, completed the first routine visit in 2004. There was a list of deficiencies, mainly around construction type matters that needed to be carried out, and the Good Samaritan Society immediately created a work plan and set to work in consultation with Capital health to address those concerns. The Health Facilities Review Committee carried out a return visit in 2006, as was mentioned yesterday.*

The Speaker: I think, hon. minister, that even though this is supplementary, we probably should still abide by the 45-second rule. Otherwise, it's getting in the back door instead of going in the front door.

The hon. Member for Edmonton-Centre.

Ms Blakeman: Thank you very much for the response from the minister. I'm pleased to see that he feels that most of the concerns that were raised in the 2004 Health Facilities Review Committee have been addressed.

Could I ask a double-ended question? Is he aware if the custodian hours have been increased to the point where it's an appropriate amount of time to actually clear the walkways and evacuation routes? As well, what exactly caused the fires that took place there?

An Hon. Member: They weren't fires.

Ms Blakeman: If you can expand on that, then, because I understood that they were electrical, and then I saw a report that they weren't, but it didn't tell what it was. So, please, expand on that.

The Speaker: The hon. minister.

*[See p. 729, left col., para. 4]

Mr. Hancock: Thank you, Mr. Speaker. As may happen in any circumstance, there was a problem in a light fixture, and there was a problem with a clothes dryer. Both of those have been dealt with. There was no significant damage in either case. But I want it to be perfectly clear: there were some water problems; the Good Samaritan Society has dealt with those issues and is monitoring to make sure that they don't happen again. There's no risk of health and safety apparent from those issues. I didn't want to leave the impression, that was left yesterday, that this was an unsafe facility for the residents or for the people working there. The issue with respect to the fire door was a matter of snow clearing. That's been taken care of, and they're aware of the issue.

head: Introduction of Bills

The Speaker: The hon. President of the Treasury Board and Minister of Service Alberta.

Bill 34
Tenancies Statutes Amendment Act, 2007

Mr. Snelgrove: Thank you, Mr. Speaker. I request leave to introduce Bill 34, the Tenancies Statutes Amendment Act, 2007.

Mr. Speaker, this bill will help to stabilize our province's rental market, thereby contributing to the management of pressures we are experiencing due to growth.

[Motion carried; Bill 34 read a first time]

head: Tabling Returns and Reports

The Speaker: The hon. Minister of Finance.

Dr. Oberg: Thank you very much, Mr. Speaker. On behalf of the hon. Member for Airdrie-Chestermere I would like to table documents that the hon. Member for Edmonton-Rutherford asked for yesterday when he stated that the inflation-proofing of the heritage savings trust fund only occurs if that budget surplus is met. I have the requisite number of copies.

The Speaker: Now, the hon. Member for Edmonton-Centre first, please.

Ms Blakeman: Thank you very much, Mr. Speaker. Two tablings today, both from constituents: the first from Darleen Ferguson, who writes that she experienced a $260 increase in rent. She's on a fixed income, and she feels very threatened that she would have to leave her apartment.

The second is a long history of a sequence of events from Nadine Smith-Breton. But, essentially, they feel tricked by their landlord, who would only allow a six-month lease but neglected to tell them that condo conversions were happening. So they're out with no recourse.

Thank you.

The Speaker: The hon. Member for Edmonton-Mill Woods.

Mrs. Mather: Thank you, Mr. Speaker. I have a letter from Sherri Humphrys, a teacher in Edmonton, expressing two concerns. "The first is the level of allocation for education in this province. To have a budget come out where the allocation is less than the current rate of inflation is very telling about the current government's value of education." Her second concern is "the government's lack of accountability for the unfunded liability issue. To say that a resolution will be achieved and then send a threatening letter to the union with absolutely unacceptable suggestions is insulting."

The Speaker: The hon. Member for Edmonton-Rutherford.

Mr. R. Miller: Thank you very much, Mr. Speaker. I had the pleasure last evening of attending the excellence in teaching awards program celebrating the district finalists for the Edmonton public schools, at which 37 Edmonton public teachers were celebrated. I have the pleasure now to table the requisite number of copies of the program from that event.

Thank you.

The Speaker: The hon. Member for Edmonton-Glenora.

Dr. B. Miller: Thank you, Mr. Speaker. I'd like to table a letter from a constituent who lives with eight other people at the Easter Seals McQueen Residence. This is a home for physically disabled adults. They're very worried because they've lost staff, and they have trouble finding replacement staff. They're very worried that their home will be closed down, and that would be a great tragedy.

The Speaker: The hon. Member for Calgary-Varsity.

Mr. Chase: Thank you very much, Mr. Speaker. I have two tablings on behalf of 297 residents of Calgary-Varsity who are going to be without lodging. The first is a letter that I sent to the Minister of Employment, Immigration and Industry asking questions such as: "can you please advise what assistance is available, what the qualification criteria are and how they apply" and so on?

I'm pleased to report as my second tabling that the minister responded to me promptly as requested. Unfortunately, the information she provided has been compromised of late by conflicting statements.

Thank you.

The Speaker: The hon. Member for Edmonton-McClung.

Mr. Elsalhy: Thank you, Mr. Speaker. With your indulgence I have five tablings today. The first is a letter from Alina Matthews, who was here earlier today and got introduced. She's a 20-year-old rehabilitation practitioner. She has her diploma from Grant MacEwan, and she's working on a university degree from Calgary in community rehabilitation. She highlights the crisis in her field, and she is asking for some serious change to make it an appealing field for people to work in.

The second tabling, Mr. Speaker, is also from a person who was here today, Marsha Taphorn. Her biggest concern is staff turnover. She's commenting on working "long and stressful days for a wage that is not reflective of the work that is performed."

The third tabling, Mr. Speaker, is from two parents, Joe and Ines Silva. Again, they got mentioned this afternoon. They're talking about the excellent work provided by the staff at the centre that they have their son at, but workers readily leave because of better paying jobs elsewhere.

The fourth tabling is from Leah Priest. She's been involved in the disability service for over 13 years. But she comments on the low wages being the reason for many qualified and competent employees leaving the sector and not returning.

The fifth one is from Sonia Richardson, which also highlights the crisis in the health care service industry and comments on the fact

that it's mostly the wages and gives an example where clients become withdrawn and experience negative behaviour because of the staff turnover in their field.

Thank you.

2:30

The Speaker: The hon. Member for Edmonton-Calder.

Mr. Eggen: Thank you, Mr. Speaker. I'm tabling appropriate copies of a letter that I received from Glenn Cook, a constituent in Edmonton-Calder. Within hours of the government rejecting the rent stability guidelines, his rent and everyone's in his building went up by $500 per month. I also have a letter signed by seven senior citizens, and their rent all went up by $115 at the same time.

Thanks.

The Speaker: The hon. Member for Edmonton-Manning.

Mr. Backs: Thank you, Mr. Speaker. I'm tabling the correct number of copies of a letter from Christina Sanders. Christina has written about a problem that has arisen a number of times and my constituency has dealt with, and that's the problem of servicemen's sons and daughters born at bases overseas where they cannot get their citizenship. Because of the number of servicemen and their families that live in the north end, we tend to get a lot of these cases.

Thank you, Mr. Speaker.

The Speaker: Are there others? The hon. Member for Edmonton-Gold Bar.

Mr. MacDonald: Yes. Thank you, Mr. Speaker. I have two tablings today. The first is in my capacity as chairperson of the Standing Committee on Public Accounts. I would like to table today the agenda from the meeting that occurred this morning, Wednesday, May 2, 2007. This agenda was circulated to all hon. members of the committee on Monday, and included in this, under item 4 on the agenda, it stated clearly that we were meeting with Mr. Keray Henke, Deputy Minister of Education. When this agenda was approved, there were no questions. It was approved unanimously by all members present, and I think that in light of the question that was asked earlier today by the hon. leader of the third party, this is very important. This document was circulated, and everyone had an opportunity to have a look at it. No one raised any questions.

Now, my second tabling is a comparison of selected oil resource taxation regimes, and it's prepared by Petroleum Economics Limited of both Calgary and London. It is dated February 2000, and it is a comparison of royalty regimes, comparing Alberta to Venezuela, Alberta to Norway, and Alberta to Alaska north slope oil.

Thank you.

head: Tablings to the Clerk

The Clerk: I wish to advise the House that the following documents were deposited with the office of the Clerk. On behalf of the hon. Mr. Boutilier, Minister of International, Intergovernmental and Aboriginal Relations, pursuant to the Metis Settlements Act the Métis Settlements Appeal Tribunal 2005 and 2006 annual reports.

Calendar of Special Events

The Speaker: Hon. members, before calling Orders of the Day, yesterday and today several members alluded to certain days or months. Today being the second day of May, I thought that I would just make sure everybody is aware of all the special days and weeks in the month of May so that my office is not inundated with letters and phone calls saying: why are some recognized and others not recognized?

May is Cystic Fibrosis Awareness Month, Multiple Sclerosis Awareness Month, MedicAlert Awareness Month, Foot Health Awareness Month, Huntington Disease Awareness Month, Speech and Hearing Awareness Month, Hepatitis Awareness Month, Museum Month, National Leave a Legacy Month, Motorcycle and Bicycle Safety Awareness Month, Asian Heritage Month, Red Shield Appeal Month, Child Find's Green Ribbon of Hope Campaign month, Light the Way Home campaign.

From April 1 to May 31 we have been in Girl Guides Sandwich Cookie Weeks. April 22 to May 24 is National Physiotherapy Month. April 29 to May 5 is Education Week.

May 1 was World Asthma Day. This week, May 1 to May 7, is National Summer Safety Week as it is Spinal Health Week as it is Allergy Awareness Week, and May 1 to May 8 is Naturopathic Medicine Week.

May 3 is World Press Freedom Day. That's tomorrow. May 5 is International Day of the Midwife. May 5 is also Alberta Search and Rescue Day. May 6 is the International No Diet Day as is May 6 the Annual Hike for Hospice Palliative Care day.

May 6 to May 12 is National Emergency Preparedness Week as it is International Compost Awareness Week as it is North American Occupational Safety and Health Week.

May 7 to May 13 is Mental Health Week as it is Respect for Law Week as it is National Hospice Palliative Care Week as it is National Nursing Week as it is Drinking Water Week.

May 8 is World Red Cross Day. May 10 is World Health Organization Move for Health Day as it is World Lupus Day. May 11 to 13 are Multiple Sclerosis Carnation Campaign days. May 12 is Canada Health Day as it is International Nurses Day as it is Fibromyalgia Awareness Day as it is Raise the Flag Day.

May 13, of course, is Mother's Day as it is also the Optimist Day of Non-Violence. May 13 to May 19 is National Police Week. May 13 to May 20 is Alberta Crime Prevention Week. May 14 to 20 is National Mining Week. May 15 is International Day of Families. May 15 and 16 are Provincial Skills Competition: Trades days in Alberta. May 17 is World Information Society Day. May 18 is International Museums Day.

May 19 to 25 is Safe Boating Week. May 20 to 26 is Intergenerational Week. May 21 is Victoria Day. May 21 is also the World Day for Cultural Diversity for Dialogue and Development. May 21 to 27 is Emergency Medical Services Awareness Week. May 22 is International Day for Biological Diversity. May 22 to 25 is part of Aboriginal Awareness Week. May 25 is National Missing Children's Day.

May 25 to 31 is Week of Solidarity with the Peoples of Non-Self-Governing Territories. May 27 is World Partnership Walk. May 28 to June 3 is National Sun Awareness Week. May 29 is International Day of United Nations Peacekeepers, and May 31 is World No-Tobacco Day.

head: Orders of the Day

head: Committee of Supply

[Mr. Marz in the chair]

The Chair: I'd like to call the Committee of Supply to order. Before I recognize the hon. minister, I would just like to take a brief moment to review some of the new Standing Orders that we're operating on as of today for the benefit of all the members here and for the benefit at home of the viewing public over the Internet.

The first one. "A Member may speak more than once," and "no Member may speak for more than 10 minutes." However, a member and a minister may combine their speaking times for a total of 20 minutes, providing they notify the chair first, and I just ask you to do that each time.

Quorum does not apply today – that's something new – until the estimates are voted upon.

Officials "may be admitted to the floor of the Assembly to advise the Minister whose estimates are under consideration." I would ask the minister to introduce those members of his staff before he starts.

On the first day of consideration of the estimates the first member of the Executive Council to speak shall move the main estimates in their entirety.

> During the consideration of the main estimates, the Committee of Supply shall meet for a minimum of 3 hours at one time unless there are no Members who wish to speak prior to the conclusion of the 3 hours . . .
>
> If the Committee of Supply meets for more than 3 hours at one time, the time in excess of 3 hours shall be available to any Member who wishes to speak and is recognized by the Chair . . .
>
> During each 15-hour cycle, where the members of a caucus are allotted a particular block of time and those Members no longer wish to speak, then consideration for the entire block of time . . . is deemed to have occurred and any Member may be recognized by the Chair until the Committee rises and reports.

Standing Order 5 regarding the quorum "does not apply to a report to the Assembly from the Committee of Supply," and "when an amendment to a department's estimates is moved in Committee of Supply, the vote on the amendment stands deferred until the date scheduled for the vote on the main estimates."

So, with that, I would invite the hon. Minister of Health and Wellness to move the estimates in their entirety and introduce his staff.

head: *2:40* **Main Estimates 2007-08**

Health and Wellness

Mr. Hancock: Thank you, Mr. Chairman. It is indeed a privilege to be the first up with respect to our new Committee of Supply structure and hopefully plow the first ground, so to speak, with this, I think, exciting opportunity to really delve into the estimates and to be held accountable for the spending that we hope to be able to engage in on behalf of Albertans.

So as the first order of business, of course, according to the Standing Orders it's my privilege to move the 2007-08 government estimates for the general revenue fund and lottery fund for the fiscal year ending March 31, 2008, as well as the 2007-2008 offices of the Legislative Assembly estimates for the same period.

Mr. Chairman, it is a new procedure with us. Public Accounts previously had met in the Chamber with officials on the floor, but it's been some time since we've had the opportunity to engage in public accounts in this way. Joining me today are my deputy minister, Paddy Meade; assistant deputy minister of corporate operations, Ray Gilmour; executive director and senior financial officer, Peter Hegholz; my executive assistant, Fred Horne; and communications director, Michael Shields. We are also joined by other staff in the members' gallery: Annette Trimbee, the assistant deputy minister for strategic directions; Richard Butler, assistant deputy minister of health workforce; Janet Skinner, assistant deputy minister of program service; Linda Miller, assistant deputy minister in information and strategic services; Neil MacDonald, executive director of population health strategies; Jason Cobb, acting director of ministry relations in the deputy minister's office; and Martin Chamberlain, who is our corporate legal counsel.

So suffice to say, Mr. Chairman, I hope that I have all the talent and ability necessary to be able to answer any of the questions that may be raised in Committee of Supply today. But, of course, cognizant of the rules and because I would do it anyway, we would be happy to provide written responses to any questions that aren't dealt with verbally on the record within the two-week time frame that is provided for in the new rules.

I want to start, first of all, by saying a public thank you on the record to the department officials who are here today with us and whom I've just introduced. I've had a very short period of time to work in this department, but I can say that my experience in the Department of Health and Wellness, as my experience in various other departments that I've served, is that we are truly blessed with the quality of senior civil servant that we have and, I would say, the quality of the civil service that we have serving Albertans. The Department of Health and Wellness is certainly blessed to have a wealth of talent and ability, and I'm privileged to be able to work with these people. Having said that, I'm sure that they'll make sure now that I get good answers very quickly to all the questions.

The 2007 to 2010 business plan for the Ministry of Health and Wellness identifies three core business and six corresponding goals. The core businesses are to advocate and educate for healthy living, to provide quality health and wellness services, and to lead and participate in continuous improvement in the health system. Our overarching business plan goals are that Albertans make choices for healthier lifestyles, that Albertans' health is protected, that access to health services are improved, to have a contemporary health workforce, that health service outcomes are improved, and to ensure health service efficiency, effectiveness, innovation, and productivity. Our vision is for Albertans to be healthy and to live, work, and play in a healthy environment. Our mission is to "provide leadership and work collaboratively with partners to help Albertans be healthy." The government of Alberta has identified five priorities, and the Ministry of Health and Wellness directly supports the achievement of the provincial priority to improve Albertans' quality of life.

The Health and Wellness ministry is also making a significant contribution to the government priority of managing growth pressures by providing funding to respond to the recommendations from the Oil Sands Ministerial Strategy Committee on impacts of development in the oil sand communities and, of course, the stellar work that's happening on the workforce strategy.

Our business plan identifies opportunities and challenges over the next three years. These include health system sustainability, addressing workforce shortages, controlling the rising costs of prescription drugs, promoting disease and injury prevention, improving access to health services, improving governance and accountability, and taking advantage of innovation, research, and technical opportunities to increase Alberta's productivity and global competitiveness.

After reviewing these challenges, the ministry has identified four priorities in addition to the important ongoing core activities that the Health and Wellness ministry undertakes. These are implementing health care productivity reforms and sustainability initiatives; implementing a new pharmaceutical strategy to improve management of drug expenditures and ensure access to sustainable government drug coverage; strengthening public health services that promote wellness, prevent injury and disease, and provide preparedness for public health emergencies; and implementing a comprehensive workforce strategy to secure and retain health professionals. The 2007-08 budget for Alberta Health and Wellness will help us to address these challenges and achieve our goals and priorities.

Mr. Chairman, our ministry's budget this year reflects a $1.3 billion, or 12.2 per cent, increase over the previous year. The

ministry's budget is now $12 billion. In two years the Health and Wellness ministry budget is expected to exceed $12.8 billion, an increase of almost 20 per cent from the 2006-2007 forecast. Operating grants for health authorities will increase by $574 million, or an average of 9.5 per cent, to $6.6 billion. No regional health authorities will receive less than a 6 per cent increase in the 2007-2008 year.

It's important for Members of the Legislative Assembly to know how funds are being allocated to the health regions. The funding allocation model is based primarily on population and ensures that funding follows the person. No matter where a person is receiving service, the region providing the service receives the funding necessary to deliver that service. This is very important in a dynamic province such as Alberta. Health regions also have different costs for delivering service as a result of a variety of factors, such as the remote population in rural regions. The funding allocation model recognizes these differential costs in determining an equitable allocation to each region. Quite simply, the funding model calculates a per capita funding amount which varies by region to reflect the variances in age, gender, socioeconomic status, health characteristics, delivery costs, and other factors.

There is $291 million being allocated to regional health authorities through their base funding for mental health services in 2007-08. This is an increase of $23 million, or 8.5 per cent.

The Northern Lights health region will receive the highest operating increase this year, at 81.5 per cent. This increase includes the special provision of $58 million for the operation of new community clinics in Fort McMurray and to provide the same allowances for health staff that are currently provided to provincial employees in that region. The money will assist Northern Lights health region in providing health services to a transient population in a high-growth area.

Capital health is receiving almost $2.3 billion in operating funding this year, which is a 9 per cent, or $190 million, increase. In addition, the capital plan includes approximately $780 million over the next three years to continue with previously approved capital projects in the capital region.

The Calgary health region is receiving almost $2.2 billion in operating funding this year, which is a 9.3 per cent, or $187, million increase. The operating increase reflects the pressures the health region is facing from population growth. The capital plan also includes $835 million over the next three years to continue with previously approved capital projects in the Calgary health region.

Funding totalling $8 million will go to Peace Country health to assist with the extraordinary costs of staff recruitment and retention.

This year's budget for the Cancer Board is $277 million, an increase of $21.5 million, or 8.5 per cent. Funding to the Alberta Mental Health Board is $58 million this year, an increase of $4.6 million, or 8.6 per cent.

2:50

The budget for physicians' services in 2007-08 rises to $2.4 billion. The increase includes the cost of the trilateral master agreement between the Alberta Medical Association, regional health authorities, and the Ministry of Health and Wellness for physician services. As part of the agreement $38 million has been set aside for a clinical stabilization initiative this year. The initiative will be used as a recruitment and retention initiative to support communities facing unique health delivery needs and to address extraordinary increases in physician practice costs, such as rising office rents.

There will be $47 million from the master agreement for a new retention benefit, which will recognize physicians for the number of years that they have practised. The physician office system program has been allocated $34 million this year to assist physicians in converting their offices to electronic environments. The increase for physician services also includes an additional $25 million to address growth in the existing academic alternate relationship plans and new academic ARPs. These are compensation models that address the multiple roles of academic physicians in teaching, research, and clinical services.

Mr. Chairman, to turn briefly to capital expenditures, over the next three years Alberta Health and Wellness is spending more than $2.6 billion in health facilities infrastructure and project cost escalation. This includes funding for more than 30 previously approved health projects and $221 million for increased cost escalation on previously approved projects.

You're looking at me like I'm running out of time. I am. Okay.

The new capital projects this year are in Grande Prairie and Fort McMurray, $250 million being allocated over three years to build a new acute-care facility in Grande Prairie. Northern Lights will receive $26.4 million for housing units for health care providers, a helipad at Northern Lights regional health centre, and new community clinics, all responding to the rapid growth and the oil sands development report.

Mr. Chairman, I'll leave it there, and I'm sure that I'll have an opportunity to give more of the good news in the course of the afternoon.

The Chair: The hon. Member for Edmonton-Centre.

Ms Blakeman: Thank you very much, Mr. Chairman. I will notify you at this time, and I did in writing as well, that I will take this opportunity in the first exchange between the minister and I to have a 20-minute total back-and-forth exchange with smaller rotations of time between the two of us. So thank you for that.

Thank you very much to the minister for his opening remarks. Welcome to the staff that join us on the floor. I gather that there is an entire fan team up in the gallery of another 15 people, so welcome to all of you as well.

I thank the minister for his commitment to the two-week response for written questions. That is a new innovation in the new Standing Orders, which I have fondly called the McClellan innovation because the previous minister of health and Member for Drumheller-Stettler was very good about giving written responses within two weeks.

I'll also note that the minister and I meet again during one of the new cross-ministry exchanges later this month on health impacts and development, so I will not be raising any of those issues during the exchange today.

Just to let everybody know, the topics I'm looking to go over today include health workforce, rural physician action plan, international medical graduates, mental health, ambulances, regionalization, pharmaceuticals, health care premiums, midwifery, tobacco reduction, social determinants of health, PARA, which is the medical residents, and electronic health records. Of course, I'm also joined here today – and they will be spelling me off – by my colleague from Lethbridge-East, who will be questioning the minister on long-term care, and also by my colleague from Calgary-Currie, who will be bringing forward specific issues around Calgary.

First is health workforce. I note on page 25 of the ministry business plans that it reveals a "comprehensive workforce strategy to secure and retain health professionals," but just above that on page 25 it notes, "Strategies that will be the focus for the government over the next 12 months are highlighted with a checkmark." Then that very first section under Managing Growth Pressures, which is about a comprehensive workforce strategy to secure and retain health professionals, is not checked. So it is not identified as

a focus for the government over the next 12 months. Of course, the obvious question is: why is that?

We've certainly seen the number of code reds and code burgundies increase. Intensive care and other units at hospitals throughout Alberta have been closed because of staff shortages. The shortage of health workers in all sectors – the allied health professionals, doctors, and nurses – has been a major obstacle contributing to lengthy wait times. From my side, addressing this shortage and developing a comprehensive health workforce plan is the first step in the Alberta Liberal wait time strategy, so I am really baffled as to why this was not identified as a focus for the government.

I notice that the next thing on the page is under Improve Albertans' Quality of Life. "Implement health care productivity reforms and sustainability" is check-marked, but, you know, we were promised a health workforce strategy by the previous minister. The first time I asked about it was April of '06. I was promised it in May of '06 and then in September, and then it all sort of dribbled away.

Mr. Hancock: Just so I can get the right references, you referenced page 25, but my business plan isn't that long, so I'm trying to find the page you're referring to.

Ms Blakeman: Sorry. Business plans, page 25.

Mr. Hancock: Oh, you're in the government business plan, perhaps?

Ms Blakeman: Oh, yes. Sorry. The government stuff is earlier, and the health stuff is later.

Mr. Hancock: Okay.

Ms Blakeman: I'm just going to lay something else on the table while you're checking that. I note that the Department of Employment, Immigration and Industry is receiving $30 million to implement health workforce plan strategies to help address these pressures by "supporting recruitment, retention and repatriation." That's out of a government press release on April 19, 2007. I'm assuming that this is part of a health workforce plan, but we have never seen the health workforce plan. Much promised; never delivered. So when are we going to see the plan, and can the minister tell us why it's been on hold for so long?

Mr. Hancock: Thank you, Mr. Chairman. First of all, thank you for allowing me to reference myself to your comments. You were looking at the government business plan, and the question is a very good one. The comprehensive workforce strategy doesn't have a check mark, and the second line of the paragraph above indicates that "strategies that will be the focus for the government over the next 12 months are highlighted with a checkmark."

Clearly, a comprehensive workforce strategy should have a check mark on it because one of the four mandates that the Premier gave this minister when he was appointed is to develop a comprehensive workforce strategy. I can't explain the lack of a check mark, but I can assure you that my marching orders and my report card will be based on achieving a portion of that mandate on a timely basis. What interests the boss fascinates me.

It's extremely important for us as we move forward to deal with the workforce issues. I mean, we could dump out workforce strategies. That's not to say that nothing has happened on developing and recruiting a new workforce, but what we are trying to accomplish is a comprehensive workforce strategy that deals with retention, deals with recruitment, deals with repatriation. The concept of the workforce strategy that it is in development. It's not that it's on hold; it's in development. On April 13 we had a summit with a number of stakeholder groups to test run some of the concepts that had been put forward in a workforce strategy and got some excellent feedback from them. We're waiting for the report – I should have had it yesterday, I think, or today – from that summit to say: "Are we on the right track? Did we get it right, or are there some adjustments we need to make?" We need to put a policy framework around it.

3:00

Clearly, there are a number of things – and the hon. member questioned me about a number of those things in the House the other day – with respect to valuing our existing workforce, making sure that we look at the issues around health status and workplace safety so that we don't have 593 person-years of nursing lost to back strain, so that we reduce the stress level so that we have more productivity but also so that we expand the scopes of practice and the functional practice of health care professionals and technologists so that they can truly use all of their capabilities and expertise in their job, hopefully making their jobs a lot more interesting, making it a lot more exciting to come to work and actually being more productive. So there are a number of issues around workforce strategy.

It's not just as simple as saying that we need more. Of course we need more, and we'll also be recruiting. So we're recruiting internal to Alberta in terms of building capacity in the advanced education system to train more health care professionals as well as recruiting internationally to those places who have extra. Obviously, we don't want to be going out stealing other people's health care professionals when they need them as well, but there are places in the world where we can get extra people. That in itself is a very critical element because the Minister of Employment, Immigration and Industry needs to work with the federal government to achieve the ability to actually bring them in more quickly than we've had the capability of doing in the past in getting the applications processed and that sort of thing. So there are a number of intricate strategies involved in the workforce strategy.

The hon. member will see it, I trust, very, very soon because we're at sort of the final stages of bringing it through development. We'll take it through our policy process very quickly, and I hope to have it available for public consumption and comment quickly after that.

The $30 million that the hon. member mentioned is in EII's budget as seed money for this strategy. It was put in EII's budget because we have three ministries doing co-ordinated work on the workforce strategy: Advanced Education and Technology, Health and Wellness, and Employment, Immigration and Industry. Employment, Immigration and Industry has overall responsibility for workforce strategy, so it was felt appropriate to put the money there, but the three ministries will work on where the money should be applied with respect to the strategies that are coming forward.

Ms Blakeman: Thank you. Well, the minister can understand my caution – may I say skepticism – because I faced a similar minister a year ago and was told to expect the health workforce strategy imminently. Actually, there was a date made.

So I hear that the work has gone on. I fear that time was lost, as we saw in many departments, because everything sort of came to a halt when the leadership race was on because nobody knew quite what to do. But I'm still not getting an exact date from the minister. "Soon," I hear him say. "Soon" isn't the time I was looking for, but maybe I can coax something a bit more definite out of him.

He's touched on some of the issues that I'm going to ask specific questions on. I'm looking for a bit more detail on how the ministry

of health is collaborating with the Ministry of Employment, Immigration and Industry and Advanced Education to recruit and train health professionals. Everybody says that that's going to happen, that it is happening. But exactly what are the details on how that's being laid out? For example, what targets have been set for recruiting new health professionals? What targets have been set for training health professionals within Alberta? How were these targets set or arrived at? Has this minister of health provided the minister of advanced education with a detailed list of how many health professionals we need to educate, train, and certify in different areas? Again, we're dealing with physicians, and even inside that there are different kinds of physicians, obviously, registered nurses, allied health professionals, LPNs, et cetera. All of those questions are applicable for both new professionals and for international medical graduates.

So those are some of the specifics that I'm looking for about that collaboration. I'll let the minister answer that.

Mr. Hancock: Thank you. Mr. Chairman, the questions are important ones because they help frame a very important piece of this discussion. While the hon. member may be skeptical when I say this, it's not about the numbers. If you start with the numbers, you end up having arguments over what numbers there are.

What we really need to do is to start looking at the workforce of the future in health. If we're going to focus on wellness, if we're going to focus on health status, if we're going to change the methodology of delivery to better team approaches and primary care networks and other ways of using teams of medical professionals to assist Albertans to be responsible for their own health, then setting specific targets for a specific health care professional specialty or subspecialty becomes counterproductive. We can argue about whether we need 1,100 new doctors or 1,200 new doctors or 1,500 new doctors or 400 new doctors. We agree that we need new doctors. What I really would like to see is for doctors to work more productively by working with other health care professionals and shift in the atmosphere from being acute care specialists to being people who assist with wellness.

So part and parcel of the whole strategy concept is that we have to change the way we think as health care professionals. I don't want to pick on doctors; there may be other areas in the system. But we need to change the way we think. So if it was just a workforce plan that was built around specific numbers, then we would spend more time, as has been spent in the past, arguing about how many. We know that we need more doctors and particularly family practitioners, so we need to work on strategies relative to increasing the number of physicians that go into the family practice area and general practice area. We know that we need more nurses, but we also know that we need more personal care attendants. So we need more in every area, and we're going to go out and recruit.

That work hasn't stopped because we're developing a strategy. There have been co-ordinated missions, for example, to Britain. Health authorities have gone together, and the Minister of Employment, Immigration and Industry has recently been. So that work is ongoing. We didn't sort of park everything while we were writing a strategy. There are certain things that needed to be done, and they're obvious. They're ongoing, and they're going to be done.

We are working very collaboratively on developing the workforce strategy so that we're working with, for example, Advanced Education and Technology not just in terms of how many more spaces in nursing programs and where but in terms of what can Advanced Education and Technology do with respect to bridging programs so that medical professionals from other areas who might need some supplementary courses can get those and not, as they've experienced in the past, go back to the very beginning and start again, which we know isn't really possible. So looking at other ways that Advanced Education can work with the colleges and universities to do the credentialing that's necessary in terms of getting foreign-trained professionals licensed for the job by helping to evaluate what their talents are and what the gaps, if any, are that need to be filled in. So working with Employment, Immigration and Industry on the co-ordination of recruitments so that we can have common recruiting missions to, perhaps, Britain where there currently is an excess of health care professionals or to other areas of the world where there are identified populations which may want to be here.

That's important, but another piece of the work with Employment, Immigration and Industry, of course, is to work with the federal government to make sure that we can bring in those that we need both in terms of identifying their appropriate credentials but also using the provincial nominee program or other methodologies to be able to get them in because one of the big problems right now is that there are lots of people who want to come, but there's lag time in terms of getting them in.

We're also working to use part 5 designations, for example, to allow health care professionals to come in and practise, but there need to be ways for them to then expand beyond their part 5 designation into a full scope of practice. So there are a number of different ways in which the three departments can work very well together on not only developing the strategy but implementing the pieces of the strategy sometimes each within our own department and sometimes on a collaborative basis.

Ms Blakeman: I agree, and I agree with the policy direction that the minister is outlining because I think that is where we need to go. It isn't necessarily about more people. It's about how we use the time. I mean, doctors are trained to do very, very specific things. Again, to choose doctors, not to pick on them but as an example, they're trained to do very specific things, but we now have them filling out forms and doling out advice and all kinds of other things that may not be part of their job exactly, but they're doing it. If we can have them work more as part of a team with other health professionals, basically if you can save 20 per cent of their time when it doesn't require a doctor to be doing it, you've in essence created 20 per cent more doctors right there. So it isn't necessarily about the people.

I spent 10 years on Public Accounts, and that's all about measurement and accountability. So if you are not looking at setting specific targets of numbers with this sort of longer term policy that you've got happening, how are you going to measure success? Or how do you measure incremental movement if you're not using hard numbers on things? So I'll leave that with you.

3:10

I just want to get in the piece as well about world recruitment and retention of health workers, which you've sort of touched on. I'm curious. I note that on page 202 of the estimates book, under 2.0.7, the rural physician action plan has had no increase in funding, yet that's one of the areas that we're seeing really in need of particular attention. I'm wondering why that choice was made: to not increase the budget for that rural physician action plan.

The second question I have there is with the clinical stabilization initiative. Is that part of the negotiation that happened with the AMA? Is that the fund that's covering the office rent and things? It's 2.0.5 on page 202, clinical stabilization initiative. I think that's about the AMA negotiation, but I just wanted to clarify that.

I'm also wondering if the minister has had discussions with the minister of advanced education about allocating specific spots for

medical students with a rural background because one of the things we do know is that if somebody coming from a rural background trains in medicine, they are far more likely to go back to the rural area to practise. Has the minister looked at designating spaces or setting them aside or allocating them in some way for students that are coming out of rural areas in the hope that they will go back to those areas when they graduate?

The final piece of that is: what incentives are being put in place to encourage medical students to choose family medicine as a speciality, which is the other place where we really need people to be choosing it, the rural family physicians and the whole sector of family physicians. [Ms Blakeman's speaking time expired] Well, there we go. That's our first exchange.

Thank you.

The Chair: The hon. Member for Lethbridge-East. I understand, hon. member, that you wish to exercise the 20-minute option?

Ms Pastoor: Yes, I do.

Thank you, Mr. Chair, and thank you to the minister and his staff for attending and being here. I thank the minister for the answers that I've heard so far because I appreciate getting a lot of the background that goes with it. Having said that, I sort of feel a little bit naked as I stand here because I don't have any staff, so I'll wing it on my own.

One thing before I get started. I will be going on to long-term care, but I would like to just follow up on something that has just been raised in terms of family physicians and what I feel to be the really important recognition of how important family physicians are because we really need someone to help connect the dots between the specialists. I'll use an example. You can go to a dentist. He may do some work on, say, your upper teeth, and it could well affect your sinuses and your eyes, but that's not going to come up until later. So you need that person that you can go to that connects the dots between all the specialists because the specialists do this and this and this, but they don't connect the dots in between.

So having said that little piece, I'd like to go on to the long-term care, and I'll start off with my mantra that I've used for the last two and a half years. I really believe that we need provincial definitions and standards that are enforceable for anyone in care regardless of where they live or who delivers the care. On page 6 of the government's strategic business plan it explains that an updated plan to expand long-term care and improve standards of care will be brought forward by Alberta Seniors and Community Supports. Now, I realize that that is not this ministry, but there really is a crossover. Since they have deregulated long-term care, there is a crossover that often becomes confusing.

On page 186 of the Alberta health business plan strategy 3.1 involves the development of a comprehensive continuing care services model in collaboration with the minister of seniors. What I need, which fits into my mantra, is: do we have a provincial definition of what is long-term care versus continuing care? I believe that you probably mean the same thing, but it's very, very confusing when not everyone is speaking off the same page. Long-term care in the old days almost included anyone because there wasn't other housing available. Now there is any number of housing that actually is defined in different regions, so it does become confusing.

I would like to perhaps stop there because I really need to know that we are talking about the same thing. What is long-term care, and what is continuing care?

Mr. Hancock: Well, thank you, Mr. Chairman. I just want to quickly deal with the questions that were left from the Member for Edmonton-Centre. With respect to the rural physician action plan program she's right: there wasn't an increase in the budget. We're still working on the take-up with respect to that plan, but also in the workforce strategy there'll be a more definitive approach to recruitment. Absolutely correct that we need to try and recruit rural students into all the health care professions so that they will be comfortable going back into their own communities, and I certainly agree with the sentiments that were set out there.

The clinical stabilization fund is part of the master agreement between the three, and it is intended as a fund which will allow us to work in the high-need areas and the high-risk areas. For example, a family practitioner has costs going up faster than another practitioner's because of the costs of their clinics, which other specialists might not have. Or a region might have a higher cost, have a difficulty attracting a doctor. So the clinical stabilization program – and we're working out with the AMA the rules around it – is intended to be able to be applied to address those sorts of issues.

Allocation of particular spots with respect to medical schools is something that I believe was implemented already. I'll have to go back and just double-check on that piece, but I think there was the set-aside of some certain spots. Again, now it's a question of take-up time frame.

With respect to the family doctors I couldn't agree more that the concept working forward in terms of helping Albertans with their personal health status and helping Albertans be responsible for their health requires access to a medical team, and the family physician is going to be core to that team. Not necessarily everything a person needs to do will have to go to the family physician, but with the benefit of the electronic health record the family physician should be able to have access to any information with respect to any tests that have been done, any diagnostics, all the critical information in addition to what they have of the person's personal health record in that doctor's office. But it's not moving away from the family doctor. In fact, if we do this right and if we get a complete buy-in on the need to do it, the family doctor actually should be able to do exactly what the hon. member expressed rather than having to touch absolutely everyone and not be able to do the job.

I've had a family doctor that I've talked with a number of times who has expressed to me a frustration with actually being a cruise specialist, booking cruises on specialists as opposed to actually that co-ordinating role that you describe. So I wanted to emphasize that.

Going on to the long-term care issue, we're working with the Department of Seniors and Community Supports. It's in the department of seniors mandate to go forward in that area. But from my perspective, whether you talk about long-term care or continuing care, we need to be talking about that continuum of assistance that is needed, again, to help Albertans be healthy in the community. The choice of housing, whether a person is someone who needs assistance staying in their own home or choosing some other living accommodation right up to what used to be called extended care centres is a continuum of housing choice to which we need to then apply the health assistance that's necessary to allow and encourage that person to stay in that housing choice.

3:20

That's obviously something that our department is going to have to work collaboratively with the seniors department on to make sure that we can work in that kind of environment. Whether it's housing with a health supplement or health with a housing supplement, we need to have the concept that this is a continuing care process. It's about the quality of life of the individual that's involved and where they can most appropriately be supported so that they can make

choices with respect to their lifestyle and they can be independent as long as possible because that's good for health status.

So for long-term care there's been the funding increase there. We'll increase staff hours of care. A lot of work has been done on modern standards, and we're working with both the public and the not-for-profit and the private industry with respect to implementation of those standards, making sure that the qualifications are brought up but being reasonable about the implementation of that and also expanding home care and community care.

You're right: we need to get common language. But in my view it should be common language which doesn't distinguish between what's continuing care and long-term care, language which understands that we're talking about individual human beings with a quality of life. We should be supporting them in a manner so that they can be as independent as possible as long as possible because that's going to improve their health status. So it's not about long-term care, lodge care, assisted living, designated assisted living; it's about the individual and what support they need to be able to have the quality of life that they should have.

The Chair: The hon. member.

Ms Pastoor: Yes. Thank you to the minister for that. I do agree, but I think I would like to see that for anybody that is in care, we use the term "continuing care," and then long-term care would be a part of that that would fall underneath it. Really, anyone in long-term care truly needs the medical side of things first whereas in continuing care it's often the housing that's considered first and then the supplemental care that would go along with that.

One of the other things you did touch on is the standards. One of my concerns right from the very start has been that real enforcement is something that doesn't really exist in Alberta at the moment. It's a deficiency that was identified by the Auditor General and the MLA task force, and certainly it's had widespread support of the public, particularly the public that has had no recourse when they're upset. I understand that they are trying to set up what they call residents' councils, but they're still not strong enough. When would the minister introduce legislation as recommended by the Auditor General and the MLA task force that outlines standards monitoring and enforcement and very clear lines of accountability in continuing care? Again, when I say continuing care, I mean that whole spectrum regardless of what it is or where you live.

I believe that it's very, very important that we have a provincial standard that can then be enforced at the provincial level. I, of course, would have preferred, because I brought the bill forward, that it would have been someone that didn't necessarily respond to the minister but would have responded to the House, which would have given it that little extra arm's length. Many people – and I heard it on the task force – are truly afraid to come forward because they fear the repercussions that will happen either to their institution, or they won't get funding, or it will happen to their loved one that they're trying to protect. So could we be looking forward to some kind of legislation and enforcement with teeth?

Mr. Hancock: Mr. Chairman, it would be very unfortunate if people were in fear of things which were pretty basic with respect to getting their care. I'm a very strong believer in appropriate residents' committees, if you will, which involve patients and their families being involved, being able to deal with some of the issues. Obviously, as an MLA I've had a lot of opportunity to deal with people who have concerns, and what they need is a resident-based committee which has the ability to raise and deal with concerns at the first instance because a lot of them can be dealt with there. Most operators that I've had occasion to come into contact with, whether they're public, private, or not for profit, do care about the quality of care that they're giving, and they want to resolve the concerns. So first and foremost is to make sure that those types of committees are up and operating.

We're working with the Auditor General with respect to the enforcement standards in terms of rolling out the implementation of that, and of course enforcement has got to be part of it, but it has to be done right. I've had a number of meetings now with seniors' advocacy groups, including yesterday with the Alberta Council on Aging, to talk about a number of issues that they have going forward, and I'm committed to working with the Minister of Seniors and Community Supports to make sure that we get the right framework in place both to encourage more places for people who need places but also to make sure that we have the right kind of standards and the right ability to enforce those standards.

You know, setting up more legislative officers to report directly to the House is not necessarily the answer, but there does need to be a place where people can go without apprehension. In each of the regional health authorities, of course, they have ombudsmen now for that purpose, and we need to see if that's working because that process might be a better process than a legislative officer, that is a bit more remote. But the concept of making sure that there's a place where people can have their concern heard without fear of any repercussion is an important one and, certainly, one that I'll keep at the forefront.

The Chair: The hon. member.

Ms Pastoor: Yes. Thank you. I'm glad to hear that that's at least starting. I'd like to be able to see in six months because we do know that there are examples out there that have to be looked at. I'd like to see how they're handled through the Ombudsman's office, which you suggested; however, I'm not sure that he got extra money to handle these sorts of complaints.

Certainly, the Health Facilities Review Committee has done some good work. I'm very aware of the people on the committee, and in fact when I was practising my profession, I had an incident where I had to actually work with them. They do good work, but they really are toothless. They can only make recommendations, with no backup.

So I have a question here. I'm going to ask it, but it's a little bit iffy. Would you finally eliminate the Health Facilities Review Committee? If you do, the only reason that I would want it eliminated is because it has no authority. If you did eliminate it, what would you replace it with? I think it has to be replaced with something of the same magnitude because the people that go in, at least from my experience, have a very fair chance of going through exactly the incidents that happen.

Certainly, there were a couple of unfortunate incidents just within our society that have happened in the last little while, the death in the PDD home and the unfortunate murder in the Alzheimer's unit. This is where it almost becomes a very, very intimate inquiry. It would be like a public inquiry. You go step-by-step. However, they just don't have any teeth. So I would like, I think, a comment on that. If you think that you might eliminate it, what would you replace it with? If you don't eliminate it, can you give it some authority?

The Chair: The hon. minister.

Mr. Hancock: Thank you, Mr. Chairman. I've got to look quickly to make sure the Member for Edmonton-Mill Creek isn't in the

House before I comment on potentially eliminating the committee that he chairs.

I did answer some questions yesterday, I guess, with respect to the Health Facilities Review Committee and its role with respect to the Pembina Village situation, and I think that situation can outline where it is effective. That committee did a report in 2004 on Pembina Village. The health authority and the operator responded to that and had an action plan, and then a review report was done following that. To say that it's toothless – maybe it doesn't have a hammer; it can't shoot anybody. But the fact that it does a report and that those reports can be public is a very strong incentive. The Capital health authority, for example in this case, now has an audit every year on those facilities, follows up on those reports, and those reports are a useful tool for them in terms of looking at the provision of care. That's very important.

3:30

Now, having said that, we are talking with all health authorities about governance and accountability. I am talking with health authorities about the provincial framework in which they operate as part of the health team in the province. Part of that is the accountabilities that they have directly to the ministry and a whole role of assurance that the provincial government has with respect to quality of care. That's not just with respect to acute care; that's with respect to long-term care, the full continuum of care. We're talking to the health authorities about that role.

As part of the review I would anticipate that we will look at the role and mandate of the Health Facilities Review Committee and make sure that it has the right mandate to do the proper audits and the right skills to do the proper audits of health facilities and then fits into a follow-up role, whether it has teeth and whether those reports are public reports, whether the responses of those reports are required to be public so that there is an accountability mechanism that's there. That's clearly what we're talking about right now in terms of the governance roles. It hasn't got the Health Facilities Review Committee, so if they read *Hansard*, they'll be a little bit surprised, probably. But that's clearly where we're going with respect to all of the health authorities with respect to the role of assurance that they need to measure up to, that they need to be accountable for in public. There are some interesting discussions that might come out of that with respect to what types of things ought to be reported and be posted, whether on a website or otherwise, and then how we can measure against those.

I say the word "measure." I did miss the measurement question that was asked earlier, so I'll just quickly tack it on to say that one of my banes in the whole process of accountability and business plans has been this proclivity to measure ourselves by what we counted yesterday. I'm a big believer that you have to have measurables that are not just the countables, but you need quantitative as well as qualitative measurements. So as we go forward, it would be my hope that we could bring that into the process.

The Chair: Hon. member, the time has elapsed.

I'll recognize the Member for Edmonton-Centre.

Ms Blakeman: Thank you very much. I'm pleased to start my second round of 20 minutes with the Minister of Health and Wellness.

The Chair: Do you wish to go 20 minutes more?

Ms Blakeman: Yes, please.

I think what I'll do is just start out by repeating the questions that I ended with. Oh, you've answered them. All right. I'll check the *Hansard*.

The next piece I wanted to talk about – and this is kind of, I think, the second- last piece of health workforce planning – is around international medical graduates. This is a source of real frustration for me because I represent a really ethnically diverse community, and I have a number of people fitting that stereotype of not only, you know, doctors trained in other countries who are driving cabs but also nurses who've been trained in other countries who are cleaning toilets. It's just so frustrating, and I'm sure it is to the minister as well.

One of the things that I have been told is that we may have a system that has unnecessary red tape in trying to get people through. I think we are all trying to achieve a level of safety in credentials, but I'm wondering: have we gone back on this system? Are we really requiring just what we need, or have we managed to add a bunch of flounces and frills and extra buttons and bows to this that are just making it difficult for people to qualify or to get them into that stream that we need to get them into to get whatever upgrading they need and then get them on the floors?

We the Alberta Liberals believe that international medical graduates are an immediate solution to physician shortages. I am really uncomfortable with the idea of stealing doctors from other countries or even from other provinces, but there is an existing pool of international medical graduates already in Alberta, and they would like to contribute.

So is it possible to increase the number of residencies available for international graduates? I know that the number has increased substantially from when I was with the Medical Council of Canada, which was 10, 12 years ago. Based on what I was told, I think during a meeting with the College of Physicians and Surgeons, the number is certainly higher, but I'm thinking it could be higher still.

I think this is one of the policies that the minister was talking about last fall during the leadership race. He's now in the position of Minister of Health and Wellness. Has he followed through and put some more – I don't want to say fast-tracking because that sounds like we're skipping a step, but I think we do want to make sure that we're only requiring what we need to require. Could he comment on that?

The Alberta Liberals also support the establishment of an international medical graduate co-ordinator. This is an individual, usually, or sometimes a small office. It exists in Saskatchewan if you're looking for a model to compare with. They offer free courses and advice to international medical graduates to help them prepare for medical licensing exams. I would like to see the minister commit to this initiative as a one-year pilot project. It essentially seeks out those international medical graduates and helps them to understand what courses would be required and where they could get them from.

My last point on this is: we've got to understand that these people are working. They've come here. They've got their families here. They're not sitting around waiting for this to happen. They've all got jobs, and they're working, so to expect them to give up whatever income they have and go back to university for four years or two years is an impossibility.

Why can we not offer some of these upgrading courses either online or some combination of online and in person to correspond with shift work? Offer them at nights. Offer them on the weekends. But why do we have this just incredibly narrow idea that it's Monday to Friday, 9 to 5? We need these people. We could get them online faster. Why are we not working with them in a more creative way than simply saying: "No, here's how you have to fit these requirements. You've got to go Monday to Friday, 9 to 5"? You know, it doesn't work.

So I'll let you respond to me about the IMGs, and then we can keep going.

Thank you.

The Chair: The hon. minister.

Mr. Hancock: Thank you, Mr. Chairman. This is a very important area for Alberta, not only because we've got a strong group of Albertans who could make a stronger contribution and want to, to the benefit of their community and growth of their community, but because we need their talent. They have more to offer, and they want to offer it. Significant progress has been made. There are now, I believe, 48 positions for international medical graduates, so that's up very significantly from the zero that would have been in place when the hon. member was on the medical council she referred to. This is significant improvement.

We could benefit from more residency positions and, in fact, bring more people in in a number of different ways or use the talents that are here in a number of different ways if we can resolve some of the issues with respect to the placements that they need for residencies, the prefectures and the mentors that they need to assist to do the residency programs. So we're working on that side of the strategy as well.

One of the things that I started to do when I was the minister of advanced education – and we're continuing to work on that now – is what I call the pathway. Not every medical graduate or health care professional graduate from wherever they might have graduated wherever in the world comes with the same credentials, so you need to be able to do a prior learning assessment and credential assessment and then be able to create the pathway. Those individuals have to be able to see how they get to their destination from where they are. Then we have to make sure, as I referred to earlier with my work with advanced education, that they have the bridging programs that are necessary to allow them to move down that pathway to the destination.

So the first critical issue is: can they actually achieve the destination? If they can't, they should be told that, and we should have the opportunity for alternate destinations. So if you've trained someplace in the medical profession but you're not going to be a doctor here, could you apply your training and your expertise in some other medical field; as a physician's assistant, for example?

3:40

So that's one of the pieces. But it's clear that we need to do a better job of the prior learning assessment and then the pathway and the bridging programs to make it possible to achieve those goals. I can tell the hon. member that I've met with the College of Physicians and Surgeons and other colleges, and I'm going to be meeting again very quickly as soon as we set it up with them. I've also met with the deans of medical schools on this specific issue of how we make sure that there's an objective process to credential, that we know what the issues are – you know, identify deficiencies if there are deficiencies – and then have programs in place to overcome those deficiencies on a reasonable basis. That's critical to IMGs.

We can be quick to say that we have unnecessary barriers to success, but one example – and I don't know this for certain, so it's considered an anecdotal concept – is that family physicians in England may not have the obstetrics and gynecology piece, so to come here as an international medical graduate in a family practice in a rural setting, for example, there might be a course that's needed. But you're absolutely right. That course could be done, perhaps, online. The methodology of delivery has to be adapted so that we have the value of the person practising while they're upgrading whatever the deficiencies might be. We can do that under some of the designations we have. Under the part 5 designation, for example, we could have somebody come in and practise, and then we could do the upgrade piece while they're practising.

So those are part and parcel of what we're talking about in the workforce strategy. But, again, we're not waiting for the strategy to come out before we start on it. I started meetings in that area already.

The Chair: The hon. member.

Ms Blakeman: Thank you. Before I forget, Mr. Minister, I know that the issue of electronic health records is going to come up with the next speaker. I think Linda Miller, who handles that section for you, is upstairs, so if there was an opportunity to bring her to the floor for this. I just want to give you a bit of warning that that one is coming in 10 minutes, so she can take her time getting down here, but just so that she is handy for the questions that are coming.

International medical graduates. I agree that there are a number of parts to this. One is the credentialing. But, you know, we've had a foreign qualifications branch here in Alberta for a long time. I was working with it in '89, '90, '91. We have to either resource this appropriately or get better at it. It seems to take us forever to figure out what the qualifications mean from any given university. Somehow there are much more improvements in the systems that we could be doing there. How many times do you have to go back and examine somebody graduating from the university of – let me make it up – Timbuktu? We've just got to get faster at this. Whatever is necessary.

So it's the credentialing, it's the training, it's the testing, and then it's the residencies. That's another piece of this where we need co-operation. My understanding is also that we're short of some of the senior doctors who would usually take that mentorship position and train those residents as they move through that system. I know that generally what's happened in the past is that there are X number of residency positions, which is one or two more than the number of graduates you're expecting to get out of the given teaching institution. I know that we've been trying to increase beyond that to account for international medical graduates who could be around in the pool, but I'm still told that the residency spots are limited as well, and we need to look to that.

That was the last piece on that. But thank you for the information. I'm glad to hear it's working ahead. It's just frustrating.

The next piece I want to talk about is working conditions and retention. I think that this is especially apparent to us in rural areas, and we've really seen that, for example, with special cases like Fort McMurray and Grande Prairie, where the ability to actually retain the health care professional once you get them into a particular institution is increasingly challenging. I think that's around, you know, stable, predictable funding and long-term planning, but it's also around working conditions and lack of professional leadership, flexible scheduling, recognition for expertise and experience, and if I may add, child care spaces. We have a lot of health care professionals who are women who have primary care duties for children who are extremely frustrated because they would like to work and cannot get child care. I cannot see why we are not putting child care spaces into every health facility that we have and, certainly, any new ones that we're building. We've got to be able to get ahead of this one.

So the Alberta Liberals have talked about a health employer innovation fund to support employers to develop and implement creative retention programs. We would suggest that the money would be available to either employees or health provider groups or unions to develop and implement ideas on improving the work

environment or workplace practices or community involvement or quality of care. Of course, I would love for the minister to commit to that idea and establish that fund, but can he talk a bit more about working conditions?

I'll just briefly refer back to the stats that I was using and the questions that I did ask the minister previously, which really frighten me. Those were the ones where we had the number of – and this is a report actually tabled from the ministry itself – days of sick leave taken by registered nurses in regional health authorities between 2001 and 2006. When we look at the '05-06 year for Capital health, for example, 47,152 days of sick leave; Chinook, 7,183 days of sick leave; Peace Country, 5,592 days of sick leave. Again, it's the same example as with the doctors. If we could just get the nurses healthy and staying on the job, we wouldn't need to find so many nurses. So can the minister talk about what he's doing specifically to address workplace conditions and whether he would be willing to look at a health employer innovation fund?

The Chair: The hon. minister.

Mr. Hancock: Thank you. With respect to working conditions, obviously working conditions are a very important part of the retention strategy. They have to be. The best place to get a worker is the worker you already have and make sure that they have the opportunity to have not only an interesting job when they go to work so that they can be excited about going to work but that the workplace is safe and productive. So that's got to be a critical piece of what we do: to take a look and encourage our RHAs to take a look at why they have the work time loss that they have and what we can do about it.

Now, obviously, the industry is a very labour-intensive industry, so people are going to be sick. Those that are in hospitals operate in an environment that has a lot of viruses and diseases, so it's not surprising if somebody might catch a few. I mean, it's like teachers that go back to school in September. They catch colds. You know, that's the nature of it.

But that's not to make light of the fact that we do need to make sure that it's part of the workforce strategy and it's part of what we do going forward. We take a look at what people are doing, whether their skills are being maximized, and therefore they have the excitement about going to work, as well as the safety of the workplace, so they're not straining their backs lifting patients, that they have the right supports and technologies so that they're not being ineffective in terms of the worker doing things that they shouldn't be doing or that someone else could be doing.

When I was first being admitted to the bar, Mr. Justice Côté, as he is now but who then was an instructor, used to say that you should put a sign on your desk saying: does it take an LL.B. to do this? Well, that's the approach we need to be looking at the workforce. Are we operating at our maximum level of effectiveness and making sure that if it doesn't require your skills to do a job, then somebody else should be able to do it, and you should use your skills to do the next job.

That's a little bit off your question, but I think it's a very important part of it because being healthy and going to work every day is not just about sickness; it's about wanting to get up and go in to work every day, being motivated to do it, and that comes from having an interesting work site, where your skills are valued and where the work you do is valued. That's the start of it.

3:50

The next piece is to make sure that it's healthy and that we're using the technology, we're using what we need to assist people so that they don't strain their backs. Then looking at the issues around, probably – I'm guessing, but I would think stress is probably the next indicator of job loss. Part of that is about making sure we have enough people, so that's going out and doing recruiting so we have more people because a lot of the issues around health are about people who feel overworked and overburdened and the stress from that. It's a very real stress, but it's also a wearing out that puts people in a position where they're vulnerable to illness. So there are a lot of factors that go into that, but you're absolutely right: those are important ones to address.

The team approach going forward, I think, is going to be very important to that, to make sure that we have workforce teams to help reduce the workplace stress.

The child care is an important one. I am surprised that employers would even need an innovation fund to assist them in understanding that if you want people to come to work, you have to identify the barriers to success and deal with them. I think that that is happening.

But that's, certainly, again, part of the overall strategies that we have to look at to make sure that we can get – particularly in rural areas, if we want to use the talent that's available in a lot of rural communities to its fullest extent, you have to make sure that the educational opportunities are there so that somebody who could be a nurse can get the course from Grant MacEwan College but in their own community online or from Northern Lakes College or whatever. So making sure that the educational opportunities are there and making sure that the other barriers are dealt with.

Child care is obviously one of those. Two of our RHAs, I'm advised, are looking at options with respect to child care initiatives in their facilities. But that's something that is part and parcel of the discussion and has to be looked at broadly. That's not something that I would suggest should be institutionalized; it's something that any good employer ought to be looking at and saying: if I need to maximize the value of the people I have, what are the barriers to success in my particular area? They're educational. They're child care. They're technology. There may be other barriers that should be looked at.

Ms Blakeman: I appreciate all of that, but it's not happening, and that's why I'm suggesting an employer/employee health innovation fund, because what I was seeing was them going: yeah, yeah, we could use, you know, a child care facility here.

The Chair: The hon. Member for Calgary-Currie. I understand that you want to exercise the 20 minute option as well?

Mr. Taylor: Yes, please. Thank you, Mr. Chairman. I'm pleased to be able to join in the debate on the Health and Wellness department budget today. My focus is going to be specifically on Calgary and the Calgary health region and some questions around that. We have, of course, a huge issue in Calgary in that we had a health care system that was, I think, before this current spurt of high growth in Calgary broke out, if not inadequate at that time, certainly we could see that it was becoming inadequate to serving the size of the population in Calgary at that point.

The population served by the CHR has grown by over 300,000 in the last 15 years. There's a projection that another 300,000 people will move into the Calgary health region in the next 10 years. The population, of course, is continuing to age on the one end, but we also have this unique to Calgary condition of a baby boom on the other end because so many of the people that Calgary attracts are of child-bearing age because it is a great place to move to, build a career, raise a family, that sort of thing. But it means an awful lot of people. It means an awful lot of babies. Birth rates are on the rise:

20 per cent more babies born in Calgary in 2005-2006 than there were in 1995-96.

So we have impact at both ends of the age scale, and it's producing a major increase in demand for health services. In short, we have too few beds, we have too few doctors, we have too few nurses, we have too few of most other health care workers in the system, and the growth demands on that are going to be just incredible over the next little while. So I would like to talk about some of these things specifically, and I would like to start just with the notion of the bed shortage.

Now, in Calgary, if you go down there, you see an incredible amount of hospital construction. The Rockyview is being expanded. The Peter Lougheed is being expanded, I think nearly doubled in size. There's a significant rebuild going on at the Foothills. There's the new Sheldon Chumir downtown urgent care centre. There is also, of course, the new south health campus, which is scheduled to start building one of these days. I think the plan, as far as the CHR is hoping, is that they'll start site excavation this summer, and they want to have the pilings in in fall, provided that they get all the money that they need to build sort of phase 1 of the south health campus.

I wonder if the minister can tell me a little bit, first of all, about the construction plans, about the funding for that construction. In the case of the expansions to the Rockyview, the Lougheed, the rebuild at the Foothills we're seeing a pretty major impact from inflation cost escalation in the construction business. The construction costs are going up, and they're going up at a rate greater than the funding for escalation that the province estimated back in 2005 and added to the project funding. So what is being done about that, first of all?

Secondly, in terms of the south health campus, is all the funding in place to build that hospital? If not, what part is, and what part still needs to go into place? Is the minister aware that the Calgary health region is looking at this project, the south health campus, as quite a long-term project now, where they'll actually start out with phase 1 at sort of 60 per cent capacity, they're hoping, in a complete shell and then add about 100 beds a year for a number of years after that?

The Chair: The hon. minister.

Mr. Hancock: Well, thank you, Mr. Chairman. I think it's important to recognize, first of all, that every place in Alberta is growing – Calgary is certainly growing – and that's creating pressures. Part and parcel of where we need to go is how we are doing things differently in the future. It's not a matter of just doing more of the same because that's not only not going to be sustainable, but it's not the best health practices, in my view. We need to be empowering more of the primary care networks to work proactively in terms of health status in the community, all of which is to say that if we do this right, we don't need to continue to build the acute care capacity at the pace that would have been required on the old model. That's not to say that we don't need to continue to build acute care capacity.

I've had recent meetings with the Calgary health authority, and they're on track for their target. I believe it was 1.9 or 1.92 beds per 1,000. They're not there right now, but they're on track to reach that goal early and to be able to sustain that goal with the south Calgary hospital coming on.

Right now, for example, the Calgary Rockyview general hospital redevelopment will add 104 beds. The Peter Lougheed will add 110. The Foothills will add 104. There is considerable additional capacity coming on, and that's going to help them reach that target, particularly with the first phase of the south Calgary hospital coming on.

The south Calgary health campus was always going to be a phased project. It's important that part of their planning is to overbuild the first phase to make it easier to add the extra pieces without the construction that you see in some of the other phases as well. The project was approved in April 2005. The land is in place. You know all the details because you probably followed the public presentations that were made to the board. The reality is that there was $500 million, more or less, at the concept stage committed to the project. As we know, with projects there's a change between the concept and when you start to get the hard numbers. There's been about $105 million in escalation added, so the project is at about $657 million. Again, as you know, the public projections that the board has been talking about are in the $1.1 billion to $1.2 billion range already, and that will probably change.

The government is committed to the south Calgary health campus. That's a necessary part of not only the acute care build but the change in service delivery model because it's going to have a huge increase in the capacity for ambulatory care and those sorts of areas. So that's a project that's on track. They're moving ahead with it. We will have to work with them and continue to work with them with respect to how we implement that project and how it gets financed over the period of time, but nobody is backing away from building the south Calgary campus and building it on a timely basis.

4:00

There are a lot of other capital projects in Calgary, about $1.5 billion of projects in terms of medical centres and other centres not only in Calgary proper but in the Calgary health region to help with the really important project of changing the delivery model so that we can actually do health status as opposed to continuing always with the acute care. Not to say that we don't need the acute-care beds. We do need the acute-care beds, and that's on track.

The Chair: The hon. member.

Mr. Taylor: Thank you, Mr. Chair, and thank you, Mr. Minister. You're absolutely right. I mean, on one hand, if we were to continue to build out like the plans call for right now, you know, indefinitely into the future, that's not sustainable. On the other hand, a lot of this building needs to take place now in order to change the model of health care delivery in the Calgary health region so that it is sustainable going forward. Of course, a couple of other things that are needed are people to staff all these new facilities – and I'll come back to that in a second – and some new systems.

With that, I'd like to go to the electronic health records for a second, if I can. I truly don't understand this. The amount of money that's required to bring on the Calgary health region's electronic health records is really an astounding figure. It's almost $400 million over the next four years, I guess. You know, I'm not much of a computer geek either. I'm kind of a Luddite when it comes to all those IT things. So it's a sweet mystery of life to me. I don't know how close to Bill Gates the minister is, but maybe he knows more about it than I do.

I'm interested in this because it's pretty obvious that within the Calgary health region this is to be a comprehensive system where there is, you know, one patient, one record sort of thing. No matter where you interact with the system, once it's up and running, they can access your health records, that sort of thing. That's a good thing.

Of course, at some point Calgarians will get sick when they're visiting Edmonton and Edmontonians will get sick when they're visiting Lethbridge and people from Lethbridge will get sick when they're in Fort McMurray, that kind of thing. So I'm interested in

the province-wide system if I can just move away from an exclusive Calgary focus for a second. My understanding is that the Calgary health region is sort of doing a piece of the Alberta-wide health records, Capital health is doing another piece, and then I think there's a third piece. The question basically is: what piece of the Alberta-wide project on electronic health records is Calgary health region doing, and how are they doing at it internally?

[Mrs. Jablonski in the chair]

The Acting Chair: The hon. minister.

Mr. Hancock: Thank you. First of all, on the cost side, building an electronic health record is not a low-cost operation. It involves not only the cost of developing the technology but the cost of evergreening it, the cost of encouraging people to adapt to it and to adopt it. So there are a number of pieces in different pockets. Again, in the trilateral agreement we have the physician office system program, which is to encourage physicians' offices to hook up because, as you mentioned, the electronic health record, to be complete, needs to have all the data that's necessary to be consistently shared on one accessible mechanism. So adding on the physicians is an important front piece.

There are three developments in the province. The Calgary regional health authority has been developing their health records, the Capital region has been developing their health records, and one called RSHIP is doing the other seven regions together, all of them working, hopefully, with respect to consistent standards so that the data collected is collected in a consistent way. The Capital health authority is currently tasked with building the portal so that you'll have access to all the health records wherever you are. The concept is that the data will be available whether you're in Edmonton, Calgary, Fort McMurray, Lethbridge.

You'll have access to pharmacy information. PIN was, I think, the first one up. It went up quite a while ago. It's not quite real time yet, but hopefully it will be real time soon. Right now it's batched and uploaded. So the pharmacy piece, the diagnostic imaging and other imaging pieces, the lab tests: all of that will be part of an electronic health record accessible anywhere in the province through the hub-and-portal approach. They built on existing systems because of the cost of starting afresh and doing a common system right across the province, which was one of the first questions I asked when I got into the portfolio. I gather it was easier, better, more efficient, and better for change management and encouraging people to adopt if you started from where they were and built out.

Calgary has got some front-end pieces. It's very interesting. I was down doing a tour not that long ago, and they were demonstrating some of the bedside order mechanisms and charting mechanisms that they have that are Calgary-specific but which probably wouldn't be used in some of the RHAs that are part of the RSHIP model, at least not at the front end of it, but they would be used in a quaternary care, high-technology centre in Calgary or in Edmonton.

So it is a costly process. We're making sure that the money is effectively invested. We're making sure that there's a quality standard being maintained so that while they're developing three records, they will talk to each other, that they'll be integrated and integratable. We have a provincial governance structure to ensure that.

The Acting Chair: The hon. member.

Mr. Taylor: Thank you. We'll move on to the staffing area if we can. I'm looking at the projections – and these are the Calgary health region's own projections – of the number of bodies they're going to need for workforce renewal over the next 10 years. It is truly staggering. In the next 10 years, inclusive of all contract providers and continuing care, Calgary Lab Services, and Carewest, the region will need approximately 37,000 staff and 3,300 physicians to meet growth and replacement needs. They're short 1,000 nurses today. They estimate that they will need 10,000 RNs and LPNs over the next 10 years; 7,800 health care assistants, personal care assistants, and nursing attendants; 9,500 support staff; 500 physios; 750 medical laboratory technologists. They'll need 1,300 primary care physicians and 2,200 specialists.

You know, the postsecondary education system just is not up to the task of turning out those kinds of numbers in any way, really. In fact, the estimate here, I think, is that the University of Calgary has approximately 100 fewer health care training programs and training positions compared to the University of Alberta. The gap between Calgary and Edmonton is met by expenditure from the CHR's operating budgets to employ bedside physicians and hospitalists rather than expenditure from the government grant for these trainees. So that's coming out of the CHR's budget directly, and that's an additional stress that Capital health, perhaps, doesn't face. There's no pharmacy program, no rehab or MR technology programs, so that increases their recruitment costs and all the rest of that. There needs to be a major commitment by the province of Alberta to support the Calgary health care education alliance so that they can gear up to meet these kinds of goals.

Now, I don't expect that over the space of 10 years, with the kinds of numbers of staff we're talking about here, we can ramp up, you know, the system to an extent that we can provide absolutely everybody Calgary needs, but we've got to make some movement in that area. I think it's safe to say that if Calgary has these kinds of needs, Capital health can't be too far behind, and while Calgary and Capital health are obviously more sophisticated, more technologically driven, more specialized health care regions than what you find in the other seven, the other seven are going to have some pretty significant staffing challenges, I think, going forward as well.

I wonder if the minister could talk specifically about the gap between the number of people needed in Calgary and the number of people that postsecondary medical and health education facilities in the Calgary area are capable of churning out, what can be done about that, and what the government is prepared to commit to.

4:10

Mr. Hancock: Well, I think what the hon. member is getting into, Madam Chair, is the numbers game that I was saying I'm reluctant to engage in. We know we need more health care professionals, and we're certainly ramping up on all fronts in terms of the educational processes. I mean, with the medical schools, I think Calgary was at 80 and the U of A was at 105 or 110 or something when I first got involved in this. They're now both up at 135. So a lot of those things have been addressed in terms of building capacity. A lot more has to be addressed. It's not just adding more seats. It's making sure you have the educators in place. So there's a lot to that strategy in terms of making sure that our advanced education system can make sure that there are opportunities for every Albertan who wants to get an education in the right place, and of course now my particular concern has shifted from the overall goal to the health goal in that area.

It's not just, with all due respect, about Calgary. You know, just as we had on the medical school match with the interns that were being talked about before, the idea that the number of graduates versus the number of residencies was matched right across the country, a graduate from a medical school in Calgary doesn't

necessarily stay in Calgary. They go to wherever they get the specialty match or the residency match that they want and that wants them. So while we need to build the educational capacity – and we're adding spaces; we're doing all sorts of wonderful things in that area – it's a broader issue. It's not just a Calgary issue.

We're working with the health authorities and with the ministry of employment and immigration, for example, in terms of how we can recruit globally on a collaborative basis rather than on a competitive basis so that they don't use resources competing with each other. It doesn't make any sense for somebody to pay a hiring bonus in one health authority only to take somebody from another health authority and then have them ramp up and play that kind of ratcheting game. We've got to bring this together on a collaborative approach. Calgary has got to be part of that team. We'll work together to both educate Albertans for the jobs that we need and ramp up the educational opportunities, making sure we have the new educators in place that are needed to do that, making sure that the spaces are in place, and then looking at other qualified talent in the province and how we can upgrade that.

I mean, one of the biggest pressures is not going to be the nursing and the doctors in the future. It's the personal care aides. It's the people at the entry level of the system who are the care attendants who are going to be difficult to get because we want them to have certain skills, but their pay level doesn't recognize the fact that they can cross the street and work for a fast-food outlet at a higher pay level. So those are the areas where the real issues are going to be in terms of being able to recruit people. Quite frankly, where we're going to be able to bring in, I think, others without worrying about whether we're depleting the health resources of another country or another jurisdiction is to bring in some of the entry-level people.

The Acting Chair: The hon. Member for Edmonton-Centre.

Ms Blakeman: Thank you very much. I'm sure the Member for Calgary-Currie is looking forward to his next at bat. In the meantime if I can just pick up where I was leaving off, and if we can hang on to Ms Miller. Thank you.

We were talking about working conditions. If I can just argue a little bit with the minister, who didn't necessarily see why we'd need an innovation fund, that surely employers would just see what needed to be done and do it. But, in fact, that's not happening.

At one of the places I was in in Grande Prairie, they indicated that they were sort of double- and triple-shifting their nurses, and then they said: you know, there are nurses that are here that would love to come in and work that shift, but they can't because they can't get anybody to deliver child care especially on shift. To me it would only make sense, as the minister says, to offer the child care spaces in the hospital that could cope with the shift work, but it's not happening.

So I still want the minister to consider the idea of this innovation fund because I think often hospital administrators go: I can't possibly consider, you know, putting however many dollars, $50,000, into redoing a space to meet the requirements for child care space when I have so many other draws on what we need to spend money on in this particular facility. An innovation fund might be able to help them consider that.

I'm going to move on a little bit. We know that high school is where a lot of young people make up their minds about what they're going to do, what their career choice might be. Again, we have a Liberal policy about developing a provincial strategy aimed at increasing awareness of health care as a viable career amongst those high school kids. I mean, sometimes you see these trade fairs – and some schools are very organized about it – and they recruit and bring all kinds of people in. But I think that this is another piece of that workforce puzzle, to direct some energy towards presenting health care as a viable and interesting choice for high school students, so I'd be interested in the minister's feedback on that.

Now, I also note that on page 181 of the Health and Wellness business plan, right at the top of the page there, it's talking about workforce, and it says, "The challenge of workforce shortages is compounded by the fact that the average age of health care providers is increasing and many are nearing retirement age." So I'm wondering if the ministry has any particular plans, specific plans, that are in place or that are going to be put in place within the next period of time that would be addressing attrition rates?

Do you want to answer those, and then I'll move on to electronic health records? Okay.

Mr. Hancock: Madam Chairman, the whole issue of doing things in the workplace – really, you need to be flexible. I don't disagree that it would probably be helpful if there was a fund in place that people could draw on, but the fact of the matter is that it doesn't take a brilliant executive to look at the overtime budget and find $50,000 to put in place a child care space. So what we need to be doing is working with health authorities and other employers to think about how they deal with their issues.

[Mr. Marz in the chair]

It's not all a question of more money. I mean, yes, there's a role for incentivizing that, but we need to look at the overtime, for example, being paid and say: are there other resources and, if so, you know, how do we do it? I'm going to say something that might get me in trouble here, but not all of this can be dealt with at the bargaining table. With health care workers we've got to be talking about workplace in a broader context so that we can make sure that a health care professional can use the full scope of their practice and deal with that. That would enable, I think, if we looked at it in a broader context, some of these workplaces to really look at the things that will enable that to happen. Then we can talk about how we resource if there needs to be some resources to do it.

I would argue, without knowing anything about it, that the cost of putting together a child care space in a health care facility is not the barrier to success. Surely, another $50,000, or whatever it would cost to put that in, is not the thing that's keeping somebody from doing it. So that's part and parcel of the discussion we need to be having and saying to people: you've got to be thinking about your workforce and the people who are around you now that could be employed in your workforce. What are their barriers to coming in? What's going to bring your workforce in on a daily basis? What's going to make it possible for you to recruit the talent that's in your neighbourhood? Because that's the best source of people. That shouldn't require us to provide a lot of incentives, but I'm happy to work on the incentive side if that is what's needed. I would argue that that's not a huge cost. That's just thinking about who you're working with and what the barriers are.

We do work on the high school side. We work with Careers: The Next Generation. So we're working at making sure that health information and health care professions are part of the package that people have. I can tell you from the advanced education side that the student ambassadors that went in with the tools that they had are working on that.

You know, the easy answer always is: well, let's put more information into the high schools. I'd be happy to work with Education in terms of how we can make sure that more information is available, but it's not really about information because most of the

high school students that I'm aware of have access to much more information than anybody ever had. I mean, I know that my own daughter, who has just finished her first year of university, coming out of high school, could access the information, had the access to it. What's really needed is how you use all this information to define what a pathway might be. So those might be questions you may want to ask the Minister of Education with respect to how we use the information, not how we get them more.

4:20

Keeping older workers, a retention of the workforce as people are aging, and attrition: part of that, again, is about how we keep the job exciting, about making it challenging for people so that they'll want to continue on. I think that in a number of workforces where they see people with early retirement, that's part of the problem, part of the issue.

The other one is, again, equipment. I mean, we've got aging workforce and an older and heavier patient population. That's leading to the back strain issue. Again, I keep going back to that, but it seems to me to be almost a no-brainer that when you have those sorts of mixes, you can really make it easier for people to go to work if you provide them with the right tools, those sorts of issues. So retention is about making people want to come to work, about making sure that they're compensated fairly.

For most people it's not the money package. It's about the excitement and the challenge of the job, that as health care professionals and technologists they can actually do the work that they want to do and see the results that they want to see and be part of the health care field and be successful. But we need to provide them with the tools to do that. So I think for the retention strategy it's not just about a big pay packet; it's about making it exciting, making sure that they can use their full scope, making sure that they interact with the health care teams so that they can actually achieve outcomes that they can see and feel and touch and go home at night saying: I did something useful.

Ms Blakeman: Well, I agree that that's a good long-term goal. I'm a little concerned about how we get from where we are to there, especially given the problems that we're having with attrition and workforce retention and recruitment. I mean, we need sort of six-month goals, one-year goals, three-year goals, five-year goals. What I'm hearing you say – and I agree with the principle of it – you know, good three- to five-year goals, but how do we get there from here?

I want to talk about electronic health records briefly. You gave a bit of an explanation to my colleague, but I'm looking for an update of where we are. This is one of the key pieces in the government platform. I'm happy to hear from the individual staff person or through the minister, whichever he wants. But this is touted as a key piece of how we're going to address some of those health care pressures. So where are we with this?

When I was involved with the Health Information Act review – and, you know, I think that's got to be three years ago – there were a couple of major pieces that were left undecided because there was supposed to be an additional or a second Health Information Act review committee, which was never called. So some of those very large issues are still floating around out there. Are we looking at a follow-up committee here, and if so, when? What is the actual status of where we are? Because at the time it seemed like we were really leading, that we were at the forefront of that whole pan-Canadian strategy. I don't know what happened, if we stumbled or just got quiet, but it all seemed to kind of drop off the radar screen for a while. So I started to think, uh-oh, problems. I'd like to know where we are with that.

I'd also like to know if we're still looking at electronic health records that are essentially hospital based. It's the results of what happens to you in the hospital: admission, the various tests that you've had, what the diagnosis was, lab results, et cetera. Is it going to include family practice medical records? Different from electronic health records, but now we're talking medical records. When would that come online? Will lab tests or tests ordered by a family physician or a family clinic also be part of that electronic health record or electronic medical record? Finally, what about specialists' records? Do they get pulled into the mix too? I think people have got it in their heads that it's everything, and my understanding of it was that it's actually segmented and that we shouldn't be expecting that everything is in fact online.

So if I could get an update on that, and then we should have time for one more exchange. That would be great.

Mr. Hancock: Well, on the segmented records, clearly, there was a concern about the question of medical records versus health records. I think that's been overcome. We'll have an electronic health record. Obviously, doctors will have more information on their file in their office about their patients than will need to go on a common health record, actually, because a specialist doesn't need to know all the personal information that a person might share with their doctor. That would be one of the concerns that doctors had with respect to the medical health records. But AMA is on the governance committee, and I think we've overcome that issue and have a common sense of what information needs to be available on a common electronic record.

By 2008 we're fairly confident that 100 per cent of lab will be on, that 75 per cent of diagnostic imaging will be on, that 100 per cent of drugs dispensed will be on, and that 25,000 providers will be on. We hope to move doctors – what are we at? – 67 per cent of doctors' offices are on now. With the new targets we should be able to get up to about 80 per cent this year. So we're on a good track to be able to say that all Albertans will have a viable electronic health record by 2008, that that health record will have virtually all of the data that is needed for any of their health care providers to be able to deal with them on a consistent basis regardless of where they access the system. It won't have all their personal data that they might want to share with their own doctor with respect to some things that should not be on the broad electronic health record.

The Health Information Act will be reviewed. We're aiming at the spring of 2008 for the review of that.

Ms Blakeman: Oh, I'm so looking forward to it.

I think what I'm going to do is follow up with some specific written questions on this issue. I know that there have been some concerns expressed recently about: are we going to achieve that in a safe way? I think there continue to be issues around the security of people's personal information, but what I'll do is follow up with written questions on that.

What I would like to do at this point is start on some issues around mental health. I thank Ms Miller very much for coming down to give us some up-to-date information on that. On mental health the minister has introduced legislation on community treatment orders, which is creating a situation where individuals with mental illness would end up with basically a court order to follow a treatment plan or face involuntary hospitalization. I argue that even supporters of CTOs agree that they will only be successful if there are increased community supports available. What available supports within the community are going to be added? What additional support can we expect? In addition to that, what steps are involved in integrating these mental health services into the overall health care system in the

province? That's partly to do with that we've had mental health segregated; we've had it added into this; we've put it under regional health authorities. It has kind of bounced around the province. So where is the integration of that?

If you look at the estimates on page 203, line 5.0.12, mental health innovation fund, I'm wondering what best practices, what reports, what standards the RHAs are using to develop local initiatives with the funding from this mental health innovation fund. I'm assuming that you already have some idea of how they're going to use that, so what's being contemplated there?

How will the success of these initiatives be measured to ensure that they actually are improving services for the mentally ill? I'll tell you that my greatest fear is that that legislation passes and we don't get anything more, that we don't get another treatment bed, no new beds in the psych wards, no new beds in community treatment and support, no new enhancement for the not-for-profit agencies that offer community supports, that they don't get anymore money. I just think that that would be the worst of all possible worlds.

Beyond the three years of this $25 million mental health innovation fund what other plans are in place for long-term funding of mental health? Is there funding for preventative mental health services such as counselling and for the development of community networks? What additional supports is the minister allocating for these not-for-profit groups who provide services and supports directly to Albertans with a mental illness?

I'll let you answer those, and then I'll shift gears slightly.

4:30

Mr. Hancock: I think those are very important questions, Mr. Chairman, relative to the CTOs because, obviously, CTOs are a very important tool to be able to assist people who have mental health issues and make sure that they're dealt with on a timely basis as opposed to waiting for them to crash, not only hurting their quality of life and impacting their families but using a lot of the acute care budget in health authorities with respect to then getting them back into commission. So part of the resourcing, obviously, is already in place if this can be used appropriately, because by interceding earlier, you'll be able to save those resources that are being eaten up now. Aside from that, there's an additional $290,679,546 going into the mental health funding allocated to the health authorities for mental health purposes – and that's being allocated across the regional health authorities – and an 8.6 per cent increase, I believe it is, to the Mental Health Board.

Mental health is an area that needs more focus. Obviously, that started in the past with the Mental Health Board's policy plan and then last fall with the announcement of the children's mental health strategy. The $75 million innovation fund, which was there over three years – I will resist the temptation to comment on being asked what an innovation fund is going to be used for because the purpose of an innovation fund is to encourage innovation, which means new ideas. Clearly, we need to engage the community in the whole area. I mean, we need assertive treatment availability in the communities, and some of the resources that are going out will have to be used for that to support the process.

I've already started the process of engaging the mental health alliance, the Canadian Mental Health Association Alberta branch, and others to help monitor and comment on the implementation and provide advice as we go along as to how we're doing with respect to achieving availability of resources in the community. So we're going to set up a process as we go through this not only to bring in the community treatment orders but to make sure that the health authorities know that they need to have a delivery model in place to back it up and that we will be not only using our own assessment but talking to the community advocacy groups to make sure that we have a good understanding of how we're impacting the individuals in the community.

The Chair: The hon. member.

Ms Blakeman: Thanks. I don't think I'm very happy with what I'm hearing because I'm not hearing that the supports and resourcing that I was hoping would go – I mean, there's a certain amount of money that's extra here, but how is it specifically being allocated to those not-for-profits?

The Chair: Your time has elapsed.

The hon. Member for Lethbridge-East.

Ms Pastoor: Well, thank you, Mr. Chair. I have a number of questions, and I think that rather than do a whole bunch of preamble, I'm just going to throw out some comments and some questions. Some of them relate to things that I've already heard, and some are my own.

Back to the health records. I have a concern that the company that would be in charge – and I am totally computer and IT illiterate – the company that will be doing the service, or server, could well be the same company that is also an insurance company. I would be concerned about my personal health records being shared with an insurance company. I realize that they all say that everything is private, but, you know, I'm from Missouri. You've got to show me because there are just too many little accidents that happen. Then in relation to that, too, what would the minister's feeling be about the personal choice of people to opt out of that plan, opting out of mental health records, not having your records in the big pot?

Ms Blakeman: The electronic health record?

Ms Pastoor: The electronic health record.

As for the new emphasis on the dollars for mental illness, it's certainly more than welcome, probably way behind the time. Where I have a concern is: what is mental illness? I think that we have a true DMS for what a mental illness is, but then my question would be: what about drug-induced mental damage, which is often not reversible? Is that a mental illness? How many mental illness dollars that would actually be used for someone with a true, diagnosed mental illness – how would those dollars go around that? Would that person perhaps be put under the health care?

Another concern that I have, back to assisted living and designated assisted living, et cetera, is that often these places do not have highly trained staff. They have what we call now health care workers, who kind of do everything. My concern is that when someone falls, they might hit their head. Maybe not everybody does, but if you hit your head and cut your head, you really bleed abnormal amounts. It looks usually a lot worse than it is, but there aren't people trained to do either a medical diagnosis or to actually be able to do that work on their own, and ultimately they end up calling 911. It's a huge, huge use or misuse of what I feel to be an ambulance service, whereas if there was somebody on-site at all times that actually had that extra medical training – and of course I'm referring to an RN, LPNs perhaps, but I don't think they have enough experience yet – who could actually handle that sort of stuff.

If that person had fallen and broken their hip, that could be diagnosed by someone who is a medically trained person, an RN, but they would be able to phone the doc and say: "Okay. I've got a broken hip here. I need an order for morphine or whatever just to keep them comfortable." Then the ambulance could come as a

transfer, not as an ambulance service. You get six guys walking in. They've got their cardiac machines. They've got two or three guys that want to practise. So they come in and just do the whole assessment of this poor little person that only has a broken hip when we know exactly what they need. So I think in terms of the dollars that, in my mind, are being wasted because we do not have the legislation that would say, or however you would do it, that a medically trained person has to be on-site 24 hours a day. I think that it would save us a lot of money on the ambulance side of things.

He's making notes. I'll just throw a whole pile out.

The other one is the appropriate assessments. Again I'm going back to my mantra about wanting it straight across the province in terms of definitions and in terms of assessments. I'll just use a quick story. I had a constituent who wanted to bring his parents from Calgary to Lethbridge. The mother was extreme Alzheimer's and, basically, was bedridden. The father was in a wheelchair. They both had been assessed as long-term care, but when they came to Lethbridge, Lethbridge refused to assess them as long-term care because their definitions were different. They were going to end up in assisted living, at which point he really believed that they were not going to get the assistance that they required, and he had to leave them there. He was an only child, so it really was very difficult as a result of the assessment process. I believe those assessments should be equal across the province. I think it's imperative that families be involved in the assessments and that they're not being done by third parties.

There we go. That was five.

The Chair: The hon. minister.

4:40

Mr. Hancock: Thank you, Mr. Chairman. I'm not medically trained or an RN, so I'm not even going to begin to attempt to address the question of whether mental illness is a true diagnosis or a drug-induced mental condition. That I'm going to leave to the professionals. The bottom line is that we need to have the quality of care and the quality of treatment available regardless of what the issue is.

Also, it points to one of the things that we really need to address; that is, to prevent damage. So when you talk about drug induced, I would rather get to the front end and try and reduce the number of people who are impacted by drugs. Well, I mean, you have to do both. Obviously, part of the problem – and your colleague from Edmonton-Centre sort of raised this – is that it's great to have long-term goals, but what are we doing now? The problem in the system is that we tend to do more of the what are we doing now and not enough of the long-term goals. If we don't know where we're going, we certainly are not going to get there with the immediacy issue. So I think it's important to start with the long-term goals, and then, yes, we need to know what we're doing to get along the line.

All I would say about the question of true mental illness or drug-induced mental illness: there's not a lot of difference to me. You know, we need to be able to provide the services that are necessary to make sure that they have the quality of life that they can have and that they get the medical interventions that they need to have so that they're not a danger to anyone else and they're not a danger to themselves.

With respect to assessment for long-term care that's a very important issue. We have a long-term assessment tool which is supposed to be utilized across the province, and we're rolling out definitions across the province. Hopefully, that type of situation will be a thing of the past. We should be able to do these assessments on a consistent basis across the province. Families would be involved in that assessment in terms of developing the care plan for the individual patient, but it should be able to be done on a consistent basis and used consistently not only across the province but even within the same region.

The question of whether you have a health care professional on-site as opposed to calling 911. I would hope that when we get into the whole governance issues and the issues of quality of care and assurance and those sorts of issues, one of those things that we would be asking health care boards and service providers is to use appropriate determinations with respect to the best use of resources. Clearly, it's a question of what makes the most sense.

In some cases, depending on the number of people you have and the number of potential for incidents, it would obviously make sense to have a level of health care professional, whether it's an emergency medical responder or an RN or a doctor, depending on the acuity level of the people in care at that particular place. That's not a decision, again, that you can or should make, in my view, on a rule-based process but, rather, empowering people to make the right kinds of decisions for the acuity levels of the people that they're serving and to make those decisions based on the most effective model.

Now, the problem is that sometimes those decisions get skewed by who pays. So that's the piece that we have to really deal with: to get people making the right decisions for the people they are serving regardless of the question of who pays. I mean, obviously, if you call an ambulance, it's somebody else who's taking care of the cost, and that's what skews the decision-making sometimes.

On the IT side it's my understanding – and this has got to be critical – that security of information is extremely important. People have to have the assurance that their personal information is being cared for. But the fact of the matter is that there is a lot of personal information on servers and in the IT area now. So the standards are important. The contracts have to be strong. There has to be clearly defined criteria with respect to security. All of the security contracts, as I understand, are reviewed by the Privacy Commissioner to make sure that we adhere to that and the strict confidentiality rules. I mean, these are not small contracts. They're not going to leak the information across a boundary for a short-term economic interest with the penalties and the recourse that we have. In my view, we've got to get past this fear we have of putting out our information because it's so much more important to be able to have access to the information when it's needed.

A person cannot opt out of the electronic health record, but they can ask that their data be masked so that only certain people have access to it. Now, I'll be corrected if I'm wrong here, but what that means is that if I want to, I could say: well, you can put my data there, but if I show up in emergency and you call up my record, it may have a flag that says that you have to actually call my doctor to get access. Now, whether you want to do that or not I guess would be your own personal decision, but what we need to do is to make sure that people have a sense of the value of sharing the information so that they can have access.

We have situations, and I have personal situations, where you have an episode and you present in one place, and they do tests and they do all sorts of things. They determine things are fine and they stabilize you and then you get out, but you're supposed to go see your doctor another day and the information never arrives. You duplicate all the stuff and you go to emergency for another 11 hours. You go through all that, and when you're 90 years old, that's not a really good thing. So let's get over the fear of who's going to look at our information, and let's get the information we need on the system so we can actually provide the quality of care on a timely basis to the people that need it.

The Chair: The hon. member.

Ms Pastoor: Thank you. Just a couple of more things. I would really suggest that you look up the number of times that ambulances actually do attend at either assisted living or designated assisted living or whatever. I think they may be enlightening for you.

Just a final thing. Again it's because of this deregulation of long-term care. Is the minister of health thinking of handing over the responsibility of long-term care – and again it would have to be that whole continuing care package – to the minister of seniors? That then becomes this whole big kettle of worms. A lot of the people in continuing care are seniors, but some of them are 42-year-old people with MS. It really is so unclear.

I'll just use one quick example. We've got grandma sitting in the room. She may have had a stroke, so with a little bit of help from the people in her assisted living, they get her up. They get her dressed, they get her down to the dining room, and they put the food in front of her. At this point she's under Housing. She's had a right-sided stroke. She's a right-handed person, and she can't feed herself. Who's going to feed her? That now becomes care. So it's a very, very, very fine line and it gets all blurred and then it tends to go: "Well, that's not my job. That's not my job. That's not my job." Then they end up not being fed. So I'm wondering if there isn't some way of amalgamating that all under the minister of seniors.

Mr. Hancock: Well, that happens to be one of my favourite topics. I have over the years been consistently frustrated by this whole question of: is it housing or is it health? I think, really, we have to actually focus on: is it people? Take a look at the individuals involved and the continuum of care that's needed, right from living independently to being able to live independently in your own home with some type of modest assistance that you might need, or maybe not so modest assistance you might need if you can still live independently in your own home, to the old extended care model where you need such health assistance that you're virtually in hospital. But it's not acute care; it's long-term care. We really need to look at that. Now, I don't care whether that happens in Health or in Seniors. Personally, I think that we should look at the housing component and then add the health component, but that's just a personal belief.

As soon as I trotted that out there, I had a lot of people come back and say: no, it should be the other way around. I don't really care. What we need to do between the minister of seniors and myself and our staffs is sit down and take a look at how we do the continuum of care to make sure that the home care, the lodge care, the seniors' care – I mean, it really doesn't make any sense that people have to move to the care level as opposed to having the care level move to them except in specific circumstances. That's when you get to the really long-term support where you're not really leaving your bed or where the acuity level is so high that the health stuff is really more important to your living than the other issues of quality of life. That's what we need to get to.

You know, the question of whether it's in a health silo or a senior silo is not the important issue. The important issue is: how do we get to the place where we can deliver the right level of service to the right person and give them as much independence and quality of life as they possibly can have, consistent with the ability of the public system to support them?

4:50

The Chair: The hon. member?

Ms Pastoor: Thank you.

The Chair: The hon. Member for Edmonton-Centre.

Ms Blakeman: Thanks very much, Mr. Chairman. I was talking about mental illness, and I listened carefully to what the minister said in response to my colleague. I guess what I'm seeing is that there is quite a bit of money that's gone in here, but I cannot determine from what the minister is telling me as to what the money is being used for.

There's money in this innovation fund. There's money that went last year to this children's mental health fund which carries on. There's extra money to the regional health authorities. There's extra money to the Mental Health Board. What's it being used for specifically? You know, we need the specifics of how this is being used, but I also want to know: what is it? Who monitors it, and how do they monitor it? Who enforces what is supposed to be happening, whatever these outcomes are, and how is that enforced?

There's a lot of money here, and there is an accountability factor that needs to be in play. I understand what the minister is saying about long-term goals and short-term implementation. Still, there's a lot of money in this budget, and, specific to mental health, exactly where is it expected to go? What are the details of the program? You might want to give this to me in writing, and that's fine. Where's the money expected to go? You don't just come up with figures off the top of your head. You must have some idea of what this money was going to get spent on, so what was it going to get spent on? How is the monitoring of those programs going to take place, and how is any enforcement or review and adjustment process going to play out?

I also want to go back and pick up on something that you said in response to my colleague from Lethbridge-East around electronic health records. I have to disagree with you. I don't think it's just about: everybody has got to get over this fear. Those fears are real, and there are still problems in the system that have not particularly been addressed, particularly around the accuracy of information. I think that in some cases, what I've seen from studies, the inaccuracy rate can be as high as 40 per cent. Well, that's serious. Yeah, it's high, but that can fall into play, and this is not an easy system to get through when you try and find out what your personal health information is and try and adjust it. Frankly, you usually only try and get at that stuff if there's a problem.

You know, I have no reason to go and check my electronic health records at this point or to ask for any kind of health record. Nothing wrong. I don't see the problem. Why would I ask? Now, you know, if my mom falls, I'm going to want to know what went on there, and that's when I start to try and get the information, and there's a certain amount of reluctance that goes along with that. I understand why, but usually you're only trying to access that information when there's a problem.

Now, I will say that the Health Information Act has a better balance between capturing that information and using it and allowing it to be used and the individual's right to get at it and correct it and also to be notified and to be asked consent. But there are also huge issues about, for example, blanket consent and implied consent that come along with this, and the more we see the interaction between big pharma and marketing, the whole idea that your personal health information would be used for marketing, the more problems it presents for us.

So, you know, I'd like to be able to say: yeah, that's great; I can dismiss these concerns. But I can't dismiss these concerns. I think there still are issues there that we need to be addressing, and again I'm looking for more specifics.

The last thing I want to pick up on from my colleague's comments is around Capital long-term care projects. Now, in my constituency we do have the Polish – I'm sorry; I don't know the name, but it's being done in conjunction with Caritas on a piece of land that's by

the Prince of Wales armoury, in between that and the Polish Hall on about 106th Street and probably 107th or 108th Avenue.

I'm wondering if I can get an update on three facilities. One is: what's happening with the Polish long-term care aging in place facility? How much money is committed? Over what period of time? When are we expecting it to open? What kind of commitment has the government got into it?

Also, the General hospital. I'm being told there are plans afoot there over the next period of time – and, again, what period of time? – to redo that and turn more of it into a long-term care facility. We have some specialized units in that facility. We have the Ming Ai, for example, which is Chinese, and all of the staff there speak either Cantonese or Mandarin. It's decorated in that way. The food that's served is culturally appropriate, et cetera. I'm wondering if any more of those special wings are planned for that facility.

Finally, I've been working with one of the Jewish communities, the local synagogue, about a piece of land they have behind the synagogue on Jasper and 120th or so. They're looking to – I think they've actually purchased an apartment building – renovate it for an aging in place facility for seniors. Is there capital money that we could be accessing for that facility as well? Now, that one at this point is still a twinkle in somebody's eye, but we certainly want to move in that direction, so how can they be accessing funds to assist them with doing this?

I'll let you answer those, that series. Thank you.

The Chair: The hon. minister.

Mr. Hancock: Thank you, Mr. Chairman. With respect to the last issue we'll get back to you in writing with respect to some of the specifics on the specific facilities. Some of it actually will fall into Seniors. For example, that last project would probably be a seniors' project as opposed to a long-term care facility. Those are some of the issues we were talking about before in terms of how those projects are funded, but I think it's probably better to deal with that in writing.

The Edmonton General continuing care centre. There's a project in place there to replace 94 beds and to provide an additional 26 beds, but I can get more detail to you on that.

With respect to the electronic health record we should be under no illusion that our paper records are better than our electronic records. In fact, the accuracy of the paper records is sometimes worse than the electronic records and not as available.

Ms Blakeman: It's one version. An electronic version is infinite.

Mr. Hancock: No, there's only one version. Any place that you happen to access the system will have a version. It won't necessarily all be compatible. It won't be available. The complete array of information that a health care provider might need to provide proper health care when you arrive in an ambulance will not be there. I don't want to sound cavalier, but an improvement of the quality of data is an important project, but there are five sort of criteria, five factors that need to be matched before our data can be entered into an electronic health record. I don't know if you've read any health records or not, but the electronic version is a lot more legible, so even interpreting it is a lot easier and better in lots of circumstances.

Being able to monitor some of that information so a health care provider being able to look at the information – there are a whole lot of advantages to the electronic health record that far outweigh the potential fear that a person might have about either the accuracy of their data or the loss of their data. That's the piece that we really have to come to terms with. A lot of work is being done. Obviously, security of data is important, but we continue to raise the fear that we're going to lose the data to somebody, that somebody is going to use it to market the product, that sort of thing. That's not the purpose of collecting the data, and that's not the use it's going to be used for. That's not to say that we shouldn't extract nonidentifiable data to do appropriate research and to help us improve our health outcomes. Again, that's one of the reasons why it is important to have a good electronic health record, so that we can get the right kind of data so we can do improvements. All you have to do is look at what Capital health is doing with respect to diabetes to see the benefit of that.

Mental health funding, the mental health funding that goes to the RHAs; for example, the $291 million that I was talking about. They use that for their forensic, for acute care beds, for treatment moves to community, outpatient, links with the schools. There are a lot of different areas. That will be set out in their health service plans, and we will be able to monitor it through their health service plans, and obviously we will be able to work with them in terms of their priorities.

5:00

I certainly think – well, I know – that as we go forward with the community treatment orders, we're going to be working with the RHAs with respect to their assertive community treatment programs and other programs that are necessary to enhance the service delivery in the community. So we will be auditing back on those service plans to make sure that they're doing it but also having input into what they're doing with the resources in the community.

We know what money is being allocated to each authority with respect to mental health, and we have the expectation and, in fact, the requirement that it be used in those areas. But we have regional health authorities because each community has some difference in terms of the types of service and the level of service in those areas.

Ms Blakeman: On page 186 of the business plan under strategy 3.2 it talks about:

> Support the community-based implementation of the Provincial Mental Health Plan and new patient activity reporting requirements in partnership with the Alberta Mental Health Board, regional health authorities and other stakeholders.

\New patient activity reporting requirements and the community-based implementation of this health plan: could you give us some details on exactly what you're expecting that is, please? Then I'd like to go on to regionalization. I'll let you answer that.

Mr. Hancock: Why don't you go on to regionalization? When I get an answer to that, I'll either add it or I'll give it to you.

Ms Blakeman: On page 190 of the business plan, 6.9, it indicates that the minister is going to assess the efficiency of regional health authority operations. I would welcome that because part of my question is that we've never gone back and said: "Okay. We did these regional health authorities. Do they work? Was this actually a great idea? Did it save us any money? Did it deliver health care services better to more people, more efficiently? Did it result in better health care for people?" We've never gone back and checked that, and that's now in place for a good 10 years. I'm hoping that it is what I think it is: that the regional health authorities will be reviewed to see whether they have been more efficient and effective in improving health care delivery than what we had before. When can we expect a report out of that? What's the timeline that's involved with this? What are the resources that are being allocated to this?

Mr. Hancock: That is a work in progress, Mr. Chairman. First of all, my mandate letter specifies that we need to make effective and

efficient use of the health care resources. Obviously, when you've got a $12 billion budget and growing, people are concerned about at what point it becomes unsustainable, if it hasn't already. As I said to the health board chairs at an early meeting, if we expect to be able to go back to the public to request more resources – and we will because we have growing populations; we have aging populations; we've got new technologies; we've got new drugs – to have the moral authority to ask for more, we have to go back and say that we are using the resources we have in the most effective and efficient manner.

We're engaged in a process right from the very top. First of all, board governance. Do we have the right skills and abilities on our boards? Do we have the talents? And this meets some of the objectives that the Auditor General has been raising relative to boards. As you know, there's a review of governance of boards, agencies, and commissions. Well, we're doing our own parallel one. We'll obviously dovetail with what they're doing, but I started right in January talking to boards about the need for us to do board assessments, the need for us to evaluate our skills and abilities and know whether we have the right mix of talent necessary to run operations of that magnitude.

So we're looking at board governance, but we're also looking at the accountability frameworks around it. As you know, there's a roll-up of health authority financial statements into the provincial financial statement. Well, in order to do that, you have to make sure that you're accounting on a consistent basis. You need to be auditable on a consistent basis. The expectation that the Auditor General will be the auditor for health authorities is there, and of course most – I think seven of the nine – have the Auditor General as their auditor.

You know, looking at best practices, that is a process. I've met with them a couple of times. For example, the minister will be meeting with the board chairs on a consistent basis, quarterly, to provide a governance structure for the system to make sure that the RHAs operate within a system. Competition is a wonderful thing, but collaboration, particularly where resources can be shared, is also a wonderful thing. So where we're doing health status issues or chronic care management or those areas, we need to be working more collaboratively.

This is an ongoing process but a very, very, high priority in terms of how we do. There have been some efficiency assessments that have been done in the health regions, and we're in the middle of that process. We're working with the health authorities as part of that governance model to talk about how they do best practices with respect to procurement and building a common procurement model. Of course, even the pharmaceutical strategy will come into that with respect to how we make best use of the resources on that side.

Again, I hate to keep saying it, but it's not so simple as saying, "We're going to do it, and then we're going to report on it, and it'll be done" because there are so many aspects to it. But the bottom line is that the overarching governance structure, both provincially and with respect to health authorities, is being examined and reinvented in consultation with the Auditor General and what his expectations are with respect to how we ought to be able to report and be accountable and what skill mixes we need for our boards, making sure that we're doing that, making sure that we have succession plans and renewal processes in place, and then making sure we have processes in place in terms of how we can work together to make the most effective use of the resources in terms of procurement, in terms of drugs particularly. That's sort of the overarching structure.

I'd be happy to give you periodic updates as we go along with it, but I don't have an answer for you to specifically say: here's the specific task that's being done, and here's the report you'll get, and it'll be done by June. Life doesn't work that way for me.

The Mental Health Board has a budget of $58 million now. They're, of course, the policy framework, so best practices, research, forensic program, those sorts of areas. Each of the health authorities, as I mentioned earlier, have specific budgets which they deal with in their service plans, and we can certainly give you more detailed information on that if you request it.

Ms Blakeman: Yes, please. I'll officially request that.

One of my other issues – and this has been in the media quite a bit; it's around regionalization – is the fact that so much got devolved off to those regions, and we end up with what I've called a checkerboarding. The minister himself has referred to, you know, different capacities and different regional health authorities.

I think the sterilization unit issue that was in St. Joseph's hospital in Vegreville really for me brought to the fore the issue of a lack of monitoring and enforcement that comes centrally. It comes out of the Department of Health and Wellness. We did have that inspection branch in place, and it was dismantled. I don't see that it really appears in full force in the regional health authority. Is the minister planning a review of that particular episode? Would the minister commit to an independent review? Will he consider reinstituting a centralized monitoring and enforcement module or branch or section out of the central ministry? I think that continues to be a huge issue. There will be more episodes that come up for the minister in the future, and they're going to relate directly to a lack of an effective monitoring and enforcement mechanism province-wide. It has got to come centrally. You can't do this piecemeal. It just doesn't work.

Comments?

Mr. Hancock: Well, for me, form follows function, whether it's a piece in the provincial health department or how you actually do it is something that you develop after you determine what needs to be done. I think we'll have some learning from the St. Joe's situation. We've asked each of the health authorities to do a review of their infectious disease control, but I've made it very clear that I consider assurance to be one of the most important roles of government. That's a provincial government role, and we've got to work with our health authorities to make sure that they operate within a provincial framework and provincial standards.

5:10

The Chair: The hon. Member for Calgary-Currie.

Mr. Taylor: Thank you, Mr. Chairman. We will continue on with a few more questions. Let's talk about function because one of the problems in Calgary, of course, is the difficulty with which the system functions given that it's under an almost constant – well, they used to call them code burgundies, but they changed the name to status burgundies. There's a bit of, I think, irony in that because it implies that we've gone from an acute problem to a chronic problem now. We've changed it from a code designation to a status designation.

The minister may or may not know that I had the opportunity, for lack of a better word, to go into the Rockyview hospital in February and have my gall bladder out. For reasons that really are nobody's business but my own, they had to do it the old-fashioned way. Laparoscopic wouldn't work, as it doesn't in about, I think, 5 per cent of cases, that sort of thing, when you're having your gall bladder out. So that means that if you see me going like this, my scar is itching. It meant a stay in the hospital of about just a little under 48 hours, I think. In the entire time that I was there – it

actually was a little more than 48 hours because it was over a three-day period – the status burgundy at the Rockyview started, you know, at 7 or 7:30 in the morning, and it typically went until 5 or 5:30 in the afternoon. So it has become the status quo, really.

Ms Blakeman: It's normal.

Mr. Taylor: Yeah, it's normal, and it shouldn't be normal. You know, the abnormal has become normal.

The system is looking at a 97 per cent or higher bed occupancy rate, and it's often above 100 per cent. Not to get back into the numbers game because I know the minister doesn't really like to go there and get that specific, but certainly there's a huge capacity and functioning issue which the Calgary health region is aggressively trying to address, some of it through capital construction, but some of it through some fairly innovative, imaginative programming. I wonder if the minister can tell us a little bit about projects that are ongoing to try and reduce the backup and the wait times in emergency facilities. Again, I'm asking specifically about the Calgary health region, but I think there's some application province-wide wherever you have, you know, long wait times and the lineups getting into emerg. So if the minister would, please.

The Chair: The hon. minister.

Mr. Hancock: Thank you, Mr. Chairman. One of the urban myths of health, of course, is this tyranny: the anecdote. Everybody is an expert in health care because they've all been there or a friend has been there or somebody else has been there. Health care and education seem to be the two places that everybody is an expert at, and everybody has got an easy fix. The reality is, of course, that nobody has got that expertise and there is no easy fix. There's usually an explanation about any given incident, but you have to actually know the real details of the incident.

No, I don't want to know more about that. I'm glad you're fixed. I'm glad you're back. But the procedure you just talked about is a good example of the change because, you know, it wasn't ten years ago that you would have had to stay for probably five days in hospital for that kind of procedure, and now you're 48 hours.

We're doing a lot more things. I used to serve on the University of Alberta hospital board, and the difference between then and now in terms of the quantity of services that are being provided is exponential. People don't really appreciate how good a system we have. They didn't used to do hip surgery on anybody 70 years of age or older, and now they're doing hip surgery on 90-year-olds. We're doing some phenomenal things. We've got to keep that in sight when we talk about all the pressures on the system. There's a lot more happening, but that doesn't mean we don't need to deal with the system problems as well.

Emergencies have been identified as one of the problem areas. People don't like to wait in emergency for a long time. We need to be doing a number of things. Calgary has actually been innovative in some of those areas. Some of the people who present at emergency, for example, who might not need the full services of the emergency department can be seen separately now and streamed off. I've been promoting a concept that the emergency doctors themselves asked for, that Dr. Raj Sherman, who is the head of the emergency doctors, was talking to us last year about. Finally, I think it took a meeting of myself with each of the health authorities, in Calgary and in Capital, to say: you've got to talk to this guy and see if we can't implement some of that. The full-capacity protocol shouldn't be brought in as a long-term solution but certainly can help move people through emergency.

One of the problems is that you get people coming into emergency, and then they're determined that they need to be admitted to the hospital, but they haven't got a place to go. The focus of emergency is on the front door; it's not on the hallway, where the people are waiting. So the ability to move them into the hospital and into the care areas and free up emergency so that the doctors there can actually see the patients who are waiting: those are the sorts of initiatives that need to be taken.

The longer term, obviously, has to do with building more bed capacity, and that's in construction, as you acknowledge, at each of the facilities in Calgary now with more facilities coming on stream and the south Calgary hospital moving past the planning stage and into the development stage. So work is being done on the long-term capacity issues, some of it more immediate than others, work is being done on clinics out in the community so that the people who don't need to be in emergency aren't there, and work is being done in terms of the people who present in emergency moving through that and into the things. Calgary, as I understand it, is moving very quickly and will be announcing some changes to the ER strategy imminently to deal with their ER capacity.

Lots is being done. There are more people presenting. There are more services being provided. There's good care happening. There's more work to be done.

Mr. Taylor: I want to thank the minister for that answer because that does get to one of the issues that I did want to get on the table as far as our discussion and debate here was concerned, that health regions are in fact being very innovative and very imaginative and very creative around dealing with the capacity issues that they have. They need ongoing support, and certainly at $12 billion we're seeing a significant amount of support across the system. They need ongoing support from the provincial Department of Health and Wellness, and they need a commitment from the province to get them beyond this constant, you know, running to stay in place situation that they're in.

I want to ask the minister whether the department has a cancer plan for Calgary. When can Calgarians expect an announcement about expanding cancer facilities, cancer services? You know, the Capital health region benefits by having in-patient cancer care. I know that the minister is sensitive to my bringing up comparisons between Calgary and Edmonton. I suspect that he's probably a dyed-in-the-wool Oilers fan, but I'll forgive him for that.

This is necessary to do because Capital health does have in-patient cancer care provided and funded by the Cancer Board at the Cross Cancer Institute. There is not a similar facility or by any means an identical facility in Calgary. There's a lack of appropriate infrastructure within the CHR, which results in Calgarians not being adequately served.

Cancer is cancer whether you get it in Edmonton or Calgary or anywhere else in the province, although you may very well be referred to Edmonton or Calgary for treatment for that. I think that there needs to be an equitable, egalitarian approach to treatment. I would hate to think that my prognosis was worse if I came down with cancer simply because I'm a Calgarian than it would have been if I came down with cancer in the greater Edmonton area.

Mr. Hancock: Let me be very clear off the top. There's no evidence that I'm aware of that the care in Calgary is less effective than the care in Edmonton or any other part of the province. If the hon. member has any evidence of that, I'd like to see it because, you know, people do get good care and equitable care in this province.

Now, with respect to the cancer plan itself I met recently with the Cancer Board and the Calgary health authority together, representatives of those two, to talk specifically about the need for a service delivery plan in Calgary and to look specifically at what type of

infrastructure is needed around it. Obviously, the Cancer Board has been advocating for a facility located on the west campus of the University of Calgary so that they can be collocated with the university for the purposes of good research and research outcomes. As the member will know, there's been an announcement of some colorectal screening programs at the University of Calgary which could be part of that, and of course the Calgary health authority is interested in their part of the cancer service delivery program.

5:20

What I've asked them to do is to spend the next 60 days to work together to talk about what the best delivery model is and challenge the Cancer Board to look at how future delivery should be modulated. You know, what are we going to be doing out closer to home for people so that they don't have to come to Edmonton and Calgary for treatment?

Mr. Taylor: Mr. Chairman, I'm having a hard time hearing the minister with the background conversation that's going on.

The Chair: Hon. members, the hon. Minister of Health and Wellness has the floor, and it's difficult to listen with the background noise. Could we keep the conversations down?

Hon. minister, please proceed.

Mr. Hancock: Thank you. So there's radiation delivery, there is chemotherapy delivery, there's surgery: all component parts in the delivery mechanism. One thing that everybody agrees on is that the Tom Baker centre is not sufficient. The question is: what's the next best model, and should it be at the west campus or should it be part of the south Calgary health facility? That I've asked the two to come together on and talk in terms of some future delivery plan. Obviously, the capital request for a large facility in Calgary that would collocate both the research and service delivery for the Cancer Board is very high on the priority list. But before we move it up to the funding position, we need to have that understanding that they've got their heads together, and they've got the service delivery plan which will be the best service delivery plan going forward for Calgarians and others in the Calgary region and, for that matter, southern Alberta.

The Chair: The hon. member.

Mr. Taylor: Thank you, Mr. Chairman. Is there any similar plan for mental health services in Calgary? Because, again, the same sort of discrepancy exists with facilities here in Edmonton that don't exist in Calgary.

Mr. Hancock: The new funding model that was put in place with respect to mental health has put more resources into Calgary with respect to mental health than previously were there. Obviously, there's a skewing of the system a little bit by the historical fact that Alberta Hospital Edmonton is in the Capital region and the facility in Ponoka is in, I believe, the David Thompson region. There was a move a couple of years ago to add a forensic facility in Calgary at the old Bow River Correctional Centre.

Mental health funding is now being distributed on a population base. Of course, that's slightly different than the Cancer Board situation because the Mental Health Board is now just into the policy framework and research, and the whole service delivery is in the health region. Calgary health region is getting a good share of the mental health package that was there because they do have more to build in terms of the secure forensic facility and mental health beds.

Mr. Taylor: Really only one other area that I want to explore, and I'll even apologize for doing this because again I'm going to make a comparison between Calgary and the Capital region.

An Hon. Member: Don't apologize.

Mr. Taylor: Well, I'm apologizing, hon. member, because I know that the minister doesn't like it when I go there. I mean, there's a fundamental rivalry at work here and all that, but there's a funding inequity. You know, when you boil it down on a per capita basis, Calgary health's funding is about $380 less per capita than Capital health's funding. Over time, over the total population that can make a difference. I know that there has been a classic argument that the population that Capital health serves is older and sicker and socioeconomically not as well off. Those factors certainly do make a difference, but the population of the city of Calgary and the Calgary health region is growing at a rapid rate, as you know.

When you break down key operating statistics from '05-06, Calgary health region is required to provide more home care hours of service, provide more MRIs, and provide more CT scans. It does a little less than Capital health on hospital admissions and discharges. On emergency department visits there's quite a significant difference there in that Capital health sees quite a few more emerg patients than Calgary health does. In-patient beds, including mental health, again, there was a 400-bed advantage in '05-06, if you will – and we're obviously in the process of addressing this in Calgary – in terms of available beds in the Capital health region, although Capital health is just about as capable of filling up all its beds as Calgary health is.

There is an inequity there. I think it does need to be addressed. I think that on a population basis an individual Calgarian should be funded to the same level for their health care as an individual Edmontonian is. I would just like to hear the minister talk to us about what he's going to do about that, defend the status quo if he can, you know, explain to us how we're going to get to where we need to go in the city and health region of Calgary.

Thank you.

Mr. Hancock: Well, Mr. Chairman, that's just about like saying that Calgary and Edmonton had equal opportunities last year and this year to get into the playoffs, and the Oilers, of course, made the most of that and went all the way and only lost in the last game, and the Flames just bowed out early. That's about as relevant a comparison as the comparison you just did on the funding side.

Calgarians per capita are funded on the same basis as Edmontonians per capita. There's a whole book and lots of people – lots of people – that calculate the numbers. There are 136 demographic groups, and they do it based on actuals. They take the numbers of the costs that are involved. If you're a child of a certain age, a male or a female, aged population: all of those are important to building the funding model. A child in Calgary gets funded at the same level as a child in Edmonton. An old person in Calgary gets funded at the same level as an old person in Edmonton. A person on social assistance in Calgary gets funded at the same level as a person on social assistance in Edmonton. So if you take the per capita funding model, they're funded equally per capita. They just have different demographics, and that's just a reality of life.

Now, that's not the whole story, of course. If you take a look at the model, Calgary gets $1.76 million on the population funding model and Capital gets $1.65 million on the per capita model, on the population formula. But then take a look at the import/export. Calgary has $56,373,400 of import and Capital region has

$192,215,175 of import because the Capital health region serves the whole north, and the Calgary health region doesn't have that same obligation.

You know, there are a whole lot of things that go into these formulas in terms of the population funding model. I can assure you that the population is funded on the same basis regardless of where you are. There are adjustment factors, of course, the adjustment of the targeted funding, the mental health funding. In fact, Calgary gets $9.2 million in targeted funding, whereas the Capital region only gets $7.9 million in targeted funding. That's the stuff that you're talking about in terms of the province-wide service deliveries and those sorts of issues.

You can go and count a couple of things and say that it's not happening. The fact of the matter is that funding formulas right across the continent are complex, and they require a high level of staff to figure them out, but there is a global funding model. There is a mechanism for doing it on a fair and equitable basis so that Albertans have access to the same quality care on a timely basis without regard to ability to pay, that we hold so dear. Calgary is not being left out, shortchanged, or in any way diminished because somebody has a preference for Edmonton versus Calgary. It's not about parochialism. It's about how we take the dollars that we have, make sure they're allocated on a fair basis to the people of the province and to the RHAs which provide the service delivery model.

If you want to, have a look at the funding model and then come back. I've offered to share it with some of my colleagues who've raised these questions, and I'd be happy to have you, you know, go crazy, have a look at it. It's done fairly.

5:30

The Chair: The hon. Member for Edmonton-Centre.

Ms Blakeman: Thank you very much, Mr. Chairman. In the last 10 minutes I'm just going to barrel through. I have a number of issues that we didn't get to, so I'm going to put them on the record and ask the minister to respond in writing.

I'm going to start with ambulance services. Now, a little historical vignette that I'm sure that the minister is familiar with, but in March 2005, one month before the Alberta municipalities were to hand over responsibility for ambulance service to the health regions, the ministry reversed its decision and put the plans to transfer services on hold indefinitely. So confusion, frustration, uncertainty, instability for the municipalities, and many municipalities had to consider plans to either increase taxes or cut services to adjust to this. The ministry is re-evaluating whether to proceed with the transfer when the pilot projects are complete in Palliser and Peace Country health regions. My questions to the minister are: when will the decision be made? When will the municipalities be informed so they know when they can move forward with a regional planning tool? When will the rest of us know?

As well on ambulances, I note that on page 202 of the estimates line 3.0.5 shows that the funding for municipal ambulance services remains exactly the same as it has for the previous three years. Can the minister explain why the decision was made not to increase funding to ambulances in any way, shape, or form? I would argue that this has not been a satisfactory circumstance, and I expected to see some adjustment in funding. So why no adjustment in funding at all? Does that mean nothing is going to happen? What's the deal here?

I would also like to know what the status is of the pilot projects in Palliser and Peace Country. What stakeholders have been consulted? Are the municipalities that are involved here involved in the decision-making process? You know, have you received feedback, positive or negative, from the municipalities about the management of the pilot projects? And, of course, the obvious question of: when will we hear?

I note that the Health Sciences Association of Alberta is expressing a great deal of frustration that the municipal ambulance program has been frozen at $55 million. I think this is going to result in recruitment and retention problems for us in that area as well.

I'm going to move on to pharmaceuticals. Page 26 of the government of Alberta strategic business plan and also page 181 of the Health and Wellness business plan show that implementing a new pharmaceutical strategy is a priority over the next three years. My question is: is the government co-ordinating with the federal government? Is the government co-ordinating with other provinces? Is the government co-ordinating with the medical profession to test and evaluate new drugs? Please give me the details on how this is working. I mean, clearly you're anticipating something. What is it you're anticipating?

The Alberta Liberals have long talked about a national purchasing program for pharmaceuticals. Is the ministry co-operating with the federal government and other provinces to establish a national purchasing program for bulk buying of drugs and more consistent coverage across the provinces?

I'd also like information about whether there was, in fact, a deal that will be implemented or has been implemented between all the provinces that nobody would implement payment of a new drug until everybody agreed to do it so that they could quit being played off against one another, which happens fairly frequently. I know that there was a deal that was being talked about there. Did that deal happen? If so, when is it being implemented?

A couple of specific questions about drugs. Where is the province on the HPV vaccine? A controversial subject. I certainly have some strong views on this, but I don't have time to express them. I'm wondering what kind of a program the government is anticipating. Are you going to go there or not? I'll get that from you in writing as well.

Avastin is another drug that was ineligible for coverage, and we've heard from a number of people that this was a real financial burden. Is that going to receive coverage?

Just moving on to another topic: neuropathic pain. I've had some correspondence with people who suffer from this, and they're wondering what can be done to help people like them. They certainly believe that it impacts their quality of life, and they can't get coverage for treatments of that particular issue, painful symptoms, et cetera. What's being done around that?

Health care premiums. The Alberta Liberals have been on the record for many, many years saying that eliminating health care premiums would be a tax benefit that benefits every single person in Alberta. It certainly benefits the working poor. It benefits small businesses because they wouldn't have to cover that additional cost of paying a share of the health care premium. I think it would benefit large-sector public employers, colleges, universities, provincial agencies that are also paying a portion of the health care premium. It did not disappear in this budget. I'm hoping to see some kind of announcement from the minister, or let's hear what his policy decision is on this. Is he in favour of the health care premiums, is he going to keep them in place, or is he looking for a way to move away from that?

I would argue that, you know, this is not a dedicated source of funding for health care. It goes straight into general revenue, so let's not pretend that this is directly connected to provision of health care services in the province. It's not. The money goes into general revenue. It's really a tax by any name. I think that if we cut those

premiums, you could save all the money that it costs for you to administer the program and chase it down.

I just don't think Albertans should be paying premiums. Frankly, if the governments in Saskatchewan and Manitoba and Quebec and the Northwest Territories and other places can do without health care premiums, I think Alberta can too. It's time to go there. Time to go there, I encourage the minister.

As always I will raise the issue of midwifery. Numerous studies support the cost-effectiveness of midwifery services. It relieves pressure on hospital staff and facilities. I've been trying to get the province to cover midwifery services under health care since 1989 or '90 now. I'm not giving up. I'm going to raise it every year, and I'm going to stay elected until I get it. So, you know, there's an incentive for you, a big incentive for you. Come on, you can do it.

A full course of midwifery care costs between $2,500 and $3,000, and a normal delivery in a hospital is tagging in at about $4,100 now. It makes sense. It fits into the idea of full scope of practice. It's the right thing to do. It's a team approach. Let's get on it.

There have been all kinds of squeamish little hesitations in the past, and I'm just losing my patience for this. There should be a funding model in which consumer costs for midwifery care are covered under the Alberta health care insurance plan. I'd like to know what the reasons are for not covering it if you're going to insist on going there. It's been recommended by the Health Disciplines Board. It was recommended by the Advisory Council on Women's Issues when I was the executive director there. We are losing our midwives to other provinces for training and to practise. They really need to work with the department of advanced ed for a bachelor of midwifery program at the University of Alberta. When will the ministry look at doing that? How does midwifery fit in, or would it be included in the health workforce strategy that the minister has talked about?

I want to talk again about tobacco reduction. I would like to ask the minister and get him on the record: when will he introduce legislation to ban power walls? That's particularly important to younger Albertans. They've really gotten onto that. They understand it. It's their issue. It's a way to connect with them, and certainly it's been a way that I've connected with some of the students in my constituency. I've had them here doing rallies. We've had them introduced in the House. We've talked about their work on the BLAST teams during the cancer legacy act debates.

We need to do this. We need a province-wide ban on smoking in public places, and we need to ban power walls. The minister has just got to take leadership and go there. I suspect that the minister is already there, and for whatever reason some of his colleagues are not coming along. You guys have got to get on this one. You just look bad. You look really bad, and there's no good reason for you not to be doing this. All the facts are in favour of this. So ban power walls. Ban smoking in all public places, a province-wide smoking ban in public places.

Thank you very much.

5:40

The Chair: Does the hon. minister wish to respond?

Mr. Hancock: Well, I'd be happy to respond on some of those. I can tell the hon. member that I, in fact, have a tobacco-reduction strategy which is working its way through the process. We'll see what we see as a result of the process. I certainly have made no bones about the fact that I think that a minister whose job it is to advocate wellness has got to deal with the elephant in the room, so I'm certainly working on that process.

I hadn't anticipated an awful lot of time because the member had indicated that these were going to be quick-fire, and we'd write them down, so give me a topic.

Ms Blakeman: Midwifery.

Mr. Hancock: Midwifery. Midwifery is part of the workforce strategy. We need to deal with midwifery in the process, but as the hon. member will know and understand, it's not simply about a matter of public funding. It's about where they fit into the system and how they're accepted by the other members of the health care team, how we make it part of the continuum and deal with the issues that people have with respect to when it's a normal birth and when it requires something extra. That's part of the whole change in the workforce strategy, but midwifery is clearly a part of that workforce change as we go forward. It's got to be, just as physicians' assistants and nurse respirologists and all of those who can be helpful and use their talent in an appropriate way within the system.

Do we have more time? Give me another topic.

Ms Blakeman: Neuropathic pain.

Mr. Hancock: Neuropathic pain. Come on. An easier one than that.

Ms Blakeman: Avastin.

Mr. Hancock: Avastin is a very interesting question. One of the things we need to deal with with respect to drugs is the difference between faint hope or no hope and real hope. I moved very quickly to ask the Cancer Board to work with me on getting Oxaliplatin, for example, covered. We've done that because Oxaliplatin actually adds value in the cancer treatment process. But Avastin is a drug which, I'm given to understand, doesn't add very much value to the system. In fact, there are better treatments and there are better processes.

We've got to really come to grips with this and be honest with patients about what is real hope and what is false hope and be prepared to stand up on those. It's not a matter of funding every drug that comes along; it's a matter of looking at what the drug protocols are that actually make a real difference to somebody and funding those appropriately so the people have access to the drugs that they need that provide real hope.

I would love to get into that discussion about Avastin because we're getting cards and letters from all sorts of people. But when you talk to the people at the Cancer Board, they can give you a very clear and quick synopsis about what the difference is between what we did with Oxaliplatin and what we're not doing with Avastin.

Ms Blakeman: My colleague wants to know about Gardasil.

Mr. Hancock: About which?

Ms Blakeman: HPV.

Mr. Hancock: The federal government came out with an HPV strategy. I think they put $300 million into it over three years, so our share, presumably, would be about $30 million over three years. That probably won't pay for all of the vaccine, but we're clearly in a process of defining what the appropriate vaccination model should be, what cohort of people should be vaccinated, so we're working on that strategy now.

The Chair: I hesitate to interrupt the hon. Minister of Health and Wellness, but pursuant to Standing Order 59.02(9)(a) the Committee

of Supply shall now rise and report progress. I would ask the minister to have his staff vacate the Assembly.

[The Deputy Speaker in the chair]

The Deputy Speaker: The hon. Member for Drayton Valley-Calmar.

Rev. Abbott: Well, thank you, Mr. Speaker. The Committee of Supply has had under consideration certain resolutions for the Department of Health and Wellness relating to the 2007-2008 government estimates for the general revenue fund and lottery fund for the fiscal year ending March 31, 2008, reports progress, and requests leave to sit again.

The Deputy Speaker: Does the Assembly concur in the report?

Hon. Members: Concur.

The Deputy Speaker: Opposed? So ordered.

head: Government Bills and Orders
Second Reading
Bill 2
Conflicts of Interest Amendment Act, 2007

The Deputy Speaker: The hon. Member for Calgary-Nose Hill.

Dr. Brown: Thank you, Mr. Speaker. It's my pleasure to rise this afternoon to speak to Bill 2, the Conflicts of Interest Amendment Act, 2007. As I indicated when the bill was introduced, the Conflicts of Interest Act governs all of the members of the Legislative Assembly. It sets out rules that MLAs must follow to avoid conflicts of interest between their private affairs and the performance of their public duties. There are rules about taking part in Assembly debates, accepting gifts, contracting with the government, and taking outside employment. There are also rules that set out what an MLA must disclose and report to the office of the Ethics Commissioner.

An all-party committee reviewed the Conflicts of Interest Act after seeking and receiving public input, and it came up with a number of recommendations to make the legislation better. Bill 2 reflects the committee's recommendations and is another example of the Premier's commitment to govern with integrity and transparency.

Mr. Speaker, there are several key amendments that I would like to address in more detail. First, the amendments relating to former ministers. The Conflicts of Interest Act right now limits what a minister can do once he or she leaves office. Currently the limits last for six months from the day the minister leaves office, and the amendments proposed in this bill lengthen that cooling-off period to one year. A cooling-off period helps to avoid the perception that a minister has used his or her final days in office to obtain the favour of future or would-be employers. Postemployment restrictions, including noncompetition clauses or confidentiality clauses, are common for senior management in the private sector. Now, the appropriate length of a cooling-off period for former ministers is a question of judgment.

Rev. Abbott: Did you move it for second reading?

Dr. Brown: Can I do that at the end?

Mr. Stevens: Yes, you may, as long as you do it.

Dr. Brown: I will.

The right of a former minister to obtain gainful employment after leaving elected office and the desirability of encouraging interchange between the public and the private sector and the need to encourage qualified and successful men and women to public service: all of these mitigate for shorter cooling-off periods. On the other hand, the reality or perception that former ministers or policy officials may use inside information or close contacts to improperly benefit themselves or their employers or clients mitigates for longer postemployment restrictions. Extending the cooling-off period to one year strikes an appropriate balance. It corresponds to a full budgetary cycle, so there is a decline in the usefulness of information after that period. It will help make sure that former ministers aren't seen as having an unfair advantage over others in influencing government decision-making.

5:50

It's worth noting that one of the all-party committee's key recommendations, the establishment of the Lobbyists Act, is already proceeding through the House as a bill. The Conflicts of Interest Amendment Act also addresses this issue of lobbying as it relates to the activities of former ministers. The government recognizes that the influence held by a former minister may extend beyond the scope of his or her former department. To address this, Bill 2 prohibits a former minister from lobbying any government department or agency on behalf of a third party in relation to a government contract. Former ministers will not be able to make representations for another person with respect to a contract or benefit from any part of the government or public agency. The bill makes this restriction on lobbying for third parties broadly applicable. It does not justify or apply to those departments or agencies that the former minister was directly involved with.

The bill also calls for maximum penalties for breaches of the cooling-off rules to be raised from $20,000 to $50,000. In addition to expanding the restrictions for former ministers, the Conflicts of Interest Amendment Act introduces cooling-off periods for former political staff as well. Bill 2 proposes a six-month cooling-off period for the Premier's chief of staff, deputy chief of staff, and the head of the Premier's southern Alberta office as well as all executive assistants to ministers. Cooling-off rules for these officials will be similar to those governing former ministers.

Further, the bill amends the Public Service Act to include a six-month cooling-off period for deputy ministers. Specific restrictions for former deputy ministers will be set out in regulations under the Public Service Act. It's very important to know that the bill leaves the door open for government to impose cooling-off periods on other public officials if it is appropriate to do so. Of all of the changes proposed in this act, these new cooling-off provisions were the most difficult and sensitive to deal with. I think that all members can appreciate, as the committee did, that a fine balance is certainly required here. Certain senior public officials gain considerable knowledge and make important contacts during their tenure with the government. Imposing a cooling-off period on those individuals will help ensure that they do not have and are not perceived to have special access to provincial decision-makers. While it is important to have cooling-off periods for certain public officials, we didn't want to make the time period so onerous that it would have a negative effect on the government's ability to attract quality people to the public service. I believe, Mr. Speaker, that Bill 2 strikes that balance.

The bill also tightens up the rules regarding what an MLA may and may not do. It prohibits an MLA from using confidential government information for the purpose of improperly furthering the private interest of any other person. It also ensures that no MLA can

use his or her position to improperly further the interests of any person, whether that person is the MLA's husband, wife, brother, child, best friend, or neighbour. I want to be clear on this point. These changes will not prevent MLAs from conducting their normal duties, which are to help their constituents and those beyond their constituency boundaries and to promote the public interest. The new rules simply prevent the MLA from using the powers of his office to benefit someone else inappropriately.

The Conflicts of Interest Act strictly limits what gifts an MLA may accept. The general rule is that an MLA cannot accept gifts that are connected with the performance of his or her public duty. The exception to this rule is that an MLA may accept gifts associated with social protocol; for example, accepting a token of appreciation for speaking at an event or a conference or a symposium. The limit for these kinds of gifts will be raised to $400 to reflect modern realities and to bring it in line with the limits in place in other Canadian jurisdictions. It's worth noting that the limit hasn't been raised in more than 15 years.

The bill also clarifies that an MLA may accept nonmonetary items such as a ticket to a charitable or political function. This change recognizes that it is part of each MLA's public duty to attend local political and charitable events.

Finally, Mr. Speaker, this bill clarifies that MLAs are prohibited from accepting flights on private aircraft unless they're performing their duties as MLAs. There may be times when such flights are necessary. For example, if there's an emergency situation, there may be an urgent need to return to the province, or there may be a need to conduct an air tour of a disaster area. MLAs must inform the Ethics Commissioner within a week of taking such a flight and the reason they did so. The Ethics Commissioner will also include information about these flights in his public disclosure statement.

Mr. Speaker, in that vein there are some updates in the Conflicts of Interest Amendment Act, 2007, regarding public disclosure statements to the Ethics Commissioner. It requires MLAs to disclose if they're involved in personal litigation or if they are subject to maintenance enforcement orders. Disclosure of this information will help ensure that the Ethics Commissioner is fully informed of liabilities and potential liabilities of the MLA which might create a conflict of interest.

The act will be updated to allow someone who suffers a financial loss as a direct result of an MLA's breach of the act to seek compensation from the MLA personally. Any time the Ethics Commissioner concludes that there has been a violation of the act, the report outlining the breach must be debated in the Legislative Assembly. We want to ensure that the report is actually dealt with by the House and that there is free and open discussion of the report and the facts that led up to it. This ensures that the government is transparent in its decision-making processes.

Mr. Speaker, I'll conclude by saying that these amendments will improve the conflicts of interest legislation. They will ensure that Alberta's elected representatives and other senior staff continue to demonstrate openness and accountability in their dealings.

At this time I would move second reading of Bill 2, and I would make a motion to adjourn debate.

[Motion to adjourn debate carried]

The Deputy Speaker: The hon. Government House Leader.

Mr. Hancock: Thank you, Mr. Speaker. I'd move that we adjourn until 1 p.m. tomorrow.

[Motion carried; at 5:57 p.m. the Assembly adjourned to Thursday at 1 p.m.]