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The 27th Legislature
Fourth Session

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The Honourable Kenneth R. Kowalski, Speaker

Legislative Assembly of Alberta
The 27th Legislature
Fourth Session

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Sherman
Tarchuk
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Sandhu
Vandermeer
Xiao

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Rogers
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Legislative Assembly of Alberta

1:30 p.m. Wednesday, April 13, 2011

[The Speaker in the chair]

Prayers

The Speaker: Good afternoon.

Let us pray. We confidently ask for strength and encouragement in our service to others. We ask for wisdom to guide us in making good laws and good decisions for the present and future of Alberta. Happy, happy Vaisakhi to all. Amen.

Please be seated.

Introduction of Visitors

The Speaker: The hon. Member for Strathcona.

Mr. Quest: Thank you, Mr. Speaker. It gives me great pleasure to introduce to you and through you to all members of this Assembly my constituent the mayor of Strathcona county, Linda Osinchuk. Accompanying Mayor Osinchuk is Marion Guillot, a Rotary exchange student from Bordeaux, France, who is currently staying in Mayor Osinchuk's home. Marion's parents, Pascal and Adeline, and siblings Emilien and Perinne, also from Bordeaux, France, are also visiting Alberta, some for the first time. These visitors are seated in your gallery, and I'd like to ask them to rise and receive the warm welcome of this Assembly.

Introduction of Guests

The Speaker: The hon. Minister of Education.

Mr. Hancock: Thank you, Mr. Speaker. It's indeed a pleasure to introduce to you and through you to members of the Assembly a wonderful group of 31 grade 6 students from the brand new school of Monsignor Fee Otterson elementary-junior high located in the constituency of Edmonton-Whitemud. I had the honour of attending the opening of this great school last fall. It's one of our P3 schools. I have to say that it's truly a wonderful and caring school. It's already full, and it needs more portables. It's a great place for the students that are attending there. Accompanying the students is their teacher, Mr. Jesse Diachuk, along with student teacher Janine England and teacher assistant Chandrika Maraweera along with parent helper Jin Mi Kim and grandparent Joyce Bell. I'd ask all of them to rise in the gallery and receive the traditional warm welcome of this Assembly.

The Speaker: The hon. Member for Whitecourt-Ste. Anne.

Mr. VanderBurg: Thank you, Mr. Speaker. It's a great day in the Legislature today when I have 72 guests from St. Joe's school in Whitecourt. They're here with their teachers, Melissa Uttley, Gail Prince, and Amanda Brown. They're young energetic teachers that are able to tackle this energetic group as well. I had an opportunity to take them down to my office and have a good tour of the Legislature today. I'd ask them now to stand up and be recognized by the Assembly.

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

Mr. Bhullar: Thank you very much, Mr. Speaker. I've got a series of introductions today, the first of which is my father, Baljinder Bhullar. I'd asked him to rise. My father is accompanied by many individuals here from Calgary to attend Vaisakhi celebrations for the second time in this proud Assembly. Accompanying my father is Rajinder Bhullar, my uncle, Minder Singh, Nirpal Klair, Surkhdev Khera, in addition Harpreet Dhaliwal, Ramanjit Gill, Mr. Felix Clarin, Joel Veluya, Coralyn Gatchalian, Ranjit Sidhu, Jagpreet Shergill, Suvinder Gill, Kuljeet Dhillow, Gagandeep Sahota, Surat Buttar, Ravinderpal Singh, Jaskaran Klair, Harbans Buttar, Virinderjit Bhatti, Sarup Kalkat, Harbans Sidhu, Mohinder Dhillon, Charan Singh, Prem Singh, Jagtar Kharey, Gordeep Kharey, and Mr. Jagdeep Bachher and his family. At this point I'd ask them all to rise and receive the traditional warm welcome of the Assembly.

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

Mr. Sandhu: Thank you, Mr. Speaker. Please bear with me. I've got a lot guests, but I'll only introduce the presidents for the four Sikh gurdwaras. I'll mention their names, and they've got other members with them. I would like to introduce to you and through you to all members of this Assembly four gurdwaras from Edmonton: Gurdwara Millwoods, Gurdwara Siri Guru Singh Sabha, Gurdwara Nanaksar, and Gurdwura Siri Guru Nanak Sikh. I will ask all the members to please rise and receive the traditional warm welcome from this Assembly.

Mr. Speaker, I've got a second introduction: Detective Robinder Gill and his father, Nirmal Gill. He did a wonderful job downstairs explaining the Sikh religion and culture, and I'd ask all the Assembly members to please give them a warm welcome.

The Speaker: The hon. Minister of Advanced Education and Technology.

Mr. Weadick: Well, thank you, Mr. Speaker. It is indeed a pleasure and an honour to rise today and introduce to you and through you to all members of this Assembly a group of staff from my department in the Advanced Education and Technology client services branch. They're visiting us today on a public service orientation tour. These are the hard-working men and women that help our apprentices each and every day to go through apprenticeship to finish their red seal exams and to get out into the workforce and help build a greater Alberta. I'd like to introduce them and have them stand as I announce them: Chris Gordey, Agnes St. Jean, Elsie Gray, Ken Lodwig, Larry Schmidt, Jones Mitchell, Dale Keyes, Ed Giffen, Patricia Guzman, Rebecca Kragnes, Allan O'Brien, Connie Oskoboiny, and Mike Kaziechko.

Dr. Taft: I'm not sure if my guests are here, Mr. Speaker, but perhaps I'll take the chance that they are. It's a class from the School for the Deaf, which is not just a special organization in my constituency but for all of Alberta. They do a wonderful job of working with students there. They are on a tour today, but I'm not sure that they're here. If they are, I would urge them to rise, and let's give them a warm welcome on principle.

Members' Statements

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

Vaisakhi Day

Mr. Sandhu: Thank you, Mr. Speaker. It's an honour to rise today to make a statement on Vaisakhi Day and mark 543 years of Sikh history. Today is a special day for Sikhs throughout the world, as most of the Sikh population lives outside of India.

I'm honoured to rise today to recognize April 13, 1699, Khalsa day, when the 10th Sikh Guru Gobind Singh Ji formalized Sikh

identity and protected the principles of humanity, equality, and justice.

Vaisakhi is widely celebrated as a traditional harvest festival in northern Punjab, India. Today we celebrate both the religious and, most importantly, the cultural side of Sikhism. Sikhs have lived in Canada since the early 1900s. I know they are all proud to be Canadian. The Sikh community is an important contributor to the economy, and many have served in uniform.

Thank you, Mr. Speaker, for hosting a wonderful Vaisakhi celebration this afternoon for the Sikh community and the Legislative Assembly. I would also like to thank the Premier for his support during this afternoon's celebration and for his warm wishes. Thank you to all the MLAs who attended the ceremony.

I hope that everyone has a very happy Vaisakhi this year. I know that all of the Sikh gurdwaras will be busy celebrating.

Our Sikh gurus' teaching supports saving humanity, and I urge all Sikh Canadians to commit to making a decision about body organ donation.

God bless. Thank you, Mr. Speaker.

The Speaker: The hon. Member for Calgary-Fish Creek.

1:40 Legal Protection for Physicians

Mrs. Forsyth: Thank you, Mr. Speaker. Doctors in this province perform a very noble and very difficult job. There's a reason just about every little boy or girl at some time tells their parents that they want to grow up to be a doctor. Doctors help people. They make you feel safe, and they fix you when you're sick. Unfortunately, the intimidation tactics of the government and its continued refusal to call a public inquiry to get to the bottom of our health care crisis are making it more difficult than ever for doctors to do their job.

As the Wildrose health critic not a day goes by now when I don't get a call or an e-mail from a doctor about what has become a very toxic work environment. Writes one doctor: we've seen unprecedented events occurring in health care, leading to the erosion of trust and confidence in decision-makers and those governing our system. The worst part of this, Mr. Speaker, is that these doctors have to remain anonymous. Under this government no doctor will dare attach their name to a criticism of how health care is delivered in Alberta. Dr. McNamee and others can attest to why this is happening. That's why Albertans need this judicial inquiry. The Health Quality Council investigation simply does not offer the level of legal protection doctors need to shed light on what's really going on in our health care system.

Mr. Speaker, the veil of silence must be lifted. Our doctors want to speak out. They want to tell Alberta what is wrong and what needs to be done to get it right. Up until now the government has been far more interested in saving its own political skin than truly improving the health care system. It begins with the truth, and it's about time this government allows the truth to be heard.

If I can quote Einstein: learn from yesterday, live for today, hope for tomorrow; the most important thing is to never stop questioning.

Decorum in the Legislative Assembly

Dr. Brown: Mr. Speaker, yesterday the Leader of the Official Opposition heatedly and forcefully alleged that a distinguished senior member of this Assembly was not telling the truth and was deliberately misleading Albertans. The remarks are clearly against the rules of this House, as the hon. Speaker has stated. But, even more, those statements are blatantly untrue and are a malicious attack on the character and integrity of that respected member of this House. Anyone who knows the distinguished gentleman knows that he is a person with the highest standards of ethics and integrity.

In January of 2009 the hon. Leader of the Official Opposition agreed that the decorum of the House needed to be improved and that the behaviour of MLAs needed to change. He promised to tone down the rhetoric in the House. He referred to a cynicism about politicians and how that has to change. He espoused respectful relations. He said that he would stand up for ethics and civility in this Assembly. He said that we should rise above partisan differences and seek the public good. Where have all those high and laudable ideals gone?

As politicians we all expect to be criticized and criticized forcefully as regards our ideas, our opinions, and our policies. It comes with the territory. But what we should not expect, especially from the Leader of Her Majesty's Official Opposition and especially not in this Chamber in which we have the honour to serve, are personal attacks on our character, our honesty, and our integrity.

Mr. Speaker, the Leader of the Official Opposition should demonstrate that he is in fact a person of integrity and honour by retracting those malicious statements made in the House yesterday and should apologize unreservedly to the Premier and to all members of this House.

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

Vaisakhi Day

Mr. Kang: Thank you, Mr. Speaker. [Remarks in Punjabi] Today members of the Indo-Canadian Sikh community recognize a very important day. Today all across the country and around the world we celebrate Vaisakhi. Vaisakhi is the annual recognition of the anniversary of the birth of the Khalsa, the pure.

Guru Gobind Singh established the Khalsa over 300 years ago, and the faith has grown in strength and purity throughout the years. When Guru Gobind Singh created the Khalsa, he met with resistance from the established order, for Guru Gobind Singh in his wisdom noted that the caste system was unjust and that the lowest, in his words, should stand alongside the highest. But the guru's wisdom prevailed, and today virtually all people recognize the truth and the value of equality.

The guru's commitment to social equality and the inherent worth of all human beings is emulated in all Sikhs today, as are the other ideals and values of the faith: respect and dignity for all people, protection of human rights, the duty to carry out good deeds, the importance of a positive attitude, veneration of the family, and devotion to logic, charity, kindness, justice, humility, and hard work. These are the fundamental values of the Sikh faith, and I believe they are the universal human values shared by all Albertans and Canadians.

Today let us share in celebrating those values as one people bound together by our common desire for a better world and our respect and love for our fellow human beings. God bless Canada. God bless Alberta. God bless us all.

Happy Vaisakhi. [Remarks in Punjabi]

The Speaker: The hon. Member for Strathcona.

Primary Care Net Networks

Mr. Quest: Thank you, Mr. Speaker. We all depend on primary health care services like when you go to a doctor or another health care professional to receive a basic health service like an annual

checkup or help to manage a chronic disease or minor illness. Our five-year health action plan identifies primary health care as a priority area in our health system. The plan sets out a number of actions to strengthen primary care services and build better connections between Albertans, family doctors, and other members of the health care team.

Alberta is a national leader in developing new and innovative ways of delivering primary health care. Currently there are 40 PCN networks across the province serving more than 2.5 million Albertans. A PCN is a formal arrangement between groups of family physicians and Alberta Health Services to provide primary care services to patients in a specific geographic area. Under the five-year health action plan the short-term goal is to expand primary health care access to another 100,000 Albertans by next year. This plan also calls for a provincial primary health care plan to prevent and manage chronic diseases to be developed and implemented by 2015.

In my local area the Sherwood Park-Strathcona primary health care network serves the primary care needs of approximately 72,000 residents in Strathcona county. By tracking Albertans with chronic conditions and working to help them develop personalized treatment plans, more can avoid trips to emergency or being admitted to hospital.

Mr. Speaker, our primary care network is showing great success in providing Albertans with the care they need, and the five-year action plan will help us build on this solid foundation by improving primary care access for more Albertans and help us build the best public health care system in Canada.

Thank you, Mr. Speaker.

The Speaker: The hon. Member for Little Bow.

Lomond Stars Female Hockey Team
Lance Dealy

Mr. McFarland: Thank you, Mr. Speaker. I'm pleased today to recognize the Lomond Stars female hockey team as the Alberta champions for 2011 in the peewee B category. The Stars' first step in their fabulous season was to win the zone 5 championship banner over Lethbridge. They next won the Central Alberta Hockey League championship with a win over the Elk Valley, B.C., team. Finally, the Stars won an exciting provincial playoff with a 3 to 2 win over Olds in Red Deer on March 20 following a gruelling five games in three days.

Enjoying a tremendous season of 35 wins, three losses, and two ties are players McKenzie Koch, Christie Bach, Larissa Booth, Riley Paskowski, Cameron Sande, Ashley Stoperski, Kierra Dietrich, Nadine Bertschy, Ryann Liebrich, Karmen Mix, Chelsea James, Gail Birch, and Sydney Mix along with coaches Brad Koch, Rick Dietrich, and Karson Mix.

I congratulate all the players, the coaches, and the parents who supported the Lomond Stars, the Alberta 2011 peewee girls champion hockey team this year, Mr. Speaker.

At the same time I know that you'll join me in recognizing one of your security officers, Lance Dealy, who is the lead of the Alberta senior men's champion curling team. Mr. Dealy along with second Don McKenzie, third Gary Greening, and skip Brad Hannah won silver in the World Financial Group Canadian seniors' playdowns in Digby, Nova Scotia, the week of March 19 to 26.

Congratulations, Team Alberta.

Notices of Motions

The Speaker: The hon. Government House Leader.

Mr. Hancock: Thank you, Mr. Speaker. I rise today to give oral notice of a motion.

> Be it resolved that pursuant to Standing Order 4(1), commencing on Wednesday, April 20, following the vote on main estimates and the report from the Committee of Supply, the Assembly shall meet for consideration of government business and thereafter shall meet on Monday, Tuesday, and Wednesday evenings for the remainder of the 2011 spring sitting unless, on motion by the Government House Leader made before 6 p.m., which may be made orally and without notice, the Assembly is adjourned to the following sitting day.

1:50

Oral Question Period

The Speaker: Hon. members, before we proceed, join me in extending a happy, happy birthday anniversary to a young lady in the Assembly, the hon. Member for Lethbridge-East. [applause]

First Official Opposition main question. The hon. Leader of the Official Opposition.

Dr. Swann: Don't start the clock yet.

The Speaker: The clock will start now, hon. leader.

Patient Advocacy by Physicians

Dr. Swann: Thank you very much, Mr. Speaker, for not cutting into our time.

Yet another doctor has come forward to expose this government's culture of fear and intimidation. Dr. Allan Garbutt from Crowsnest Pass was threatened with a lawsuit for statements he made in a local paper and faced direct threats from a board member when he advocated for his patients. Dr. Garbutt says: "I had to contact the Canadian Medical Protective Association for legal assistance. Without their deep pockets behind me I have no doubt that I would have been forced to retract my statements, for fear of financial devastation." To the minister: surely the minister can see the pattern of abuse for doctors like Dr. Garbutt who are being intimidated and threatened with lawsuits while they have a duty to come forward and act on behalf of their patients.

Mr. Zwozdesky: Mr. Speaker, I think it's very good that doctors are heeding the advice and encouragement that we've all provided, and that is for them to speak out and speak up if they have an issue they want to bring forward and direct it to the appropriate authority, which in this case is not me; it's the Health Quality Council of Alberta.

Dr. Swann: Duck and deny, Mr. Speaker. How can doctors like Dr. Garbutt trust the government's statements when those who do come forward on behalf of their patients are labelled mentally unstable, threatened with lawsuits, bullied, and sometimes dismissed?

Mr. Zwozdesky: Mr. Speaker, I'm not sure which article the hon. member's referring to, but I can recall being in the Crowsnest Pass on a few occasions, and I can recall an article back in September when Dr. Garbutt was quoted as saying: they liked my idea, and they are going to be expanding surgical facilities in the south zone; we're one of them, and I floated out of Edmonton after the announcement. Perhaps that should be noted as well, that there are some improvements that were made and that that particular doctor was quite pleased with them.

Dr. Swann: So as long as he says something positive, he's rewarded. Is that what you're saying, Mr. Minister?

How many more health professionals . . .

The Speaker: The hon. minister.

Mr. Zwozdesky: Mr. Speaker, these were comments he made after he learned about it, not before.

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

Legal Protection for Physicians

Dr. Swann: Thank you, Mr. Speaker. Dr. Garbutt was only able to fight back against the threat of a government lawsuit because he had legal assistance from the Canadian Medical Protective Association. While this health minister claims to protect doctors under the Health Quality Council, the AMA, the Medical Association, and the Canadian Medical Protective Association in their bulletin of March advised doctors who are requested to appear before the Health Quality Council to contact them for advice first. If doctors are adequately protected, why are they being encouraged to contact their legal aid and assistance, who are dedicated to protecting them?

Mr. Zwozdesky: Mr. Speaker, most doctors in the province are privately held corporations, and they'll seek whatever advice they want, I'm sure. I think what they might want to do is also read section 9(5), I believe it is, of the Alberta Evidence Act. The Alberta Evidence Act makes it very clear that there will not be "any liability on the part of the person making the disclosure or submission." So there is protection provided there. In addition to that, the Health Quality Council is looking at additional steps, I hope, to protect them even further. Anonymity and privacy are critical items.

Dr. Swann: Of course, the Health Quality Council can't subpoena people or financial records.

Given it's clear that there's insufficient protection under the Health Quality Council, will you finally do the right thing and call a public inquiry and truly improve confidence in this system?

Mr. Zwozdesky: Mr. Speaker, I think a lot of confidence is being improved in the system with our five-year health action plan, the first-ever commitment to a five-year funding plan in Canada; the additional number of beds we've opened in hospitals, about 360; the additional community care facilities and beds, which is about 1,300 more beds; now the additional surgeries, additional cataract operations, additional MRIs, additional CAT scans, additional physicians that are being added. I could keep going if time allowed.

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

Abandoned Wells

Ms Blakeman: Thank you so much, Mr. Speaker. This government has been careless in its tracking of wells. Companies have disappeared and along with them any record of wells, the ownership, or the responsibility to clean them up. This situation has left the responsibility to pick up the pieces to the extremely underfunded Orphan Well Association and, ultimately, the Alberta taxpayer. To the Minister of Energy: seeing as this is industry defaulting, why isn't more expected from industry as a whole to minimize the liability for Alberta taxpayers?

Mr. Liepert: Well, Mr. Speaker, since the orphan well fund was established, there has been tremendous progress made on reclamation. One of the issues that has to be addressed is that we have a number of wells from many decades ago where in many cases the company that was responsible for that well is no longer around. There is an attempt to catch up. We recognize that there's a lot of work to be done there, and we're attempting to address that in several ways, which I'd be happy to explain in subsequent answers.

The Speaker: The hon. member.

Ms Blakeman: Thank you very much. Back to the same minister: given that the Orphan Well Association is forced to defer, postpone, or spread environmental cleanup because of their lack of resources, is the minister planning another injection of cash to help them manage the demand?

Mr. Liepert: Well, Mr. Speaker, I think it's important to recognize that I think it was about two years ago when the government injected about $30 million into the orphan well fund. That went a significant way toward attempting to catch up on many of these situations. I mean, one of the challenges we have is that, certainly, there's an argument to be made. Whose responsibility is it to pay for wells that have not been reclaimed from decades ago? I'm not so sure that industry today is necessarily responsible for that.

The Speaker: The hon. member, please.

Ms Blakeman: Thank you. Back to the same minister. Well, given that that injection of cash allowed the Orphan Well Association to deal with some of that backlog, but the money was gone in less than half a year – that's how desperate they were – and the government requires a level of security that doesn't even come close to the cost of reclamation, how can it argue it has the best interests of Alberta taxpayers at heart? The risk is on the taxpayer.

Mr. Liepert: Mr. Speaker, the member is not totally correct there. I think that our issue is not around the current situation and whether or not there are adequate resources around reclamation. Our issue is that many of these wells have been around for decades and decades and it's a matter of catching up. We want to make sure that it's done in an appropriate manner, and we'll continue to do that.

The Speaker: The hon. Member for Fort McMurray-Wood Buffalo.

Lower Athabasca Regional Plan

Mr. Boutilier: Thank you very much, Mr. Speaker. Earlier this week the Premier engaged in a little bit of political theatrics with an open letter to Albertans warning federal party leaders to stay out of the oil sands, my backyard. But there's a whopping dose of hypocrisy embedded in its words given the proposals in the draft lower Athabasca region. My question is to the minister of finance. With the hypocrisy that is there, the interference that is there, I have to ask the minister of finance: does he support breaking Alberta contracts?

Mr. Snelgrove: Mr. Speaker, I think there may be an obligation on a member asking a question to actually put it in a format that makes sense of some kind so we can try and answer his questions. The simple fact: we respect contracts and we respect the law. Probably more, we respect Albertans, and they deserve better

Mr. Boutilier: Mr. Speaker, certainly better than the minister of finance.

To the Minister of Energy: given the fact that he broke contracts that were signed with a cowboy shake, an Albertan way of life, I have to ask him. This is destroying and attacking our economy. Why does he also agree with breaking contracts? Why does he agree?

Mr. Liepert: Well, Mr. Speaker, I think it's incumbent upon this member, if he's going to ask that type of question, to actually stipulate what contracts have been broken. I'm not exactly sure what he's talking about because I don't know about any contract that anyone has broken.

2:00

Mr. Boutilier: Mr. Speaker, I was in touch with Calgary oil business workers yesterday. Given that, he's very aware they don't agree. Consequently, why does the Minister of Energy support breaking contracts that ultimately are helping boost the $4 billion to $7 billion of royalties that come into this province?

Mr. Liepert: Well, Mr. Speaker, my guess is that I've probably talked to more industry than this particular member has. I can tell you that what industry is telling me is that they believe we've found a very good balance. Industry recognizes that if we don't do something about ensuring that there are conservation areas in that region, the federal government will start stepping in and ensuring that that happens, and I think it's better if we control our destiny than having the federal government do that.

The Speaker: The hon. Member for Edmonton-Highlands-Norwood.

Electricity Prices

Mr. Mason: Thanks very much, Mr. Speaker. Power rates for consumers are expected to rise by 66 per cent next month, a direct result of the sudden, permanent shutdown of TransAlta's Sundance 1 and 2 generating units, with no replacement generation in place. Will the Minister of Energy admit that this Tory government's deregulation of electricity generation has allowed the creation of an artificial shortage which is directly responsible for this massive price hike to consumers, and will he tell Albertans what he's going to do about it?

Mr. Liepert: Well, Mr. Speaker, I will be very interested to see next month whether the media, which the member is referring to because he didn't do the research – he's reading out of the newspaper that the power rates are projected to go up by 62 per cent next month. I'll be very interested to see whether that same question comes a month later, when power rates go down by 62 per cent when new electrical generation comes on stream.

The Speaker: The hon. member.

Mr. Mason: Thanks very much, Mr. Speaker. Well, given that the average electricity bill for Alberta families is expected to jump from $43 this March to $71 in April and given that experts – and this is from the power industry, Mr. Minister – say that these bills will remain at least this high for the foreseeable future, will the Minister of Energy take responsibility for his government's misguided deregulation scheme and tell Albertans what he's going to do to control their power prices?

Mr. Liepert: Well, Mr. Speaker, we could do one of two things. We could have in place the system we've got, which has delivered us the lowest power rates in the country since 2003, or we could do what that member would like us to do and inject ourselves into the market, mess with the market, and create the mess that they've got in socialist Ontario right now.

Mr. Mason: Socialist Ontario.

Well, given the flights of fantasies of this minister when he's faced with questions about the power rates, the skyrocketing power rates that ordinary families in this province are going to have to pay, and that he has no answers, will the minister come clean with Albertans and say that they're just going to have to keep paying through the nose because he won't do anything about it?

Mr. Liepert: Mr. Speaker, to use his terminology, I think I came clean in the first answer. The first answer was that there is generation coming on stream. It's going to be in the next month or two. It will absolutely replace what has gone off the grid. The expectation by the independent operator is that power prices will probably find a level that's very consistent with what it's been.

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

Minimum Wage Rate

Mr. Taylor: Thank you, Mr. Speaker. On March 10, 150 days to the day, the Minister of Employment and Immigration sent the chair of the Standing Committee on the Economy his response to the committee's report on Alberta's minimum wage policy, just as the standing orders require him to do. In essence, the minister's response said: thanks for conducting the review I requested; I'll get back to you soon. Is the minister prepared to announce a new Alberta minimum wage today, and if not, why not?

Mr. Lukaszuk: Well, Mr. Speaker, in a letter to the chair of the all-party committee I thanked him for the work that he has done with numerous Alberta stakeholders. They have provided me with sound advice, which I am poring through right now. I'm looking at other provinces as a few other provinces right now are announcing changes to their minimum wage. The member will have to be a little bit more patient. I will be announcing new revisions to the minimum wage shortly.

Mr. Taylor: Well, Mr. Speaker, how much longer should Albertans living in poverty have to wait for the minister to read and digest seven recommendations? I mean, really.

Mr. Lukaszuk: Mr. Speaker, Albertans living in poverty are well aware of the fact that this ministry happens to also have many programs that help Albertans out of poverty. He will be interested probably in finding out, which is not contained in the report, that the provinces who actually have the highest minimum wage tend to have more individuals reliant on government programs. I will strike a balance. I'm looking at what works and what doesn't work not only in Canada but throughout the world, and you will get a very comprehensive answer soon.

The Speaker: The hon. member.

Mr. Taylor: Thank you, Mr. Speaker. Again to the minister: is the minister willing to agree today, since wages are – and he pretty much just confirmed that – only one of the issues confounding the poor, to undertake a broad-based consultation that includes the poor with the goal of creating a poverty reduction strategy in this province?

Mr. Lukaszuk: Mr. Speaker, I am glad to report to you that we have a very comprehensive package for recovery from poverty, and that's called jobs. This ministry trains individuals towards employment, encourages individuals towards employment, pro-

vides assistance for individuals towards employment, and we will continue to maintain that jobs are the best way out of poverty.

The Speaker: The hon. Member for Drayton Valley-Calmar, followed by the hon. Member for Calgary-Buffalo.

Supply of Skilled Tradespeople

Mrs. McQueen: Thank you, Mr. Speaker. A recent report from the Petroleum Human Resources Council is painting a rather desperate picture of the future in terms of the available labour pool in Alberta's energy industry. The report suggests that in the next 10 years employers in this sector will have to hire between 33,000 and 102,000 workers. My question is to the Minister of Advanced Education and Technology. Can our province realistically meet this demand for so many tradespeople?

The Speaker: The hon. minister.

Mr. Weadick: Thank you, Mr. Speaker. Indeed, this is a challenge. In fact, only today I heard from industry reps saying exactly the same thing, that what stood in the way of drilling more wells last year was the unavailability of trained crews that could do that work. So we do desperately need them.

Mr. Speaker, training workers is a three-pronged stool. We first need to attract people interested in the trades. Secondly, we need to attract employers that can hire those people in the trades and journeymen to help provide on-work training; and thirdly, we need to have those spaces in our postsecondaries to train those young workers.

The Speaker: The hon. member, please.

Mrs. McQueen: Thank you, Mr. Speaker. To the same minister: will this need for workers translate into more technical training seats becoming available in the future?

The Speaker: The hon. minister.

Mr. Weadick: Thank you. The short answer is that last year we did see a downturn in apprenticeship applications, but what we did is that we maintained the funding at last year's level to bridge over and keep all of our positions, to keep our chairs in place, to keep our instructors in place so that as the economy ramps back up, they will be in place. We will meet the needs of apprentices, and in fact already this year we have 500 more applications for apprentices than last year.

The Speaker: The hon. member.

Mrs. McQueen: Thank you, Mr. Speaker. Finally, to the Minister of Employment and Immigration: with so many tradespeople needed and the unlikelihood that all these positions can be filled by Albertans, what is your ministry doing to make it easier for tradespeople from outside Alberta to work here?

The Speaker: The hon. minister.

Mr. Lukaszuk: Thank you, Mr. Speaker. That ties in very well with the previous question from Calgary-Currie. Not only are we focusing on Albertans first and not only are we providing them with the skill sets that they will require to be fully employed in our economy, but we are also focusing now on other Canadians. Through initiatives like TILMA we're actually attracting Canadians from coast to coast to coast, and they're finding jobs right here in the province of Alberta.

Electricity Prices
(continued)

Mr. Hehr: Mr. Speaker, Albertans have seen electricity prices spike once again. So-called regulated rates, meant to even out the peaks and valleys of electricity prices, are not working. Albertans are paying more than ever for electricity. What this province needs is a regulated rate that works, where prices are set over a longer term to ensure families aren't facing sticker shock when they receive their electricity bill. Accordingly will the minister follow other jurisdictions on these pricing concerns by making this the default option?

Mr. Liepert: Mr. Speaker, if the member would care to do his research, we absolutely have in place the ability that any consumer can sign a contract for a guaranteed price for electricity, so I'm not sure what he's asking for.

Mr. Hehr: Well, given that this government let generation facilities degrade to the point where 560 megawatts of power at Sundance sites needed to be shut down in the middle of winter, when electricity prices are subject to being at their peak, with no replacement ready to take over, why should any Albertan trust this government to get electricity prices back under control?

Mr. Liepert: Mr. Speaker, to be clear, the government of Alberta has nothing to do with the maintenance of generation facilities as alleged by the hon. member. Secondly, I'd point out to the hon. member that I don't know which part of the country he lives in, but on the 13th of April I don't consider that the middle of winter. Thirdly, as I said in my first point, any consumer at any time can sign a long-term, guaranteed contract for electricity retail prices.

2:10

Mr. Hehr: Well, given that there have been considerable delays in bringing on new generation, including an Enmax plant which sat in pieces in the field for more than a year waiting for approval, what assurances can the minister give that the record prices won't shoot even higher because we do not have any adequate production of electricity in this province?

Mr. Liepert: Well, let me again correct the preamble. The government had nothing to do with the Enmax facility sitting in the middle of the field as alleged by that particular member. As per legislation there was a review done. This minister signed off on that review several months ago. It's up to Enmax when they want to construct a power plant or any generator. As I said earlier to the Member for Edmonton-Highlands-Norwood, there will be new generation coming on within the next month or so, and I'm sure that that will bring power prices back to the average.

The Speaker: The hon. Member for Bonnyville-Cold Lake, followed by the hon. Member for Lethbridge-East.

Métis History and Culture in Education Curriculum

Mrs. Leskiw: Thank you, Mr. Speaker. Alberta has been the first and only province to recognize Métis people with a governance structure and land base. However, it is also important that education curriculum in our province recognizes the accomplishments of the Métis people. My first question is to the Minister of Education. Are the contributions and history of the Métis people covered in Alberta's curriculum?

Mr. Hancock: Well, the short answer, Mr. Speaker, is yes. The contributions and history of Métis people in Alberta are covered

extensively throughout the curriculum, particularly in the social studies program and in aboriginal studies 10, 20, 30. At every grade level there are opportunities to incorporate classroom learning experiences that enrich students' understanding of Métis culture. In senior-level courses students can learn how First Nations and Métis land rights are based on differing premises and how the Métis settlements differ from First Nations.

The Speaker: The hon. member.

Mrs. Leskiw: Thank you, Mr. Speaker. My first supplementary is to the same minister. What is the minister doing to ensure that nonaboriginal students also learn about the history and culture of the Métis people in a comprehensive manner?

Mr. Hancock: Well, Mr. Speaker, as I indicated, it is an essential part of the social studies program. Alberta students at all grades develop an understanding and appreciation of aboriginal peoples in Alberta, including Métis history and culture. For example, in grade 4 all Alberta students are asked to explore how Métis people contribute to Alberta's identity, from the earliest days of the fur trade to media, politics, commerce, and to the modern Métis. In grade 11 Alberta students are asked to explore how Métis people contribute to Alberta's identity, Métis nationalism, an example of how . . .

The Speaker: Thank you. Perhaps we'll get it in in the third question.

The hon. member.

Mrs. Leskiw: Thank you, Mr. Speaker. My final question is to the same minister. While I support aboriginal studies 10, 20, and 30, does the minister have any plans to review the program to include a Métis history component and resources into the curriculum?

Mr. Hancock: Mr. Speaker, curriculum is constantly under review to ensure that it's responsive and relevant to students and consistent with the Inspiring Education process. We are beginning an action on curriculum process, which will again look at curriculum in all elements. As we do that, we ensure that the fundamental elements of Alberta society are included in that curriculum, and Métis history and the Métis contribution are part of that fundamental history of Alberta.

The Speaker: The hon. Member for Lethbridge-East, followed by the hon. Member for St. Albert.

Residential Building Inspections

Ms Pastoor: Thank you, Mr. Speaker. The government's handling of the residential construction file has been less than co-ordinated and effective. On closer analysis it reveals a deeply fragmented system where responsibilities are scattered among Service Alberta, Municipal Affairs, and individual municipalities. To the Minister of Service Alberta: will she admit that bringing the various elements of the residential construction file under the purview of one ministry would result in a better co-ordinated and more effective system for homeowners?

The Speaker: The hon. minister.

Mrs. Klimchuk: Thank you, Mr. Speaker. With respect to the responsibilities Service Alberta has, we are responsible for the home inspections for resale properties, and that's something that is under the Fair Trading Act. With respect to the other issue it is indeed under the Ministry of Municipal Affairs. At the same time we're doing excellent work. We have great consultation with respect to regulating the home inspection industry. Things are moving in the right direction.

The Speaker: The hon. member.

Ms Pastoor: Thank you. Further to that, are building inspection reports for residential properties available to homeowners, and if so, are they required to use FOIP to obtain that information?

Mrs. Klimchuk: Mr. Speaker, with respect to home inspections that are done by home inspectors across Alberta currently, it is between the vendor and the individual who is asking for the home inspection. They have access to that report, and that would be the private information between the home inspector and the purchaser.

Ms Pastoor: What action has the minister taken to protect frustrated homeowners faced with this bureaucratic triangle between the ministries? They don't know where to go. Three different ministries.

The Speaker: The hon. minister.

Mrs. Klimchuk: Thank you, Mr. Speaker. Again, with respect to home inspections on resale properties that's the difference with Service Alberta. New homes are with respect to Municipal Affairs. At the end of the day, under the Fair Trading Act there is protection for consumers for this, but we are looking at regulating that industry, and we are working very closely with all the stakeholders.

The Speaker: The hon. Member for St. Albert, followed by the hon. Member for Calgary-Glenmore.

Legislature Reflecting Pool

Mr. Allred: Thank you, Mr. Speaker. The Legislature reflecting pool is a great asset treasured by many visitors to the Legislature Grounds, particularly young families during the summer months, which, hopefully, will soon be here. I understand that the reflecting pool is scheduled for removal from the Legislature Grounds. To the Minister of Infrastructure: is this indeed correct?

Mr. Danyluk: Mr. Speaker, in fact, I just need to inform the hon. member that there are many changes and improvements for the Legislature Grounds. The reflective pool of which he spoke is loved and used by many people. There are challenges with the maintenance of the pool, but it will remain open. The reflective pool is not going to be changed at all this year.

The Speaker: The hon. member.

Mr. Allred: Mr. Speaker, thank you very much. That answers my question, and I'm very pleased with the answer. That's not what I'd understood.

The Speaker: That's it?

Mr. Allred: That's it.

The Speaker: But he only said for one year. He didn't say beyond one year. I thought that was your question.

Mr. Allred: In that case, may I continue? Sorry. I didn't hear that one year part.

Am I understanding, then, that after one year it may be closed permanently? Is that the case? How can we justify that?

Mr. Danyluk: Mr. Speaker, I do want to inform you that there are going to be four additional small pools at the north end of the area that will have an interactive water feature. This is very much a recreation facility that is appreciated by many people. We do have to look at the maintenance of the reflecting pool, so I don't want to say that this is going to be open forever because we need to upgrade what this pool is.

Mr. Allred: Then just for clarification, Mr. Speaker. I understand that there is no intention to permanently close the reflecting and wading pool at this particular point in time.

Mr. Danyluk: Mr. Speaker, very correct. We have no intentions of closing the pool. I do need to expand a little bit. When the pool started to be used as a wading pool, what happened is that we had to add chlorine. The chlorine is not very conducive to the infrastructure, so we do have to look at upgrading it or maintaining it. But this year it will be in full operation.

The Speaker: I need to apologize very humbly and profusely to the Assembly. That's the first time in 14 years that I've actually interjected myself in a question, which is not very good.

The hon. Member for Calgary-Glenmore.

Lower Athabasca Regional Plan
(continued)

Mr. Hinman: Apology accepted.

Thank you, Mr. Speaker. The Energy department has been selling leases in northern Alberta without consulting the Environment and SRD ministries or listening to industry or the cumulative effects management agency. Now that they've revealed their lower Athabasca plan, all that incompetence is coming home to roost, and it's Alberta's companies and taxpayers that are going to suffer. To the Minister of Energy. Surely, before this plan came out, you made estimates about how much compensation Albertans would be on the hook for given the development that has occurred on these leases. How much? Or have you simply not looked at this?

Mr. Liepert: Well, Mr. Speaker, I think that it needs to be pointed out – I think it has been made fairly clear in this House on several occasions, but let me make it clear again. The draft plan that my colleague released last week is in a consultation period for the next 60 days. At that point that information that is gathered will come back to government, and a final decision will be made. At that time we will know whether there is any impact on existing leases.

2:20

Mr. Hinman: So you've had no impact study. Unbelievable.

Given that section 19 of the Alberta Land Stewardship Act states that there is no legal recourse or even compensation necessary for government policy decisions, are you hoping to dodge proper compensation to these companies by using this clause?

Mr. Liepert: Well, Mr. Speaker, if you look at the Land Stewardship Act, it'll typically refer to other pieces of legislation, and in this particular case the legislation that needs to be raised is the Mines and Minerals Act. There's a clear definition within the Mines and Minerals Act of what happens in the event of, and we will follow the letter of the law.

Mr. Hinman: Well, Mr. Speaker, maybe a simple yes or no, but I doubt it.

Has the minister come up with his own overall estimated number for what he thinks is full compensation for the rescinded leases in this proposed plan? Yes or no? Have you come up with a number?

Mr. Liepert: Well, again, I have to remind this member, who can't seem to figure it out, that this is not a final plan. How can you possibly . . . [interjection] Okay. Mr. Speaker, I don't think the member wants to hear an answer.

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

Capital Infrastructure Funding

Mr. MacDonald: Thank you very much, Mr. Speaker. In the budget presented to the House at the start of session we saw a three-year capital plan. In the past week we have seen two capital initiatives approved that outstrip the budget set aside in the capital plan. Can the minister of finance please guarantee this House and taxpayers that these $807 million worth of promises made to the city of Edmonton are worth more than the press release that they are written on?

Mr. Snelgrove: If the hon. member is talking about the relocation of the museum from its present site in Glenora to downtown, that was budgeted and passed through this House several years ago. It has been maintained in a fund until, I think, the appropriate decision was made to move it to a more appropriate site. It was in the budget. The Green TRIP, if he's referring to that, has gone through the total budgeting process. We make commitments to municipalities; we live up to them. I have no idea where he's coming from.

Mr. MacDonald: Again to the same minister: given that in the past spending has been announced and then delayed, pushed back, or cancelled altogether, can the minister guarantee that the Royal Alberta Museum – you guarantee this, please – will be funded and completed by 2015, 10 years after it was initially announced?

Mr. Snelgrove: Mr. Speaker, I can't guarantee that in 2015 it will be all done. I can tell you that all of the people that are involved in bringing this project forward – in the design, in the construction, in the tendering, in the building – will do their very best to maintain that construction schedule. The money is there, the intent is there, the commitment to the city and the city support are there. The people of Alberta look forward to the opening of the museum in 2015, and I'll give every assurance possible that that will happen.

Mr. MacDonald: There's a difference between an assurance and a guarantee.

Now, again to the same minister: what guarantees can the minister give this House and taxpayers in this province that it won't be the case of the departing Premier giveth and the new Premier in the middle of October taking it away?

Mr. Snelgrove: Mr. Speaker, the issue around the museum is an issue that has been with the people of Alberta and this government for several years. The Premier very rightfully suggested that we needed to look for a more appropriate site. There was not room on the current site. This government is committed to the museum. We have the full support of the city of Edmonton. This is not a Premier's commitment. This is a government commitment to the people of Alberta, and we will keep that commitment.

The Speaker: The hon. Member for Edmonton-Calder, followed by the hon. Member for Calgary-Varsity.

Education Program Unit Funding

Mr. Elniski: Thank you, Mr. Speaker. My questions this afternoon are for the Minister of Children and Youth Services and the Minister of Education. As I have talked about previously in this House, I have a number of constituents who have children with severe disabilities who need a great deal of support to help their children stay at home, at school, and in the community. Parents find it extremely frustrating when they have to deal with a lot of red tape to negotiate funding and services from several government agencies and community support groups. To the Minister of Children and Youth Services: what is your ministry doing to improve how services are co-ordinated to meet the needs of children with severe disabilities and their families?

The Speaker: The hon. minister.

Mrs. Fritz: Well, thank you, Mr. Speaker. This is a very serious issue. I understand that. I know as well as the member that in discussions with our families, we've learned that our family support for children with disabilities program as well as the Ministry of Education's program unit funding, known as PUF, need to be aligned in a way that's more helpful to our families with preschool children that have severe disabilities like autism. We started a pilot project with the Ministry of Education in September, where our caseworkers, our educators are working together to identify the unique needs of the child and then to offer the service that will do the most good.

The Speaker: The hon. member.

Mr. Elniski: Thank you, Mr. Speaker. To the Minister of Education: given that some Albertans are not familiar with program unit funding, what's it about, and how does it work?

Mr. Hancock: Mr. Speaker, PUF is provided to school authorities and approved private early childhood services operators. It's in place to support children with severe disabilities or delays who require support beyond that offered in the regular early childhood services programs. It supports individualized programming for children aged two and a half to six. It is available for a maximum of three years. Certificated teachers are involved in the program.

A key part of the pilot with Children and Youth Services is working with families to identify their priorities for assisting their child in the home and in an early childhood setting and to develop one service and program plan for jointly supporting these priorities.

The Speaker: The hon. member.

Mr. Elniski: Thank you, Mr. Speaker. My final supplemental is to the Minister of Education. When will the results of the pilot project be available province-wide?

Mr. Hancock: Well, Mr. Speaker, the pilot project is working in a number of areas, particularly in Fort McMurray, for example, where there's a pilot operating. We're learning from that. There will be a learning event held on May 10, which will bring together a wide range of families that are involved, ministry staff, and others involved in the pilot. We'll have an opportunity to discuss their successes as well as their challenges. If we're seeing better outcomes, and we expect we will, for children and families – they'll tell us their experiences – we'll have a program which we can broaden across the province.

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

Children at Risk

Mr. Chase: Thank you, Mr. Speaker. PCHAD, PCHIP, forms 1 through 8 all have in common the shortcoming that they are of a limited legislated duration, faring from 24 hours to a maximum of five days to begin to resolve problems, which, first, require assessment followed by appropriate treatment and sustained support. No matter how caring and qualified ministerial representatives are, unless a youth is in secure custodial care, neither assessment nor treatment can occur. To the Minister of Justice: what roles does your ministry play in providing protection for vulnerable street youth?

Mr. Olson: Mr. Speaker, I'd like to thank the hon. member for raising this issue. I know he's concerned about at-risk youth, as I am. My ministry is not the lead ministry on issues such as this, but I am proud to say that the safe communities initiative, for which my ministry is the lead ministry, plays a very active role, particularly in prevention. Nine different government ministries work together. The hon. member may wish to speak to some of my other colleagues on this who are more directly involved. For example, in the last two years . . .

The Speaker: Thank you, Minister, but we have to move on now.

Mr. Chase: Thank you, Mr. Speaker. To the Solicitor General: under what circumstances are law enforcement officers permitted to apprehend a youth between the ages of 12 and 18, who, through documented actions, are a threat to either themselves or others with whom they come into contact?

The Speaker: The hon. minister.

Mr. Oberle: Thank you, Mr. Speaker. Clearly, law enforcement agencies in the apprehension of a youth or anyone else must act under some legislative authority. There are a few acts that provide that authority, including the Protection of Sexually Exploited Children Act, the Mental Heath Act, the Protection of Children Abusing Drugs Act. If the case involves a youth 12 to 17 years old who has committed a crime, even the Youth Justice Act can be used. Even that act requires a police officer to first seek some program or community agency to deal with before proceeding with judicial actions against that child.

The Speaker: The hon. member.

Mr. Chase: Thank you. Again to the Solicitor General: to what extent are front-line officers not only permitted but encouraged to use their professional discretion in dispensing justice that is, quote, in the best interests of street children and youth?

Mr. Oberle: Mr. Speaker, I'm not sure what the member is after here. If he wants me to assure him that police exercise discretion, they do. They are community police. That's their job. They do it every day. If he wants me to assure him that police can help, they do, not only children but their families or guardians. They can work with families affected by instances. But if he's seeking the resolution of a particular case – and I sort of feel he is here – I can't help him with that. We can't discuss that case on the floor of the House. I can only advise him to have the guardians or the parents deal directly with authorities in my department or children's services. There are a lot of people who can help and who are eager to.

The Speaker: The hon. Member for Calgary-Mackay, followed by the hon. Member for Calgary-McCall.

2:30 **Public Transit**

Ms Woo-Paw: Thank you, Mr. Speaker. Having a well-connected transportation system is important to support economic opportunities and improve quality of life in Alberta communities. An effective transportation system has many components and should include innovative transit transportation. My questions are to the Minister of Transportation. I'd like to know what he has been doing to improve the quality and accessibility of bus and transit transportation in our province.

Mr. Ouellette: Well, first of all, Mr. Speaker, I want to make it clear that the Alberta government is in the transportation business, but we're not in the transit business. With that said, a little earlier the Member for Edmonton-Gold Bar brought up our Green TRIP fund. I want to be able to say that just last week the very first announcement out of our $2 billion Green TRIP fund was $497 million for Edmonton's NAIT line. Green TRIP is all about supporting municipalities, and it's about providing Albertans . . .

The Speaker: The hon. member, please.

Ms Woo-Paw: Thank you, Mr. Speaker. To the same minister: do smaller municipalities that are interested in developing public bus transportation have access to funding through Green TRIP or any other provincial grant programs?

Mr. Ouellette: Mr. Speaker, the short answer is yes. Out of the $2 billion Green TRIP, $400 million has been set aside for communities outside of Edmonton and Calgary, and I would further point out that both municipal and private-sector operators can apply for Green TRIP funding. Municipalities can also fund capital transit purchases through the province's basic municipal transportation grant, the federal . . .

The Speaker: The hon. member, please.

Ms Woo-Paw: Okay. My last question is to the same minister. Given the importance of high-quality public transportation to many temporary foreign workers and other newcomers, does the minister feel that current initiatives in transportation are sufficient to attract and retain newcomers?

Mr. Ouellette: Well, Mr. Speaker, the hon. member brings up an excellent point about the importance of safe and effective transportation systems. I'd like to say that transportation is the backbone of our economy and that many components are needed to support and grow our economy and improve Albertans' quality of life. No doubt having an effective transportation network is an incentive for both businesses and individuals to come to Alberta, and that's why we have made such great investments in our transportation system.

The Speaker: The hon. Member for Calgary-McCall, followed by the hon. Member for Lacombe-Ponoka.

Southwest Calgary Ring Road

Mr. Kang: Thank you, Mr. Speaker. Last week we had a chance to sit down with the members of groups and associations dedicated to sustainable, efficient roadway expansion that doesn't destroy existing communities or environmentally sensitive parks in southwest Calgary. To the Minister of Transportation: will the government listen to the message from both the mayor of Calgary and local citizens and agree right here and now to take bulldozing communities and paving over environmentally sensitive park areas off the list of options for developing new roadways in southwest Calgary?

Mr. Ouellette: Well, Mr. Speaker, we absolutely have a process that's going on in exactly what he's talking about. We have a memorandum of understanding with the city of Calgary. We have workers from both sides – we have engineers; we have biologists – everyone working together to say what is going to be the best route to try to connect the ring road in southwest Calgary. Let's let that process happen.

The Speaker: The hon. member.

Mr. Kang: Thank you, Mr. Speaker. To the minister again: given that many believe that the simplest solution to this problem is to have the southwest ring road go through the Tsuu T'ina Nation reserve, will the minister do the right thing and ask his department to reopen talks with the nation?

Mr. Ouellette: Mr. Speaker, we honoured an agreement, as they say. We had an agreement with the Tsuu T'ina Nation that was voted on. They voted against the agreement, and we're honouring that. I'm not saying that our door isn't open for them to come and talk to us, but we're honouring their feelings.

Mr. Kang: Mr. Speaker, they are willing to come back to the table again.

To the minister again: has the minister explored whether another solution may be available to improve traffic in southwest Calgary such as redirecting funds that would have gone to support the ring road to transit or LRT?

Mr. Ouellette: Mr. Speaker, we're exploring all options. That's what I'm saying. Let the process work out. We have experts looking at all options.

The Speaker: The hon. Member for Lacombe-Ponoka, followed by the hon. Member for Strathcona.

CCSVI Clinical Trials

Mr. Prins: Thank you, Mr. Speaker. My questions are to the minister of health. On April 5, a little more than a week ago, the government of Manitoba made $5 million available to fund clinical trials for treating chronic cerebrospinal venous insufficiency in patients with multiple sclerosis. This funding will complement and build upon the $5 million that Saskatchewan committed in 2010. As financial commitment is step 1, will Alberta please consider joining Saskatchewan and Manitoba in a jointly funded, co-ordinated approach to support these multisite trials?

The Speaker: How about if we wait a few minutes from now? At 3 o'clock this afternoon the estimates for the Department of Health and Wellness will be here. Our tradition is that we don't ask financial questions on a minister's budget on the day that the minister has got three hours allocated for it.

Is your second supplemental still related to dollars for the Department of Health and Wellness?

Mr. Prins: Okay. I'll try that one. Thank you.

Has the minister talked to his appropriate counterparts in Saskatchewan or Manitoba about their co-ordinated plan about MS clinical trials?

Mr. Zwozdesky: Mr. Speaker, as ministers we all met and spoke about a variety of matters back in September. MS is certainly top

of my mind at the moment because, of course, we have about 11,000 sufferers of this disease here. However, before proceeding with clinical trials, a lot more information would be needed, and we're in the process of gathering that information right now.

The Speaker: The hon. member.

Mr. Prins: Thank you, Mr. Speaker. Given that Manitoba's goals are to have processes in place to proceed with clinical trials in late 2011, will Albertans with MS still have to go out of province to receive this treatment?

Mr. Zwozdesky: Mr. Speaker, the short answer is yes because, to my knowledge, no province in Canada has yet given unconditional approval of any kind to proceed with the Zamboni treatment here. It's important to note that if people go outside the country to get this particular procedure and they come back to Alberta – they are Albertans to begin with – and they develop a complication, the medical system will be there to help them with any complications that might arise.

The Speaker: The hon. Member for Strathcona, followed by the hon. Member for Calgary-Bow.

Arts Funding

Mr. Quest: Thank you, Mr. Speaker. In 2010-11 arts groups throughout the province faced a reduction in their grant funding from the government of Alberta and the Foundation for the Arts in the range of 16 per cent. This cut has severely impaired the ability of arts organizations to meet their basic needs while continuing to provide artistic programming. This year it appears that their funding hasn't been cut any more, but it hasn't risen either. My question to the Minister of Culture and Community Spirit: given the economic realities of the cuts, now rising gas prices, et cetera, what are the minister and the Alberta Foundation for the Arts doing to help ease the burden on individual artists and on arts organizations?

Mr. Blackett: Mr. Speaker, during estimates for the 2010-11 budget we had expressed in our ministry that we had to pass along cuts of 16 per cent across the board, but I had promised that if we had efficiencies in our operations, we would return some of that money. I'm proud to say today that we're able to return an amount equivalent to about 5 per cent back to those arts organizations, about $741,000. Our Alberta Foundation for the Arts board has worked very hard through program efficiencies to be able to realize some savings and has asked that we put that back to those worthwhile organizations.

The Speaker: The hon. member.

Mr. Quest: Thank you, Mr. Speaker. Well, that sounds like good news.

To the same minister: tell us about the types of groups that did receive this money.

Mr. Blackett: Mr. Speaker, there were over 345 different organizations, anywhere from Theatre Calgary to the Edmonton symphony to the Citadel Theatre and Alberta Ballet. There are also hundreds of small organizations like the Cardston Community Theatre, the Innisfail town hall, and the Alberta book society. Our culture and community spirit is not found only in Calgary and Edmonton; it's found in many communities right across the province.

2:40

The Speaker: The hon. member.

Mr. Quest: Thank you, Mr. Speaker. To the same minister: I'm sure those arts groups will probably welcome this money, but when would they expect to receive it?

Mr. Blackett: Well, Mr. Speaker, I'm pleased to say that letters went out to many of those arts groups last week. I know that I had the pleasure of being in attendance at the Mayor's Celebration of the Arts on Monday night. I met many different representatives of the arts community, and some of them had received their letters such as PACE, the Alberta arts council, the Citadel Theatre, many different other groups. They expressed their gratitude for listening to them, for realizing that there are concerns. We try to do the best job that we can in this province in supporting arts and culture. I think we do a great job. We support them as the third-largest per capita funding government in the country.

Thank you, Mr. Speaker.

The Speaker: Well, that ends the question period for today. Nineteen members were identified for 112 questions and responses.

Tabling Returns and Reports

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

Mr. Chase: Thank you very much, Mr. Speaker. Over a thousand Albertans and many Canadians have contacted my office urging this government not to begin the first stage this June of clear-cutting one-third of the Castle-Crown. Today's tabling concerns were received from Ward Stannard, Lisa Cockburn, Bryan Wyatt, Robert Park, Aija Auzina, Arlene Hamilton, Nick Church, Sean Dineen, Katherine Webster, Susann Easson, Ken Smith, Anne Dmytryshyn, Ted Baird, Marie Janisse, Marie McLean, Lynn OShaughnessy, Kellie Scholz, William Boddy, Garry Revesz, Lynne FitzGerald, Georges Brun, Peter Young, Richard Carrière, Jinny Lee, and Penelope Ryan.

Thank you, Mr. Speaker.

The Speaker: Hon. Member for Edmonton-Centre, do you have a tabling on behalf of the hon. Leader of the Official Opposition?

Ms Blakeman: No, sir, I don't.

Calendar of Special Events

The Speaker: Hon. members, we've basically come to the end of the Routine, so I'm going to bring you all up to date about what the month of April is all about, seeing as we've got a couple of minutes here today.

April is Daffodil Month for cancer awareness. It's Earth Month. It's National Oral Health Month. It's Parkinson's Awareness Month. It's National Poetry Month. It's Irritable Bowel Syndrome (IBS) Awareness Month. It's Records Management Month.

April 2 was World Autism Awareness Day, as it was International Children's Book Day. April 4 was the International Day for Mine Awareness and Assistance in Mine Action. April 6 was Tartan Day. April 7 was the Day of Remembrance of the Victims of the Rwanda Genocide, as it was World Health Day. April 9 was the National Day of Remembrance of the Battle of Vimy Ridge.

April 10 to 16, this week, is National Volunteer Week, National Dental Hygienists Week, National Victims of Crime Awareness Week, World Homeopathy Awareness Week, Young Poets Week, National Wildlife Week. April 11 was World Parkinson's day. April 12 was the birthday of Lord Rama, Rama Navami, which is a Hindu celebration.

April 14, today, is Vaisakhi, the Sikh New Year festival. It's also

Law Day. April 15 to 17 are Global Youth Service Days. April 16 is World Voice Day, as it also is the Meningitis Research Foundation of Canada hosting World Meningitis Day. April 17 is World Hemophilia Day. It's also Equality Day, which commemorates the Canadian Charter of Rights and Freedoms. April 17 is Palm Sunday. April 17 to 23 is National Soil Conservation Week. April 17 to 24 is National Organ Donor Week. April 18 is Theravada, which is the Buddhist New Year. April 18 is also World Heritage Day. April 18 to May 7 is the Edmonton Kiwanis Music Festival. The week of 19 to 25 is Passover. April 20 is Chinese Language Day at the United Nations. April 21 is Queen Elizabeth's birthday. April 22 is Earth Day, as it is International Mother Earth Day, as it also is Good Friday. April 23 is English Language Day at the United Nations. April 23 is World Book and Copyright Day.

The week of April 23 to 30 is National Immunization Awareness Week. April 24 is Easter Sunday and Orthodox Easter. The week of April 24 to 30 is Administrative Professionals Week, as it is National Medical Laboratory Professionals Week. April 25 is World Malaria Day, as it also is Easter Monday. April 26 is World Intellectual Property Day. April 27 is Administrative Professionals Day, as it also is International Noise Awareness Day.

April 27 to May 12 is March of the Living in remembrance of the Holocaust. April 28 is National Day of Mourning to commemorate workers whose lives have been lost or who have been injured in the workplace. April 28 is World Day for Safety and Health at Work. April 29 is International Dance Day, and it also is World Wish Day, a day for the Make-A-Wish Foundation. April 30 is No Hitting Day.

Could we just revert to Introduction of Guests?

[Unanimous consent granted]

Introduction of Guests
(continued)

The Speaker: The hon. Member for Bonnyville-Cold Lake.

Mrs. Leskiw: Thank you, Mr. Speaker. It is my pleasure to introduce to you and through you to the members of the Assembly a gentleman who is visiting us today from Fishing Lake Métis settlement, located in my constituency. Mr. Rick Chalifoux was recently re-elected to another term as councillor in the community and has worked tirelessly within the community as an advocate of Métis education, child care, and countless other efforts in Fishing Lake. Rick is seated in the members' gallery, and I would ask him to rise and receive the traditional warm welcome of this Assembly.

Orders of the Day

Committee of Supply

[Mr. Cao in the chair]

The Chair: The chair shall now call the Committee of Supply to order.

Main Estimates 2011-12

Health and Wellness

The Chair: Before I call on the minister, I just want to repeat the procedure here. The minister has 10 minutes to speak, maximum, and then an hour following that would be a member of the Official Opposition, and the 20 minutes after that would be for the third party. Then the next 20 minutes would be for the fourth party, and the next 20 minutes would be to an independent and any other members after that. The minister and the speaker can join in for the 20 minutes.

The chair shall wait for a few moments for the staff to settle in.

Mr. Zwozdesky: Thank you very much, Mr. Chairman, and good afternoon, everyone. I want to just quickly introduce some of my staff who are here: my deputy minister, Jay Ramotar; Assistant Deputy Minister David Breakwell; Assistant Deputy Minister Susan Williams; Assistant Deputy Minister Martin Chamberlain; Assistant Deputy Minister Margaret King; and the executive director of financial planning, Charlene Wong.

Mr. Chair, time is limited. I'll cut straight to the chase by starting off with our Ministry of Health and Wellness business plan goals. There are four goals, as people probably know, in this particular order: effective health system accountability, strengthened public health and healthy living, appropriate health workforce utilization, and excellence in health care.

2:50

There are several priority initiatives under each of these four goals, and I will highlight only nine of them at this time as follows: to lead the health capital planning process; to implement service delivery enhancements and activities in Alberta's five-year health action plan; to implement the next steps of the Putting People First report, including the advancement of the Alberta Health Act, a public engagement framework, a health charter for Alberta, and a health advocate; to implement a wellness framework for Albertans; to strengthen the primary health care system; to improve access to clinical care and treatment through strategies such as managing wait times, achieved through efficient and effective use of an available workforce, clinical facilities, and new and existing technologies; to provide appropriate access to services across the continuum of care by increasing the co-ordination of health and social support systems; to reduce continuing care wait times by implementing the continuing care strategy and expanding home-care options and community capacity for supportive living; and to develop and implement Alberta's provincial plan for cancer care.

There are, of course, numerous other initiatives and strategies that round out our plan. Nonetheless, each goal is also accompanied by associated performance measures. In total we have 50 of those performance measures that were released last year.

Moving on to Budget 2011, clearly, Mr. Chairman, stability is probably one of the most important messages delivered by Alberta Health and Wellness through our new budget. There are no cuts to programs in this budget. In fact, it's a budget that reaffirms our commitment to predictable, long-term funding for Alberta Health Services. Budget 2011 also marks the second year of a five-year funding commitment that provides Alberta Health Services with 6 per cent base operating increases in each of the first three years and 4.5 per cent increases in each of years 4 and 5, an unprecedented commitment by any provincial government in Canada to date. It's the first of its kind, and we're very proud of it.

The stable 6 per cent funding increase, which amounts to $545 million for Alberta Health Services, provides necessary monies to continue implementing our five-year health action plan to improve Albertans' access to the health system and to provide shorter wait times and safe quality care.

In terms of operating expenses for Alberta Health Services it's important to note that the 2011-12 Health and Wellness budget is $14.9 billion, an increase of $646 million to our overall operating budget. That Health and Wellness budget, as you know, is split amongst the department and, of course, Alberta Health Services. Alberta Health Services itself is getting a 6 per cent increase, but when you combine the two with the department, the net increase

for the two combined is 4.6 per cent to our overall operating budget.

It's important to note, Mr. Chairman, that that does not include funding that was provided on a one-time basis in 2010-11 for Alberta Health Services' deficit elimination plan.

Our budget is made up of $14.8 billion in operating expenses and $134 million for vaccine utilization, amortization, and capital grants such as equipment. These capital grants are primarily for diagnostic and related medical equipment that's necessary as well as health information systems.

Operating expenses are made up of four major components: $9.6 billion for Alberta Health Services for base operating costs, $3.3 billion for physician compensation and development costs, $1 billion for drugs and other health benefits for Albertans, and $800 million for other health services.

So let's take a quick look at Alberta Health Services' budget. As I mentioned, this budget reflects a 6 per cent increase in the second year of the five-year health action plan. AHS will be receiving an additional $545 million as promised, for a total of $9.6 billion in their base operating funding. While Alberta Health Services is responsible for allocating funding to specific areas, I would like to give you a sense of how that funding is anticipated to be used.

For example, $3.7 billion of the base operating grant is expected to be spent by Alberta Health Services on acute-care services in hospitals across the province; $2.3 billion is expected to be spent by Alberta Health Services on support services for things like building operations, maintenance, administration, security, communications, housekeeping, food services, and information technology; $1.7 billion is expected to be spent by Alberta Health Services on diagnostic and therapeutic services; and $1.1 billion is expected to be spent by Alberta Health Services on facility-based and home-based continuing care services. Finally, $912 million is expected to be spent by Alberta Health Services on community and population health services for programs to improve and maintain Albertans' health and for disease and injury prevention.

The funding for Alberta Health Services this year does not include a provision for accumulated deficit elimination as it did last year, and I must stress that yet again. In fact, Mr. Chair, Alberta Health Services will be announcing its detailed budget in the coming weeks, presumably after we've hopefully endorsed the budget here today and then the global Alberta government budget in a few weeks.

A couple of comments about operating expenses related to physicians. The second-largest part of our expenses is $3.3 billion. In fact, that is allocated toward physician compensation and development. That represents about 22.4 per cent of our department budget, not Alberta Health Services but our department, which is where this compensation comes from. It's 22.4 per cent. No funding increase for physician compensation was allocated in this year's budget because of ongoing negotiations with physicians. I'm pleased that the agreement in principle reflects the reality of that circumstance and of our financial situation at the moment. I know that the agreement in principle is in place now, Mr. Chair, and that Alberta Health and Wellness along with Alberta Health Services and, of course, the Alberta Medical Association are working very diligently towards finalizing the agreement in principle and having that all tidied away by June 30 if not sooner. We will review funding needs when a final agreement is reached because there are a number of related issues there that pertain to programs and benefits.

Within the $3.3 billion for physician compensation and development are several increases that are outside of the trilateral master agreement between government, Alberta Health Services, and the AMA. For example, there are increases of about $5 million for the academic alternate relationship plans that provide compensation for physicians who are in a teaching role. There is also an increase of $11 million for medical resident allowances to provide compensation for medical students who are doing their residencies, and a $4 million increase for clinical training and assessment support specifically for postgraduate medical education offices. Those offices co-ordinate over 20 departments of medicine, Mr. Chair, over 50 residency programs at the U of A and at the U of C, and a total of about 1,620 medical residents in Alberta. The increase will go toward the expansion needs of residency programs to accommodate an increasing number of Alberta medical graduates.

The third-largest area of our expense is $1 billion allocated toward drugs and supplemental health benefits for Albertans. There is an increase here of about $84 million, or 8.8 per cent, for drugs and supplemental health benefits for Albertans this year alone. The increase is primarily due to volume growth in prescription drugs for seniors. That's about $46 million. Higher prices and patient utilization of nongroup drug benefits is about $16 million for Albertans who are not part of a group drug plan. Volume growth and price for outpatient cancer therapy drugs administered on an outpatient basis is about $9 million. Volume growth and price for outpatient specialized high-cost drugs is an increase of about $7 million.

With respect to other health services there is about $800 million allocated for other health services. I'll just break down some of that in the couple of minutes I have left. Fifty-eight million dollars is budgeted for my ministry support services. This goes toward the operations of my office.

The Chair: Hon. minister, I hesitate to interrupt. Your 10 minutes are up.

Now we have an hour for the Official Opposition and the minister, so do you want to combine for 20 minutes in conversation back and forth?

Dr. Swann: That would be good. Thank you, Chair.

The Chair: All right. Hon. Leader of the Official Opposition, 20 minutes.

3:00

Dr. Swann: Thank you very much, Mr. Chairman. A pleasure and a privilege to rise and speak with the minister on issues related to budget estimates for Health, and welcome to his staff. I look forward to further interactions today.

The financials are as stated by the minister, and I don't think anybody would question the fact that the government is able to spend money on health care. The question, I guess, that all Albertans are asking is: what are we getting for the spending on health care? What are we getting in terms of a healthier population? What are we getting in terms of improved access? What are we getting in terms of quality of care? These are the fundamental evaluation tools for health care, and I think that both the public and the professionals are legitimately asking what has happened to their cherished health care system. The goals of health care surely are to keep people healthy as long as possible, to ensure their access to the right professional for the right testing if they need it and for correct treatment that gets them back into fully healthy mental, physical, and social functioning.

There's been a serious loss of confidence in the government's management of the system in these past few years and in their ability to deliver on what they have promised to Albertans, which is to establish the best health care system in the country. There's

no question that health care has enough dollars. The question is: how is it being spent? What kind of leadership, management of both money and people, what kind of measurements are we getting to ensure that we're getting value for money? How are we listening to those who actually work in the system, who know how the system could and should work and have been trying to make suggestions for many years on how to improve the system's efficiency, efficacy, and long-term sustainability?

The lack of respect for professionals in our health care system today has seriously eroded the ability of the health care system to function. I think that's become patent in the last year particularly, but I certainly was one who felt the wrath of a board that decided I was speaking out of turn in 2002. Other physicians have also felt the wrath. Nurses are contacting our offices about how difficult it is to make a contribution to health care today because of their fear of recrimination, their fear of intimidation, their experiences personally, or the failure of management to actually address concerns about patient care, about patient safety, about staff well-being, about simply a respectful climate for work.

This has to be a most costly failure in our system today, which is very difficult to measure in terms of lost time, lost productivity, and certainly lost satisfaction. I would argue that if we don't get back to a sense of what it means to be healthy – healthy in the workplace, healthy as individual citizens, healthy in our professional relations, healthy in terms of a healthy community where people care and communicate about the issues that affect their lives, whether it be the environment or the social climate or the ability to have a job and earn a respectable wage. These discussions have been lost in the system because of the culture that has divided and in many ways intimidated the very people that can make a difference and improve our health care system.

Health has to be the starting point. What is our investment, Mr. Minister, in prevention, in health promotion? You yourself were the minister back when the wellness side of Health and Wellness was first created. Many good ideas were expressed, many good planning documents released, not least the Rainbow Report, that moved us towards a regional system. Then due to incompetence and lack of understanding and lack of evidence, the most recent minister blew up the system without a plan. We're left with chaos, without any plan going forward, and people reeling under the confusion, the conflicting mandates, the lack of clarity in the organizational structure, the huge complexity that needed years of planning and had none.

That's part of what we're dealing with, and we have to address some of the background if we're going to move forward and spend money effectively and efficiently: thoughtful planning based on demographics, understanding of our human systems, and the interconnections to the community.

This government has spent money, and it has managed real problems. I'll acknowledge that. Cancer care is being addressed; addictions, new mental health projects, and cataract waiting lists have been addressed in the short term. But what about primary health care, where 750,000 Albertans wait to find continuity of care in a family physician's office? How does the minister account for the release of four medical officers from the department just months prior to the H1N1 pandemic and at a time when syphilis rates were over the top in this country and remain the highest in the country? It's a shame for our system that we're dealing with such preventable long-term issues that have gone on for far too many years in the province.

The most fundamental question: why was the minister allowed to blow up the system, the regional system, that was carefully crafted and developed over a number of years and was starting to deliver good-quality care, that had the confidence of professionals, the participation of professionals, throwing the systems, the programs, the teams, and the decision-making all into chaos which we're still reeling from? Why are we in Calgary forcing nurses to take part-time roles to save money in the short term instead of encouraging nurses to be full-time, have full benefits, have a commitment to the system, have some consistency and respect in the system as under the previous McCaig leadership?

Those are the kinds of decisions that are, again, penny wise and pound foolish. This government knows how to spend. They don't know how to spend wisely because they've had such change, such inexperience, and such lack of planning and use of evidence to make the decisions that we need to make for long-term sustainability. This Tory government has demonstrated again and again that it lacks the competence in a complex system, and it has never, contrary to the Premier's and the minister's assertion, given up on the desire to privatize more and more of the services.

Unfortunately, their desire has outstripped their knowledge and their management ability, as evidenced by the Health Resource Centre's fiasco at the old Grace hospital. Eliminating hospitals, demoralizing professionals, and changing the organization three times in 15 years all have contributed to a frustration, a fatigue, and a burnout, leading to early retirement, dismissals, increased sick leave, and transfers to other provinces and countries. This profound lack of insight and leadership has most damaged our primary care sector, where we need to reinvest in family doctors, home-care services, long-term care, and prevention programs in favour of the high-tech medicine that has so dominated our system in the last decade.

As Dr. Duckett well expressed, this government has an edifice complex: buildings over basic services, buildings over people and responsible relationships, respectful relationships with the very people who know how to and can make very useful changes to the system.

We have made very constructive suggestions over the past six months, Mr. Chairman, first in the Pulling Through document to relieve the ER crisis, a crisis, incidentally, that was identified 10 years ago and this government simply ignored and simply continued on its merry way to reorganize structure instead of looking at the root cause of ER wait times, ER problems. In that document we recommended bringing in all available professionals to reduce the backlog in the emergency departments, in their family practice offices, in their home-care services, mobilizing professionals to get us back on track with the kind of testing that is needed and to deal with the backlog in long-term care, which is fundamental to reducing that problem.

We'll also be rolling out more details of our recommendations for improving the health care system through returning more decision-making to the local regions. Without more autonomy, without more responsiveness we will continue to frustrate health professionals, we will continue to confuse them, and they will simply increase their withdrawal from any active engagement in the system. The words from those professionals who come out to our forums, who call our 1-800 line, who write to me personally are: we don't know where this health care system is going, we do not feel safe in making challenges to the system, and we are giving up hope that this province will get a health care system that we can be proud of again.

3:10

To go specifically to questions for the minister, Mr. Speaker, of Alberta Health and Wellness's total budget of almost $15 billion, Alberta Health Services controls almost $10 billion of the dollars in operational spending. One has to ask the question. With the creation of Alberta Health Services the government has in effect

created a separate ministry, one of the largest ministries of all ministries in the government. With the total government expenses projected at roughly $34 billion for 2011-12, according to page 18 of the fiscal plan, Alberta Health Services controls 28 per cent of all government expenses. That's more spending through a separate, arm's-length organization than throughout any other government ministry. This is an organization larger than any other government ministry, with no direct accountability to Albertans. How does that work? How does that show a respect for Albertans, for the democratic process, for openness and accountability when we see such a lack of accountability?

Alberta Health Services employs more Albertans than any other government organization and has the ability to affect the life of every single Albertan. It accounts for and controls 25 per cent of all government expenses, yet Albertans have no way to hold it accountable. We need more discussion around this.

I've highlighted some of the organizational disarray that Alberta Health Services is currently in. This is because of three years of centralizing without a plan and confusion about who's making decisions about what. Even at the grassroots level people are still struggling with whom to contact. They're wasting inordinate amounts of time communicating with the wrong people, getting the wrong decisions, and having to go back up the chain. This has to stop.

There's clearly a need for an overview that recognizes the importance of regional delivery of our health care system. This cannot go on with such dominant central bottlenecks in decision-making and in many cases inappropriate decisions that may fit in some parts of the system, like an institutional system in the city, but may not fit at all in some parts of the system in other parts of the province.

This is an aspect that has been missing under Alberta Health Services. Delivery on a provincial level cannot be accountable to the cities and communities that use the system; therefore, it has become disengaged with the real meaningful issues that patients and professionals bring to their daily work. It is a constant source of frustration, and it needs to be addressed.

Again, with the CEO of Alberta Health Services having so much power and influence on provincial delivery policies, there is a huge democratic deficit and a trust issue fundamental to that. How can the public hold these people accountable on decisions that are affecting their work life and the quality of care they're able to provide?

Of Alberta Health and Wellness's budget, Alberta Health and Wellness controls $5.3 billion in spending. Where is the direction and where is the clarity in roles and responsibilities between Alberta Health Services and Alberta Health and Wellness? We believe that this is causing an impossible relationship that cannot be resolved without more deferral and deployment of decision-making back to the local level with a return of health policies and financial management to Alberta Health and Wellness. It is simply untenable to have these two major bodies continue to rival each other over specific decisions, especially politically sensitive decisions, and create the kind of confusion and uncertainty and loss of confidence that pervades the system today.

I'm waiting for Alberta Health and Wellness to do another survey of employees to find out what the morale level is, the confidence in the system. It was at an all-time low when it was done under Dr. Duckett: some 25 per cent of physicians confident in the system, some 30 per cent of nurses confident in the management of the system. I'm afraid, Mr. Chairman, that the level of confidence has actually gone down since that survey. I don't doubt that the minister is reluctant to do another survey and follow up on those specific questions again. I challenge the minister to do that because I think it would be very helpful to see what the changes have meant for front-line staff: to their morale, to their ability to function, to their sense of satisfaction, to their sense also of moral conflict, which has been increasingly talked about when professionals are caught between advocating for their patients and being silent or being compliant with policies. They are stuck in this moral dilemma. I think it would be very important for us to get a handle on how much moral dilemma the front-line health workers are experiencing.

With the health delivery areas relegated to strictly delivering health care, creating province-wide policy would then be left to the ministry, where it's appropriate. But more of the delivery decisions must be made in the zones of this province. Province-wide policies would ensure that there would be a lack of disparity between those areas in the province.

Central buying power and procurement: eminently sensible. Financial management: eminently sensible at the central area. Standard setting, enforcement, monitoring: sensible to manage from the centre. But not delivery: I think we've seen that in spades. There is too far a distance between those who deliver and those who decide how to deliver. There needs to be accountability at the local level. We've not seen accountability anywhere in the system, as the buck is passed between Alberta Health Services and the ministry. Nobody actually steps up and becomes accountable for decisions that in some cases are compromising further the access, the quality, and the cost-efficient management of the system.

There is still no indication of what areas of the province and why funding decisions are made. It's far too sensitive to political influence, lobbying, specific specialties. It's very clear that some specialties dominate the decisions around where money goes and where the priorities are. This government must take the leadership and recognize that primary health care has to be observed. Primary health care has to be the priority. If people can't see a family doctor, if they can't get a home-care nurse, if they can't get appropriate testing, we are going to continue to plug emergency departments. We are going to continue to have long-term care people stuck in hospitals, where they are dying, languishing in depression, and at increased risk of other conditions. Let's get on the stick and spend the money wisely.

The superboard itself is an organization that appears to be out of control, provides no answers, and it's questionable as to whether there's even the capability of reining in Alberta Health Services. They are a power unto themselves, and it seems unclear how to bring that into a sensible balance.

Can the minister confirm whether he agrees that the lines of accountability, roles, and responsibility are clear and that there was any consideration of the impacts of the centralization before this was implemented? Three years into the government's experiment with our health care system there is a huge problem. When does the minister expect to actually have these basics of management, accountabilities, relationships, measurement, indicators, both within the human resources relationships and in the health outcomes, in place?

Can the minister tell the committee how many of the 795 full-time equivalent employees with Health and Wellness are responsible for the health capital planning process? Can the minister also tell the committee how many employees within Alberta Health Services are responsible for other aspects, including the prevention programs, which we see cut year after year after year? What is the rationale behind reducing prevention when we have a growing population of overweight, mentally at-risk people, many children in poverty, that are increasingly demanding services from the system, that are eminently preventable?

The Alberta Health Services '09-10 annual report states that they provided Health and Wellness with their capital submissions by June 30 while they didn't receive final plans until December 10. Which organization has the final say on capital projects, Mr. Minister? Is it Alberta Health and Wellness, or is it the superboard? How do we decide in Alberta who is influencing these decisions and why? What are the criteria? How about making those public? If this government is truly interested in transparency and accountability for the public dollars that are spent, why not make public the criteria under which these decisions are made?

3:20

The Chair: Hon. member, I understand that the first 20 minutes are for combined question and answer, but you have used up the 20 minutes for questions. So the next 20 minutes are for the hon. minister.

Mr. Zwozdesky: Well, it's going to take me 20 minutes or more to answer the questions. How would you like us to proceed? I thought we were sharing that last 20 minutes.

The Chair: Right. That's my understanding.

Mr. Zwozdesky: Well, you'll just let me know when the bell rings. Okay? Thank you.

I want to begin, Mr. Chairman, by also thanking my parliamentary assistant, who is the MLA for Edmonton-Rutherford, who is here. Thank you very much for the valuable input that he has provided not only since being appointed but even earlier.

Mr. Chairman, the first question that the hon. Leader of the Opposition asked was something to the effect of: what are Albertans getting for the monies that are being spent and, in this particular case, contemplated to be spent as part of the budget under debate? I want to say in a general sense that what Albertans will be getting is a very aggressive, a very robust five-year health action plan with specific performance measures, specific targets that we're all aspiring to achieve. No one is working harder to achieve those than the people involved in Alberta Health Services. There are 90,000 people working in Alberta Health Services, doing an outstanding job and dealing with some difficult circumstances to improve health outcomes for Albertans.

Some of the specifics in relation to the hon. member's question about what people will be getting for the monies that we are hopefully going to get approval for today would include within the health action plan the following: the addition of 360 new in-hospital beds this outgoing year alone. We're almost at that target already. That's the largest increase in the last five years, Mr. Chair. Also, we'll be adding at least 5,300 more net new continuing care spaces. That's about a thousand more each year over the next few years. In fact, we're almost at 1,300 already for the outgoing year. We'll be adding two new radiation therapy centres, in Red Deer and in Grande Prairie, and that's in addition to the new centre that's already opened in Lethbridge.

We'll be reducing wait times for hip surgery by 60 per cent, coming down to 14 weeks. We will also be reducing wait times for knee replacement surgery by 71 per cent, bringing that down to 14 weeks. We will be reducing wait times for coronary artery bypass graft surgery, based on urgency of course, by between 50 per cent to 81 per cent. That'll come down to anywhere from one to about six weeks.

We are also reducing wait times for cataract surgery. In fact, we'll be reducing that area by 66 per cent. The wait times are going to come down sharply, down to 14 weeks. We'll be reducing wait times for cancer patients to see an oncologist by 70 per cent; down to two weeks, in other words. That's phenomenal. We'll also be reducing wait times for cancer patients to begin radiation therapy by 29 per cent, bringing it down to four weeks. We're very close to that right now, Mr. Chairman, but more work has to be done.

We'll also be providing faster treatment at emergency departments. Ninety per cent of patients who need admission – in other words, an overnight bed for one or more nights – will be in and out of emergency departments within a total of eight hours to get the treatment they need upstairs or elsewhere in that hospital, and 90 per cent of less serious patients, those that they refer to as discharged patients, will be able to go home within the four-hour benchmark.

We're also freeing up more hospital beds by reducing the number of people in hospitals that are waiting for continuing care placement. We'll be reducing that number by 68 per cent. In fact, from September until just a few weeks ago the number of people in hospitals that are waiting for a continuing care space in the community has come down from roughly about 760 people to roughly about 550 people. So it's a tremendous improvement.

Finally, we're going to be increasing rates of immunization of children by about 32 per cent.

Those are just some of the highlights, Mr. Chair. There are a number of other things that we are doing to improve access and to reduce wait times.

Let me move on to another area here. He talked about and questioned us about having a healthier population. Mr. Chair, a healthier population involves many things, and that's one reason why I hosted the first-ever Alberta wellness forum just last December. For three days we brought together people from across the province with expertise in health care, in education, in food manufacturing, in food processing, in counselling, and so on, all focused around improving people's habits and in other cases stopping bad habits and in general helping them toward a healthier lifestyle.

In the budget that's before us today, let me just draw your attention to one specific area called community programs and healthy living. Here, if you look at this budget, it will be about $178 million. One hundred and seventy-eight million dollars. That's an increase of about 29 per cent from the past year. That will help provide more immunization support, community agency grants, and it will help further our commitment to the SafeCom initiative, which, among many other things, deals with mental health and addictions problems, helping people, such as the $19 million we pledged over three years to help put more counsellors into our schools, to help put more individuals into active roles to help advise young people in particular.

There are a number of other issues pertaining to a healthier community. That would include our commitment to community-based services that are in relation to things like children's health, diabetes, identification of chemical toxins in blood, and chemical analysis of air and water. Funding, I should point out, is being provided as well for sexually transmitted infections, STI, and for blood-borne pathogen strategies and injury control strategy implementations. In fact, for that area of community-based health service the $15 million represents a $37.8 million increase. With reference to the safe communities that I mentioned, that's a $13 million commitment, or a 43 per cent increase.

I'd point out to the hon. Leader of the Opposition that there are a number of things happening on the wellness front. I don't have time to go through the entire list, but that gives him a snapshot, I hope, to give him some idea.

Now, that translates into people living longer in our province. We know that there are some interesting statistics in that respect. Let me give you a couple just so that people will get some facts

behind all of this without any of the rhetoric that the opposition frequently spews.

In 2007, Mr. Chair, the average life expectancy for a male in Alberta was 78.2 years. As of last year, that's gone up by over one full year. It may not sound like a lot, but to that person who is able to live one more full year, it means a lot. It means that the average male as of 2010 in our province is living to 79.3 years. A similar statistic is applicable for females. The average lifespan for a female in Alberta in 2007 was 82.9 years, and today it's almost 84 years. So tremendous improvement. When you combine those figures, you'll see that Albertans are living happier, they're living healthier, and they're living longer.

I'd like to say that a large part of that, of course, is their own habits and lifestyles, but a large part of that is also what we're doing in the health system to promote more on the wellness agenda. I want to thank him for recognizing the fact that I was involved in 2000-2001 in that respect. There's also a lot happening with electronic health records and so on, hon. member, which I was also championing at the time, but let me move on.

The hon. Leader of the Opposition was asking: what kind of leadership are we providing? I can tell you, Mr. Chair, as the Department of Health and Wellness, as the strategic arm of the government, if you will, we're responsible for policy, for strategic direction, for global budgets, for the physicians' compensation, and a number of other things. Integral to that is the leadership that we provide for the entire government with respect to health and wellness, and that trickles down to our delivery arm, which is Alberta Health Services. They are the delivery arm. So we have a strategic arm, a policy arm – that looks after legislation, regulation, and so on – and we have a delivery arm, that then puts it all into effect.

The key thing here with respect to leadership is that we do this together. None of us operates in isolation, so when I talk about the Department of Health and Wellness, when I talk about Alberta Health Services, I'm also talking about relationships that we have with nurses and doctors and numerous other health care providers. We work in that circle of collegiality to move forward. That's, in fact, how we developed the five-year health action plan, working together with the community and with the health care providers to ensure that we got it as right as it could be made.

3:30

The next question he asked was: what kind of measurement are you doing? Well, Mr. Chair, as part of our five-year health action plan we also have this suite, which I've held up before, and I'm going to hold it up again, this suite of 50 performance measures. These 50 performance measures will show you on a year-by-year basis what we're doing with respect to issues like wait times for cardiac surgery, wait times for hip replacements, wait times for knee replacements, wait times for cataract surgeries, and a host of other things. That measurement is right there in print. Equally important, it will be reported on very publicly every quarter by Alberta Health Services.

That will also address some of the accountability questions, I hope, that the hon. member was driving at.

The Leader of the Opposition also asked a question about: how are you listening? Well, Mr. Chair, we're listening very carefully because we do a lot of consultation, a huge amount. The Member for Edmonton-Rutherford, for example, was part of the Minister's Advisory Committee on Health. About two years ago I think it started. The MACH report came out a year ago. That was a huge consultation process. There will be another one of a similar nature as we go forward with the health advocate office and some of the other exciting things planned and put into legislation through the Alberta Health Act. So we are listening a lot.

We also receive a lot of feedback through the meetings that we go to. We also receive a lot of help from the listening that 12 advisory councils, that are under the umbrella of Alberta Health Services, do on a regular basis in their communities. In fact, today and tomorrow, I believe, the Health Services Board is meeting in Grande Prairie, and they'll be doing a lot of listening there because they have a public part of their meetings as well, where the public is invited to come and listen and participate however is appropriate.

I think, hon. member, there are a lot of things that we're doing to show and prove that we're listening. I'll just end by saying that I myself have had well over a thousand and some meetings where I listened, mostly listened. When I was asked to comment, obviously, I also commented. The majority of those meetings were involving doctors, nurses, graduating nurses, graduating doctors, and a number of other people who are providing health services. But we're also listening to the community because we're doing all of this for, with, and by the community. That's an important part of our listening.

The member also mentioned something about relationships, and I believe he used the word "corroded." I don't think the relationships are corroded. Do they need some strengthening? Yes. In fact, that was the strong subject of the issues raised on Friday of last week by the president of the Alberta Medical Association, who came in for a meeting with the Premier and myself. We talked a lot about relationship building. In fact, we've committed to regular meetings now between myself as minister and the president of the AMA to help strengthen that relationship. If there were some rocky moments over the past several years, I'd like to think that they are being improved upon. The central part of that will be evidenced as we work together on this task force concept that is part of the agreement in principle.

I think the agreement in principle is a good one, and I sincerely hope that the doctors who are members of the Alberta Medical Association will look at it through that spirit of an opportunity to forge a new relationship going forward, an opportunity to protect the programs that are so valuable to them, an opportunity to protect the benefits but in the end to come out with a deal that recognizes the financial climate that we've been in. The financial climate we've been in, Mr. Chair, has been very difficult, obviously, and a lot of careful compromises had to be made by a lot of ministries.

The hon. member mentioned something about patient care and safety and having a respectful climate that must be cultivated. I think this speaks to the issue of the AMA discussion that we had last Friday. What I can tell you, hon. member, is that that meeting, that went for about two and a half hours, did result in some very positive outcomes. There will be more news on that very shortly. In fact, they'll be reporting on it tomorrow when the AMA meets. I think they're meeting here in Edmonton, but I'm not sure. So you'll see some action in that regard.

He asked: what is our investment in wellness? I've already alluded to the forum, and I think I covered a lot of those points earlier, so I won't repeat them. I do want to thank the hon. Leader of the Opposition for having cited some good improvements that have been made with respect to cancer care, addictions, mental health, and cataract wait lists. I thank him for that because I know as a doctor he understands and he gets it. He knows how hard we've worked in this area of cancer care.

Let me start there. I think everybody would know that we're also now putting some additional touches, before it's released, to the provincial cancer strategy. This is a very important aspect for us. We've added in our capital plan a commitment to two more vaults in Calgary, a new bone marrow transplant unit, and an addi-

tional radiation vault here in Edmonton as well. I think I've already covered the one coming in Grande Prairie as part of the new hospital and the one coming in Red Deer and the one that has already been opened in Lethbridge, so there's a lot going on there.

I think one of the challenges, hon. member, is still with respect to recruitment of oncologists. I think I've said this before. Across Canada in terms of gastrointestinal cancer doctors, the oncologists in that area, there are only 15 who graduate in Canada in a given year, and they are competed for not only by provinces in Canada but internationally because of their expertise. So it's very difficult to recruit some of these areas in cancer care, but I think we've done quite well. We recruited one or two last fall, and we're on the recruitment trail for more.

Similarly with addictions and mental health issues. Mr. Chair, I think the committee here would know that we spend between $500 million and $600 million per year in this very vital and important area, and we're going to continue as aggressively as we can to ensure that those dollars are spent in the most effective way because we recognize that this revolving door of mental health has to come to a better conclusion. We can't have people coming home from a treatment, going back on the street, hurting themselves or someone else or not knowing what they're doing, going into the police system, going into the correctional system, possibly going into the hospital, getting some treatment, going back home, and then going back through that whole revolving-door syndrome again. That has to stop, and we're very committed to doing something about that; hence, the additional monies that I talked about in that area.

The hon. member asked: what about primary health care? I agree with him that primary health care is absolutely critically important. I agree with it so much that we've put an increased emphasis on increasing primary care initiatives in this province, and that is one of the central planks of the new relationship building that is going on between my ministry and the Alberta Medical Association.

In fact, Mr. Chair, I'll reiterate that having a primary care task force is an integral component of the agreement in principle between Alberta Health Services, Alberta Health and Wellness, and the AMA. So there will be a lot more coming in this respect very, very soon. That task force, in fact, is already starting to be created as we speak. That will help enormously with respect to primary health care.

I can also tell you that the primary care networks have been quite a large success for us provincially. This is a new concept, just a few years old, but we've got about 38 or 39 of these PCNs already. Just for the benefit of some people who may not yet be familiar with them, PCNs are really team-based units within the delivery of health care where people come in initially as patients, they see a doctor, and then that doctor gives them a treatment or a diagnosis or a referral to another specialist-type person – that doesn't necessarily mean a specialist doctor; what it means is somebody who is a dietitian or a nutritionist or an occupational therapist or a mental health counsellor or someone who can help them on a weekly or monthly basis with whatever their problem is – and then come back to the doctor later on. It takes a lot of pressure off the doctor and puts some very skilled people to work to help that patient with that particular problem.

The hon. member mentioned something to do with H1N1. I think, hon. member, I'll follow that one up in writing, if you don't mind, because there's quite a bit to it, and I wasn't central to it at the time; it was before my appointment.

I will comment on the second part he mentioned, and that was with respect to syphilis rates. Syphilis rates in this province, Mr. Chairman, are at a very abysmal rate today. Now, I say that because we're going to be launching a campaign of even stronger targeting very, very soon to make sure people are more aware of the dangers of sexually transmitted infections and/or blood-borne pathogens, which I talked about a little bit earlier in my opening comments. Why? Because we do a lot here to track it, to report it, and so on. But if we don't get it fixed and attended to early enough, then it leads to things like congenital syphilis.

I'm not proud of the fact that we have a problem in that area, and I've had several meetings with our chief medical officer of health. I'll comment more later.

3:40

The Chair: Now we are on the last 20 minutes. Hon. Leader of the Opposition, you can have a dialogue, give the minister some answer time.

Dr. Swann: A little more back and forth, sure. Thank you very much, Mr. Chairman.

One of the contentious issues in the way decisions are made in this province is really developing new institutions, new space, new beds, and not having the staff to accommodate them; for example, the Peter Lougheed opening 40 new beds and closing another 40 beds. There's a strong sense of cynicism across the health professional community where they see announcements being made and trumpeted and new things opening up and new staff going in and then others being closed with no net change in the amount of service they're able to provide. So there's a strong sense that it's a shell game, that there is kind of a crisis mentality to the way we're managing the system.

Again, the urgent always trumps the long-term important prevention and primary care side. The cancer surgery, the major orthopedic surgery, the major interventions, transplants, and cardiovascular work continue apace, and we have seen a progressive erosion of primary care and the commitment there.

How do you address the question of the shell game of opening beds without staff? Maybe focus specifically on the issues of the South Calgary campus and the Edmonton clinic and how you have in some way developed these centres with no apparent budget and, certainly, with a very great challenge in terms of getting the staff in place.

The Chair: The hon. minister.

Mr. Zwozdesky: Thank you, Mr. Chair. I'll get the information on the south Calgary health campus to the hon. member in just a few moments. I've got it in my notes here. I just can't spot it.

In the meantime let me go on to the first few questions that he asked. It's not a question of opening facilities without staff; it's a question of not budgeting those dollars until the year in which the dollars are actually needed. For example, I'll just refer to one part of the south Calgary health campus here. In the budget we're talking about today, there is $50 million or thereabouts budgeted for virtual off-site training of staff that will eventually come into the south Calgary health campus when we start to phase it in for opening next year. We will in fact have as part of that the ability to do annual budgeting thereafter once the people move in. But within the Health Services budget of $545 million that we're talking about today, there is approximately $50 million for this virtual off-site training that will be utilized by the folks at Alberta Health Services.

When we open new facilities, we clearly already know approximately how much will be needed for the staffing, but the actual year that it opens is when the real rubber hits the real road in terms of the actual dollars. In round numbers you could use a rule of thumb. About a third of whatever it cost to build a facility will be required for ongoing annual operating costs.

Now, with regard to the Peter Lougheed Centre. I was there, and I actually asked a similar question to what the hon. member asked here just now. I asked that question about a year ago because there was one wing that they were opening on the east side, as I recall, of the Peter Lougheed Centre. It was going to be 140 brand new beds, and I got very excited by that. In fact, so did the local MLAs, and you might have been there yourself, Mr. Chair. I know the Member for Calgary-East was certainly helping to promote that cause, and he was there. I got very excited by that until I learned that they were closing 140 beds in the existing wing. So I said, "Well, at least can you keep the ones that you're closing warm in case we need them?" So they have done that. They've kept an eye on those. I don't know what the current status is, but maybe we can provide a more recent update for you.

The point you mentioned about cancer and major ortho procedures trumping – I think he used that word – other procedures. I know that sometimes it looks like that's what's happening because those issues get reported on more frequently. They're really uppermost and foremost, first of mind, in people's thoughts, I think. Major ortho and cancer services are just so critical for us, but that doesn't mean that the other less serious services, if I could put it that way – in some cases, at least, less serious – are being neglected, because they certainly aren't.

There's a litany of increases in our pie charts that would tell you, in fact, what we're doing to help improve our services in areas of – well, I talked about specialized drug costs and so on, but there are a number of other areas in acute care and in long-term care and in continuing care and mental health care, transplant surgery, cardiac surgery, renal dialysis, and so on that are getting increases as needed, Mr. Chair. They're very difficult to predict, however. It's very difficult to predict exactly how much you're going to need in one area versus another because, of course, we're dealing with human beings here.

I think I'll probably stop there and allow for more questions to come unless there was something I missed that I can come back to later, hon. member.

Dr. Swann: Thank you to the minister. Further to the question, if there are funds allocated in the 2011-12 budget for the east Edmonton health centre, will it be fully opened and fully operational in the coming year? If not, why are we continuing to see it partially functioning?

Can the minister also comment on the Sheldon Chumir centre, whether it will be fully opened this year and, most importantly, providing the primary care services that are so needed in the area?

The Chair: The hon. minister.

Mr. Zwozdesky: Thank you very much. With respect to the east Edmonton health centre, Mr. Chairman, we've allocated through Alberta Health Services about $2.6 million for operating costs as of last December to establish this family medicine clinic. I don't know if the hon. member has had a chance to visit it or not. I can tell you that the capital budget for that clinic was about $44 million in terms of construction upgrades, and when it's fully operational, that clinic will see about 7,500 new patients and about 30,000 scheduled annual visits. Last December, when I was last there, I think there were about 17 physicians practising out of there, catching a population of about 60,000 people. There's a new clinic there for five physicians to work out of in their interdisciplinary, integrated fashion. There will be a number of other improvements coming, hon. member.

What's still planned for at this site is urgent care, which is one strategy to ease pressures on the health system in the emergency department. The exact opening date for it is sometime later in 2011. Hopefully, we'll have a more exact date for you very soon. The Health Services folks, when I last talked to them about this, which was I think in December or January, did not yet have a specific date in mind, and I don't know if we have one today. If we have a specific date today for the opening of the east Edmonton health centre, we'll give it to you before the day is out, and if not, we'll respond more fully in writing.

Regarding Sheldon Chumir that information I do not have with me, hon. member, but I will undertake to provide you an answer in written form.

The Chair: The hon. member.

Dr. Swann: Thank you, Mr. Chairman. The Ministry of Health and Wellness has a continuing care strategy, which was released by the government in 2008. In the document the government stated that they were capping the number of long-term care beds and going to encourage other levels of care. Now that the full extent of the ER crisis has been made public, a large part of the cause for the crisis stemming from a shortage of long-term care beds, I'm wondering if the minister has had a change in position. Does the minister now support more long-term care beds, staffed beds, that are actually needed for most of the patients that are in hospital and cannot be appropriately managed in an assisted living context?

3:50

It's our understanding that there are about 1,900 waiting for this level of care in the province, and it's simply not going to be adequate to continue building assisted living and depend on the very limited home-care services that are still available in this province. I would say that the frustration has reached a very high level among the home-care workers themselves, who find that their staff loads per person have doubled in the last five years, and they're not getting the supports or the opportunities they need to maintain the quality of care and the level of comfort with their relationships with patients that they once had.

I'll allow you to respond to that if you wish.

The Chair: The hon. minister.

Mr. Zwozdesky: Thank you very much. You know, hon. member, with respect to the general discussion about long-term care beds, I don't recall there ever being a cap, which I think is the term you used. What I do recall is there being a commitment to never having fewer than 14,000 and something. I think that would be a more accurate way of portraying it. However, the issue with respect to numbers of long-term care beds is that we have over 14,600 as of the end of last year. I believe that number went up by approximately 100 by the end of this year that is just outgoing and will stay right around that neighbourhood. It just depends on how many people require the service.

It's really important, Mr. Chair, to understand that as these new continuing care spaces are being built in the community – and by that I mean primarily designated assisted living facilities, or supported living facilities in other words – they have the capability, going forward, to be converted to an upgraded level of care. This is part of what we've tried to explain on several occasions with respect to aging in place. Aging in place would mean that you don't have to necessarily move from your space to receive an upgraded level of service. Typically we refer to level 4 and level 5, especially level 5, as a long-term care type of residence. In the DALs, the SL living units, levels 1 and 2 require very little care, if any, and then periodic care, perhaps, at the 3 level. Then as you get up toward 4 and 5, they need more and more.

In the old system, Mr. Chair, each time your level of care changed, you had to be relocated to a different institution or a different facility or a different care lodge or nursing home or whatever. What we're saying is what Albertans have been telling us, and that is: "Why move families? Why separate couples from their loved ones, their families, their communities by forcing them to move all the time? Can't we have these new facilities, going forward, being more easily adaptable to increasing the level of service so that people can stay comfortably in their settings?" That's what we're trying more to do. That I can summarize by saying that a lot of the DAL and SL facilities may have some of these long-term care beds already provided for, but all of them are looking at strategies similar to what I've just enunciated.

The last comment here is on home care. You know, I'm really proud of the fact that we're able to provide services in the outgoing budget for about 107,000 to 110,000 home-care recipients, and the fact that we are also going to be increasing it gives me increased pride because in the '11-12 budget that's before us, we'll be increasing the number of home-care services to be able to accommodate about 113,000-plus – 113,000-plus – home-care recipients. All of them would be receiving this in their home, but a lot of them are in apartments, in condos, some in government-owned facilities, and so on. So there's an increase there, and in the last budget this was the single largest line item increase for us. It was about 7 per cent. We're providing several millions of dollars in that area, and we'll continue to try the best we can to keep up with the increasing demands.

I'll end by just saying that the majority of the people in Alberta today require some form of supportive living, not necessarily long-term care. Yes, they'll need that as well, but the majority by far are asking for the SL and DAL type of facilities. I don't want to downplay the importance of long-term care, Mr. Chair, but I just wanted to get a few of those facts out.

The Chair: The hon. member.

Dr. Swann: Thank you for that, Mr. Chair. Well, I've heard from home-care services that they're dealing with people up to the level of intensive care in their own homes at the present time, some people on respirators in their own homes. Because they have a wonderful, supportive family, they're willing to spend their own money on private services.

We have a pretty desperate situation out there for many individuals who in ordinary circumstances would be in long-term care, but because there is no space and they would not want their loved one in hospital, they are managing by the skin of their teeth in their homes under great duress, with great suffering in the family, more breakdowns in the family members. We're ending up, again, not spending where we could see long-term savings, which is in home care, but ending up it costing us in the long term.

Will the minister tell the committee how many of the thousand continuing care spaces, which was the goal for the 2011 fiscal plan, will be long-term care beds and publicly delivered? Will the minister release a full list showing the level of care of these beds and how they're being delivered and where they're located in the province? Can we know the total number of staff that will be hired under the current budgetary plan?

The other big concern I've heard increasingly is that many of these privately contracted care aides are poorly qualified and do not give the level of care that most people need and expect, that they have been in some cases brought in off the street and given a six-week training program and really don't meet standards and don't therefore provide the level of care that seniors need in this very critical time of their lives. We are substituting increasingly in the private services the cheapest labour, not the most appropriate labour, to take care of those who created this province and deserve better care and dignity.

Before going on to another section, I'll ask the minister to respond to those concerns.

The Chair: The hon. minister.

Mr. Zwozdesky: Thank you, Mr. Chair. I don't have that level of detail just at my fingertips in terms of the total number of staff and the locations province-wide. I'll undertake to find out some information about that. But if there are people that you know or people who are listening who are in these dire circumstances, they certainly should come forward with them. At the end of the day, of course, it is their choice, but what I'm hearing the hon. member saying is that perhaps some people feel they have no choice. If that's the case, they should get in touch with the Health Services folks and ensure that they're being addressed or that they're on an appropriate wait-list if that's what the case might be, and we'll see what we can do from our end as well.

With respect to privately contracted caregivers I've visited a number of these facilities myself, Mr. Chair. In fact, I've been at a number of the openings. St. Albert, Edmonton, Red Deer, and a few other locations just recently are a few that come to mind. I would suggest that the care I see being provided in these locations has been very good, if not excellent. That doesn't mean that there might not be some problems on occasion that arise, but I don't think it would be fair to characterize all of these facilities as giving inadequate services all of the time. Yes, there might be some pressures, and at times it may not be at peak output in terms of outstanding performance, perhaps, but for the majority of the time I'm sure that by far the services provided are adequate and even better.

I don't know what some of them are paying their employees because they might be privately held facilities. Some of them might be not-for-profits – the Good Sams, the Bethany Cares, and so on – so there's quite a mixture of different alternatives out there. But I can assure you that whether they're privately owned or not-for-profit organizations own them, they all have to adhere to a certain level of standards. If they don't have those standards, if they don't have a capable operator, a capable partner, perhaps, then they don't get the contract. It's as simple as that. So our standards are very high. The Health Services folks ensure that the credentials that these people present with are verified and that there's competency amongst the staff, amongst the administrators and that there's an appropriate number of staff in place to help out.

4:00

The Chair: The first hour for the Official Opposition has terminated. The next 20 minutes will be reserved for the Wildrose, the third party.

Hon. Member for Calgary-Fish Creek, you have 20 minutes back and forth or 10 minutes.

Mrs. Forsyth: Thank you, Mr. Chair. I appreciate your giving us the opportunity to debate the budget. I'd like to actually, if I can, take the first 10 minutes to ask questions, and then the minister can answer some of the questions and possibly provide us with written answers if he can.

I want to start where the hon. opposition member left off in regard to long-term care. One of the jobs that I have as a member of the opposition is to be the health critic and, actually, the seniors critic. So I've spent a lot of my time travelling this wonderful province and talking to hundreds and hundreds of people in regard to what's happening to our seniors in, as the minister refers to, the

designated assisted living or the continuing care model. Last reported by Alberta Health Services there were about 1,109 people waiting at home for continuing care and about 800 or so in the hospitals. I noticed the minister mentioned that there are only 550 now, the figure that he gave to the opposition, and that Alberta Health Services has promised opening 5,300 new continuing care beds by 2015 and 13 of them, as the minister indicated, by March 31, 2011.

Again, you know, I have to ask the government why it stopped replacing and funding new long-term care beds. Now, the minister has indicated that in 2011 they opened approximately 100 long-term care beds. I go to their report that was brought out on December 15, 2008, on the new continuing care strategy, and I go back to the background of the press release, and they talk about building infrastructure that meets the aging in the right place vision and replacing 7,000 long-term care beds by 2015. I'd like to know where they are on that.

I'd also like to ask him about, under that same press release, improving the investment model for the operation and development of new long-term care facilities. I'd like to ask him about that. I'd like to ask him about that as someone who has a mother that's gone from an independent living situation to an assisted living facility and is watching what's happening in the assisted living facilities with many of the patients as they carry on getting dementia and Alzheimer's, and there's nowhere for them to go, absolutely nowhere to go. So you've got a facility that, as the minister alluded to, is this continuing care model, where he's got the assisted living facilities that will be able to move these people from point A to point B. Minister, it's just not happening.

I'm sorry, but I've talked to hundreds of families. You know, the member from the loyal opposition talked about the calls he's receiving – I'm receiving the same calls – that if we knew of these cases, to certainly have those families call you. It's a vicious circle, Minister. By the end of their time they're at their wit's end. Yes, we get some action when we start talking to Alberta Health Services. Still, you look at our aging population, and your numbers just don't jibe with the huge aging population. You certainly bragged about the fact that we've got women living to 84 and men living to 79. With that comes health problems. It's just a terrible, terrible situation.

I'd like to talk to you about the Alberta Health Act, that you touted was the government's next big step in health care. I'd like to ask you, first of all: why has this legislation not been proclaimed? When can Albertans expect a health charter and a patient advocate? You go to your budget, and you've got $700,000 that's allocated for the health advocate's office budget this year. I'd like to ask you where we are on that. If you've got it budgeted for your year, what is the status of the office, the applicants that you're receiving for the advocate's office, and what is that money going to be spent on?

I'd like to talk to you for a minute about your activity-based funding. Is it a successful way of making sure funding follows patients so that they can get the timely care that they need? I know that you've had this activity-based funding that's been tried in nursing homes in Alberta. This is April 1, 2010. Maybe you can tell us, just about a year later, what progress has been made on the activity-based funding.

I want to talk to you for a minute in regard to what's happening on facilities. I'm just going to use one as an example, and that's the McCaig Tower. When you were talking to the member of the loyal opposition, he had questioned you, actually, in regard to the budgeting. He talked to you about the south Calgary facility, and you alluded in your answers that the budgeting dollars are there once it's opened. So I would like to ask you about the McCaig Tower now that it's opened, even though I think you've only got 2 of 23 operating rooms staffed. What is the actual budget now that you've got the McCaig Tower open? How many operating rooms do you have going? The last time we asked you that, you said two. You also said that it will take two years to fully open the McCaig Tower. I'd like to get the status of that, and I'd like to find out exactly where you are on that staffing, if I may, please.

On February 17, 2010, you had promised a cost-benefit analysis of hip and knee surgeries in this province. I'd like to ask you about the status of that analysis. It's a year and a couple of months later. When will you table that in the Legislature and make sure that it has become public?

The Premier had promised a review of the health bonuses on July 23 of last year. He said at that time that it's a time when we have to look at a different model to reimburse CEOs, especially those of public authorities, and he also said that a different model is necessary. I'd like to ask you what the status of that review is and what changes you have made in that particular structure.

I'd like to talk to you for a moment in regard to family doctors. Currently we have over a million Albertans that don't have a family doctor. I certainly appreciate the clinics that we have open and how they're starting to move people through the system with the primary care networks, but where are you on the status of bringing more family doctors into this province?

There was a huge threat a couple of months ago in your negotiations in regard to the primary care networks and the $35,000 that you were going to take away from doctors that are within the system. I know there's been some finalization on that. When you're trying to establish – and I think you've got probably 42 primary care networks at this time – what your goal is for that, how you're going to develop the primary care networks, obviously, you have to provide more family physicians. They have to enter into the system and have more primary care networks available.

4:10

You've also in this House on many occasions talked about your five-year funding plan and that it's the first of its kind in this country. The first three years of the five-year funding plan is a 6 per cent increase, and the last two years are 4.5. While I applaud what you're trying to do, I guess my concern is that from 2007 to 2010 in your budgets the health budget went up 7.5 as an average increase. Now you're talking about your first three years at 6 per cent, which is actually a 1 and a half per cent decrease. In 2009-2010 you had a 16 per cent increase. I'd like to ask you why you think that is important.

I'm going to start talking to you just for a minute on your priorities, if I can. On 1.1 your number one priority is to ensure the effective governance and accountability of the health system by clarifying the roles, the relationship, and the responsibilities of the ministry and Alberta Health Services. You talked for a minute about: this arm does policy, and this arm does something else. I'd like to ask you: what exactly have you done to achieve your number one goal?

The Chair: Hon. member, your 10 minutes is up.

Hon. minister, you have 10 minutes.

Mr. Zwozdesky: Thank you very much, Mr. Chair, and thank you, hon. member, for the questions. With respect to the first issue, which was to do with long-term care, kind of picking up from where the previous questioner had left off, I can tell you that our commitment is certainly there. The numbers that I gave out are the most recently available numbers. I think you cited something going back to December, so we might have an adjustment in the

numbers that have been given out since then. Nonetheless, the numbers that I have show that we have as of right now over 14,500 and some beds. In fact, it's more like 14,600. But there's an ebb and a flow there, obviously, so those numbers can fluctuate by a couple hundred in any given year.

Nonetheless, we are helping to fund all of those spaces. It's not that we stopped funding. I think you asked the question, "Why did the government of Alberta stop funding these spaces?" or something to that effect. Well, we've never stopped funding them, hon. member. Perhaps there was a little different question that you might have had in mind there, but that's what I think I heard you say.

The reference that you made to your mother's particular case. I've dealt with several of these types of cases. I wish your mother well, by the way. Dealing with dementia is not an easy thing. We've read a lot about the current difficulties of our former Premier, in fact, in that regard, with whom I spoke before Christmas, and I'm sure you did as well, or I hope you did.

Nonetheless, when it comes to the spaces that we talked about, what has to be remembered here is that the new-construction folks that are building these places and the people funding them are trying their best to ensure that when the time comes, there is some flexibility in the design that would allow for them to be converted to the next level. That doesn't necessarily mean that they would go from a level 2 facility to a level 5 facility, for example, overnight. Nor does it mean that the entire facility would change that way.

What it does mean is that they're trying to design some spaces within those units – some – and it'll be different from facility to facility. Some may not have any, and some may have a certain per cent set aside so that the increased level of care can be provided right there without them having to move. That's what we're trying to do, and that's how we're encouraging builders to build their facilities. But at the end of the day, of course, it's up to the private facility, if it's privately owned, to determine their own destiny that way. If we're working with a not-for-profit society, they, too, have a lot of leeway, but we're encouraging them to do what I've tried to explain.

You mentioned something about looking at an aging population. I can assure you, hon. member, that we look at that factor every day. That's why within the 6 per cent annual increase that we talk about, I often explain to individuals that the 6 per cent increase applies only to the Health Services portion of the budget. A 6 per cent increase for Health Services, Alberta Health Services specifically. When we're looking at the aging population, within that 6 per cent we provide a 2.5 per cent increase for an aging population factor and for a growing population, both of which are good. We provide 2 per cent in that 6 per cent for inflation, and we provide 1.5 per cent of an increase for innovation: new procedures, new techniques, new drugs, new equipment, and so on. So that's 2 and a half, 2, and 1.5 per cent.

The reason we're doing more and more in the area of addressing aging population concerns is because we have something in the order of 3,000 or so Albertans that will be turning 65 every month now that the first baby boomer generation is about to hit that threshold. I believe it's about 3,000 per month. In any case, what that means, of course, is that in years to come more and more of the baby boomers and others who will follow will need new and expanded facilities. That's one reason why we've committed to adding 1,000 more continuing care spaces per year, at least 1,000 more per year.

So you can do the math going forward. You have about 3,000 more being added to the rolls. That's about 36,000 per year. They're not going to all be looking for long-term care or supportive living care or designated assisted living care. That's not the point. The point is to plan now to address some of the backlog but at the same time try and get ahead of the large number of people that will require this type of housing in the future.

Your comments about the Alberta Health Act. We have not yet proclaimed this, but we will be. What's important to note though in that regard is that in this budget there is approximately $700,000 budgeted for the health advocate's office, and that will come to fruition sometime during this year. There will be some additional work done in that respect. In fact, the hon. Member for Edmonton-Rutherford will be helping in that regard, taking the lead on it, as it were, to ensure that it is done fastidiously. He did an enormous amount of work in 2009 and early 2010 in this respect, and he has a very good handle on it.

Your comment about the McCaig Tower. I'll have to read, hon. member, just to make sure that I understood most of it there. I couldn't write fast enough. But for the purposes of today this is about a $550 million state-of-the-art facility, which I think most people in Calgary would know. It was decided even from the get-go that it would be built in phases, and that's beginning with a new 31-bed orthopaedic surgical unit, two new operating rooms that are equipped with absolutely state-of-the-art technology – I was there, and I've seen it – four new day surgery beds, four new postanaesthesia recovery beds, one new x-ray room, and a new expanded central sterile reprocessing unit for surgical equipment.

In its first year the facility will create about a 10 per cent increase in total surgical capacity at that bigger Foothills medical centre site, which will add to the already 17,000 surgeries being performed at the Foothills medical centre itself. When it's fully operational, the eight-storey McCaig Tower will be home to about 23 operating rooms, 93 acute-care beds, and a 36-bed intensive care unit, a new lab and diagnostic imaging area – in fact, there could be a couple of areas there – as well as a musculoskeletal clinic, and other outpatient services. It will also be equipped with the latest medical technology and specialized infection prevention and control features.

There's a considerable amount of good news in that respect, and I was so pleased to be there with Ann McCaig and numerous other family members for that opening and ribbon cutting not long ago.

The issue of the cost-benefit analysis. I will find out the status of that. I asked for it, as you know. I haven't seen it yet, but I'm sure someone is working on it.

4:20

You made a point about Albertans needing more access to doctors. On an encouraging note, hon. member, I would tell you that we have more doctors coming to our province quite regularly now. Our physician recruitment is up. I believe it went up by about 559 doctors between 2007 and 2009, to well over 7,000. Similar stats are reported, obviously, with respect to registered nurses. We had about 1,944 more registered nurses added into the system between '07-09, and we're just calculating the 2010 numbers now. The same thing with regard to LPNs and so on.

The bottom line with respect to physicians themselves is that we have a very active recruitment process that is going on. We have a number of programs, such as our rural remote program, that encourage more doctors to settle in some of the areas of the province that may not be quite as accessible as we would like them to be or they're perhaps in remote areas. We have a number of programs like the physician on-call program that are helping doctors as well as locum programs and business programs to help them with their offices, to help them with upgrading of their equipment. There's just a lot that's going on there.

We compare very favourably to the rest of the country. In fact, our physician workforce has grown faster than any other province.

It's the youngest group, and it's the most highly paid in the country as well.

The Chair: Thank you, Minister. The 20 minutes for the third party, Wildrose, has terminated.

Now I would like to recognize the hon. Member for Edmonton-Highlands-Norwood for the next 20 minutes. Do you want to combine or 10 and 10?

Mr. Mason: I think we can go back and forth, give the minister a chance to show he can give me a short answer. We can go back and forth.

The Chair: Okay. Twenty minutes, then.

Mr. Mason: I want to just address the structure of the budget for Health, first of all, Mr. Chairman and to the minister. The $9.6 billion budget for Alberta Health Services makes up 24 per cent of the total government expenses in the entire budget, yet there are only six lines dealing with AHS in the budget. That's better than last year when there were just two. I don't think that we're anywhere near sufficient in terms of, you know, the legislative function of oversight on government spending. I don't think we're anywhere near getting the level of detail that we need for a massive budget item under our legislative oversight responsibilities when Alberta Health Services is essentially not anything more than a couple of lines in the budget.

I know that the minister is committed to maintaining the two-bureaucracy solution to health care that seems to exist now between the department and AHS, but is there not some way that we could structure the budget so that there would be detailed oversight of the budget of Alberta Health Services as opposed to the present circumstances? I'll start with that.

Mr. Zwozdesky: Thank you. It's a good question. I don't know, hon. member, if you heard my opening comments, but I did mention in there that the Alberta Health Services' budget in great detail will be provided a few weeks after we've passed our budget here today, I hope, and the global government budget has been passed in a few weeks. That having been said, you're quite right that there are only a few lines there. That's because we allow Alberta Health Services to develop their own detailed budget right after we give them approval to go ahead and do that, and they have been doing that, hon. member. In fact, it's probably ready now, and they'll be releasing it as soon as we get this budget passed.

Their budget will specifically show the 6 per cent increase that I alluded to. They are the delivery arm, which I mentioned, and they'll be accountable for $9.6 billion. They will spend it on acute care, long-term care, continuing care, on public and community health, on providing mental health services, cancer treatment, home care, transplants, cardiac surgery, and renal dialysis just to mention a few specific areas. So that's a good thing.

I think you talked about restructuring their budget going forward. You're right. We did make one improvement. Last year it was a single line, and this year we're up to six, and maybe next year it'll be more than that. The point is that they're dealing with a whole new scenario with the five-year funding commitment, which was just given to them a year ago, and they're dealing with a huge number of issues, as you know. So we can look for greater accountability, greater transparency, greater reporting, and more of it being done in a very public way, such as reporting on the performance measures, for example – that's one important area – such as what's already going on in respect to emergency department wait times, which is being reported on. The information is available in aggregate, and it's also available on a per hospital basis in our major centres for sure because I saw that last night when I met with some of those doctors here at the Legislature.

Mr. Mason: Thank you very much for that answer, Mr. Minister. I don't propose to get into a debate here. I know that this is the way it is for this budget. You know, we're basically in a situation where $9.6 billion divided among six lines is $1.6 billion a line, and the fact that it's coming forward after the budget is approved is not satisfactory. It should be part of this discussion. I think that the minister should find a way to structure the budgeting process of Alberta Health Services so that their budget is open to scrutiny by this Legislative Assembly. Ten billion dollars is just way too much to leave to a board in my view, and I think that the process fundamentally thwarts the role of the Legislature in overseeing government expenditures.

I want to move on to the continuing care strategy. The minister addressed some of these questions. He talked about aging in place. He talked about designated assisted living beds potentially being converted in the future to long-term care beds. But there is still a tremendous lack of any sort of clarity or certainty about what the government is actually doing with respect to long-term care. That was reinforced for me this morning when some of the officials from Seniors and Community Supports essentially refused to answer a question that I posed relative to the strategy regarding the proportion of long-term care beds to other forms of continuing care beds. But I don't think the committee is finished with that nor is the Auditor General, I hope.

The question really is: where is the evidence that, in fact, these beds will be converted to long-term care? I want to make this point very clearly. I've tried to do it in question period. Long-term care patients are medically assessed as requiring ongoing care, including nursing care. They have their drugs paid for. Aside from the basic housing and food charges their medical care is provided to them because a nursing home or an auxiliary hospital is technically part of the health system, so those costs are covered by medicare. If the minister is saying that they're going to convert these in the future, the question is: how many beds does the government plan to have that are long-term care beds versus other forms of continuing care beds?

I would like the minister to bring forward very specific proposals in terms of the number of long-term care beds and the demand for those beds. The indication that we have – and this is again from government documentation – is that right now there are 777 people who are in acute-care beds waiting for some sort of continuing care beds. Instead of building more acute-care beds, which are very expensive, it would make more sense to build more long-term care beds, which are less expensive, and free up the acute-care beds we now have. This has been something I've been trying to get through to the government for a long time.

4:30

The approach the government is taking in the new five-year plan is probably more expensive than it needs to be. If they would just back off this mysterious strategy where they lump everything into continuing care and they don't distinguish between individual types and the needs of specific seniors, we actually could, I think, improve the functioning of the health care system considerably.

Health and Wellness used to include a performance measure for the waiting lists for long-term care. It was discontinued after the 2007-08 annual report showed that 566 were waiting in acute care, which is almost double the target of that year. Now we have a broader measure of continuing care wait-lists, but the problem remains. There will continue to be a large number of people re-

quiring long-term care in this province, a growing number, and the government's plans do not apparently take that into account.

The biggest problem, Mr. Minister, is that the government has, obviously, some sort of strategy relative to the proportion of long-term care beds and other continuing care beds, which it is refusing to disclose. It is refusing to make it public. Not all of the question periods or Public Accounts Committee meetings that I have been to over the last couple of years have convinced them yet to be crystal clear about what their intentions are. We're forced to depend on documents that come to us in brown-paper wrappers to get some sort of glimmer of what the government is really doing.

This morning I tabled in Public Accounts Committee a document from May of 2009 showing an interdepartmental task force that was working on a strategy that explicitly said that they would reduce the proportion of long-term care beds to other continuing care beds by 50 per cent. The government has refused to this point to acknowledge that document or to tell the public what they're actually doing with respect to that. I would give the minister just one more appeal to actually be very specific about what the government's plans are.

The Chair: The hon. minister.

Mr. Zwozdesky: Thank you, Mr. Chair, and thank you, hon. member, for the questions. You started by just commenting on the AHS budget, and time didn't permit me to complete my answer. I just want to augment the answer I gave you by telling you that in the budget that you see there for Alberta Health Services, let's just take a look at page 195, element 8.1, which shows an estimate for 2011-12 of $3.6 billion, almost $3.7 billion for acute care, for acute-care services.

Now, acute-care services, as we would know, are primarily those that are provided in acute-care facilities, in the hospitals themselves. You can appreciate that with several of these facilities, a few dozen of them, we couldn't provide you with every level of detail for every hospital, similarly as you move down the list to other places where services are delivered. We have 400 facilities across the province. We'll get to a better balance – I agree with you there – but it would be a budget of hundreds if not thousands of pages if we got to too much of a level of detail. We'll try better again next year to get more information out sooner.

Really, please remember that it's Alberta Health Services who does this, and they are going to come out with their comprehensive budget in a few weeks. That will show you exactly how $1 billion in our budget is being transferred to them for facility and home-based continuing care services and what they're spending it on. It would also show you how $912 million is being spent by Alberta Health Services on community and population health services and how $1.6 billion is being spent on diagnostic and therapeutic services and how $2.29 billion is being spent on support services, for a total of $9.6 billion. That will all be there in due course.

The other part about the continuing care discussion: please know that we are working on the continuing care strategy. In fact, we'll have that out by, I hope, the fall. It will provide some additional insights for you and perhaps even some of the clarity that you seek.

You asked in particular: where is the evidence that designated assisted living beds or supportive living beds or whatever will be converted to long-term care? I don't want anybody to misunderstand what I'm trying to say here. It's important to note that what we're doing is encouraging these builders to build facilities that will be easily adaptable to a higher or a different level of service, but it doesn't just happen overnight. That's why there is this longer term plan.

You asked about what our commitment is in that regard, or words to that effect. It's to ensure that we have not less than about 14,500 going forward – I believe that is the number that comes to mind – and that number will increase in some years. It won't go lower than that, but I'm saying that it will increase maybe by a hundred, and it might come down by 50, but it should never go below the 14,500 threshold as these new beds comes on stream in particular.

As these new beds come on stream, please remember that what you're doing is that you're then able to move more residents out of acute-care facilities into continuing care, and that frees up some space for more long-term care in those hospitals themselves. We have probably as many as 70 per cent – I'd have to verify that number, but I think it's approximately 70 per cent – of the people in hospitals today that could be in some care setting other than an acute-care hospital, and that's one reason why we're so aggressive about adding more of these other spaces straightaway.

If you wanted to track us a little bit further on that, hon. member, I would refer you to page 6 of 20 pages in the key performance measures, Alberta's health system performance measures, where we talk about priorities for action on that page. Specifically, we talk about continuing care being one of our priorities for action and providing Albertans with options to age in the right place, and it goes on. I won't read it all for you, but I would tell you that here there are some very good targets that we're striving to achieve over the next year and in years 2, 3, 4, 5, including access to continuing care under 1.12, where it states: "Number of people waiting in an acute care/subacute hospital bed for continuing care." As of March 31, 2010, about a year ago, there were 777 people in that category, and by the end of this year we're hoping to have that down to 400 people and then diminishing further to about 250 people only on that wait-list.

Similarly, for the number of people waiting in the community for continuing care, I have indicated what those numbers are. That will be coming down sharply as well. It talks about average length of stay and a few other things. I'd encourage people to have a look at that.

My final comment is that we talked about people going into long-term care. What's important to note here is that people who are going into long-term care are assessed by specialists, and they're assessed on the basis of their need, obviously, not on some arbitrary formula. Some of your question is a little bit difficult to answer, but I'll give it a more careful read when *Hansard* comes out, and I'll respond accordingly.

Mr. Mason: Thank you very much.

Mr. Chairman, how much time do I have left?

The Chair: You have three minutes.

Mr. Mason: Three minutes. Well, then, I'm going to take the three minutes, and if the minister can respond, otherwise in writing, I'd appreciate it very much.

I want to talk about drug costs for seniors in particular. Now, the government has had a couple of swings at coming up with a new seniors' drug plan, and it's missed both times. I'm curious to know from the minister what the plans are for a third swing at a seniors' drug plan.

I want to ask about generic drugs. I know that the government has stepped in and reduced the amount for generic drugs but not nearly as much as other jurisdictions. Ontario reduced, for example, generic drug prices to 25 per cent of the brand price, and I

think there are similar reductions in Quebec, B.C., and expected in Nova Scotia. I'd like to know if the ministry is going to be considering matching the reduction to 25 per cent, that's considered or done in other provinces.

4:40

I was very concerned to learn of negotiations going on federally for a European equivalent of the free trade agreement, the Canada-Europe free trade agreement, and further demands by the Europeans that we extend patent protection for brand name drugs, which would certainly drive up costs. I would really like the health department to have some input into the government of Alberta's position relative to the federal government's negotiations.

It's been some time since we were able to show that by bulk buying drugs for the health system, we could save over $100 million and put that into a seniors' drug program that would cap the drug costs for seniors at $25 a month regardless of the number of prescriptions they have. We've provided that to your predecessor. It didn't get very far, but I think it would be a way to provide far better coverage to seniors for drugs without costing the taxpayers a nickel. I think there are savings to be found in the health system. I think you have to be able to tackle the big drug companies if you want to be able to realize those savings.

I'm very curious about emergency medical services and how that's going and why we've seen such dramatic increases in wait times for ambulances since the AHS took over some of those. I don't know if the government has a comprehensive review of the impact so far community by community, but I would be very interested in knowing something about that.

I am also very concerned about the health facilities without staff and whether or not all of the costs are taken into account.

Thanks very much, Mr. Chairman.

The Chair: Now we have the next 20 minutes for the Alberta Party. Hon. Member for Calgary-Currie, do you want an exchange for 20 minutes?

Mr. Taylor: Thank you very much, Mr. Chair. Back and forth for 20 minutes if that's okay with the minister, and we'll try and keep the questions short and the answers shorter but full of content.

The Chair: All right. Twenty minutes.

Mr. Taylor: Thank you.

As a starting point, we spend well more per capita than the national average on health care in the province of Alberta, and our results do not yet reflect that. So with that as a sort of overarching theme here, I'd like to start out and talk about cancer care if we could. Goal 4.2 is to develop and implement Alberta's provincial plan for cancer care. Is this a new plan? Is it an improvement on the old plan? What areas does this province excel in when providing cancer care? In what areas do we lag behind the national average?

I know, for instance, that there was a report out in late 2010 which certainly highlighted that Canada does very well relative to the rest of the world in terms of cancer care in a few key cancer survival rates: lung, colorectal, breast, and ovarian, I believe. Our numbers are not bad, but the problem is that of the four jurisdictions in Canada compared, our numbers tended to be the lowest in those four very serious, sometimes very deadly cancers. What is the government doing to ensure that those areas in which Alberta is achieving success in cancer treatment are being translated and applied to areas which need improvement?

One very specific number in regard to this is on page 195 of the budget estimates, line 11.2. In 2010-2011 the ministry budgeted $10 million for cancer corridor projects. None of that money was spent in 2010-2011. This money has been budgeted again, $10 million for 2011-2012. Do you actually intend to spend the money this year, and why didn't you spend it last year?

The Chair: The hon. minister.

Mr. Zwozdesky: Thank you very much, Mr. Chair. It's true that we spend the most per capita on health care. I think the Canadian average is something like $3,600 per capita, and Alberta is at $4,712 per capita, and that's adjusted for all of the variable factors. I share some of the frustration that was eloquently put by the member. I don't know, and I've asked that question myself. How is it that we spend the most per capita, but we're not getting the best results in all the areas? I would expect us to have not necessarily the best by a long shot but something that is better than what we're seeing right now. That's why it's so important every now and then to challenge the system and to put out performance measures that are a bit higher than your fingernails can reach, so that we would have some good statistics, some good results coming that better reflect the size of investment. We're working on that very aggressively, and that's why the public reporting is so critical.

With respect to the cancer care plan, yes, there is a very new element to this. It's called the provincial cancer care strategy, which I talked about in my opening comments. We are working very, very fastidiously on that. We've had a number of meetings with cancer doctors, our oncologists, as it were, and we know that we're making some good headway. For example, when I announced the $208 million funding project for the Tom Baker cancer centre in Calgary, that was great news. That will give them a new bone marrow transplant unit, as I recall, two new radiation vaults, and number of other expanded services there.

Similarly, we're adding $67 million in Edmonton for the Cross Cancer Institute. I think, actually, it's $208 million for the two cities combined – sorry – and it's something like $119 million or thereabouts for Calgary and $67 million for Edmonton. Sorry; I've just got the math mixed up a little bit. I think it's $208 million total, just to correct myself.

In Calgary what that will mean, hon. member, is 64 additional in-patient beds for cancer care and much more space for cancer services in general. In Edmonton, in addition to what I've said, it will mean an additional PET/CT scanner, the positron, and the new vault I mentioned plus a lot of additional space. Let's not lose sight of the cancer services that are being expanded in Grande Prairie, with the addition of a radiation therapy corridor there and in Red Deer. So there's quite a bit that's going on in that respect

I'm sorry; I missed your last question. Just refresh my memory.

Mr. Taylor: Yeah. It was actually a budget estimate question, expenses by program, page 195, line 11.2, the $10 million for cancer corridor projects. You budgeted that in fiscal '10-11. You didn't spend it. You budgeted it again. I want to know why you didn't spend it last year and whether you're actually going to spend it this year. Go into a bit of detail if you could, please.

Mr. Zwozdesky: Thank you, hon. member. I was searching for other information, so I missed that question the first time around. The building, basically, wasn't ready just yet for that to be spent. The decrease that you see there is due to moving the cancer corridor equipment funding for the Red Deer site from 2010-11 to 2011-12 to reflect the change in the progress of the project.

Mr. Taylor: Thank you very much for that.

You mentioned a while ago that you have a suite of something in the neighbourhood of 50 performance measures that you're going to use over the course of the next five years to grade the system on how it's going. I'm going to congratulate you on that because, obviously, you're dealing with the biggest ministry by expense in the entire provincial budget by a long shot. You're dealing with a very complex suite of issues and services under the health care budget, and there's an awful lot to keep track of and an awful lot of places in which to keep track of it. So it's good that you have that.

But I want to do Health Care for Dummies here for a second if I can. We both know that you can get into a situation where you have so many things to do on your to-do list that you look at the list and you're kind of overwhelmed by it, and you can't tell what the priorities are anymore. I'm not criticizing you or suggesting that you can't tell what the priorities are right now, but what I'm trying to get at in this sort of Health Care for Dummies approach is that of that suite of 50 performance measures, one year out, three years out, five years out, as the plan progresses, what are the top three performance measures? What are the top three things you and your staff at Alberta Health and Wellness are going to look at to be able to say, "We're on the right track" or "The five-year plan needs modest, serious adjustment"?

4:50

Mr. Zwozdesky: I'll come to the top-three question in just a moment. On the suite of 50 performance measures – and I want to thank you for your kind words –I'll tell you that they are aggressive. I've never been a person who strives for, you know, 50 per cent plus one. I shoot for much higher than that. So when these performance measures were being designed, they were input into by, obviously, doctors, by the Alberta Medical Association folks, by the College of Physicians & Surgeons, by the Health Quality Council of Alberta, by nurses and others in the field to make sure that we were not only setting realistic performance measures and targets but also challenging ones, not unachievable but challenging, to push the system, to drive it. So thank you for your words. There is a lot to keep track of just in these performance measures alone.

I'm quite optimistic with the stable funding that's been provided. I'm quite optimistic with the new CEO and president who is there now, Dr. Chris Eagle, and the leadership he's shown in this respect. There were commitments by others previously, obviously, but I think we're working even more aggressively now than ever before toward meeting these targets. When you look at them, as you said, one year, two years, three years, four years out, there are a number of opportunities there for improving our performance but also for re-evaluating. Are these the right performance measures? We've never had this kind of a comprehensive listing before. It is unique, but the fact that we have a five-year commitment means they are very deliverable, and we're not going to be ashamed if we miss a target or we didn't make it by a certain specified date, which is the case in a couple of cases that I'm sure you've read about. We're showing improvements, and we're going in the right direction.

Your point about the top three. Hon. member, that's a very, very difficult question to try and answer, but I would say that among the top many would certainly be cancer care. That is an extremely important area.

I'd say emergency room wait times in the eight-hour category, which is the admitted patients. I should tell you, hon. member, that we're making incredible progress there with respect to EIPs. These are emergency in-patients. That means people who have come into emergency with a very serious difficulty caused by who knows what. Nonetheless, they're there. They're in emergency, and they have to be hospitalized or kept in the emergency area for at least one night, maybe more. They're called admitted patients at that point, but they might still be in emergency. One of the things that the doctors mentioned to me last October and again last night when I met with them is to put more emphasis even than we are already. We've seen reductions of about 50 to 60 per cent in the number of EIPs that are being reduced. In other words, we're moving people out of the emergency department to elsewhere in the hospital, and that frees up more space here. That would be a second area that I'd say is very, very important.

Of course, cardiac surgery is another one, and anything to do with major ortho procedures would be a fourth one. I'm not giving these necessarily in any particular order. Just off the top of my head, based on the discussions I've had and what people are telling me on the street, those would be probably four of the top areas. Ambulance is another one. The list just doesn't end, and it's hard to prioritize them, but they all have our attention pretty much on an equal basis right now.

Mr. Taylor: Okay. Then just quickly, kind of as a supplemental for that, when you said "cancer care," how are you measuring that? Are you measuring that in terms of survivability rates or what?

Mr. Zwozdesky: There are a number of things. Officially, in the Alberta health system performance measures we talk about access to cancer care. For example, on page 3 of 20, priority for action titled Cancer Services, the overall objective is obviously to reduce the wait time for cancer treatment. Let me just give you one as an example. Element 1.6 would tell you "the maximum time that 9 out of 10 people will wait . . . from referral to the time of their first appointment with a radiation oncologist, by facility." At the Cross Cancer last year we were at 7.7 weeks of wait time, today we're around four weeks of wait time, and by the end of our five-year thing we'll be at two weeks or better. That's just one example, hon. member, of how we're measuring that. We're measuring survival rates, too.

Mr. Taylor: Okay. Thank you.

I'm going to try this out. It's highly speculative, and if it's too speculative for you to answer, it's my fault. It would be your problem, but it's my fault. You talk about sustainable funding, predictable funding over the next five years, and that's good. It's far better than the alternative. But, of course, we keep looking at a budget that goes up substantially every year. I wonder if we ever get to the point or whether there's an effort being made over the course of this five-year plan where we can say: we've actually been able to reduce the health care budget or hold the line on the health care budget while our performance measures continue to improve because we've now taken enough of a proactive approach. Obviously, we haven't yet, but we get to that point some years down the road where we've taken enough of a proactive approach that we now no longer have to spend as much per capita on health. Want to take a stab at that?

Mr. Zwozdesky: Yeah. It's not quite as wild a question as you might think because I think a little bit along the same lines there, hon. member. I have to tell you that there's no single silver bullet to this question, but if there was one that impacts the area more than perhaps some others, it's on the wellness side. I haven't found the right way to explain this, but if we can keep people out of the system because they are healthier, if we can keep people from needing emergency room services, if we can keep people from needing everything from obesity clinics to addictions treat-

ment and so on and so on – prevention is the key. That's why, to come back to the point about cancer services, early detection is the key. If we can detect it earlier, clearly the oncologists have a chance to deal with it either surgically or through radiation or through chemo or whatever the case might be.

In fact, this was a very major point that was addressed yesterday, when we had the blue-tie breakfast for prostate cancer down at the Macdonald Hotel. As you probably know, we've made a significant commitment to a northern Alberta urology centre, which will also have a prostate cancer clinic here in Edmonton. The doctors that were there supporting this and others as well as some of the people offering testimonials as survivors would tell you that the earlier you can detect these problems, not only the happier you're going to be, but think of all the costs and headaches you're going to save yourself and the system and others because of earlier detection.

The wellness thing is comprised of all the usual common-sense things that we know about. You can't control everything – some of it's hereditary – but you can sure do a lot to enhance your position with better eating habits, more physical activity, proper rest, abstinence from certain bad things, or cessation of bad habits if you have those. Hon. member, if I were to try and give you one snapshot answer, it would be summed up with wellness.

I mean, we're expecting fully that the cost increases will at some point start to trend downward if we get that part of it right. That's why the last two years of the five-year funding plan, for example, are showing a decrease down to 4.5 per cent. You've got three years of 6 per cent, which should build the system and put it on a pretty good keel, and then years 4 and 5 come down to 4.5 per cent, so the trend is in the right direction.

Mr. Taylor: I must be getting close to time.

The Chair: Three minutes.

Mr. Taylor: Three minutes.

I'll try this out on you very quickly because I think you're missing a couple of important aspects on the wellness and health promotion and disease prevention side of the thing. The first major aspect of public health and healthy living has to be found in education. Would you be willing to commit to working with the Ministry of Education on a comprehensive school health strategy? Can I go even further? Would you be willing to work with the Minister of Education and perhaps the Minister of Advanced Education as well on extending the five-year rolling budget and the five-year commitment that you have in your department to the departments of Education and Advanced Education, perhaps some others as well? If you can work at cross-ministerial purposes here, you know, you may accomplish more in a shorter time. That would seem to be the logic.

5:00

In order to pursue healthy living, there needs to be easily accessible information for children and adults alike focusing on social aspects as an important feature of health care. I'm not sure that I see that in your priority initiatives.

Another important preventative measure is workplace safety. Again, due to the nature of health care this ministry has to work with other government departments, Employment and Immigration and probably others, to achieve a holistic approach to healthy living.

Other ministries mention in their priority initiatives the need to work with other departments. Why is this strategy not included in the Health and Wellness business plan, and what are you doing or planning to do to address this requirement this year or in the future?

Mr. Zwozdesky: I won't get to all of it probably in a minute and a half, but let me just say this with respect to the wellness: point taken and point acted on. We are co-operating a great deal. For example, with the Ministry of Education we have a program that we're working on together called Healthy U. The Alberta healthy school community wellness fund is another program. We have Ever Active Schools; we're a part of that. There are health promotion co-ordinators for healthy weights and Communities Choose-Well and other programs. We also have the mental health strategy, that I talked about earlier, where we've committed $19 million. There are a lot more counsellors going into schools compliments of our budget. We have a syphilis strategy that will be announced here very shortly. There's one already, but this is an updated version. That would involve probably 10 different ministries. I can't get into all of the cross-ministry stuff.

It's important to note that we are doing everything we can to provide additional access and additional opportunities for people who need this kind of help. We're increasing our co-ordination of health and social support systems. That, hon. member, is on the second page under goal 3 of our Health and Wellness business plan. My signature is on the first page, and if you flip the page, at the very bottom under element 3.4 you will see that that is one of our focuses. I thank you for bringing it to our attention. The quote is, "by increasing coordination of health and social support systems."

The Chair: The next 20 minutes is for the independent.

Hon. Member for Edmonton-Meadowlark, you have 20 minutes. How do you want to . . .

Dr. Sherman: We'll go 10, 10.

The Chair: All right; 10, 10. Go ahead, hon. member.

Dr. Sherman: Thank you, Mr. Chair. It's an honour for me to be here, and I'd like to thank the minister and all the ministry staff for joining us today. It's probably the most important budget in the government.

As you know, we recently had a crisis in health care, according to Dr. Paul Parks a near potential catastrophic crisis, from which we've just come back from the edge, to a financial crisis that led to the finance minister of the province refusing to sign the budget. Now we have a leadership race and a crisis in leadership.

Now, I'd like to talk about effective system accountability. When we all ran for government, the goals were access, quality, and sustainability. The questions I'm going to raise produce evidence and fact and questions of: have we actually achieved the goals of access, quality, and sustainability since we took government? I'd like to start off by reading a letter by Dr. Stephen Duckett, a most recent CEO, from the *Alberta Doctors' Digest*, March 2011. Excerpts from this go as follows:

> Alberta spends more per capita . . . than other Canadian provinces, and gets less. Male and female Albertans have a shorter health-adjusted life expectancy than the Canadian average. Albertans who get cancer don't live as long as people from Ontario. All this using data from before AHS was formed.
>
> Investment decisions have over-emphasized acute provision [for acute care] at the expense of seniors' care. In contrast to other provinces, Alberta reduced per-capita spending on non-acute [care] facilities over the last decade.
>
> Is it any wonder that our acute facilities had to become de facto seniors housing, contributing to the systemic problems that have created the problems in emergency care?

> And emergency department performance in both Edmonton and Calgary has been getting steadily worse over the last decade, achieving the eight-hour standard for admitted patients about 60% of the time in the first few years of the decade to around 25% now. Neither level acceptable, of course.
>
> And there was significant variation in practice between different parts of the province. . . .
>
> The effects are still with us: it takes a day longer to treat a person with a stroke in Edmonton than it does in Calgary, same for hip replacements. This consumes excess bed days and effectively reduces access in Edmonton.
>
> You know only too well what it was like when I started. No functioning formal structure. No financial reporting system. No strategic direction.

Here's an example on cervical cancer.

> Capital Health didn't put the same value on this as the Calgary Health Region, with the result that screening rates are appreciably lower in Edmonton (69.6%) compared to Calgary (74.3%) [on the prevention side] . . .
>
> There are currently huge variations in what we pay for care . . . and the incentive on facilities until now has been to take the least-dependent rather than the most-dependent resident, contributing in part, I think, to our problem of long-stay Alternative Level of Care patients in our acute [care] hospitals.
>
> Tighter and better contracting for services is yet another example. At least having contracts is a start, in contrast to the Villa Caritas contractual mess we inherited from Capital Health or the handshake deals of another region . . .
>
> If I have to weigh up the interests of a handful of business people who misjudged the tender process against the interests of hundreds of patients who would now get treated quicker, I know what side I'd always come down on.

He did say very good things about the five-year funding agreement, and I agree with having stable, sustainable funding to have programs. I think that was a very good decision made by the minister.

He goes on to say:

> The government has committed to funding universities and colleges to graduate 2,000 RNs per annum, a commitment not kept incidentally.
>
> What we need is an additional commitment to train 1,000 health care aides annually. Then we'd see some workplace transformation.

Mr. Chair, these are the words of the CEO that was hired and fired by our government.

I would like to hold up graphs. There is evidence of health care spending going logarithmically through the roof while there are cutbacks in basic education. They've gone up like no tomorrow.

Here's a performance measure of the health system.

The Chair: Hon. member, may I interrupt you? The document you quoted from, please table it tomorrow.

Dr. Sherman: Absolutely.

The Chair: Okay.

Dr. Sherman: This is a graph from Alberta Health Services, the number of alternate level of care days spent in acute care by seniors in the Calgary health region. It's gone up at about 55 per cent, a straight line up. This is the reason I've said that we have failed the seniors.

The Chair: Hon. member, also, when you quote from a document, don't use it as an exhibit and so on.

Dr. Sherman: Mr. Chair, I was just doing what the minister usually does if that's okay.

The Chair: Well, other hon. members can't see what it is, so table it. Okay?

Dr. Sherman: Mr. Chair, we'll move on.

The Chair: Thank you.

Dr. Sherman: So these are the issues in health care that Dr. Duckett raised.

Secondly, I'd like to talk about fiscal management or, shall I say, maybe at times fiscal mismanagement. The Auditor General Fred Dunn said that Capital health was playing cat and mouse with the Auditor General's office and did not take its recommendations seriously, from the Chuck Rusnell article.

For the year ended March 31, 2009, each authority continued to exist and produce its own financial statements.

There were severances that were paid: $23 million in severance costs incurred for the AHS transition. AHS used external legal counsel to assist with the negotiation and determination of severance amounts for the terminated CEOs and executives. There was a lack of oversight by AHS management and its board in the entire severance process. AHS did not have a clearly defined process, including roles and responsibilities for negotiating, reviewing, approving, and paying the severances.

> We only found documentation evidencing approval from AHS for four of the 19 severance payments we examined. The AHS Board was provided information on the CEO severance payments . . .but they did not approve the payments [we examined].

On the budget and the deficits the Auditor General goes on to say that combined, the AHS board was responsible for the oversight of $9.9 billion in health care expenditures for fiscal 2008 and 2009. The authority's budgeted operating deficit was $392 million.

5:10

Mr. Lukaszuk: Mr. Chair, I'm just wondering if we can focus on the 2011-12 budget for a change?

The Chair: Hon. member, keep the attention on the budget and the business plan. Thank you.

Dr. Sherman: Thank you.

Basically, Mr. Chair, it goes on to say that the fiscal management was not complete. The majority of the work that's under way will be completed by 2013. These are recommendations accepted by the ministry; 2013 on a $14 billion, $15 billion budget that has brought the leadership of the government down. This is unacceptable.

The Auditor General has repeatedly warned AHS about their unacceptable financial practices. There was a lack of oversight and approval, and the books were in the red. There is no commitment to investigate the financial management or reporting. When I was in government, I asked for a forensic audit. The timeline for the majority of the work is 2013. There's no explanation for the capital project deficits, a reduction of budget commitments and deficits by one year, by $213.5 million. There has been no satisfactory explanation of the $1.3 billion transition allowance.

Now, in running the health system, the primary care networks – I was in charge of the primary care network review task force – $149 million a year is spent, I'm told. We only had 425 FTE frontline staff. That works out to $350,000 plus or minus a few thousand dollars per allied health staff or GP. The problem is that there are no performance and accountability measures for rostering the people that need to be rostered in the PCNs. They've rostered all the young healthy people. The accountability measures are 50

bucks a pop to roster someone. When you spend a dollar in prevention, you should save 5 bucks in acute care. The primary care health networks are screaming for more resources and funding when AHS got all the funding in acute care. That's exactly what Dr. Duckett says. We are spending so much in acute care when we actually should be spending it in prevention and primary care.

Let's move on to prevention. We are spending minuscule sums on prevention. If you want to prevent people from spending time in acute care, let's spend on home care, quality home care. Home care was given 7.3 per cent; 7.3 per cent of a little is a little. We need a massive investment in home care, not in acute care.

The Chair: Hon. member, your 10 minutes has terminated.

Hon. minister, your 10 minutes.

Mr. Zwozdesky: Thank you. Thank you, hon. member, for your comments and insights, some of which I could agree with and many of which, perhaps, I couldn't. Nonetheless, you started out by asking about access, quality, and sustainability. I just want to say that that's in fact – well, you would know this – what this five-year health action plan is all about, and it's been tabled, so we don't have to worry about that.

I just wanted to comment here with respect to your question in that regard that talked about: how do we hope to achieve these three goals? If you were to take a look at Becoming the Best: Alberta's 5-Year Health Action Plan, this actually shows you, Mr. Chair, how our budget would be spent. It doesn't have specific dollars attached to it, but if you look at this and you look at goal 1, for example, it talks about: "Improved quality, safety and access for patients to acute care services will be demonstrated by lower wait times across the province." And then it talks about how we're going to do that.

We're establishing province-wide targets for wait times. That's been done. We're redesigning protocols for care and treatment, called clinical pathways, to help patients move towards better possible outcomes. That's well under way. We're increasing access to cancer treatment across Alberta. That, too, is well under way. We are optimizing and expanding the scope of practice of key health professionals so they can make full use of their education and skills, and we're making changes to care processes to increase efficiency and ensure more integrated transitions between health care teams.

Now, I don't want to go on and read the whole document for you although I'm sure some people would be interested, but as you go through these strategies and then you look at the different goals that talk about the improvements that the hon. member asked about, that would be the first part of the answer on how we're going to achieve this.

We can talk about the benefits to Albertans in that respect. We can talk about attention to Alberta's children in that respect. We can talk about all of the reductions in wait times, and we can talk about goal 2, which is that all Albertans requiring continuing care will have access to an appropriate option for care within one month, within 30 days. That's part of the primary care initiative that we're working on as well. In fact, that's part of the agreement in principle that we have with the Alberta Medical Association, so that's an important thing to sort of keep in mind as you're looking at some of these strategies.

Let me move on to goal 3 because it addresses how we're answering the hon. member's questions. Under goal 3 Albertans will have access to primary health care when they need it, where they need it, from the appropriate provider. Then we talk about who the individuals are that are playing a role in that respect. We can talk about how we're increasing the numbers. We're increasing nurses. We're increasing doctors. We're increasing nurse practitioners.

In the case of RNs in particular, we know that the number that are graduating now will allow us to hire 70 per cent of them right here in Alberta to augment the front lines. We know that we're seeing increases of about 33 per cent from the number who graduated a few years ago in that respect and, similarly, an 11 per cent increase in LPNs, who are rounding out our numbers, and I could go on. The point is that we're strengthening primary care as a result of these and other initiatives.

Just a couple of other quick goals here. Goal 4, which talks about this, is one of the outcomes, that Albertans will live longer and enjoy a high quality of life. Earlier I cited some recent statistics, and I know the hon. member cited some as well. I'm not sure what period of time they covered. If he mentioned them, I didn't catch the year. But I can tell you that today men in this province are living longer than a few years back, and so are women. The trend is in the right direction. We're getting some of it very, very right.

Perhaps more importantly, Albertans are getting more and more of it right. They're realizing the value of cessation programs, for example. Our Alberta tobacco reduction strategy is showing tremendous gains in certain age groups more than others, and it's one very important area that will help people live a lot longer.

The fifth and final goal here, Mr. Chair, is this one, that Alberta will have a patient-focused system, one in which Albertans are satisfied with the quality of the health care services that they receive. That's a good launching pad for this document, that has also been tabled, and that is the 50 performance measures. Toward the end is where we're measuring patient satisfaction, staff satisfaction, physician engagement, percentage of favourable comments, and so on.

That all ties together very nicely in terms of how we're helping to build one health system that is fully engaged, that is functioning to the maximum degree possible, where research and evidence-based decision-making is all part of the formula, where improvements to care and new technologies are playing a leading role, and legislation and policy and strategic direction and budgets support that. That's why we're here today, to debate the budget going forward.

I'm sorry, hon. member, that I can't comment on some of the issues you raised from 2005-06, 2008-09 because we're here debating our budget going forward. I would tell you, though, that one comment that you made, with respect to the Auditor General, I need to just comment on. The one piece that I brought in with me the other day to the House does go back to the Auditor General's report of 2005-2006, in which he commented on annual financial statements, which I believe was one of your questions. While I don't want to dwell in the past, I do want to say that the Auditor General on page 127 had this to say. He said:

> As a result of the corrections, the 2006 annual surplus increased from $24 million to $46 million. The Authority . . .

In this case one of the health authorities.

> . . . had budgeted for a $17 million deficit.
>
> Had the financial statements not been corrected, they would have been presented to the Audit and Finance Committee with a material misstatement.

The fact is, Mr. Chair, that once the Auditor General had flagged this and had the discussion and so on with the health authority, they made immediate amends, and as a result of that, the Auditor General was able to sign off on that particular document.

5:20

So there is a lot of accountability that way. I'm sure that there's some of that going on even as we speak with respect to the year that's just going out because we're in a new era now.

I don't know about any cat-and-mouse games, that the hon. member referred to, back in 2008-09. All I can tell you is that today, going forward, we have every confidence in the management of the system and every confidence that the accountability is being improved as well.

Some of the comments that were made about severance amounts: I wasn't privy to any of those. I haven't seen any of them, but I know that when two doctors disagree, which is not an infrequent occasion in any part of the world – there are second opinions; there are different ways of doing things – when those folks disagree, it's quite common for them to sit down and find some method of severing the relationship, perhaps severing a contract, and moving on to other locations. That's perhaps what the hon. member was referring to. I know that the Auditor General does a very, very thorough job reviewing those financial statements and will continue to do that, as do we. We're very concerned about these kinds of items.

A couple of final points. I know that he mentioned something about insufficient staff. I just forgot the exact gist of it, but I think it was something to do with: a ratio of $1 spent on wellness perhaps should save you $5 in acute care. That may be true. I don't know if there's a formula like that. What I do know that is definitely true is that we have ramped up our overall spending and our attention, our action, our strategies on the wellness side of the equation. As I mentioned in answer to Calgary-Currie's question, looking at the health system is not a single, linear-type exercise in one direction. You have to look at it as a continuum, as a circular-type thing.

Let me give it to you this way, Mr. Chair. In Canada we see and we have and we experience an outstanding health system for the most part, but it has grown up much more as a reactionary-type system. In other words, you have a problem, a complication, a hurt, a bump, a bruise, an owie, a disease, an accident, whatever it is, and you do the same thing that I do. You go to the system to react to your condition. I've talked with and I've had discussions with the member who has asked these questions, and he knows very well where I'm coming from, but let me say it. We have to work a lot more on the proactionary side of the equation, I should say, to coin a phrase. That will help us in the long run.

The Chair: We've just completed the amount of time allocated for the opposition.

Now we start with the other members who wish to speak on the budget. I shall now recognize the hon. Member for West Yellowhead. You have 20 minutes, sir. Back and forth?

Mr. Campbell: Yeah. Thank you, Mr. Chair. I don't know if I'll take the full 20 minutes, but I have a number of questions that I'd like the minister to answer and get some on the record.

I'd like to talk about reduced waiting times. Mr. Chair, when people come to emergency rooms, they expect to be seen on a timely basis. I'd like to know from the minister if we are meeting our performance targets. Two months after introducing measures to shorten emergency room overcrowding, are these measures working?

Mr. Zwozdesky: Well, Mr. Chairman, I'm happy to tell you that they are, but that doesn't mean they don't need more attention and more improvement. We have provided very clear directions – I've alluded to them a lot this afternoon – with respect to things that Alberta Health Services is doing to improve, for example, emergency room performance, as alluded to and specified, in fact, in the Alberta five-year health action plan: looking at new discharge protocols, protocols that would, say, have a discharge plan in mind when the patient arrives and try and discharge them at 11 in the morning on whatever day of the discharge plan to free up the bed for the rest of the day; having more patient navigators in the emergency departments or equivalents thereto; having home-care attendants in the emergency rooms so that there's a home-care plan in place so that the doctors feel more comfortable discharging that person to their home location because they know that a home-care plan is already in place.

We talked about overcapacity protocols and what a dramatic difference they are making. We've talked about adding more in-hospital beds, the 360 brand new, net new beds in Edmonton and Calgary for example, which are almost all completed now for opening, and the impact that they are having. We talked about adding more continuing care spaces in the community, as it were. We talked about a lot of these things that are helping to address the member's question with respect to how we're meeting our performance measures.

Are there results, hon. member? Absolutely. I could tell you that the average length of stay for persons in our emergency departments has come down very dramatically. For example, the daily average number of emergency patients, what we call EIPs, in Calgary was 25.7, which is a reduction from 67.8 over the last several months. In Edmonton it was reduced from 80.3 EIPs down to 41.9 and in Red Deer from 9.9 down to 6.1. That tells you that we're moving in the right direction in terms of emergency in-patients being moved out of the emergency department to somewhere else in the hospital.

I could tell you the percentage of discharged emergency department patients within target for 2010-11. Calgary is at 61 per cent; Edmonton is at 54 per cent. I can tell you the percentage of admitted ED patients within target 2010-11. Calgary was 41 per cent; Edmonton was 31 per cent. These aren't huge gains, hon. member, but they are trending in very much the right direction.

When you look at average length of stay coming down by as much as 60 per cent in some cases, 50 per cent on average, when you look at EIPs coming down by anywhere from 50 to 60 per cent on average, and when you look at improvements, that are moving ahead a little slower than I'd like – nonetheless, they are moving ahead and trending in the right direction – for the four-hour protocol and the eight-hour protocol, I can tell you that improvements are being made, and the system is beginning to show that.

Mr. Campbell: Thank you, Minister, for those comments.

I'd like to talk a little bit about primary care networks right now. While primary care networks, or PCNs, are an innovative, made-in-Alberta approach to improve the delivery of primary care, I'd like to know how many PCNs are currently in Alberta, how much funding has been allocated this year for PCNs, and what line item this would fall under. Then maybe the minister could go on to talk about how PCNs are working to improve health care delivery in rural communities.

Mr. Zwozdesky: Hon. member, you've hit the topic du jour, of the day, because anything connected to primary care is really central to all of the chats that we've been having lately with the Alberta Medical Association. In fact, I'll just repeat that as part of the agreement in principle with the Alberta Medical Association there is a section there dedicated to primary care, and it deals with the creation of a primary care task force.

To answer your first question, there are 39 PCNs. I thought it was 38, but it's actually 39, and very soon we'll be opening the 40th PCN. I should say that I'll be visiting it fairly soon, I hope, because it just opened here a day or two back. That would take us

up to about 40. The reason that we're aggressively opening more of these is because we recognize how effective they have been and how effective they will be going forward.

In 2010-11 $149 million was allocated for PCNs, and in 2011-12 it will be a similar amount, but it'll depend on how the physician negotiations conclude and how the task force's work unfolds. Nonetheless, PCN funding, as you can see, is allocated from element 2.2 under physician compensation and support. There's a lot that we're doing there already, hon. member, there's more to be done, but team-based health care is definitely an outstanding way to approach delivering more health care and providing quicker access for Albertans.

5:30

The Chair: The hon. member.

Mr. Campbell: Thank you, Mr. Chair. If you would, Minister, I'd like to talk about Alberta Health Services' accountability. This is the second year of the five-year funding agreement that will see Alberta Health Services receive 6 per cent base operating increases in each of the first three years and 4.5 per cent increases in each of the remaining two years.

This year the Health and Wellness budget includes $9.6 billion in base operating funding for Alberta Health Services. To me, anyway, it's a lot of money. Could you please explain to us how Alberta Health Services will save taxpayers money in the long term? Then, Minister, if you could talk about what measures are in place to ensure accountability in the health care system, specifically to ensure Alberta Health Services is being held accountable, and what measures are in place to ensure Alberta Health Services is spending taxpayers' dollars efficiently.

The Chair: The hon. minister.

Mr. Zwozdesky: Very good questions, hon. member. Thank you, Chair. I'll try and be brief here. The short answer to the first question is that there are a number of streamlined processes that are now in place as a result of the amalgamation of nine health authorities down to one. For example, instead of having nine CEOs and presidents out there, today we have one. Instead of having over 160, or whatever the number was, senior executive vice-president types, today we're probably down to 40, which combines the seven major ones and several that are in important positions but not at the same level.

We can talk about economies of scale that happen from that, economies of scale particularly with respect to, for example, what I like to call bulk buying. When each authority in the old regime was ordering its own drugs or its own bandages or its own needles or vaccines or whatever it was, they were basically a one-person type show. But when you're now able to order in bulk for the entire province, you can cut a better deal, and that's an extremely important efficiency for us.

Coming back to administration, I can tell you that instead of having nine, or if you want to say 12 and include the Cancer Board and the AADAC board and the Mental Health Board, 12 payroll systems, today we have one. I could go on. The point is that there are a number of these targeted efficiencies that are saving taxpayer dollars. In fact, the last estimate I had, hon. member, which came from Alberta Health Services, was that in this year going forward, they were anticipating a saving of about $500 million to $600 million, which they are using back into health care to provide more services, faster access, and reduced wait times for Albertans. So there are some very good things.

Your last point, I think, was about what measures are in place to ensure that accountability. I can tell you that the health action plan has a not all that well publicized set of performance measures that go with it, and the accountability is there because this suite of 50 performance measures will be reported on quarterly by Alberta Health Services. In the meantime they're already putting a lot of their information online with respect to emergency rooms and so on. We know that we have some very clearly defined targets, and those targets are being met or will be met to the best ability of the people providing them.

The measures and the targets, by the way, if someone is interested, are available on the government website at health.alberta.ca, and then just follow the links. Hon. member, there's a lot more information in that respect that can be found there.

Mr. Campbell: Mr. Chair, I was just wondering: how much time do I have?

The Chair: You have nine minutes.

Mr. Campbell: Nine minutes. Okay. We're good.

I'd like to talk about budget cuts and increases, Mr. Minister, if I can. In this budget the immunization support allocation has been reduced by $5 million, from $11 million to $6 million. Why is this, and how will Albertans be affected by this?

After looking over your department's main estimates, it's clear that spending has increased for most programs. How can your ministry achieve its goal of ensuring a sustainable health system if you continue to increase spending during these recessionary times?

Looking at line 7.2, which is on page 195 of your main estimates, it indicates that funding for out-of-province health care services has substantially increased since last year's budget. I'm just wondering why this is the case. Are more people having or choosing to receive health care services outside of Alberta?

The Chair: The hon. minister.

Mr. Zwozdesky: Thank you very much, Mr. Chair. What looks like a reduction in immunization support allocation is actually an efficiency in that particular line item. The efficiency is actually a savings in the system of about $5 million because there are supporting pharmacists who are now able to provide influenza vaccination. As a result of that, they will help us reduce overall costs. So that change from $11 million to $6 million is actually a saving of $5 million, which is going back into other parts of the budget. Albertans won't see any changes or be adversely affected by that funding change whatsoever. In fact, they'll see some improvements in other areas because the funding is going over there.

Regarding the issue of our increases for most of the programs I think I've covered a lot of that in some of my earlier comments. But just to risk repeating myself, I would say that our spending increases reflect a continued if not a renewed commitment in several areas that Albertans have told us are their priorities. That includes health facilities, health equipment, redeveloping old facilities or developing new facilities, and creating more continuing care spaces, which we've talked about quite a lot.

I recognize that $14.9 billion is a significant amount of money because it comprises approximately 40 per cent of our budget. It's about $41 million a day that we provide to Albertans by way of services. That's something we're not bragging about or complaining about. It's just a fact if we're going to deliver on the Premier's vision for having the best performing publicly funded health system in Canada. I'm grateful that the Premier and our caucus are solidly behind that plan. The funds that you see there are allocated for demand-driven programs and for high-priority areas. They've been carefully arrived at, and I think I mentioned earlier, Mr.

Chair, that Alberta Health Services will soon roll out their detailed budget. We have to get through our budget first so that they know they've actually got that amount to work with.

The last point was with respect to out-of-province health care services. You know, Mr. Chairman, we spend quite a bit of money and time in this area. Alberta Health and Wellness specifically provides funding for insured out-of-province and out-of-country hospital and medical services to Albertans who are insured under the Alberta health care insurance plan. As program claims are activity based, there is a tendency for expenditures to vary somewhat from year to year. Suffice it to say that the volume of residents obtaining services provided in other locations, other provinces and territories specifically, has remained relatively consistent, but there are inflationary cost factors that do impact that area, so we're quite vigilant about that.

Finally, we do have interprovincial agreements that allow for cost recoveries, not necessarily 100 per cent per se because you can't build in there things like infrastructure costs and amortization costs and so on, but the point is that we do have those agreements, and the rates are reached on a consensus basis in discussion with other provinces.

Mr. Campbell: Thank you, Minister, for those comments.

I'd like to talk about workforce strategy. Goal 3 of the Ministry of Health and Wellness business plan, page 70, aims to ensure appropriate health workforce utilization. First of all, how do you plan to achieve this? Secondly, what percentage of the ministry's budget goes towards health care workers' salaries, including all nurses and physicians? How does physician compensation and nurses' salaries in Alberta compare with the rest of Canada? Finally, in your opinion, what's the biggest challenge and risk that your ministry is facing, and how do we plan on addressing it?

Mr. Zwozdesky: It's difficult to narrow down what the most challenging part of the health budget or the health strategy is, but I think that among the top challenges, as the member has indicated, would certainly be the supply of health care providers, the supply of home care aides. That would be one of the larger challenges.

5:40

The larger picture there probably would be also impacted by the retention of doctors, particularly in some rural settings. It's very difficult to recruit to some areas, even more difficult to retain doctors in those areas once recruited. I'll put in a plug, as I like to do, for nurse practitioners because I think nurse practitioners are one of the most valuable keys, going forward, as we start implementing our health action plan. There are some good statistics coming out in that respect, where we're constantly seeing more and more of them hired.

Regarding your first point, about appropriate health workforce utilization, we work in great partnership with Alberta Health Services with respect to a number of workforce strategies. For example, I had the privilege of hearing a lot about a recruitment and retention workforce-related strategy in southern Alberta just a short while ago. They're spending about $250,000 as we speak to advertise, promote, and recruit health care providers to that area. They provide a certain amount of dollars for them to fly in, to visit, to stay, and to get a taste of the community. That's just one example. There are several of those kinds of partnerships that are under way right now to try and recruit more.

On your question about the percentage of the ministry's budget going toward health care workers' salaries, I think you said, the short answer is that about 70 to 75 per cent of our ministry's budget goes toward health care workers' salaries. That includes staff employed by Alberta Health Services, salaries related to contracts with health providers through Alberta Health Services, and, of course, funding physicians.

Finally, regarding physician compensation and nurses' salaries I think I can safely say to you that Alberta is significantly ahead of every other province in this respect, perhaps with the exception of Prince Edward Island. I'd have to just check to be sure. Again, I'm not bragging about it, and I'm certainly not complaining, but the fact is that we pay our health care providers a handsome sum to practise their trade here in our province. I think that's going to start showing itself with improved health outcomes as well because you want a happy, comfortable workforce socially, spiritually, and economically.

The Chair: The hon. member.

Mr. Campbell: Thank you, Mr. Chair.

Minister, I want to maybe talk a little bit about the health advocate office. New funding has been allocated for the health advocate office. I think it's line item 1.8 on page 194 of the main estimates. I'm curious as to how many staff will be working in this office, and I'd be curious about what expectations you have for this office during its first year of existence. I guess a couple of the questions I have also are: how are you going to ensure that this office doesn't just become a money pit? The supplemental is: are there performance measures in place to ensure that the health advocate office is providing value for taxpayer dollars?

The Chair: Hon. member, the 20 minutes is up.

The next hon. member that I will recognize is the hon. Member for Lethbridge-East. You have about six minutes in total.

Ms Pastoor: Thank you very much, Mr. Chair. I thank the minister for being here, but I am going to take the six minutes for me.

I really just, obviously, am going to probably spend most of my time on long-term care because that's what I totally, truly understand. One of the things that you spoke about was that you actually visit these places and see that the care is good. You know what? It's always good when you're there.

I would suggest that you take me ahead of time, and I'll tell you the questions to ask. I want you to do a chart check. I want you to find out if there's an oximeter. I want you to find out if they've got an otoscope. I want you to find out if, in fact, the hearing aids are cleaned every night. I want you to find out what the staffing levels are not the day you're there but the week ahead of time. I want you to find out the number of days that they actually work short: days, evenings, or nights. Those are the kinds of questions that you can pick up off a chart check.

The other thing that you're talking about. You're setting up a lot of task forces and committees and all that kind of stuff. It's great to have people that have worked their way up and now have got all these titles after their names. But you know what? You and I both know that people forget what it was like to be on the front line after you've worked up to where you make the rules. Get a couple of guys that have actually wiped bums within the last week, and put them on a committee. They'll tell you what it looks like. It looks great on paper, but is it really going to work?

One of my complaints – and I know that I'll probably be reprimanded for this. What I'm noticing is that a lot of our long-term care facilities – and I'm using the term "long-term care" meaning long-term care – are run by LPNs. What's happening is that now that they've moved the RN program to a four-year program, the two-year program that used to be the RN program is now the LPN program. In the old days the people that would work in long-term care were more often than not RNs that had experience. What's

happening now is that these LPNs are coming out of the two-year program, but they do not have any hospital experience before they go to long-term care. That's one of the things, in my opinion, that they really have to have because one of the most important things you need in long-term care is assessment skills. You have to have had some kind of hospital experience before you go in. If you've got good assessment skills, learned how to use those otoscopes and the other scopes that I mentioned, you actually can keep people out of the hospital.

You talked about long-term care being part of that continuum, where you walk in this door and you go out that one feet first. The idea is great. There is nothing really wrong with it, but what happens is – and I think you said that you wouldn't go from a level 5 to a level 1 or vice versa. Yes, of course you would. You could be walking down the hall and end up with a stroke and be hemiplegic. Yeah, you are going to go from there to there, and you're going to need good, solid RN care, not somebody that's in off the street with a six-week course.

Now, the idea is great. When you have a room in these buildings – and I think that, clearly, the money is on the housing side. I know that you're not the housing side. You are the care side, and the care side is expensive, but the money is on the housing side. If I'm going to build a building, the last thing I want in there is somebody that has heavy care without the dollars to follow them. So now you've got a room in this building, and someone becomes long-term care. The minute that room is designated long-term care, you have to put the money into it because (a) you need staff, (b) you're going to need all of the equipment. I mean, they could well be on respirators. Who knows? The staff is also going to have to have the training for palliative care. So all of a sudden this room that was just an ordinary room now becomes a long-term care room. That money had better be there on the care side because, clearly, the housing side is paid for. Most of these people are paying huge bucks to stay in these places. So the theory is good, but it isn't working out that way out there.

What else was I going to rant about? One of the other things that's happened is that I think people that make these decisions don't look at big pictures and don't look far enough ahead. We had designated assisted living, assisted living. You know the drill. But what's happened is that there is also an assessment document called the interRAI. Now, I know for sure that that interRAI is not meant to be for housing. It's a care document. What happens is that they do the assessment more often than not without families, which really annoys the families, and then they say: this is the care you need; therefore, this is where you're going to live. It was never meant as a housing . . .

The Chair: Hon. member.

Ms Pastoor: Oh, I was just getting started.

Thank you.

The Chair: The three hours allocated for the Committee of Supply has terminated. Pursuant to Government Motion 5, agreed to on February 23, 2011, the Committee of Supply shall now rise and report progress.

We'll take a few minutes for the staff to leave the Chamber.

5:50

[The Deputy Speaker in the chair]

Mr. Vandermeer: Mr. Speaker, the Committee of Supply has had under consideration resolutions for the Department of Health and Wellness relating to the 2011-2012 government estimates for the general revenue fund and lottery fund for the fiscal year ending March 31, 2012, reports progress, and requests leave to sit again.

The Deputy Speaker: Having heard the report, those in concurrence with the report please say aye.

Hon. Members: Aye.

The Deputy Speaker: Opposed, please say no. The report is accepted.

Government Bills and Orders
Second Reading

Bill 11
Livestock Industry Diversification Amendment Act, 2011

[Debate adjourned April 12: Mr. Mason speaking]

The Deputy Speaker: The hon. Member for Edmonton-Calder on the bill.

Mr. Elniski: Thank you, Mr. Speaker. I'm pleased to rise today to make some brief comments with respect to the debate on Bill 11, the Livestock Industry Diversification Amendment Act, 2011. The primary purpose of this amendment, as we have discussed, is to enable Alberta Agriculture and Rural Development to exercise full legislative authority for domestic cervids. Under this amendment in section 18 the general prohibition on hunting diversified livestock, big game, and controlled animals on diversified livestock farms will continue.

Mr. Speaker, in 2002 the Alberta government decided that cervid harvest preserves, otherwise known as hunt farms, would not be allowed in Alberta. This decision was based on a cross-government review with direct input from the public and stakeholder groups and consideration of factors such as disease, economics, and public support. Domestic cervids, as we know, are no more wild than any other typical domesticated animals, and it is important to note that there are no plans to make any legislative changes to the Livestock Industry Diversification Act as it relates to hunt farms in Alberta.

There are some statutory exemptions to this ban, Mr. Speaker, including where hunting is specifically authorized by the Agricultural Pests Act or by way of a licence under the Wildlife Act such as predator control within a boundary. Any illegal activities on farms, including reports of activity contrary to the LIDA, will be investigated by the inspection and investigation branch of the regulatory services division. Sustainable Resource Development will continue to regulate and enforce all matters pertaining to wildlife, including the hunting, possession, transportation, importation, export, and sale of wildlife.

This amendment is an important step forward for both industry and government. I look forward to the remainder of the debate and to receiving the support from the members for proceeding with this bill.

Thank you.

The Deputy Speaker: Standing Order 29(2)(a) allows for five minutes of comments or question.

Mr. Hinman: I want to talk on the bill.

The Deputy Speaker: All right.

Then the hon. Minister of Housing and Urban Affairs in the five minutes.

Mr. Denis: Thank you very much, Mr. Speaker. I was listening to the member's comments with interest, and I wonder if he just wanted to elaborate, given that this is second reading, on the fact that this bill does not in fact do anything to change the current legislation dealing with hunt farms.

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

Mr. Elniski: Thank you very much, Mr. Speaker. Yes, that is, in fact, hunt farms. I agree. The very well established precedent for most people is that it makes no more sense to shoot a domestic cervid in an enclosed space than it would to shoot a cow in an enclosed space. The legislation itself is very, very explicit that these are not game animals, Mr. Speaker. This is not sport. This is not recreation. This is, in fact, agriculture, and this is, in fact, an agricultural activity, a livelihood where people who are invested in this take a great deal of time and effort and attention to stay involved in it.

The hon. Member for Lacombe-Ponoka, for example, raises a number of domestic cervids at his place or used to, I understand. Actually, it was reflected in licence plates and a number of other things, the pride for that particular activity.

Thank you.

The Deputy Speaker: Any hon. member for 29(2)(a)?

Mr. Doerksen: Is 29(2)(a) still available?

The Deputy Speaker: Yes. It's still available. The hon. Member for Strathmore-Brooks.

Mr. Doerksen: Thank you, Mr. Speaker. I have a question. I know that this bill has created some uncertainty, and there's been some, maybe, misrepresentation on the intent, but I do also understand that because of what happens in some other jurisdictions, there is concern with regard to what the implications may be. I know that the Member for Edmonton-Calder has some experience in other jurisdictions with regard to some land that he may own there and what happens there with regard to hunt farms. Does he have any comment with regard to what happens in other jurisdictions in regard to the potential for reimbursement for activity on private property?

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

Mr. Elniski: Well, thank you very much, Mr. Speaker. It is indeed true that our family does have a reasonably small and productive farm in southern Saskatchewan, which is in a community that I love to describe to everyone. We're in a place called – it's actually physically known as the flat. The district that we farm in is, in fact, called the flat, which will give you some idea of the topography of the place.

In the jurisdiction in Saskatchewan the rules are very, very similar to what they are here. We do not allow the harvesting for sport of any domestic cervid. In fact, it is very much like it is here although I would have to say that the Alberta regulation, particularly in terms of how we're going to deal with escaped cervids, is somewhat more robust than it is in Saskatchewan.

The Deputy Speaker: Standing Order 29(2)(a)? The hon. Member for Calgary-Glenmore.

Mr. Hinman: Thank you. The member brought up a very good question. He says that there would be no more likeliness of shooting a cervid in a pen than to shoot a bovine. I guess my question, because my understanding is that there's a fair number of people that actually will shoot a bovine in the corral and then butcher it, is that for the domestic raising of cervid animals, if someone wants to come and eat that, is this regulation going to be in place, then? How would you actually kill a cervid animal if you do not want to take it to a slaughterhouse? Currently under bovines we can do that. Could you please expand on that, someone who wants to come and buy a deer off a deer farmer and how one would process it from that point forward, then?

The Deputy Speaker: The hon. member.

Mr. Elniski: Thank you very much, Mr. Speaker. Hon. member, there's nothing in the legislation that would prohibit the use of that particular means of preparing an animal for slaughter. I would think that it's a fairly obvious statement. In fact, the preparation of an animal for slaughter is something typically done in a corral in close quarters. It's not something that's done on an open range. I think that it would be a tremendous stretch to think that a hunt farm or, in fact, any version of any sort of slaughter of an animal in a field or in a pasture at any range with a high-powered rifle is in any way connected to the actual harvesting of an animal in a corral. I mean, you yourself, hon. member, are very, very familiar and have undoubtedly done that many times.

Mr. Hinman: I am familiar with bovine, but I'm not sure on the legislation. Like I say, I need some clarification. If you're raising deer and someone wants to buy some venison, is it legal, then, under this legislation to run the deer into a corral and shoot them and harvest them at that point?

The Deputy Speaker: Standing Order 29(2)(a) has terminated.

Any hon. member wishing to speak on the bill? The hon. Member for Edmonton-Centre. We have a minute and a half.

Ms Blakeman: Well, thank you very much. I'll try and make the best use I can out of that minute and a half.

I think the issue that's just been raised is part of the confusion that we're seeing around this whole bill. I know that it was intended to do the right thing, but I think if you look back, not very far because I can remember it, we were warned not to allow that kind of game farming and not to separate them. We were warned at the time, and a lot of it had to do with the disease whose initials I can't remember . . .

Ms Pastoor: CWD.

Ms Blakeman: . . . CWD, chronic wasting disease. We were warned at the time that that would be a likely outcome of the decision to allow this.

So now we're doing the right thing and moving them into the same sort of legislative corral, if I may be allowed a small pun, as other farmed animals like cattle. But there is a great concern about penned hunting. The government has said, "No, they're not going to allow it," but when you actually go through the bill . . .

The Deputy Speaker: Hon. member, I hesitate to interrupt you, but it's 6 o'clock. The House stands adjourned until 1:30 p.m. tomorrow.

We have a policy field committee which will reconvene tonight at 6:30 to consider the main estimates of Sustainable Resource Development.

Have a good evening.

[The Assembly adjourned at 6 p.m. to Thursday at 1:30 p.m.]

Table of Contents

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