Province of Alberta

The 27th Legislature
Fifth Session

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The Honourable Kenneth R. Kowalski, Speaker

Legislative Assembly of Alberta
The 27th Legislature
Fifth Session

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Benito, Carl, Edmonton-Mill Woods (PC)
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Bhardwaj, Naresh, Edmonton-Ellerslie (PC)
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Blackett, Lindsay, Calgary-North West (PC)
Blakeman, Laurie, Edmonton-Centre (AL), Official Opposition Deputy Leader, Official Opposition House Leader
Boutilier, Guy C., Fort McMurray-Wood Buffalo (W)
Brown, Dr. Neil, QC, Calgary-Nose Hill (PC)
Calahasen, Pearl, Lesser Slave Lake (PC)
Campbell, Robin, West Yellowhead (PC), Government Whip
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Webber, Len, Calgary-Foothills (PC)
Woo-Paw, Teresa, Calgary-Mackay (PC)
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Party standings:
Progressive Conservative: 67 Alberta Liberal: 8 Wildrose: 4 New Democrat: 2 Alberta: 1 Independent: 1

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Standing Committee on Community Development

Chair: Mrs. Jablonski
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Boutilier
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Kang
Knight
Lindsay
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Sandhu
Sarich
Snelgrove
Swann
Xiao

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Woo-Paw
Xiao

Standing Committee on Public Health and Safety

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Bhardwaj
Blackett
DeLong
Doerksen
Forsyth
Notley
Rodney
Rogers
Swann
Woo-Paw

Legislative Assembly of Alberta

1:30 p.m. Wednesday, March 7, 2012

[The Speaker in the chair]

Prayers

The Speaker: Good afternoon.

Let us pray. We give thanks for the bounty of our province, our land, our resources, and our people. We pledge ourselves to act as good stewards on behalf of all Albertans. Amen.

Please be seated.

Introduction of Guests

The Speaker: The hon. Minister of Environment and Water.

Mrs. McQueen: Well, thank you, Mr. Speaker. I have two introductions today. First, it is an honour for me to rise and introduce to you and through you to all members of this Assembly some outstanding grade 6 students, teaching staff, and parents from Alder Flats elementary school in my constituency. This is the first half of their group. The others will be joining us tomorrow. They are here in Edmonton participating in the School at the Legislature program. I am so proud to have our guests here today, and I would ask them all to rise and receive the traditional warm welcome of the Assembly.

My second introduction, Mr. Speaker. I am so proud to rise today to introduce to you and through you one of my incredible staff members in the office, Rhonda DaSilva. I have to tell you what an honour it has been to have Rhonda in our office working with me for the past five months. Yesterday Rhonda passed a very special milestone, 25 years with the government of Alberta. Rhonda has worked in a variety of capacities at the Legislature throughout the years, ranging from the Premier's correspondence to serving as a legislative assistant, assisting committee chairs, working with the former minister, Greg Melchin, and with the former minister and hon. Member for Medicine Hat. Rhonda has been such an incredible part of our team. We are so proud to have her in our office. I'd like her to rise and get the extreme gratitude of this House for incredible years of service.

The Speaker: The hon. Member for Olds-Didsbury-Three Hills.

Mr. Marz: Well, thank you very much, Mr. Speaker. It's a pleasure for me to introduce to you and through you today 48 visitors in all, 41 students from the great Deer Meadow school in Olds. They are seated in the public gallery, behind me. I might say that they have my back today. They are accompanied by teachers Mr. Greig Connolly, Ms Julia Robinson, Mrs. Joan Atkinson, and parent helper Mrs. Sandra Leatherdale. I'd ask them to rise and receive the warm welcome of the Assembly.

The Speaker: The hon. Member for Rocky Mountain House.

Mr. Lund: Thank you, Mr. Speaker. It is a great pleasure for me to introduce to you and through you to members of the Assembly some 23 very bright grade 5 and 6 students from the Christian school in Rocky Mountain House. They are accompanied today by their teacher, Mrs. Van't Bosch; assistant, Mrs. Piers; and parent helpers Mr. Harrold, Mrs. deRaadt, Mrs. VanderMeer, Mrs. VanGinkel, and Mrs. Klooster. I would ask them to now rise and receive the traditional warm welcome of the Assembly.

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

Mr. Bhardwaj: Thank you very much, Mr. Speaker. It's an honour for me to rise today and introduce to you and through you 54 students from Meyonohk elementary school in my constituency of Edmonton-Ellerslie. I had the pleasure of meeting these students just before the question period as part of their tour of the Legislature. In speaking with them, I'm assured that the future is in very good hands. They are accompanied today by five teachers – Mrs. Sylvester, Mr. Fairfield, Mr. Xu, Miss Kat, and Miss Houlgrave – as well as three parent volunteers: Ms Hanson, Mrs. Goldthorpe, and Ms Mosher. At this time I would ask all of my guests to please rise and receive the traditional warm welcome of the Assembly.

The Speaker: The hon. Minister of Culture and Community Services.

Mrs. Klimchuk: Thank you, Mr. Speaker. It's my pleasure to be able to rise to introduce to you and through you two very noteworthy individuals. These two gentlemen have worked incredibly hard to help pull off a wonderful event that took place February 28 to March 3 in our province, the 2012 Special Olympics Canada Winter Games. Our province had the honour of hosting this event this year, and without the dedication of people like my guests and hundreds of volunteers it would not have been the success it was. There'll be more in a member's statement later.

It's my pleasure to introduce Kirk De Fazio, president and CEO of Alberta Special Olympics, and Dan MacLennan, chair of the Games Organizing Committee for the Special Olympics Canada Winter Games. They are seated in the members' gallery. I'd like them to rise and receive the welcome.

Members' Statements

The Speaker: The hon. Member for West Yellowhead.

Special Olympics Canada Winter Games

Mr. Campbell: Thank you, Mr. Speaker. Last week, from February 28 through March 3, Alberta hosted the Special Olympics Canada Winter Games. Events were held in St. Albert and Jasper. It was the first time these two communities had the privilege of hosting Special Olympics winter athletes from across Canada. The province of Alberta was a proud presenting partner of the games.

Over five days 651 athletes competed in alpine and cross-country skiing, curling, figure skating, floor hockey, snowshoeing, and speed skating. These games were a qualifying competition for the 2013 Special Olympics World Winter Games in South Korea. There were cheers, hugs at the finish line, medal ceremonies, and an impressive spectacle at the opening and closing of the games. No less important was a sense of opportunity, achievement, and pure joy that prevailed among athletes, coaches, team staff, and family and friends.

Mr. Speaker, one of the major effects of any type of disability can be social isolation. Any event that highlights the strengths and capabilities of individuals with disabilities is something Alberta promotes and encourages. The Special Olympics movement has made a big difference in making our society more inclusive of all citizens. This was evident in St. Albert and Jasper, where the red carpet was rolled out for the games. In the two communities nearly 800 people stepped up to volunteer their time to make the games a success.

One small but telling example of the priceless social benefit of the games happened in St. Albert. After the last floor hockey event an unofficial pickup game took place between the St. Albert high school students who built the rinks and the Special Olympics floor hockey team from St. Albert. Not so long ago these people might have never met, certainly not as equals on the field of play, but there they were, spontaneously enjoying themselves, living the lessons that our society has learned. This is the legacy of the Special Olympics, Mr. Speaker, one that Alberta is proud to have supported and shared last week.

Finally, I'd like to congratulate the organizers, sponsors, and volunteers for their hard work.

Thank you, Mr. Speaker.

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

Integrity in Government

Mr. Boutilier: Thank you very much, Mr. Speaker. It's an honour and a privilege for me to rise and say how proud I am to serve the community of Fort McMurray both in this House and as the former mayor and councillor.

I've seen a lot over the years but nothing quite like the culture of corruption that has taken hold of this PC government. It's why I'm now on this side of the House. I've always been proud to stand up for my constituents. That's what I think we're all elected to do, and deep down I think that everyone in here would like to do that, but that's not allowed over there.

I was kicked out for standing up for seniors, for doing exactly what MLAs are elected to do. My colleague from Airdrie-Chestermere and my colleague from Calgary-Fish Creek walked away from this government because they could no longer stand the smell. The former Treasury Board president, now the independent Member for Vermilion-Lloydminster, got sick when the Premier used hard-earned Alberta tax dollars for a $70,000 pre-election junket at the Jasper Park Lodge.

School boards, municipal politicians, and doctors are now all coming forward and calling this government out for its culture of bullying, intimidation, and corruption. Mr. Speaker, a government that is only interested in power will do anything to try to keep it. That's what Betty Turpin, the superintendent of the Holy Family Catholic school division, experienced when she spoke up for school children. That's what the AUMA president, Linda Sloan, experienced when she told the truth about this government's pork-barrel politics and intimidation of doctors, and that's what Linda Slocombe and the Alberta Medical Association is protesting right now.

It all points to a culture of corruption, Mr. Speaker. The Premier said things would change, but the tone hasn't.

The Speaker: The hon. Member for Strathcona.

1:40 Provincial Fiscal Policy

Mr. Quest: Well, thank you, Mr. Speaker. On a more positive note, today more than ever I am proud to be an Albertan. Everywhere you look, people are working, earning a living, and contributing to Alberta's success. In fact, Alberta is leading this country in economic growth. Alberta accounted for about half of all the new jobs created in Canada over the past year and has one of the lowest unemployment rates in the world, at 4.9 per cent. Furthermore, Albertans continue to earn the highest wages in the country, almost 20 per cent above the national average.

Mr. Speaker, this is no coincidence. This government has created an economic climate where investors are willing to risk their capital, where businesses want to expand, and where people from around the world want to locate. For one, it's Alberta tax advantage that is a significant component of this success. Albertans and Alberta businesses continue to enjoy the lowest overall tax burden of all the provinces. Albertans and Alberta businesses pay the lowest income taxes in the country, the lowest fuel tax, no payroll tax, no capital tax, and no provincial sales tax. This low tax environment has spurred activity across this province, which is contributing to the revenue that funds the services that Albertans expect. Additionally, Budget 2012 projects a balanced budget next fiscal year and forecasts a surplus of $5.2 billion for 2014-15.

While the opposition speak gloom and doom about Alberta's prospects, Albertans know for themselves that today's Alberta is one where they can fulfill their dreams and look to the future, knowing that under the sound economic planning of this government, Alberta's best days are yet to come.

Thank you, Mr. Speaker.

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

Les Rendez-vous de la Francophonie

Dr. Brown: M. le Président, aujourd'hui je me lève à l'Assemblée pour souligner le début des Rendez-vous de la Francophonie, une célébration nationale de la culture, de la langue, et du patrimoine français qui se déroulera du 9 au 25 mars. Établis en 1999, les Rendez-vous de la Francophonie témoignent des importantes contributions de 9.5 millions de Canadiens francophones et font la promotion des liens étroits qui existent entre les communautés francophones et les autres groupes sociaux au Canada.

Au cours des derniers jours plusieurs communautés à travers notre province ont organisé des levers de drapeaux à l'occasion des Rendez-vous de la Francophonie. Alors que nous hissons le drapeau franco-albertain à côté du drapeau albertain, j'encouragerais tous les Albertains à réfléchir au rôle important que la communauté francophone joue dans notre province.

Avec plus de 225,000 résidents qui parlent français, incluant notre Première ministre, la francophonie albertaine représente un groupe fort qui se tient ensemble et qui continue de croître, et des événements comme les Rendez-vous de la Francophonie nous aident à rappeler le rôle important que les francophones jouent dans notre société et leurs contributions à notre histoire et à notre croissance continue.

Dans les semaines qui suivront, je souhaite à tous les francophones des bonnes célébrations.

Merci.

[Translation] Mr. Speaker, I rise in the Assembly today to recognize the Rendez-vous de la Francophonie, a national celebration of French culture, language, and history that runs from March 9 to March 25. Established in 1999, the Rendez-vous de la Francophonie reflects the important contribution of Canada's 9.5 million francophones and promotes strong ties between francophone communities and other social groups within Canada.

Over the past few days communities across our province hosted flag-raising ceremonies to kick off Rendez-vous activities. As we fly the Franco-Albertan flag alongside Alberta's flag, I encourage all Albertans to reflect on the important role Alberta's francophone community plays in our province.

With more than 225,000 French-speaking residents, including our Premier herself, Alberta's Francophonie is a strong, close-knit group that continues to grow, and events like the Rendez-vous de la Francophonie serve to remind us of the important role French-speaking individuals play in our society and their contributions to our history and continued growth.

I want to wish all French-speaking individuals de bonnes célébrations in the coming weeks ahead.

Thank you. [As submitted]

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

cSPACE Projects

Ms Woo-Paw: Well, thank you, Mr. Speaker. Today I'm pleased to stand and speak about a creative initiative for and with Calgary's creative sector. The project is the result of an innovative partnership between the Calgary Foundation and Calgary Arts Development, who together purchased King Edward school, a distinctive heritage building, from the Calgary board of education for cSPACE Projects, founded as a nonprofit real estate enterprise dedicated to developing a network of multidisciplinary creative workspaces across the city of Calgary.

Creative reuse of school facilities for the expansion of the arts benefits our community in immeasurable ways, Mr. Speaker. It will preserve a historical sandstone school. It will ensure that more affordable workplaces exist for artists to create, rehearse, produce, and collaborate, enhancing cultural vibrancy in our city and our province.

As H.L. Mencken said: "The artist is not a reporter, but a Great Teacher. It is not his business to depict the world as it is, but as it ought to be." If artists are teachers, it is only fitting that many of them will soon be walking the halls of the King Edward school building. I truly believe that nurturing the arts in our communities is fundamental to the educational and social development of our citizens as well as the cultural and spiritual well-being of our society. I eagerly anticipate the transformation of this school into an exciting arts hub.

I would also like to highlight to the House that this project would not have been possible without the support of the municipal sustainability initiative, which enabled the city of Calgary to invest $5 million in support of this project. Our government is proud of the investments we are making in our cities, and I hope to see many more projects like this in the future.

Thank you, Mr. Speaker.

The Speaker: The hon. Member for Vermilion-Lloydminster.

Level of Debate on Health Services

Mr. Snelgrove: Thank you, Mr. Speaker. Today I want to make a plea to our colleagues in this House to return the debate on health care to the civil discourse that it needs to enjoy. It's the most important issue that any of us will deal with in our lifetime here and in our private lives. We've let it become a political football that serves no purpose. The questions and responses are unbecoming, in my opinion, of what needs to happen. It is also a little troubling to me when you have an association like the AMA, who complains about political interference, take out an ad a week before an election and pretend that that's somehow not political.

Mr. Speaker, I don't think anyone has ever been elected to this House that didn't come here with the best of intentions, trying to do better for the health care system from every party that's in here, and I think Albertans expect from us the respect that they've shown us in electing us. I would say to those who use the challenges that face health care that those with all the answers don't fully understand the questions. That's the way it is.

I would ask all those who have the interest to get politically involved in health care to take a pill. Let the people who can deal with it deal with it. It's a very good health care system in Alberta. It can be better, and it will be, but it won't be if we treat it like a second-rate issue in here.

Notices of Motions

The Speaker: The hon. Government House Leader.

Mr. Hancock: Thank you, Mr. Speaker. I rise to give oral notice of a motion, which I hope the House will deal with tomorrow pursuant to a memo that you had sent to all House leaders:

> Be it resolved that
> (1) Mr. Rick Hansen be invited to the floor of this Chamber to address the Legislative Assembly on Monday, March 12, 2012;
> (2) This address be the first item of business after the singing of *O Canada*; and
> (3) The ordinary business of the Assembly resume upon the conclusion of Mr. Hansen's address;
> and be it further resolved that Mr. Hansen's address become part of the permanent records of the Assembly.

I trust we'll be able to deal with the motion in the House tomorrow.

Introduction of Bills

The Speaker: The hon. Member for St. Albert.

Bill 204
Land Statutes (Abolition of Adverse Possession) Amendment Act, 2012

Mr. Allred: Thank you very much, Mr. Speaker. I request leave to introduce Bill 204, the Land Statutes (Abolition of Adverse Possession) Amendment Act, 2012.

Bill 204 would abolish from Alberta legislation all mention of the common law doctrine of adverse possession. This bill purports that the doctrine of adverse possession, often known as squatters' rights, is an outdated law that is arguably incompatible with the land tenure system in the province of Alberta. Abolishing adverse possession would assure Alberta landowners that they will not be at risk of losing land to a neighbour who has accidentally or intentionally been trespassing on their property. Alberta is the only Torrens jurisdiction of land registration in Canada that still recognizes the doctrine of adverse possession. Therefore, Mr. Speaker, Bill 204 seeks to remove outdated legislation, helping to ensure Alberta's laws are current and effective.

Thank you, Mr. Speaker.

[Motion carried; Bill 204 read a first time]

1:50 Oral Question Period

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

Advocacy to Government

Dr. Sherman: Thank you, Mr. Speaker. At Monday's press conference the Premier spoke about the Member for Dunvegan-Central Peace's threatening letter to a local school superintendent. The Premier said, "If I have asked anyone who is a member of my caucus to take on any sort of leadership responsibility, I want their approach [to what they are doing] to reflect my values." To the Minister of Education: when you scolded the Holy Family school division because you didn't like their video showing the truth

about the desperate conditions of the rundown school in Grimshaw, did that reflect the Premier's values?

Mr. Lukaszuk: I don't know, Mr. Speaker, what province the Leader of the Opposition is in that he thinks that I scolded anybody. As a matter of fact, the school board has produced a video. I have indicated to the school board that instead of producing a video, just invite me to the school. They have, actually, and I visited the school. I crawled underneath the gym basement and went into every nook and cranny of that school that you can find. That's how we do business. School boards invite me, I show up, and we work in collaboration.

Dr. Sherman: Mr. Speaker, it was that $7,000 video and a scolding that was required for the government to look at the school.

To the Minister of Municipal Affairs: when you scolded and bullied the AUMA president, Linda Sloan, and threatened to have the entire government caucus boycott the AUMA breakfast because you didn't like something she said, did that also reflect the Premier's values?

Mr. Griffiths: Mr. Speaker, the Premier's values have always been one of working in collaboration, not working on issues through the media or making insinuations that are completely inappropriate and incredibly inaccurate. We've always taken criticism on the budget or any other issue. But making slanderous accusations that aren't founded or warranted in any way, shape, or form: that's not the way we operate.

Dr. Sherman: Mr. Speaker, only in this Legislature do facts become insinuations.

To the Minister of Finance. Another fact. When you yelled profanities at Airdrie Alderman Allan Hunter at a public meeting because you didn't like the question that he asked you, did your rude and offensive behaviour reflect this Premier's values?

Mr. Liepert: Mr. Speaker, I don't recall this member being at the meeting.

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

Dr. Sherman: Mr. Speaker, a non answer is the only answer they can give.

Judicial Inquiry into Health Services

Dr. Sherman: Thank you. Everybody knows that we have among the best health care staff in the world, and once patients get into their hands, it's great care. Everybody also knows that we urgently need a fully independent judicial inquiry into why our health care system is broken, who broke it, and which politicians are responsible for the bullying of doctors and political interference. The Premier knows it. She promised it. The backroom puppet masters made her back down; another blunder. To the Minister of Health and Wellness. Now that the AMA has taken out a full-page ad slamming the Premier for breaking her promise to include bullying of doctors in an inquiry, tell me: why do you continue to disrespect Alberta's doctors? Why, Minister?

Mr. Horne: Mr. Speaker, this province and this government have a very proud tradition of not only respecting but working collaboratively with our physicians, a history that includes a trilateral master agreement that had eight years' duration, a history that includes an agreement that saw the beginning of primary care networks, now numbering over 40, across the province. This government does respect doctors. This government is working with doctors. This government is not using our doctors as a political football in this Assembly.

Dr. Sherman: Mr. Speaker, given that we're on the planet Earth, I'm not sure which planet this minister is on. The Health Quality Council clearly stated that there's a culture of fear and intimidation and found "bureaucratic and political interference" in our health system. Could the Minister of Health and Wellness please enlighten this House as to where the political interference comes from and why those guilty of this political interference should neither be investigated nor face consequences? These are bullies.

Mr. Horne: Well, Mr. Speaker, I won't take the House's time by responding to mischaracterizations of the Health Quality Council report offered by the hon. member. The fact of the matter is that the Health Quality Council investigated these allegations thoroughly. They provided a series of recommendations, which the government has accepted, to address that issue. What this government is interested in and what Albertans are interested in is action on those recommendations to improve the culture in which all health professionals practise.

Dr. Sherman: Mr. Speaker, I can't believe the minister just stood up and said that what the Health Quality Council said was a mischaracterization.

Again to the Minister of Health and Wellness. Perhaps it would be better to ask you this. Have you kept the issues of doctor intimidation and political interference out of the judicial inquiry into health care because you and the Member for Calgary-West are too terrified to testify? Come on, Minister.

Mr. Horne: Mr. Speaker, what I find remarkable, as a matter of fact, is the fact that this hon. member, who a little over a week ago dismissed the Health Quality Council report as a whitewash, has the audacity to stand in front of his colleagues today, attempt to cite the report using his own words and characterizations, and cite it as a basis for further action. The government has accepted the recommendations. We accept the findings for what they are, and we're prepared to move forward along with our doctors and other health professionals.

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

Dr. Sherman: Mr. Speaker, the government's handling of the report is an absolute whitewash.

Provincial Budget Advertisement

Dr. Sherman: Well, Mr. Speaker, the blunders just keep coming. The PC scandal of the day: we had Donationgate; now we have Adgate. With an election call merely days or weeks away the government is ripping off Albertans to the tune of $425,000 by wasting it on pre-election campaign ads. Scott Hennig of the Canadian Taxpayers Federation called this ad, quote, bad in general and horribly insulting, unquote, while the Deputy Premier says that it's not about shameless self-promotion at all. Yeah, right. To the Finance minister. Talk about rude and offensive. Why do you continue to insult the intelligence . . .

The Speaker: The hon. minister.

Mr. Liepert: Mr. Speaker, when the President of the Treasury Board and I travelled this province in the fall, what Albertans told

us was that they wanted to know more about what the budget would contain. They wanted to have input. They wanted to know if they were listened to. What we are doing is ensuring that Albertans understand what's in the budget, because what we hear from the opposition is clearly not what's in the budget. The one way we have to communicate is directly with Albertans, not through the media, not through the opposition. That's why we are undertaking a campaign to ensure that Albertans fully understand what is in this budget.

The Speaker: The hon. leader.

Dr. Sherman: Thank you, Mr. Speaker. To the Minister of Finance, one of the ones who broke the health system: given that, as you may be aware, the budget has not even passed yet, a budget you can't balance because you broke health care – although the good Lord knows this government has the votes to pass it on that side – just whose votes are you trying to buy with this $425,000 ad campaign mere weeks or days before an election?

Mr. Liepert: Mr. Speaker, this government is very proud of this budget. What I have heard when I've travelled this province since we introduced the budget is that Albertans are very proud and very pleased to be living in this province when you consider what's happening around the world.

You know, it's very interesting to hear this member because we heard this member earlier in this House making a whole bunch of allegations that the Health Quality Council found were inappropriate and outright not provable. Where are those questions these days from this hon. member, who sat in the back making these kinds of accusations, Mr. Speaker? Now he doesn't have the courage to stand up and apologize to this Assembly.

The Speaker: The hon. leader.

Dr. Sherman: Thank you, Mr. Speaker. Put Dr. Winton and Dr. Ciaran McNamee on the stand and you get on the stand, and you'll get the answers.

Given that this PC government passed a law limiting third-party advertising yet according to the report on the March 3, 2008, provincial general election of the 27th Assembly it states on page 77 that the act is also silent on "the suspension of Government advertising during elections," to the Minister of Finance: how many more taxpayer dollars does this government plan to waste on pre-election advertising, and will this government be running election ads during the election campaign itself?

Mr. Liepert: Mr. Speaker, this government asked the Health Quality Council to investigate exactly what the allegations were that this particular member made. The Health Quality Council did an excellent job in reviewing all of the accusations, came forward and said that there was no foundation to the accusations that this particular member made when it came to people dying on waiting lists and doctors being paid hush money. He does not have the courage to stand up in this Assembly and apologize for that, and until he does, we won't respond to those questions.

2:00 MLA Remuneration

Mr. Anderson: It's good to see everybody in such a good mood this afternoon.

This government is renowned for finding ways to give themselves pay increases and then hiding it from the average Albertan. To repeat what the Wildrose has been advocating for the last two years: MLAs should be paid a single, taxable salary – no extra committee pay, no tax-free allowances, just a monthly paycheque like all regular Albertans – MLA severance should also be cut by two-thirds, and the 30 per cent increase to cabinet salaries voted for by this Premier must be reversed. Premier, will you roll back your 30 per cent pay increase, cut your severance, and combine all MLA pay into one taxable amount that Albertans can easily understand?

Mr. Horner: As I recall, one of the people who asked for the review of MLA salaries was that opposition member and the opposition parties. In fact, our Premier has said that we will have a judicial review of the MLA compensation package, which you yourself, Mr. Speaker, have initiated as chair of Members' Services of this Assembly. We are fully aware of what's going on out there. We anticipate that that report is going to come back through the Speaker, and we will adjust that at that point.

I would point out, Mr. Speaker, that the taxes that we don't pay would actually end up going to the federal government.

Mr. Anderson: That's interesting. I like that one.

Given that this government has found a way to delay having to vote on Justice Major's MLA pay and perks report until – guess what? – after the election, will your government join with the Wildrose Party and commit that should Justice Major's report come back with a net increase in pay or perks for MLAs or cabinet, you will vote against such a recommendation? Show some leadership: you'll only take lower, not higher.

Mr. Horner: Mr. Speaker, I find it incredible that the opposition members would call for an inquiry, call for a justice committee, call for it to be independent, and then say: oh, by the way, whatever he comes up with, you can't accept it.

Mr. Anderson: So you refuse to commit to no new taxes and to not raising your pay. Sounds like a great election platform. Good one.

Given that you claim to be listening to Albertans and given that 79 per cent of Albertans in a public opinion poll released last week want the current MLA severance packages tossed and 85 per cent say MLA salaries should be fully taxed, will this government commit today that you will cut the MLA golden parachutes, roll back your highest in Canada cabinet salaries, and pay MLAs one taxable monthly salary instead of this labyrinth of tax-free allowances and committee pay?

Mr. Horner: Mr. Speaker, this hon. member has just proven why we have to have the advertising and the communication to Albertans. Because he once again is either ill informed or is not telling the truth about the fact that there are no new taxes in this budget. There are no new taxes in this budget.

I say again: what kind of hypocritical party would come out and say, "Get an inquiry going," and then say, "I don't care what it says; you'll do what we say"? Mr. Speaker, they're hypocrites.

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

Full-day Kindergarten Programs

Ms Notley: Thank you, Mr. Speaker. In last summer's bid for the leadership of the Progressive Conservative Party the Premier promised Alberta's young families full-day kindergarten. Well, the budget has come, and once again we see that there's no money for full-day kindergarten and that the Education minister is making no specific commitments for the fall of 2013. To the Education minister: why should young families trust the Conservatives after yet another broken promise?

Mr. Lukaszuk: Well, Mr. Speaker, I had plenty of opportunity to answer those questions yesterday. I have reassured that member and the entire Assembly that the Premier's commitment to full-time kindergarten has not only been met but is being delivered on. We are working with school boards on making sure that they can unroll kindergarten. The member may not appreciate it, but teachers have to be hired, classrooms have to be located, classrooms have to be equipped. We will be rolling it out and making it available to Albertans over time.

Ms Notley: Well, Mr. Speaker, given that 25 per cent of kindergartens in Alberta are already full-day at the expense of the school boards and given that many communities already have more than enough space to accommodate full-day kindergarten, why won't the government at least start to keep their promise by funding these areas this year?

Mr. Lukaszuk: Well, Mr. Speaker, again, having gone over my budget yesterday, I hoped that the member would have noticed that the government of Alberta and the Ministry of Education have increased early childhood education funding to make paying for full-time kindergarten for those parents who are able to enrol their children in this upcoming year available.

Ms Notley: Mr. Speaker, given that the Conservatives were told to start full-day kindergarten as early as 2003 and they've been making Alberta's children wait ever since and given that this minister is clearly ducking and weaving on making commitments for this year or next year, how can Alberta's young families expect to believe they will ever have full-day kindergarten under this PC government?

Mr. Lukaszuk: Mr. Speaker, let me make this perfectly clear to this member. The Premier has made a commitment. I have made a commitment. We are unrolling right now kindergarten through school boards. Kindergarten will be available to any child in Alberta, and it will be rolled out in co-operation with school boards. Twenty-five per cent of school boards already have it. Money is allocated in the budget. I have no idea why this member is concerned.

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

Judicial Inquiry into Health Services
(continued)

Dr. Swann: Thank you, Mr. Speaker. This health minister is clearly in denial and desperately wants this inquiry debacle to go away. He knows that a task force and another plan are not going to create a, quotes, just culture in health care after a decade of abuse. A public inquiry with individual accountability and personnel changes in the system is the evidence that health professionals need to restore trust and start working on the problems together. To the minister: was it the Premier or the cabinet that decided to betray her promise to inquire into bullying and intimidation?

The Speaker: The hon. Minister of Health and Wellness.

Mr. Horne: Well, thank you, Mr. Speaker. Hardly a question of government policy. But for the benefit of the hon. member once again I would submit to him that the findings that are necessary to understand the problem that exists with respect to physician advocacy and the potential problems for advocacy by other health professionals are to be found in the Health Quality Council report. Everything we have done – the report; the acceptance of the recommendations; the calling of the public inquiry into the remaining, unexplored allegation of queue-jumping; and all of our work with health professionals today – is designed to do one thing which we should all be interested in: improving health care for Albertans.

Dr. Swann: Again, Mr. Speaker, what is the minister trying to protect? Who are you trying to protect?

Mr. Horne: Well, Mr. Speaker, notwithstanding that the insinuations appear to continue, nobody is trying to protect anything. What we have said as a government quite clearly is that we accept the findings in the report for what they are. The Premier said so on a number of occasions last week. We are interested in moving forward. We are interested in moving on the very actionable recommendations. The steps are laid out in the Health Quality Council report. I think that is what our health providers want, and I think that is what results in better quality care.

Dr. Swann: Will the minister finally admit that he has been intimately involved with health care delivery for 25 years in this province, knows about the abuse in health care, and it's you that is trying to protect yourself from the health inquiry? Admit it.

Mr. Horne: This minister, this Premier, and this government are fully accountable for health care in this province, and we will continue to be so in the future. I think where the twisted logic lies, Mr. Speaker, is in the answer to the question: how do we move forward? How do we create the just and trusting culture that the Health Quality Council report talks about? That is what I would expect a health professional, particularly someone who is a health professional and a member of this Assembly, to be most interested in.

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

Cancer Drug Shortage

Ms Woo-Paw: Thank you, Mr. Speaker. A Canadian drug manufacturer has recently ceased production of medications that are critical for cancer patients so that they can manage their pain and nausea. Many Albertans are very concerned that they will not have the right medication for their treatments or that their treatments may even be cancelled. To the Minister of Health and Wellness: can you reassure Albertans that you are working on a solution?

The Speaker: The hon. minister.

Mr. Horne: Yes, Mr. Speaker, and thank you to the hon. member for the question. A generic drug manufacturer in Canada, Sandoz Canada, is currently refitting a number of its plants in Canada and the United States in order to comply with regulations of the federal drug administration in the United States. We are experiencing nationally a shortage of some drugs, not drugs that are used in direct cancer treatment but antinausea drugs that are administered to patients prior to chemotherapy. There are a number of other injectable anaesthetics and painkillers involved.

2:10

Ms Woo-Paw: Also to the Minister of Health and Wellness. I've learned that there's a reason that these drugs are injected and not taken orally. Are these substitute medications sufficient for the

pain and nausea that they may experience, and how will Albertans get access to them if they are outpatients?

Mr. Horne: Well, Mr. Speaker, we currently have two antinausea drugs that were previously made available to patients through injection, and we have had a situation arise where a number of patients have been asked by their physicians to switch to an oral medication that provides the same effect. This is being accommodated at present. We're monitoring the situation closely. Health Link Alberta is available to any Albertan who has questions about the situation both with respect to the medications that are involved and what other steps they may need to take in terms of contacting their physician to see how this could affect them.

Ms Woo-Paw: To the same minister. These medications are essential in our health care system. Why is it that the province has not sourced drugs from other manufacturers? Why have we put all of our eggs in one basket when it comes to these essential medications?

Mr. Horne: Well, Mr. Speaker, earlier this morning I spoke to the federal Health minister about this very issue. A number of the provinces and territories are looking to the federal government to take a greater role in helping us to collectively secure alternate supplies of many of these drugs. While it is true that Health Canada licensed many companies around the world to produce these drugs, not all of those companies actually produce them because they lack sufficient volume in order to justify their business case to ramp up production. This is an issue that I'll be pursuing tomorrow when I lead a call of provincial ministers from other jurisdictions. It's something that we must address, I believe, nationally.

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

Assured Income for the Severely Handicapped

Mr. Chase: Thank you, Mr. Speaker. Vulnerable Albertans waited three long years for an increase in the benefits they're entitled to receive under the province's assured income for the severely handicapped program. Now we learn that residents of long-term care and other continuing care facilities won't be receiving the $400 a month increase recently announced. To the Minister of Seniors: why aren't those AISH clients who live in our continuing care facilities receiving the increase?

Mr. VanderBurg: Mr. Speaker, as you know, the AISH increase was announced. The cheques will be going out March 27. Those that qualify for it medically and that qualify for it financially will receive their benefit.

Mr. Chase: Why don't they all qualify? Given the Premier's threat to remove the cap on accommodation fees in the province's long-term care facilities, how are vulnerable Albertans supposed to afford the continuing care they need? The sky is the limit.

Mr. VanderBurg: Listen, Mr. Speaker. It's very, very clear that this government protects vulnerable Albertans and low-income Albertans. We have programs in place. We have not changed anything as far as the accommodation rate, and I don't plan on changing anything on the accommodation rate. I've made it very, very clear to everybody that until there is a massive, province-wide and in here debate on accommodation rates, we'll leave them alone.

Mr. Chase: I hope voters remember those words.

Why have the prescription, dental, and other health benefits AISH provides only been increased this year by 1.8 per cent?

Mr. VanderBurg: Again, Mr. Speaker, the programs that we have under our AISH program are the most comprehensive programs around this country. We stand by them. There's an increase in the budget to make sure that we have adequate supply of supports for our AISH clients, and I stand by them, sir.

The Speaker: The hon. Member for Calgary-East, followed by the hon. Member for Calgary-Buffalo.

Pharmaceutical Benefit for Seniors

Mr. Amery: Thank you, Mr. Speaker. A large number of seniors in my constituency have asked me about the status of the seniors' drug plan that was proposed a few years ago. They remain uncertain about the government's intention about this plan. They don't know whether it was shelved, delayed, or cancelled. To the Minister of Health and Wellness: can the minister provide an update to the seniors in my constituency and to all Alberta seniors about the status of this plan?

Mr. Horne: Mr. Speaker, the government has no plans to make any changes to the seniors' drug plan in Alberta. Seniors continue to receive premium-free coverage for prescription medications, ambulance services, and coverage of $300 per year for psychological services as well as $200 per year for home nursing care. The government pays 70 per cent of the cost of each prescription. Seniors pay the remaining 30 per cent to a maximum of $25 per prescription.

The Speaker: The hon. member.

Mr. Amery: Thank you, Mr. Speaker. To the same minister. Many seniors who are on fixed incomes are having difficulty paying for their prescriptions and oftentimes are not getting prescriptions refilled because of the cost. Is there any assistance provided through the current plan to assist these individuals?

Mr. Horne: Yes, Mr. Speaker, there is. There's a program called the special-needs assistance for seniors administered by the Alberta Seniors ministry. It provides assistance for what seniors pay for prescription medications who cannot afford to pay the regular copayment. Funding is available for low-income seniors for prescriptions above $45 per month for single seniors and $90 per couple.

The Speaker: The hon. member.

Mr. Amery: Thank you, Mr. Speaker. Also to the same minister: can the minister provide the Assembly with greater details about recent enhancements to the seniors' drug plan?

Mr. Horne: I'm delighted to provide that information, Mr. Speaker. Recently we announced funding for diabetic test supplies for insulin-treated seniors in Alberta. This includes coverage of up to $600 per year. It will be made available to all seniors and their dependants for test strips, needles, and syringes. We believe that if we want people to participate actively in managing chronic diseases like diabetes, we need to give them the tools to do it.

MLA Remuneration
(continued)

Mr. Hehr: Several years ago this government was rightly ridiculed for paying their backbenchers tens of thousands of dollars for sitting on committees that never met, produced no documents, and made no recommendations. To the Deputy Premier. This government has now received the Teddy award for having a standing committee on privileges and elections that has been paid about a million dollars over the last four years for never meeting and never getting to the point of anything. I was wondering if you could comment on this and whether any corrective action will be taken by this government.

Mr. Horner: Well, Mr. Speaker, I'm in a bit of a quandary given the fact that this is an Assembly committee. This is a committee that falls under Members' Services. It's an all-party committee, and as such the committee falls under the purview of yourself.

Having said that, the independent MLA compensation review, that we spoke of earlier today, is going to take a look at all of those committees, and we expect, Mr. Speaker, that there will be some recommendations brought forward that may indeed deal with this issue when it comes forward.

Mr. Hehr: Well, nevertheless, we have no idea what that report is going to say, and this could, in fact, still be an issue outstanding. This issue makes us all look bad, Mr. Deputy Premier. I was wondering if we could get a commitment from you that if this is not dealt with in that report, we could have some sort of situation in place to end this practice, that would stop making us look this bad.

Mr. Horner: Mr. Speaker, whether I agree or disagree with the hon. member isn't the point. If he would like, bring a motion forward to the floor of this Assembly as it relates to the committees of this House or bring a motion forward to the Members' Services Committee. They have members on that committee, and I would encourage them to sit down and have that discussion with yourself.

Mr. Hehr: We also know that our standing committees are a majority vote, and the majority is controlled by this government.

Can we see some commitment by you, Deputy Premier, to maybe lead this charge to eliminate what is seen by the electorate as wasteful spending?

Mr. Horner: Mr. Speaker, again, I seem to be debating something that should be debated at the committees. As I would point out, all of these committees are recorded in *Hansard*, as I understand it, and the public can review for themselves whether or not these hon. members have ever brought this issue up at their committee meetings in the past. I doubt that they have. Playing to the media is not really playing to the Assembly.

The Speaker: The hon. Member for Lesser Slave Lake, followed by the hon. Member for Edmonton-Strathcona.

Safe Communities Initiative

Ms Calahasen: Thank you, Mr. Speaker. The $60 million safe communities innovation fund provided three-year funding to 88 projects to support safe and strong communities by reducing and preventing crime through community and police partnerships. My first question is to the Minister of Justice and Attorney General. How will the recently announced bridge funding make a difference in Alberta communities, especially those that are within my constituency?

The Speaker: The hon. minister.

Mr. Olson: Thank you, Mr. Speaker. The safe communities innovation fund is an example of the innovative approach that our government has been taking in terms of crime prevention and crime reduction. The three-year program of the safe communities innovation fund was to find these innovative projects around the province. We're nearing the end of the three years, so it's necessary for us to now analyze the data that's been given to us by those projects that were funded in the early years. We need a little bit of time for them to get their information to us, and we need some time to analyze it, so that's the purpose of the extension.

Ms Calahasen: Mr. Speaker, to the same minister. My organizations which receive this funding want to know: will bridge funding be extended to pilot projects from the second and third rounds once their funding expires?

2:20

Mr. Olson: Well, Mr. Speaker, we're focused right now on the projects that are nearing the end of their three years. We expect that we will not have the same issue in the second- and third-year funding because we will be encouraging, if not requiring, those projects to finish their data presentation at an earlier time so that we have time to analyze it before the end of the year.

Our focus right now is on the 28 projects that were funded in the first year. We're going to give them some extra time. Then if they apply for additional funding, we will be able to help them.

Ms Calahasen: Again to the same minister: given that the safe communities innovation fund is a significant commitment in accountability and transparency, that people are always wondering about, what evaluation tools are in place to ensure that pilot projects are providing value to their communities?

The Speaker: The hon. minister.

Mr. Olson: Thank you, Mr. Speaker. That's an excellent question, and it's one that we're working very hard on because we take that part of it very seriously. That's why all of these organizations are contractually obligated to provide us with this information. We are working on a model for social return on investment, which is an innovative model. We would like all of these organizations to then work on a business case so that they can be accountable not only to us but also to other funders in their community.

The Speaker: The hon. Member for Edmonton-Strathcona, followed by the hon. Member for Edmonton-Riverview.

Grimshaw Holy Family School

Ms Notley: Thank you, Mr. Speaker. A school that the Minister of Education admits must be bulldozed is being used to provide education to children. All parties agree this school has serious problems. The minister himself says that it needs to be, quote, junked. Will this minister commit to this project getting under way this year, and if not, will he specifically provide a commitment of a time as to when that school can expect to finally get the assistance and support it needs?

Mr. Lukaszuk: Mr. Speaker, unlike the hon. member my only priority is to make sure that the children receive adequate space for learning as soon as possible, in as short a time period as

possible. I will be working right now with the school board to find out what are the best options. Yes, I am making a commitment that they will have appropriate space as soon as possible. We will be working in collaboration not only with the school board but also with the municipality. We have already engaged in discussions. I wish the member would join us constructively and actually contribute some positive ideas as opposed to trying to turn an issue of kids in schools into a political issue.

Ms Notley: Well, Mr. Speaker, I would suggest that what would be constructive would be getting some specifics out of this minister, oh, just once.

Now, given that it's taken local people to bravely speak out publicly about this unsafe and unhealthy school and given that we've already seen evidence of how this government operates to make sure school boards otherwise stay quiet, how can we believe that the refusal of this Minister of Education to make any kind of solid, specific commitment is anything other than continued retribution for this board's need to speak publicly?

Mr. Lukaszuk: Well, Mr. Speaker, speaking of commitment, this member is the Education critic. I have yet to receive one memo, one letter, one phone call, or a visit to my office from this member to share some positive, constructive criticism or ideas.

As a matter of fact, Mr. Speaker, I'll tell you what I'm doing. I met with that school board on a number of occasions already. I met with the locally elected municipal council. We're looking at a solution to provide children with space that the community will be proud of and that the kids will enjoy on Monday morning going to school.

Ms Notley: Well, Mr. Speaker, given that we've got no commitment yet, clearly, meeting with this minister provides no solution.

Now, given that there have been years of underfunding for maintenance and given that we wouldn't know about the health and safety hazards to the children at Holy Family had it not been for the public advocacy of that school board, why won't the minister make public all other schools where assessments have demonstrated significant health and safety issues that are threatening our children?

Mr. Lukaszuk: Mr. Speaker, obviously, the school board finds a lot of value in meeting with me because they have met with me on several occasions. The school board is as committed as I am to making sure that kids receive adequate and appropriate space in as short a period as possible. We will be working on it.

But I do sincerely try to engage this hon. member. If she has any constructive ideas on how we can provide kids with that space sooner, I would more than welcome hearing them.

Conflict of Interest Guidelines for Universities

Dr. Taft: Mr. Speaker, my questions are to the minister of advanced education. There are concerns about conflicts of interest in Alberta universities where professors and researchers are being paid by both universities and corporations. For instance, when research into lung cancer is funded by a tobacco company, there are pretty obvious problems. To the minister: does this government, which provides billions of dollars to postsecondary institutions, have a policy on conflicts of interest at postsecondary institutions?

The Speaker: The hon. minister.

Mr. Weadick: Thank you, Mr. Speaker. As the member knows, we have board-governed institutions in this province, and they do manage their internal operations. Many of the professors and researchers do work for a multitude of clients, including private sector and public sector, as they do their research. Often this research is done jointly and even between institutions both within this province and across the country and around the world.

Dr. Taft: Well, given the real-life instance, for example, of the head of the U of C School of Public Policy, Professor Jack Mintz, writing under the banner of the University of Calgary about oil royalties and the need to lower corporate taxes and simultaneously being paid hundreds of thousands of dollars to serve on the board of Imperial Oil, won't the minister admit this is a conflict of interest that should be brought to an end?

Mr. Weadick: Mr. Speaker, the fact that many of our academics and researchers have extreme talents and skills, which can benefit both public- and private-sector members of this country, I believe helps us to maybe get our message out from this province as well as across the country that we have people engaged in all levels and aspects of both business and academia.

Dr. Taft: Given that Imperial Oil is clear that it pays company directors some $200,000 annually to advance the best interests of Imperial oil, doesn't the minister see that when professors like this get themselves into positions of divided loyalties by taking substantial personal payment directly from private corporations while also holding senior positions at universities, the independence and credibility of universities is cast in doubt?

The Speaker: The hon. minister.

Mr. Weadick: Well, thank you, Mr. Speaker. I believe that our universities do maintain that academic freedom and that ability to question. These folks will have to be responsible for the decisions that they make with respect to their ethics, but I'll tell you that the institutions that I work with hold high ethical standards, and they expect the same from their employees.

The Speaker: The hon. Member for Calgary-North Hill, followed by the hon. Member for Calgary-Fish Creek.

Energy Demand-side Management

Mr. Fawcett: Thank you very much, Mr. Speaker. We've heard a lot of talk in this Assembly and in Alberta in general around the cost of electricity and the need for transmission in this province moving forward. What we do know is that there is going to be a huge increase in demand because of population and growth in the economy. My question is to the Minister of Energy. What demand-side management initiatives does his department have in place that would drive change in consumer behaviour, reducing energy demand overall and at peak times and ultimately reducing cost to consumers?

The Speaker: The hon. minister.

Dr. Morton: Thank you, Mr. Speaker. I'd like to commend the hon. member for that question. Demand-side management and other related policies that achieve efficiencies in energy consumption are actually the best way to reduce both cost and emissions. Accordingly, the government of Alberta through Alberta Innovates: Technology Futures is working with both Enmax and EPCOR on studying the benefits of real-time electricity consumption monitors and ways in which this could

help residential consumers reduce their consumption. This work is largely completed, and we expect . . .

The Speaker: I think we'll move on now.

Mr. Fawcett: Thank you very much, Mr. Speaker. My question is to the same minister. Given that demand-side management is the cheapest cost of electricity that can be brought online to meet growing demand, does it not make sense to send a strong signal to the Alberta Electric System Operator and the AUC to work with electricity and natural gas retailers and distributors on providing appropriate incentives for demand-side management initiatives?

The Speaker: The hon. minister.

Dr. Morton: Thank you, Mr. Speaker. Again, I certainly agree with the hon. member's preamble. With respect to residential customers I've addressed that question in my first answer.

With respect to the larger industrial and commercial users they already have the option to track hourly rates and, accordingly, the incentive and the ability to manage use accordingly. They can go on and off the grid when they think it's appropriate or have local generation and generate locally when they can, when rates are too high, or go back on the grid. So on that score, we're already . . .

The Speaker: The hon. member, please.

Mr. Fawcett: Thank you very much, Mr. Speaker. My final question is actually to the minister of environment. Given that energy demand-side management is one of the least expensive strategies for consumers and taxpayers in reducing greenhouse gas emissions, will the minister vigorously pursue such initiatives in moving forward the province's climate change strategy?

2:30

Mrs. McQueen: Thank you to the hon. member for the question. I can tell the hon. member that I'm happy to say that through the Ministry of Environment and Water, through Agriculture and Rural Development, through Sustainable Resource Development, and Energy we are going to continue on with the next generation of energy efficient programs in this province. Alberta will remain a national leader. We're going to build on the successful programs that we've had. We've prevented some 1.5 million tons of GHGs from entering the atmosphere, which is equivalent to 300,000 cars on the road. We're looking forward to bringing this program forward and building upon the great work that has already happened.

The Speaker: The hon. Member for Calgary-Fish Creek, followed by the hon. Member for Bonnyville-Cold Lake.

Proclamation of Health Legislation

Mrs. Forsyth: Thank you, Mr. Speaker. The problems in our health care system have this government's fingerprints all over them. This government told Albertans that they would have a health advocate and a health charter to turn to when they passed Bill 17, the Alberta Health Act, over a year and a half ago. But here we are today with the law still not proclaimed, with no health advocate, no charter, and our doctors being left behind. Will your minister then please explain to Albertans why this government has put advocacy on the back burner as our health care system continues to suffer?

Mr. Horne: Well, Mr. Speaker, this government did extensive consultation in the development of the Alberta Health Act. We fully intend to proceed at the appropriate time with both proclamation of the act and, more importantly, the implementation of the health advocate office.

As the hon. member knows, the legislation includes a specific requirement for consultation around any regulations that are introduced as part of that act. In the spirit of what is so often called for on the other side, we intend to honour that commitment to the consultation. It will take place.

Mrs. Forsyth: Given that the health advocate would have given doctors and other health professionals a mechanism to air instances of bullying and political meddling, does the health minister want to explain to Albertans and the health professionals in this province why the Health Act has not been proclaimed?

Mr. Horne: Well, Mr. Speaker, it's a very interesting question given that the hon. member and her colleagues very vigorously opposed the Alberta Health Act and, if I recall correctly, suggested to this House in so many words that the office didn't have sufficient teeth to be of value to our physicians and our other health professionals.

We made a commitment to continue consultation with Albertans on this. We have done so, Mr. Speaker, and when the appropriate consultation is completed, we will bring forward the regulation to this House, and we will proclaim the act.

Mrs. Forsyth: With all due respect, Minister, you're wrong.

Given that over the past year and a half several instances of doctor intimidation occurred on this government's watch, did you not proclaim this bill because you already knew about the bullying and political interference?

Mr. Horne: Mr. Speaker, while it's refreshing to know now that the hon. member is in fact supportive of the legislation and the office of the health advocate, with respect to the hon. member's question, as members will recall, the health advocate was designed to assist Albertans with navigation of the health care system and to provide them with a place to go with respect to concerns that they have with the system. We intend to proceed with that act.

We also intend to proceed with the recommendations in the report that call for the creation of a just and trusting culture for our physicians and other professionals.

The Speaker: The hon. Member for Bonnyville-Cold Lake, followed by the hon. Member for Calgary-McCall.

Keyano College Land Trust

Mrs. Leskiw: Thank you, Mr. Speaker. My first question is to the Minister of Infrastructure. Two weeks ago this government announced the transfer of land into the land trust for Keyano College in Fort McMurray. This is obviously a great step for this postsecondary institution that will generate a long-term revenue for the college. Will this land be used to help address the needs for more housing in Fort McMurray?

Mr. Johnson: Mr. Speaker, it certainly is a great step, and I was very pleased to be in Fort McMurray a short time ago with the minister of advanced education to announce this. The college plans to use the 600-acre trust for much-needed new residential and commercial development in addition to the revenues it'll generate for the college. It's an innovative move. It's a testament to the collaboration between our government and the institution and the community and is a real testament to board chair John Wilson and President Kevin Nagel and all the folks with the

Alberta government and the oil sands secretariat that worked hard on this.

The Speaker: The hon. member, please.

Mrs. Leskiw: Thank you. To the same minister: given that that Keyano land is just part of the land in the Saline Creek area that could be opened up for development, is the government planning to release more adjacent land in the area for Fort McMurray?

Mr. Johnson: Yes, Mr. Speaker, indeed. We're preparing and working hard on a strategic land release. We're going to do it in a strategic way, and we hope to do that very, very soon. The people of Fort McMurray deserve to see a plan, a plan that outlines what land will be released and in what phases. This strategy will help stabilize land prices, result in more housing and retail spaces at affordable prices, and help Fort McMurray keep affordable and sustainable as a community for years and generations to come.

Mrs. Leskiw: Thank you for that.

My last question is to the Minister of Advanced Education and Technology. How will Keyano College use the additional funding they are getting from this land transfer?

The Speaker: The hon. minister.

Mr. Weadick: Thank you very much. I've got to tell you the smile on Mayor Melissa Blake's face when the Infrastructure minister and I were in town a couple of weeks ago to announce this was unbelievable. To a packed room we announced that this land trust was going to go ahead. I'll tell you that it was a very exciting time for me. It allows us to fulfill a promise that we made to Fort McMurray to create land availability that would allow them to develop residential and commercial.

On top of that, Mr. Speaker, this relationship between Keyano and the town will also provide an $80 million to $120 million endowment to the Keyano College.

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

Impaired Driving Legislation

Mr. Kang: Thank you, Mr. Speaker. A few short months ago this government pressed ahead with new impaired driving legislation. The reason for the new law was to save lives. The Minister of Transportation spoke passionately on how this new bill would protect Alberta's citizens. To the Minister of Transportation: if this bill was passed to save lives, why is it not in force on our streets today?

Mr. Danyluk: Well, Mr. Speaker, as I said in the House when the bill was brought forward, the bill is going to be brought forward in stages. It does take time to bring bills forward. We need to go through the education portion. We need to have consistent training. We need to work with our traffic safety partners. We need to also work on a tracking system and consultation.

Mr. Kang: Mr. Speaker, my understanding was that the bill was supposed to be in force before the Christmas season to save lives. To the minister again: well, sir, what was the rush to pass the bill if this government had not properly consulted on the implementation of the bill with the public, industry groups, other stakeholders, or the education process you were talking about? What was the rush?

Mr. Danyluk: Well, Mr. Speaker, I think I've been very clear about what was necessary to bring this bill forward. I will say that the penalties for the .08 and above will be in place around July 1, and we're hoping that the .05 impairment penalties will be in place around September 1.

The Speaker: The hon. member.

Mr. Kang: Thank you, Mr. Speaker. To the same minister again: with the deepest of respect, do you not find this a bizarre situation, having a law that was passed in the House to save lives still not implemented because of a lack of consultation or any other issues you have with it?

Mr. Danyluk: Mr. Speaker, I think this is very interesting coming from the hon. member because some members opposite say that it's too soon, as the hon. member did. Some say it's taking too long. Some say it shouldn't. This bill is about saving lives. This bill is about safety on our roadways. We need to get it right, and we need to ensure that we are consulting with the stakeholders. We need to ensure that all of the stakeholders know what the process and direction are.

The Speaker: The hon. Member for St. Albert.

Parent Link Centres

Mr. Allred: Thank you, Mr. Speaker. My question is to the Minister of Human Services. Parent link centres have been established in the Edmonton area and, I presume, throughout the province to provide assistance in parenting, particularly to new parents. I understand that no new funding has been allocated for new PLCs since 2006-2007. Is this program being mothballed?

Mr. Hancock: No, Mr. Speaker. The parent link centres are very important. There was a plan to create 60 new parent link centres across the province. In fact, 46 centres have been established. We know that access to parent link centres is doing great things, helping parents with the assistance they need in special circumstances. We're working with the 10 child and family services authorities to identify locations for new centres, and we're reviewing our existing programs, including parent link centres, to determine how well they're meeting the needs of young children, youth, and families in Alberta communities. There's no plan to mothball them. In fact, helping families raise their children, helping them with the struggles that they have is a very important part of what we need to do.

2:40

The Speaker: The hon. member.

Mr. Allred: Thank you, Mr. Speaker. The minister mentioned that only 46 have been established, but the original plan was to create 60 new parent link centres. What is the plan for the future expansion of the program?

Mr. Hancock: Well, at this point there have been additional areas identified such as southwest Edmonton, St. Albert, and other areas in the province. We've been working with other organizations. For example, through the CFSA in St. Albert the St. Albert family resource centre is providing some of the services.

It's a matter of making sure that communities have access to the services that they need, that parents and families have access to the services that they need. If the parent link centre is the best way to do it, then that's what we'll proceed with. If we can collaborate and work with others who are already in the community doing it, that's what we'll do. There's not a one size fits all, but we're committed to

the concept that if we can assist parents in the struggles that they have from time to time and the particular things that they need to help support their families, that's what we'll be doing.

The Speaker: The hon. member.

Mr. Allred: Thank you, Mr. Speaker. I think the minister has almost answered my question in mentioning St. Albert. Given that there have been considerable requests to provide services in St. Albert and that Edmonton PLC offices often refer St. Albert residents to the St. Albert family resource centre for parenting assistance, can St. Albert expect to get funding for a parent link centre in the very near future?

Mr. Hancock: As I said, Mr. Speaker, what we're trying to do is not necessarily establish new situations where there's somebody already doing the job but work collaboratively with the resources that are in the community, map the resources that are in the community so that we know what communities are missing and help to build on those resources. The family resource centre in St. Albert is doing a great job with assistance from the child and family services authorities. We are helping fund through the student health initiative partnership to train two staff members to deliver the Stepping Stones Triple P program, which is a parenting program for families who have a child with a disability. There's also online at www.parentlinkalberta.ca or www.triplep-staypositive.net. There are resources available, and we're working to continue to build right across the province a good network of supports so that parents can raise their children and get the help they need when they need it.

The Speaker: Hon. members, that was 18 members who were identified today to participate, 108 questions and responses.

In a few short seconds from now we will continue the Routine.

Tabling Returns and Reports

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

Dr. Taft: Thank you, Mr. Speaker. I'm tabling the appropriate number of documents to support the question I asked in question period today. The document is form 10-K of the United States Securities and Exchange Commission, dated December 31, 2010, for Imperial Oil Limited. It explains the philosophy and objectives of Imperial Oil's directors' compensation program, which is to ensure alignment with shareholder interests. It indicates J.M. Mintz received $218,000 in total compensation that year and has a total combined at-risk value of holdings valued at $636,000 at the time of this filing.

Thank you.

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

Mr. Chase: Thank you very much, Mr. Speaker. I have three sets of tablings. I am tabling e-mails and letters from the following individuals who are concerned about the proposed logging in the west Bragg Creek area, all of whom believe clear-cutting will damage essential watershed and recreation area that thousands of Albertans use to promote health and fitness and be detrimental to wildlife and natural species. These come from Brian Rossetti, Susan Belyea, Joan Stauffer, Dean Cockshutt, Stephanie Hrehirchuk, Josefine Singh, S. Lawrence, Leanne Ross, Michele Hardy, Tania Sablatash, David Taylor, Tim O'Sullivan, Sharon Bayer, Eric Lloyd, Emma Barry, Nora McTague, Bill and Kitty Stillaway, Stu Schultz, Shelley Armeneau, and Mike Medwid.

My second tabling, Mr. Speaker, is a letter and a notice from Robert Lee, chair of the Elbow River Watershed Partnership, addressing misleading and false information contained in a letter from SRD and sent to members of the public with concerns about the proposed logging in the Bragg Creek area. The partnership was not presented with the harvest plan and has not undertaken any assessment of the impact of the forestry activities upstream from Bragg Creek, as SRD claimed in its letter.

My last tabling, Mr. Speaker, is a retabling from Maurice Gaucher, Adam Storms, Susan O'Shea, Laryssa Warne, and Eric Tromposch, concerned about the west Bragg Creek area.

Thank you, Mr. Speaker.

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

Mr. Hehr: Well, thank you, Mr. Speaker. I have four sets of tablings. The first one is from Mr. Doug Moston, who is concerned about AISH and his federal pension being continued until age 67 should and when the federal government makes changes to OAS.

I have an e-mail from Mr. Mike Perz. He's concerned about logging in the Castle special management area.

I have a copy of a letter sent by Mr. Jim Pissot to the hon. Premier in regard to the bear population and how it can be compromised by logging in the Castle-Crown area.

I have a copy of an e-mail sent to me by Brenda and Dave Pernitsky, and it's regarding an issue they have with the motor vehicles complaint review process, considering it redundant and a switching of money and are suggesting improvements to the way the system could be handled.

Thank you very much, Mr. Speaker.

Tablings to the Clerk

The Clerk: I wish to advise the House that the following document was deposited with the office of the Clerk. On behalf of the hon. Mrs. Klimchuk, Minister of Culture and Community Services, additional information pertaining to Motion for a Return 4, asked for by Ms Blakeman, the hon. Member for Edmonton-Centre, on March 21, 2011.

Statement by the Speaker

Calendar of Special Events

The Speaker: Hon. members, on a monthly basis I usually read into the record the daily events or the weekly events or the monthly events that occur as some members do get up and do offer extensions of congratulations, but to make sure that no one is left out, might I just bring to the attention of all members that March is Colorectal Cancer Awareness Month, Fraud Prevention Month, Juvenile Arthritis Awareness Month, Kidney Health Month, Liver Health Month, National Engineering & Geoscience Month, National Epilepsy Month, National Social Work Month, Nutrition Month, Youth Science Month.

There are designations awarded to a number of days. March 1 was Self-injury Awareness Day. March 2 was the World Day of Prayer. March 4 was the International Children's Day of Broadcasting. March 4 to 11 was International Women's Week. March 4 to 10 was National Social Work Week, as it was Pharmacist Awareness Week. March 8 is Holi in the Hindu culture. March 8 is also International Women's Day and is also Purim, a Jewish observance. It's also World Kidney Day.

March 9 to 25 is Semaine nationale de la francophonie. March 11 will be daylight saving time, as it begins once again. March 11 to 17

is also Canadian Agricultural Safety Week, as it is World Glaucoma Week. March 12 is Commonwealth Day. March 12 to 18 is Brain Awareness Week. March 14 to 20 is National Farm Safety Week. March 15 is World Consumer Rights Day. March 17 is St. Patrick's Day. March 18 to 24 is National Poison Prevention Week. March 19 is Sun-Earth Day; that's the annual equinox celebration. March 20 is French Language Day at the United Nations. March 20 is also Journée internationale de la Francophonie, as it is also spring equinox, as it is World Storytelling Day.

2:50

March 21 is International Day for the Elimination of Racial Discrimination, as it is the International Day of Nowruz, as it is World Down Syndrome Day, as it is World Poetry Day. March 21 to 27 is the Week of Solidarity with the Peoples Struggling against Racism and Racial Discrimination. March 22 is World Water Day. March 23 is World Meteorological Day. March 24 is World TB Day. March 24 is also the International Day for the Right to the Truth Concerning Gross Human Rights Violations and for the Dignity of Victims.

March 25 is the International Day of Remembrance of the Victims of Slavery and the Transatlantic Slave Trade, as it is also the International Day of Solidarity with Detained and Missing Staff Members. March 26 is Purple Day, the global day of epilepsy awareness. March 26 to April 1 will be World Salt Awareness Week. March 27 will be World Theatre Day, and on March 31 at 8:30 p.m. we will celebrate Earth Hour.

Orders of the Day

Committee of Supply

[Mr. Cao in the chair]

The Chair: Before the chair gets on to the business, I would like to ask for your consent to briefly revert to Introduction of Guests.

[Unanimous consent granted]

Introduction of Guests
(reversion)

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

Mr. Amery: Thank you, Mr. Chairman, and thank you to all hon. members for the unanimous consent. I'd like to introduce to you and through you to all members of the Assembly two gifted, intelligent, and famous poets all the way from Lebanon. As you know, Lebanon is my birthplace. Today we have with us Mr. Tali Hamdan and Mr. Victor Mirza. These two individuals have written so many books over the years that really enriched the arts and culture in the Middle East. Accompanying our guests we have Mr. Nizam Saab, the president of the Yanta community association, and Mr. Kumal Shtay, the vice-president of the association. We also have Ziad Abultaif, Hayel Shtay, and Wassem Jaber, very prominent members of the Lebanese business community. My guests have risen. I would like to ask all members to give them the traditional warm welcome of the Assembly. [Remarks in Arabic]

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

Main Estimates 2012-13

Health and Wellness

The Chair: Hon. Minister of Health and Wellness, before I recognize you, I want to remind you that we have 20 minutes for the Wildrose Party, 20 minutes for the NDs, and the first hour is for the Official Opposition. Also, for the exchange between the minister and the other members you can have a choice of 20 minutes in combination or 10 minutes each, so let the chair know that in advance. Before I call on you to start your speech, you may want to introduce your staff.

Mr. Horne: Thank you very much, Mr. Chair. I'm very proud to introduce staff from my department and staff from my office as well who are here today: Marcia Nelson, Deputy Minister of Alberta Health and Wellness; David Breakwell, assistant deputy minister of financial accountability; Line Porfon, acting assistant deputy minister of health policy and service standards; Glenn Monteith, assistant deputy minister of health workforce; Martin Chamberlain, assistant deputy minister of corporate support; Margaret King, assistant deputy minister of community and population health; Mark Brisson, assistant deputy minister of health information technology and systems; and Charlene Wong, executive director of financial planning for the department.

I'm also very proud, Mr. Chair, to introduce members of my staff who are seated in the members' gallery: Dr. Carol Anderson, my executive assistant; Mr. Matthew Hebert, who is a special adviser in our office; and Ms Lindsay Wozney, who is a special assistant in our office. I'm very pleased to have all of them here today as well as my communications director, Mr. Andy Weiler.

The Chair: All right. Minister, now you have the floor for 10 minutes.

Mr. Horne: Well, thank you very much, Mr. Chair. I certainly appreciate the opportunity to make a few opening remarks and then, of course, look forward to the main purpose of this exercise, to answer the questions of my colleagues opposite and in the government caucus as well.

Mr. Chair, the 2012-13 Health and Wellness budget will make investments in people and communities. It reflects our government's commitment to making fundamental services in our health system work better. It will give Albertans more access to the health system close to home, will support greater services in mental health and addictions, and will enhance home care so that seniors can stay in their own homes, where they'll maintain their independence and are, of course, most comfortable.

Mr. Chair, there are many priorities outlined in the budget that is before the House at this time for Alberta Health and Wellness. As I said, it focuses on services that meet local community needs, promote wellness and supports, and also enable Albertans in the choices they make for themselves and their families as we all strive together to achieve better health. The proposed budget makes three key strategic investments – primary health care, addictions and mental health services, and continuing care – and I'll talk more about each of them a bit later.

Total spending in 2012-13 will be $16 billion, an increase of $1.2 billion, or 7.9 per cent, from 2011-12. This includes $15.9 billion in operating expenses and $118 million in capital equipment grants, amortization, and vaccine usage. The largest part of the budget, $10.2 billion, or 64 per cent, will be allocated to Alberta Health Services to deliver health care to Albertans.

Alberta Health Services will also be receiving an additional $0.3 billion, or 2 per cent of our budget, for operating costs at the south health campus in Calgary and at the Edmonton clinic south, both due to open later this year, and $3.4 billion, or 22 per cent of our budget, will go towards physician compensation and development. As you know, I recently announced a one-year

funding increase for physicians in our province that will go into effect on April 1. There will be a primary care network per capita funding increase of $12 per patient from $50 to $62. Fee-for-service and alternate relationship plans will increase by 2 per cent. The total increase in support for physicians resulting from these changes will be $93 million, Mr. Chair.

3:00

We will also extend funding for all other programs and benefits currently in effect until March 31, 2013. We anticipate that our ministry will be able to find the additional $93 million in our 2012-13 budget. We'll look at demand-driven programs that may come in lower than we had estimated, and we will reduce discretionary spending as much as possible. The ministry will evaluate its financial position in late 2012, and in the event we cannot fund the additional $93 million, we will discuss options for Treasury Board as well as any other discussions that may be necessary in the event a long-term agreement is reached.

One billion dollars, or 6 per cent, of our budget will go toward drugs and supplemental health benefits for Albertans, including pharmaceutical assistance, cancer therapy drugs, specialized high-cost drugs, ground ambulance, prosthetics, and orthotics. The remaining $1.1 billion, or 6 per cent, of our budget is spent on everything else we do, from vaccination programs and tissue and blood services to healthy living programs and cancer research.

Looking at Alberta Health Services, they will receive $10.2 billion in base operating funding for front-line health services, which is a $578 million, or 6 per cent, increase. Mr. Chair, 2012-13 marks the third year of a five-year funding commitment 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 years 4 and 5. This is the first long-term stable health funding arrangement of its kind in Canada. Two hundred thirty-two million dollars will also be provided to Alberta Health Services for operating costs at the south health campus in Calgary and $35 million for operating costs at Edmonton clinic south. The funding reflects a commitment made to Albertans last year that when the south Calgary hospital and all other new facilities are ready to come on stream, the operating funds will be there in stages as they are needed.

As I said, one of our top priorities is increasing Albertans' access to primary health care. Improving primary health care is about providing more front-door options for Albertans so they can make that first point of contact with the health system. Through this proposed budget we're investing in people and in programs that will mean more ways to go through that front door. We will provide $75 million for projects that will strengthen primary health care throughout Alberta. Funds will be used for a range of innovative health care approaches such as enhancing our very successful primary care networks or adding more community-based primary health care providers.

In addition, Alberta Health Services will be using $15 million of its existing budget to establish three pilot family care clinics that will be operational by April 1. They will address local community needs through teams of health providers working under one roof to provide individual and family-focused care. Family care clinics will include an emphasis on wellness, addictions, mental health, and chronic disease prevention and management. We'll be announcing more details on these pilots very soon.

Another way we will improve primary health care is to enhance the role of our pharmacists. Starting July 1, Albertans will be able to go to their local pharmacist for prescription renewals. The change means Albertans will have more access to the health care system, more timely access to medications, and more convenience. Pharmacists will be finally recognized, Mr. Chair, as a full part of Alberta's health care team by working to the full extent of their education, skill, and experience. We will spend $20 million to compensate pharmacists for this service and enable them to continue their collaboration with physicians in delivering care of the highest quality.

Investments in pharmaceutical programs will come from savings by negotiating better prices for generic drugs. To help pharmacists in Alberta's remote communities expand their services and adjust to the lower generic drug prices, $5.3 million will be available in 2012-13 as part of a new three-year, $16 million remote pharmacy access grant.

Mr. Chair, a second priority for our ministry is to build healthy communities by increasing access to addictions and mental health services. I announced details about this $25 million investment on Monday. Initiatives include increasing access to psychology and other counselling services in primary care networks, expanding addiction and mental health capacity in our schools, investing in housing supports and homeless initiatives, and providing support for complex needs in the community and at facilities through Alberta Hospital Edmonton.

Our third priority relates to continuing care. We will invest $25 million in enhanced home care and rehabilitation services so seniors can stay in their own homes longer and avoid premature or unnecessary admissions to continuing care facilities and, most especially, our hospitals. To help seniors maintain their good health, we will also invest $7 million in subsidized chiropractic services for seniors, effective July 1.

To conclude, Mr. Chair, this budget supports our goal of more community-based care. It will give Albertans more and better access to the health system close to home. It will support greater access to mental health and addiction services. It will enhance home care so seniors can stay in their own homes, where they will continue to maintain their independence and where they are most comfortable.

Thank you very much, Mr. Chair. I look forward to the questions from my colleagues.

The Chair: Thank you, Minister.

The next hour is reserved for the Official Opposition. Hon. Member for Calgary-Mountain View, do you want a 20-minute dialogue?

Dr. Swann: I would appreciate an exchange so that we can actually have specific questions and specific answers if that's possible for the minister.

The Chair: All right. Go ahead with 20-minute chunks for an hour.

Dr. Swann: Very good. Thanks very much, Mr. Chairman.

Health is obviously on the minds of all Albertans. It's the largest budget item, it's considered the major issue for all governments, and it's a great concern to the professionals working in the system also. Three things we look for: access, quality, and cost-effectiveness. Those should be the basis for our measurements, our outcomes, and those are the standards to which we should be measuring ourselves.

Overarching all of this, of course, in the present context is the current focus and concern about the intimidation and bullying within the health care system over the last decade and the tremendous challenge this minister has had in dealing with this issue. Not only was I experiencing it, but others have come forward increasingly over the last decade and have raised the important initiative of a public inquiry – the Medical Association,

the Health Sciences Association, together representing about 30,000 people in this province, those working on the front lines – indicating that there is only one way to restore confidence and trust in the system, and that is to hold a public inquiry.

Unfortunately, the Premier has betrayed those health workers by initially, during her campaign, saying yes and now saying no. I'm afraid to say that this minister, too, who was proud, and said so last night in the forum, of 25 years of contributing to health care policy and involved intimately with the health care system, has not removed himself from the decision-making and is in conflict over this very issue and avoiding the notion of a public inquiry at which he himself would be forced to testify.

This places a real conflict for Albertans and for the health care professions in looking at this minister, who continues to argue that there was no commitment, in the first instance, to a public inquiry looking into bullying and intimidation and, in the second instance, that he has no conflict of interest around this. It clearly smacks of disingenuity, lack of serious commitment to the role and the responsibility he has taken on, and an unwillingness, in the first instance, to put himself on the front line to address some of the questions and challenges that only people under oath would be able to raise and question. This colours everything, I think, in this coming year, and it has no direct bearing on the budget except to say that without a public inquiry we will not get to the kind of quality, access, and cost-efficiency that I think we all want to see.

So I leave that question with the minister and entreat him to recognize that you do not create a culture of trust and justice and camaraderie by setting a task force to draft new guidelines and new plans for those working in the system. When those workers are going back into the situations where they experienced abuse, where they saw abuse, where they saw the promotion of the very people that were guilty of the abuses, you do not fix a system this way, and you perpetuate a sense that there is no accountability, no transparency in this ministry and no ability to actually solve problems and move on.

3:10

This minister continues to protect those in his cabinet who were involved over the past decade, the Premier herself, and himself. It's a shame for the people of Alberta that we cannot move to what has clearly been a commitment and now a betrayal and has been recommended very strongly and demanded by those working on the front lines.

Having said that, I think one of the challenges that this ministry continues to face is clarifying roles and responsibilities between Alberta Health and Wellness and the Alberta Health Services Board. Part of the challenge has been ambiguity, interference to some extent, some ministers taking a larger role since 2008 and some a smaller role, some intervening when the heat is turned on in a specific area. We saw the results of that with the resignation of some board members over the past few years.

It also reflects, I think, the way the original constitution of the Health Services Board was created without adequate health services expertise. I think that continues today. I think we've had too strong a focus on business acumen, business background and not enough on a clear sense of management relative to policy at the health department, too strong an emphasis on bottom-line dollars and not on relationships and clear roles and responsibilities and accountabilities within the system.

As a result, I think we're going to continue to limp along until that kind of clarity and that kind of expertise are there on the Health Services Board, so I would enjoin the minister to look seriously at how critical these next couple of years are. I think he knows very well the kinds of disasters that are emerging in our system because of those two areas, the lack of clarity around roles and responsibilities and adequate health services expertise and research infusing the Health Services Board.

In terms of questions about spending, it's clear from looking at some of the data that our health system is shifting in terms of its public-private ownership. According to a recent publication Canada ranks fifth after the United States and Switzerland in terms of its investment in private health services in Alberta. I guess that's a challenge to us to have said that we are committed in Alberta to a publicly funded system when we rank actually fifth in terms of the amount of investment in private health care. We are actually 18th globally in terms of per capita funding for publicly funded services, so anyone who says that we are dominated by too much socialism in this province or too much publicly funded service I think has to look at those statistics.

In the transition, also, between the original Alberta Health and Wellness and the nine regions to the Health Services Board there was a notion and an argument by the former health minister that we'd be saving some money. We would reduce administration. We would reduce boards and oversight, administration. In fact, we overspent by $1.3 billion just in making the transition, and given the consistent increases year to year – and we're now committed to four or five years more of consistent increases – I don't see that we have saved anything on administration.

I'd be interested to hear the minister's comment on how much now has gone into front-line services versus administration in our current system. I see that almost two-thirds of the budget is under Alberta Health Services. They're not here to answer to questions, so all we can do is hope to get them to Public Accounts at some point. They take the lion's share of the budget, and they're not accountable to Albertans, so that means that the minister has to be for why we're spending the same or significantly more and what we're getting for that in terms of front-line services. Might this not have something to do, then, with the delays in access and concerns about quality as well as cost-efficiency?

I'll maybe leave it there, Mr. Chairman, and see if the minister wants to respond to any of those concerns.

The Chair: The hon. minister.

Mr. Horne: Okay. Thank you very much, Mr. Chair. I'm pleased to respond to all of the things that the hon. member raised in the first 10 minutes. I'll begin with the first issue he raised, which is his desire for a public inquiry to include investigation into physician advocacy and allegations of intimidation in our health system. As we have said, we asked the Health Quality Council, with the support, I believe, of all members of this House on all sides, to look into the allegations that were made.

This was not the only one, of course. There were other allegations that were made with respect to deaths on an alleged waiting list for lung cancer surgery, for example, that were found to be unsubstantiated in the review. There was an allegation with respect to harmful effects of extended emergency department wait times on patient care. That was investigated thoroughly. The report of the Health Quality Council made 21 recommendations, Mr. Chair. The government has accepted all 21.

With respect to the specific issue around the public inquiry I will say again that the government accepts the findings in the report with respect to physician advocacy. We intend to act immediately on all of the recommendations that were put forward by the Health Quality Council.

With respect to the process of the inquiry I'd remind the hon. member that this House, in fact, passed a bill last fall called the Health Quality Council of Alberta Act. It confers upon the Health

Quality Council a number of new duties and responsibilities. At the request of cabinet that includes the requirement to appoint a board to conduct a health systems inquiry. The powers of that panel, once appointed, include many of the same powers that are found under the Public Inquiries Act; namely, the ability to compel witnesses. I would remind the House, Mr. Chair, that anyone, including any member of this Assembly – be they a member of Executive Council, be they a private member in the government caucus, or be they a member in one of the opposition caucuses – equally has the potential to be called and the duty to appear if subpoenaed by a panel under the Health Quality Council of Alberta Act.

With respect to the hon. member's specific concern around how the allegations with respect to intimidation of physicians and impediments to their ability to advocate for patients could be addressed, this panel has every opportunity to look at that issue as it relates to allegations of improper preferential access to health care treatment. If there are physicians in this province, Mr. Chair, that have been threatened or influenced or intimidated or otherwise prompted to act to make a decision to refer someone for medical care that they ought not to have made – in other words, a decision that is not based on assessed medical need – then this inquiry is going to have the ability to discover that. And any member of this Legislature could potentially be called to testify in that or in any other regard.

The point of the legislation, Mr. Chair, as you know, was to set up an independent process – independent of government, independent of the Assembly – to carry out these sorts of investigations. We have every desire and every intention on this side of the House to respect that legislation, to respect the independence of the panel, and to allow them to carry out their work without interference by way of public comment, without interference by any other means. We look forward to them presenting their report, which they are required by law to table with the Speaker of the Legislative Assembly by the deadline of April 2013.

The hon. member also talked about the issue of roles and responsibilities of the various stakeholders in the system: Alberta Health and Wellness, Alberta Health Services, the College of Physicians & Surgeons, and, I dare say, many others that are involved in the provision of health care or the governance of our health care system. I think the hon. member would probably know that the Health Quality Council dealt with this quite extensively in their report. They made a very specific recommendation about a task force to address this question of role clarity.

I will say to the hon. member that I do think it is a significant issue. We look back to the decision to form Alberta Health Services. We've seen many benefits as a result of moving to one health region for the entire province, but the Premier and I and many of my colleagues have acknowledged that the time for the transition was very short. As we've seen in the discussion about the cultural dimension of the health care system as outlined in the report, there was not a lot of time for our physicians and our other health professionals to have what they might consider meaningful input, an active role in making decisions about how this new entity would be shaped, and, most importantly, what kind of culture they wanted to build for themselves in order to support the delivery of the excellent care that Albertans receive each and every day in our health care system.

3:20

This is one of the 21 recommendations that the government has accepted. We intend to move on it quickly. I can report to the hon. member and to my colleagues that this is something that I've discussed extensively with the board of the Health Quality Council, I've discussed it extensively with the board of Alberta Health Services, and I've had some discussions with the College of Physicians & Surgeons as well. All are in agreement, Mr. Chair, that this is absolutely a critical issue.

One of the things that arises from this – and I think the hon. member mentioned it in his speech – is the question of who is responsible for assurance in our health care system. That responsibility, in my view, Mr. Chair, is that of the government. The assurance that the services provided are safe, that they are of high quality, that they are delivered in an appropriate manner, that there is appropriate funding for them – and we do have the first five-year funding plan in Canada to support the delivery system in health care – all of those things are clearly the purview of government.

In addition to that and, I think, arguably just as important, the role of the long-term policy direction for the health system is also the role of government. I take great pride in the work that my department continues to do to plan not only for the needs of the health care system in the next two years and three years and five years but, in fact, looking 20 years down the road, taking an active role in the mandate of the Minister of Human Services to develop a social policy framework for this province, looking at best evidence and applying that evidence to decision-making, including decisions that I need to make as Minister of Health and Wellness so that Albertans can have confidence that the services we offer are comparable to the best anywhere in Canada and beyond. I'm very proud of that.

The hon. member also made some comments with respect to the board of Alberta Health Services and expressed an opinion that the role of the board should not necessarily be a corporate responsibility in the traditional sense or in a business sense, that the board actually has a responsibility to chart the future course of Alberta Health Services, to understand quality as it relates to health care delivery at the community level, to have an understanding of quality factors that need to be addressed in our system on an ongoing basis, to have an understanding of what it takes to build a just and trusting culture for health professionals.

In that regard, our current board membership includes a third of members whose terms come up every year. Each year we work with the board to identify the necessary skill sets and capacities and then recruit suitable individuals to fill those needs. I think the knowledge component of the board in the future with respect to health care is going to be increasingly important, and in that respect I agree with the hon. member that these competencies need to be well represented on our board.

Equally, Mr. Chair, the stewardship of a budget of well over $10 billion is not a small responsibility. We do need people with appropriate financial expertise. We do need people who understand appropriate performance indicators, who understand governance issues at a high level, who are in a position to ensure that the stewardship of the vast majority of our health care resources that are afforded to Alberta Health Service are used wisely. I view it very much as a role of the board to not only fulfill that responsibility as it relates to AHS but to assist me in my role in being ultimately accountable for the health care system in Alberta.

So we intend to continue this discussion through the task force about the competencies that are needed on the board, about role clarity among the various stakeholders that I mentioned earlier, and to continue to pursue issues that were not addressed in the transition that need to be addressed in an inclusive way, involving not only the board and the stakeholders I mentioned but, most importantly, the very health professionals that deliver the care.

With that, Mr. Chair, I'll take my seat.

The Chair: The hon. Member for Calgary-Mountain View.

Dr. Swann: Thanks, Mr. Chairman. Thank you to the minister. In his message last night the minister highlighted the risks to the coming generation, alluding to the fact that they may be the first generation to have a lower lifespan than the current generation, and I agree with that. With 3 per cent of our budget invested in prevention, how do you explain this as a priority to Albertans, and what level of support are you currently giving to high-risk groups in the province to try to reduce the toll on our young people but also on our health care system?

What kind of support for change in terms of these health risks are we investing in schools, workplaces, and communities? I see that you've provided a 22 per cent increase in community programs and healthy living. What does that mean in concrete terms, and how are we measuring outcomes in terms of that investment? I see a 72 per cent increase in immunization support. Where is this going?

Perhaps we could focus for the next 10 minutes on some of the prevention and health promotion issues and how well we're moving in that direction.

The Chair: The hon. minister.

Mr. Horne: Thank you, Mr. Chair, and thank you to the hon. member for raising issues that I know we mutually care about quite deeply. Specifically with respect to the last few questions Alberta Health and Wellness is currently working on a number of prevention initiatives.

Here are a few examples of some of them: the provincial healthy weight strategy for children and youth, which has been developed and is in the government of Alberta approval process; the aboriginal wellness strategy, which I think is well known by many members. A new version is under development with a purpose of creating a collaborative and more comprehensive strategy and action plan to improve the wellness of aboriginals living in Alberta. The Alberta nutrition guidelines for children and youth and the Alberta nutrition guidelines for adults assist Albertans in making healthy food choices. They promote appropriate portion sizes and set out ways to recognize foods that meet the criteria of the choose-most-often, choose-sometimes, and choose-least-often selections. The Healthy U food checker is another example.

With respect to immunization Alberta Health Services delivers immunization programs, as the hon. member likely knows. When influenza immunization was made universal by this government – that is, immunization being available to all Albertans six months of age and older – Alberta Health Services requested $9 million for the 2010-11 fiscal year based on predicted expenditures to administer the influenza vaccine. AHS used approximately one-third of this funding during the 2010-11 flu season. The remainder was carried over to support immunization during 2011-12. AHS has indicated that they will be using the entire amount and will provide a full written report by June 30 of this year. We anticipate the need to provide additional support of approximately $3 million for the 2012-13 influenza season.

Just on this point, Mr. Chair, one thing that we are concerned with and we continue to investigate ways to improve is the take-up, if you will, of the influenza vaccine among our population. As I've just mentioned, we have had less than predicted expenditures in the past on immunization in Alberta. We're working very vigorously with Alberta Health Services to investigate ways that might further incent Albertans to take up the vaccine themselves as well as to look at opportunities for their children and their parents to take the vaccine. I think so far this flu season, based on the reports that have been provided to me by the chief medical officer of Alberta Health and Wellness, we have fared fairly well with respect to the incidence of influenza although we have seen situations within continuing care facilities where there have been outbreaks that have resulted in temporary disruptions to access to continuing care beds, and that is of concern for the future.

If we take a moment to look at some of the selected health indicators among our population, we can see some tremendous progress. We can see cancer neoplasms at a rate per 100,000 of 144.26. I believe that places us second in the country. We can see a continued decrease in diseases of the circulatory system, specifically the heart. We are the number one jurisdiction in the country with respect to morbidity and mortality in this area. I think that's largely a reflection, Mr. Chair, of the vast investment that we have made in acute-care capacity and surgical capacity as well as prevention initiatives as they relate to heart disease, and I think Albertans should take great pride in that.

With respect to life expectancy in Alberta in 1996 the overall life expectancy was 77.2 years. In 2010 that has risen to 81.6 years, and that compares to the Canadian average, a lower number, of 80.7 years. So we are slightly better than the national average, Mr. Chair, but most importantly we have seen over that period of time, from 1996 to 2010, an over four-year increase in life expectancy for our population. I know the hon. member would agree with me that some of these morbidity and mortality indicators and life expectancy indicators, while long-term projects to try to show improvement, are very important indicators of the effectiveness of our overall health care system. So we continue to focus on the importance of public health.

3:30

Just a final comment, and I'll make this because the hon. member and I participated in a panel discussion last night in Calgary. One of the questions that was raised was with respect to the percentage of the public health budget that is devoted to wellness initiatives. That has been a traditional measure of the focus of the health care system on, specifically, the area of wellness. I think what we're going to see in the future, Mr. Chair – and we had a good discussion about this last night – is that, in fact, wellness can be defined in many ways, including the capacity of a population to manage chronic disease over time.

We are seeing higher and higher incidences across Canada of heart disease, of cancer, of chronic obstructive pulmonary disorder, and, most importantly, of recent note type 2 diabetes in our population. Our 40 primary care networks and our future pilot projects for family care clinics are going to place an increasing focus on supporting Albertans for them to actively manage new chronic diseases that they face living with for extended periods of time. That spells out an investment in the involvement of other health professionals working as part of multidisciplinary teams: nurse practitioners, dietitians, and others. It is seen in some of the innovative programming in our primary care networks across the province.

It is seen in initiatives at the primary care level that focus on early intervention for children and youth, not only helping children and youth to develop healthy behaviours at a young age but also helping the increasing number of them that are faced with mental health challenges. The opportunity to intervene earlier, Mr. Chair, is the best hope that any population has to improve its health status over time. I know I'm speaking on behalf of the Premier and the government when I say that we share the belief that ultimately the purpose of a public health care system is not

only to take care of us when we are ill but to improve the health of the generation that follows us.

One of the statistics we talked about last night that certainly concerns me is the fact that the current generation of youth in Canada is the first generation in Canadian history that has a life expectancy that is lower than the generation that preceded it. It's a very, very startling statistic and quite a wake-up call, Mr. Chair, I think, for all governments and for all citizens across the country.

To sum up with respect to public health, the expenditure out of the budget formerly under the public health budget for wellness is about 3 per cent, but as hopefully I've been able to describe to my colleagues, wellness is embedded throughout not only my ministry in terms of the primary care system but also through many other ministries, including Justice and Attorney General, Human Services, Education, and others that have a direct role in influencing the social determinants of health.

The Chair: The hon. Member for Calgary-Mountain View.

Dr. Swann: Thank you, Mr. Chair. Well, manpower is the key issue for the current state in our health care system. It consumes roughly 70 per cent of budgets. It's clear that we need to have some sense of where it's going and how we're going to fund it and whether people are actually going to want to come here. If they do come, will they stay? I guess I'd like to hear a few comments from you about it, especially with the culture of bullying and intimidation and the low morale in our current staffing and, parenthetically, the need to survey the state of staff morale in this province and make some comparisons over the last two years.

I think it's important that we address some of the insecurity that many of us feel around many of these services, particularly the lack of continuity, the lack of stability in the workforce, the part-timers, and now, as it appears, less and less commitment to the values and principles of Alberta Health Services because of this culture of fear and intimidation. I think it's going to be more difficult to both recruit and retain people.

Perhaps the minister can say something about what that means in terms of south campus opening and staffing in this coming year. Perhaps he can say something more about staffing for EMS and what that's looking like in the next year to take at least some immediate pressure while we await a more comprehensive review of EMS services, some comments about mental health and the shortage of community care as well as in-patient capacity. Last week, for example, I heard Calgary had to transfer four acute psychotic patients down to Medicine Hat because they simply didn't have the space.

So there's a need to address a number of issues around staffing, around manpower and, in a related way, to think more proactively about foreign medical graduates, foreign nursing graduates, why we cannot be more able to be flexible with some of the foreign graduates and customize their integration into the western medical framework. Many of them are frustrated with not being able to work, and many of their culture would welcome the chance to have a doctor or a nurse from their own culture with language skills and culturally appropriate understanding.

Those are some of the issues that relate to manpower and manpower planning. I hope the minister is giving that due consideration and can reassure us about how we're going to deal with this in the next six to 12 months with the growing demands both in population and aging and the morale issues that we're struggling with.

The Chair: The hon. minister.

Mr. Horne: Okay. Thank you very much, Mr. Chair. I'm really pleased that the hon. member has raised the question of how we better support and grow and retain our health workforce in Alberta. I know it is an issue for every province, but it becomes a particular issue in Alberta when we go through periods of high economic growth. I know in 2006 Alberta experienced significant challenges in recruiting licensed practical nurses and health care aides and a number of other health professionals from other disciplines as our economy grew very rapidly. We're certainly in line for rapid expansion of our economy again, and I think we'd do well to revisit this question each time that cycle ramps up.

First of all, just in terms of the workforce today – and I can provide more numbers to the hon. member if he wishes – I think it's helpful for all members to be reminded just about the volume of health professionals that are actually working in our province of 3.8 million people. We currently have, for example, 20,367 health care aides across the province, 32,400 registered nurses, 3,603 paramedics, a total of 8,045 physicians, 2,225 physiotherapists, of which my wife is one, 2,221 psychologists, almost 6,000 social workers, and the list goes on. So we have a very large health workforce, Mr. Chair.

I think the most important way – and I think the hon. member has described this – that we become competitive with respect to recruitment and retention of our health care professionals is to provide them with as ideal an environment as we possibly can for them to practise. The hon. member made a comment about the commitment to the values of Alberta Health Services and the ability for a health professional to be able to identify in a positive way with the values and principles of the organization that employs them. I think what binds all of them together, Mr. Chair, is simply the desire to help people, to deliver good care, and to go home each day feeling that they have made a difference.

I would be remiss if I didn't take the opportunity to actually acknowledge all of the health workforce in Alberta, both people who work in the professions and the people that we don't often talk about, the people who work in dietary, the people who work in housekeeping, the people who provide all of the support services that make it possible for people with a health professional designation or degree to be able to deliver care.

A number of specific issues were raised by the hon. member, and I'm pleased to try to address some of those here today. With respect to the south health campus I continue to receive positive reports that we are on track with respect to staffing for the south health campus. It is opening through a phased approach. It's a very large facility, Mr. Chair. It begins with the opening of family outpatient clinics. That's followed by the opening of the emergency department and then from there all of the in-patient beds in the facility. We are on track with respect to the professionals that are required, including physicians, to open on time and to open in accordance with the plan that has been laid out.

3:40

With respect to emergency medical services staff I think this is an issue in Alberta, Mr. Chair, as I discovered myself through a ride-along I took recently in Edmonton. I have asked the Health Quality Council to review EMS operations across the province. I've asked them to look at a number of issues. Resources and staffing is a significant one, particularly here in Edmonton as volumes increase. I've also asked them to look at integrated fire and EMS services across the province and what impediments the new model, if any, posed for the continued very successful operation of integrated fire and EMS services, which have actually been part of the very proud tradition of Alberta in delivering first responder services to our communities. We'll continue to look at ways to bolster the EMS workforce.

One particular thing I learned on my ride-along that was quite interesting was that there are a large number of emergency medical technicians that are working in our system that currently don't have access to a bridging program that allows them to become a paramedic. I think this is something that we need to pay attention to. I'm going to be talking further with my colleague the hon. Minister of Advanced Education and Technology about this. In many cases we do provide bridging programs for other health professionals. For example, we provide extensive assistance for health care aides who want to take additional education and training in order to become licensed practical nurses in our system.

We need to continue to make this province a destination of choice for health care professionals. I think that means certainly focusing on competitive wages but also focusing on the opportunities that exist to make every health care position a position on a career ladder, a position that capitalizes on that individual's desire to provide good care, to make a career investment of not a year or two but, in most cases, a lifetime commitment to deliver good-quality care to our fellow citizens.

With respect to mental health and the availability of mental health services I think the announcement earlier this week of 80 additional beds at Alberta Hospital Edmonton is going to be important in a number of ways. It's going to add resources to the facility, obviously, but these particular four units are also going to play a key role in supporting transition of patients from the hospital out to the community.

We have heard many examples in the House here over the years, Mr. Chair, of patients with mental illness or with addictions issues being returned to the community without the optimal supports in place to enable that person to live independently and to become resilient in doing so. One of the initiatives we announced earlier this week in connection with the budget was the investment of dollars to support complex patients with mental health issues who live in the community. If we look at, for example, the inner city here in Edmonton, we know that there are somewhere between 300 and 400 people who have been traditionally caught in a cycle between the emergency department in a hospital, Alberta Hospital Edmonton, interaction with the justice system, shelters, and other community organizations.

The dollars that we announced as part of this budget, Mr. Chair, are going to go to support people in place. Many of these individuals are taking advantage of the many affordable housing spaces that have opened up in Alberta as we continue to make progress in our 10-year plan to end homelessness. The challenge in this particular instance is to make that affordable housing spot a home, a sustainable home for an individual who is suffering from a complex psychiatric illness. That means using these dollars to provide more assertive community treatment, to provide peer counselling and support, to provide other measures which on a wraparound basis provide that individual with the assistance they need to make that temporary housing spot an actual home for them for the long term.

Approximately $450 million is spent annually from this budget, Mr. Chair, on mental health and addictions. The $25 million I've just talked about supports some of the initiatives I've mentioned. In addition, my ministry supports the safe communities initiative under the Minister of Justice and the Attorney General, providing $42 million to focus on prevention and community-based services throughout Alberta in many communities. Many of us as members know these projects because they have been funded in our local community through the SafeCom initiative.

To sum up, Mr. Chair, on this topic, then, with respect to workforce, there is further work to do. I would agree with the hon. member that the culture that we offer to people to work in is paramount. That is why acting on the recommendations of the Health Quality Council is so important. It's important for doctors, but it's also important for all other health professionals. I'm very confident that the steps that are laid out here in addition to the very good work that's being done by our professional colleges and government and Alberta Health Services will help us to continue to build a culture that is stable, that is predictable, that is supportive, both for the care that is delivered and for the role of health care professionals, the legitimate role and the very necessary role they have in advocating for their patient needs.

I'll just make one final comment, Mr. Chair. The hon. member raised the issue of hospital capacity, in-patient capacity. As part of the response to the Health Quality Council of Alberta report I have asked Alberta Health Services to look specifically at how we can better manage our acute-care bed inventory across the province. There is certainly no question – and we talked about this last night – that the new beds coming online in the south health campus, those new acute-care beds, are very much needed and they will do a great deal along with the 30 treatment rooms in the new emergency department to support extended capacity within the hospital.

The Chair: This is the last 20 minutes. So carry on, hon. Member for Calgary-Mountain View.

Dr. Swann: Thank you, Mr. Chair, and thanks to the minister. Just before we leave the topic of beds and mental health, I hope the minister is aware that in terms of mental health if the temporary psych beds at the Rockyview are closed with the opening of the psych beds in the south Calgary campus, there will be a net loss of six mental health beds. So we've got some serious problems building towards mental health in-patient services in Calgary, and I hope we're addressing that. We have a larger population in Calgary and fewer psych beds, that I think are going to be creating more and more of a problem there.

I wanted to get on the record some of the issues around primary care network funding. I think I've already raised issues with the minister in question period about the timing of this injection for primary care networks. After nine years of no funding, what was the rationale behind giving the funding just now? What is the priority for primary care networks? How do they differ from family care centres? What is the need to try another experiment in the health system that looks so much like primary care networks but somehow needs to be seen to be unique and different? Perhaps you could comment on that, and then I'll come back with some others.

The Chair: The hon. minister.

Mr. Horne: Thank you, Mr. Chair. I'm delighted that the hon. member has raised this topic because I want to take the opportunity to do a number of things here. First of all, I want to once again acknowledge the excellent work that has been done by Alberta's 40 primary care networks. We have greatly appreciated the opportunity to support this initiative.

It has its roots, as a matter of fact, in the physician agreement, the trilateral master agreement between Alberta Health Services, Alberta Health and Wellness, and the former health regions, that was developed in 2003. That initiative, Mr. Chair, resulted in the recognition that team-based care was the way of the future in terms of leveraging the expertise of our health professionals further, particularly the expertise of our physicians in terms of better supporting our physicians to deliver the more complex care that is required in the primary care environment today as more

patients present with multiple chronic diseases, as more patients come in who are older and who have other challenges, including mental health. I think we should all take great pride in the success of our primary care networks.

The program itself is part of the former trilateral master agreement. The government of Alberta, as we work toward negotiating a new long-term agreement, has continued funding for our primary care networks. As part of the announcement that the hon. member referred to, we announced a continuance of funding for all programs and benefits under the former agreement until March 31, 2013. The reason, Mr. Chair, for doing this was actually stated by the hon. member. The primary care networks themselves have not received a per capita increase since 2003. The increase that was announced moves the per capita amount from $50 to $62, for a total of $33 million over the one-year period.

3:50

The hon. member has expressed some reservations about the timing of the funding increase. What I'd say to the hon. member is that, you know, when I was appointed to this position by the Premier, I said that stability and predictability in the health system was our number one priority. I have tried my best to make a point of telling any audience I speak to or any Albertan I speak to that this government has no intention of restructuring or reorganizing or otherwise disrupting the structure of our health care system. I think that's very, very important.

So in the absence of a long-term agreement, as we continue to work toward that over the next few months – and I would reiterate that our discussions have actually been very productive, and primary care is a major focus of these discussions – it is necessary, if we're going to have stability, to provide physicians with additional financial resources to support their work. The $33 million that's supporting primary care networks over the next year will support physicians in terms of their ability to recruit other health professionals from other disciplines to work with them. We named some of them earlier – nurse practitioners and pharmacists and mental health workers and others, psychologists – which are now going to receive greater financial support.

It will assist the PCNs to further enhance some of the innovative programming they've put in place, to help develop support groups for patients suffering from chronic diseases, to help support specialized training programs for patients who are newly diagnosed with a chronic disease, and I think very, very importantly, Mr. Chair, to enhance their ability to intervene with patients who are on the threshold – patients who are on the verge of developing type 2 diabetes, patients who are experiencing borderline hypertension – assisting those individuals to pull themselves back with supportive staff and evidence-based techniques made available to them, to not in fact develop those chronic diseases and potentially suffer the complications of those chronic diseases that we see far too often show up in our emergency departments and in our acute-care beds, perhaps unnecessarily in some cases.

The hon. member also talked about family care clinics, and I'm delighted to spend a few minutes talking about these. As the hon. member knows, these were an initiative of Premier Redford. It is a concept that is very much in development. Contrary to popular opinion in some quarters in the House here, we actually have been working directly with physicians in the three communities where we will open pilot projects by the end of March, and we are hoping that those family care clinics will be sustainable. We have been working very closely with physicians at the community level. We have also involved the Alberta Medical Association, in direct consultation through my deputy minister and as part of an advisory committee to me, as an organization at the table, talking about how we are going to implement and evaluate these three pilot projects.

I guess, Mr. Chair, we may have a difference of opinion in terms of how good quality primary health care evolves in a province. I'm a minister who believes that we should be open to all models of care that are offered and that the most important standard of measure in any model should be: is it responsive to the unique needs of the community or the communities that it serves? I think that is very much true of the primary care networks in place today, I think it likely will be true of the family care clinics, and I think it is true of many of the other models that exist out there in Alberta to deliver high quality primary health care.

Our goal as a government – and I can't repeat this often enough – is to give every Albertan a primary health care home within the health care system. Many of the concerns we hear about or I guess the anecdote that we hear most often as members of this Assembly from our constituents is: "Once you get into the system, the care is great. It's excellent. I was never treated better. But my difficulty was getting into the system." We believe very much, as a result of the work on the Minister's Advisory Committee on Health and the principles laid out in the Alberta Health Act and all of the reports and investigations that have been done over the last several years, that ultimately the solution is to give our citizens an opportunity to be attached, to have a home within the health care system, a home that is in or near their home community.

Those needs can be served in a variety of ways, Mr. Chair. We are very much a government that is open to innovation. We are open to solutions that are customized to meet the needs of the communities they serve. We will continue to support our primary care networks and assist them to continue to evolve, to grow in number. We will look at family care clinics through the pilot projects that I've mentioned.

We will look at any other model that our health care professionals tell us they believe could have a meaningful impact on things such as the incidence of chronic disease, incidence of and support for people suffering from mental illness and addictions, models that can support better prevention and early intervention, particularly for children and youth, and models that can also support connections to community organizations that directly influence the social determinants of health. Of course, I'm talking about community agencies that deliver housing and income support and education and justice support programs and many of the other things that position us as citizens to enjoy the best possible health that we can.

We will continue to support our in-patient care through both the expansion that we've talked about with respect to the south campus and the new Edmonton clinic resources that will come online. But as much as possible, Mr. Chair, we want to strive to be doing things in the community that do not need to be done in a hospital. Again, that goes back to the basic principle of giving people a home in their health care system and appropriately equipping our professionals from all disciplines to support people in achieving the best possible health status they can achieve.

Thank you.

The Chair: The hon. Member for Calgary-Mountain View.

Dr. Swann: Thank you, Mr. Chair. Well, it's still not clear to me what the difference is that the minister is talking about because the primary care networks are charged with much the same role as the family care clinics and are potentially going to be seen as undermining the roles and responsibilities of primary care networks. I think it needs to be carefully thought through and built

into the local regions, how they're going to relate to the primary care networks and the kinds of interrelationship of IT and communications and planning together.

It may well be possible for them to complement each other and to take on some of the preventive and community health kinds of initiatives that are missing from a particular PCN. But from the outside it certainly looks like an attempt to try something that looks new but isn't really new, that needs a new face, a new image, and something that the government can highlight at the expense of potentially eroding further the confidence of those working in the primary care networks who have looked at almost a decade of no increases and suddenly the new kid on the block looks a lot like the old kid. I would caution the minister on some of the impact of that decision, but I'll leave it there.

The minister didn't relate to the foreign medical graduates and foreign nursing graduates, but one of the barriers for foreign medical graduates is residency positions. I think if we're going to get culturally appropriate and well-trained physicians, we need to establish some new residency positions, funded positions, and support for foreign medical grads. I won't ask any more questions about that. That's just a suggestion and a reality that I'm hearing about.

Medical research in the province has been greatly destabilized as a result of the disruption of the heritage medical trust. Many world-renowned researchers have left or are planning to leave. Some who have considered coming here are no longer planning to come here because of the uncertainty of funding and uncertainty of commitment through Alberta Innovates: Health Solutions, which is the new iteration of the heritage trust fund.

The instability and the lack of professional oversight, I guess, has also been a concern. Many of us have felt that the expertise in the heritage medical trust fund was next to none and now the question of politicization or lay involvement in the research agenda for medical research is not what it should be. We need to ensure that the very highest of standards and the very highest of expertise go into establishing what the priorities are in medical research and how we can gain more stability there to assure a more long-term commitment to research.

For the record, as I may be cut off soon, I also wanted to raise questions about how we're doing with our tobacco reduction program. It's at the end of its 10 years. I was involved, actually, in the inauguration of the strategy some 10 years ago, and I'm glad to see it's had some impact. I'm a bit disappointed to see the teen smoking rates go from 11 per cent back up to 14 per cent in the last couple of years, so we do need to redouble our efforts around prevention and tobacco reduction. I know the Premier has committed some resources, and I hope that as this current strategy expires, we'll see more commitments there to the tobacco reduction strategy.

4:00

In terms of seniors' care I know you've heard this ad nauseam, but the opposition is concerned that we have quality and affordable long-term care and that there's evidence that some people are being left out as a result of the costs of long-term care and that the private, for-profit long-term care may not be the best approach for those with medical needs. For those with medical needs I think we as a government have taken a commitment to provide for medically necessary services for all citizens, including seniors, and I want to be sure that we honour that commitment. I noticed that the seniors' drug benefits program was cut by $7 million. Maybe the minister could explain something around that reduction in the seniors' drug benefit plan when the numbers of seniors and, presumably, the numbers of prescriptions must be going up.

That covers the significant questions that I had, Mr. Chairman. I open the floor to the minister again.

The Chair: The hon. minister.

Mr. Horne: Thank you, Mr. Chair. I'll use the remaining few minutes here to try to answer as many of the questions raised by the hon. member as I can.

First, with respect to his question around the reduction in the budget for the seniors' drug plan, that reduction is actually as a result of the reduction in generic drug prices that Albertans are now paying. That has resulted in savings not only in this program but in a number of other drug benefit programs that are in fact administered by other ministries. I think that's a very important development, not only from the perspective of the taxpayer but from the opportunity that it affords us to fund a new pharmacy services framework, which will be announced very soon, that compensates our pharmacists as full health professionals delivering a broad range of health care services in partnership with physicians and other health professionals to Albertans. I'm actually quite pleased to see that that reduction in generic drug prices that are paid by government programs is resulting in some of these new opportunities.

The hon. member also talked about academic medicine and research in Alberta. I guess a recent development that I am particularly pleased with is the establishment of the framework for the provincial academic alternate relationship plan. As the hon. member would know, Alberta traditionally has been highly competitive because of our alternate relationship plans. These are compensation packages, Mr. Chair, that combine research duties, teaching duties, and clinical duties for physicians. Our success with these – and it is due in large part to our partnership with the Alberta Medical Association – has resulted traditionally in us being one of the most competitive jurisdictions in Canada and in North America to recruit the top talent in both research and medicine.

As the hon. member mentioned, the reorganization of research services a number of years ago brought with it a new structure to the awarding of research grants. When I was appointed as minister, one of the things I was very mindful of was that the transition funding from our former Heritage Foundation for Medical Research, of which we were all very proud, was set to expire at the end of March this year. Working collaboratively with my colleague the Minister of Advanced Education and Technology, our deans of medicine, the deputy ministers from both ministries, the provosts from our two largest universities, and other stakeholders through a group called the Committee on Academic Medicine, we were successful in completing and jointly announcing with my colleague the minister of advanced education a new provincial academic alternate relationship plan framework for our academic physicians. This includes the contributions of the two medical schools, the College of Physicians & Surgeons, Alberta Health Services, and many other stakeholders.

I think what's important to recognize here, Mr. Chair, is that we were able to do this in such a way that the new provincial framework takes into account all of the major disciplines represented in the medical profession, including family physicians, which was something that was extremely important. A total of 700 MDs are part of this provincial academic alternate relationship plan now, and we expect that to increase to up to 1,300 in the coming years.

So we have re-established ourselves with an appropriate provincial framework that retains our competitive position, and I think, based on the feedback that I'm getting from some of the stakeholders I mentioned, it will allow us to grow in the future and bring in other disciplines to be part of this very important framework.

I guess we're nearing the end of the time here, but I just don't want to leave off without talking about tobacco reduction. We are in the process of updating the Alberta tobacco reduction strategy. We have had great success not only as a result of that strategy but as a result of some legislation that was brought in by a former Minister of Health and Wellness a few years ago that dealt with the issue of smoking in public places, the sale of tobacco in pharmacies, and many other issues that contributed to our success.

But as the hon. member mentions, there is certainly more to be done, and as we renew the strategy, I want to make it very clear that we will continue to look at things such as exposure of children to second-hand smoke in vehicles, the sale of flavoured tobacco products, and other issues that are before us.

Thank you.

The Chair: Well, the first hour has been reached.

Now we're going to the Wildrose Party. You have 20 minutes with the minister or 10 minutes each. Do you want to combine?

Mrs. Forsyth: I think I'll try the 10 minutes, 10 and 10, and then if I may ask the minister to provide things back in writing on things that he doesn't get to, because 10 minutes can be quite lengthy.

The first thing I would like to ask the minister. Yesterday at the forum we attended we had a disagreement in regard to the consultation on the five-year mental health strategy. I've been told by now five different psychologists, psychiatrists, and mental health workers that they were not consulted, including another doc in the mental health field that has just e-mailed me today and said that he is not aware of any of his colleagues being consulted. What they've asked me to do – if you would please table whom you consulted with on the mental health strategy, what psychiatrists, what psychologists you consulted with, then I can let them know. I know that they are listening in *Hansard* right now, and I know that they were listening last night because when we were actually coming home, they were already calling me to say that they needed an answer.

You alluded to the member with regard to the staffing for the south campus hospital. We would like to know where that staffing is coming from. What we're hearing – and this has been brought up in the Legislature before – is that staff are coming from other hospitals, whether it's the Peter Lougheed Centre, the Rockyview general hospital, et cetera, vacancies appearing there and not being able to be filled.

Minister, on February 17, 2010, the previous minister promised a cost-benefit analysis on hip and knee surgeries. We're still waiting for that. We wonder if you wouldn't mind tabling that in the Legislature and providing us the information on that cost-benefit analysis.

The other thing we want to know is about the family care clinics and financially how they're going to be funded. We talked about that briefly last night, and I think, if I recall, that during the health forum debate you talked about that they're going to be using existing health facilities. We want to know the costs in regard to the renovations and the infrastructure on the health facilities and also the wages that you're going to be having to pay along with the benefits for your nurse practitioners. We want to know if you're going to have a physician in there, how you are going to be paying them. Is it going to be through an ARP? Is it going to be fee for service, that kind of thing?

4:10

You were talking about seniors' drug benefits and the generic drug prices and the savings that have occurred. I can tell you, from what I'm hearing from some of the seniors that I'm dealing with at this particular time, the costs that they're incurring if they cannot take a generic drug. One of those generic drugs that some of the seniors are calling us about is blood pressure pills. While they appreciate the fact that it's better to take a generic drug – and I don't think anybody is arguing that fact – if a particular individual can't take that particular generic drug and they want to go back to the brand-name drug, they're being told that it's not covered under Alberta health care and that they would have to pay for it themselves. So I really would like some clarification.

I am dealing with a senior, actually, in Edmonton who's had three different prescriptions for three different generic drugs in regard to her blood pressure medication. It has caused her endless problems, even getting gout. So if you could please provide that.

We would like to know how many acute-care beds there were in Alberta as of December 31, 2011.

Again, back to the mental health beds. This is from the mental health providers and psychiatrists: how many mental health beds are in Alberta as of today?

That takes me to – and we discussed this yesterday and spoke again to a reporter – the long-term care beds. How many long-term care beds do we have as of today? How many assisted care beds do we have as of today? How many lodge beds do we have today? We've now gotten on the long-term care beds probably five different numbers in five different places, whether it's in *Hansard*, whether it's in the paper, or whether it's the numbers that you were given by your department last night.

I want to briefly talk about priority 1.1, and that's about clarifying the roles, relationships, and responsibilities of the ministry and Alberta health. Both you and I know that, actually, this was brought up in the Health Quality Council investigations, our doctors talking about intimidation. The report covered intimidation, the culture within Alberta Health Services, privileges, positions, contracts threatened. It just goes on and on.

Now, we had a report in 2007 that dealt with that. We had another one. The previous minister signed the Alberta Health Services mandate and roles document on December 2, 2010. The roles were very clearly defined then. I'd like to know why we are sending out a task force and yet another investigation when we've clearly had a minister that signed the mandate and roles document on December 2, 2010.

I've asked you about the long-term care beds. I'd like to talk to you briefly about patients waiting too long for surgeries. The target for hip replacements was 33 weeks last year, when it was actually 41. This year the target is 27 weeks. Last year it took 49 weeks to get a knee replacement, and that's from the December 2011 Alberta Health Services update. The target was 42, and now the target is 35. The government isn't meeting their target plans on what you're going to do. It goes back to the cancer patients. Radiation is four weeks this year. Last year it was actually six weeks to see a radiologist/oncologist from the time of referral. What are you doing about that?

Strategy 3, strengthening primary care. We know that you just increased the primary care network per capita fee. How do family care clinics improve the primary care networks? If you'd please answer that question.

Minister, I know we're throwing a lot of questions at you, and we appreciate that your staff is trying to get you all these answers.

Honestly, if you could just kind of provide us some of it in writing, we'd be more than pleased to see that. If we can have it in the next, you know, week to 10 days, I'd appreciate that.

Let's just talk for about a minute in regard to the budget and 1.1, the minister's office, the increase from $592,000 to $639,000, the deputy minister's office from $711,000 to $751,000, communications from $2.240 million to $2.740 million. Some of that, I know, is on the contract that has to do with staffing, but I can't believe that a lot of that has to do with all of the agreement.

A hundred million more for primary care, addictions, and mental health: the line item is new this year, yet primary care networks have been around since 2005. How is the funding broken down by objective? If you could provide me with that information, please.

I want to talk briefly about number 2, physician compensation and development. We understand that you're in negotiations with the AMA and have been in negotiations for the last year. You've said on the floor that you're in constant contact with Dr. Slocombe in regard to the negotiations of the AMA. I guess my question is that you show no increase whatsoever. What happens if, say, three weeks from now you get an agreement with the AMA in regard to some of the things? On the $93 million that you talked about giving to cover the increase in primary care – and some of that, I understand, was from last year's budget if I'm correct – I'd like to know where in the budget you receive that. We couldn't find this $93 million anywhere in the budget. Is it a cost saving that you somehow got from last year's budget?

If you could talk about some of the increases under your ministry support. We understand the Health Facilities Review Committee and an increase in that. Is that for them to go look at more health facilities? We've heard some horrible stories in regard to some of things that are happening.

The Chair: Hon. member, your 10 minutes are completed.

The hon. minister.

Mr. Horne: Thank you very much, Mr. Chair, and thank you to the hon. member for the questions. We do aim to please here, so we will try to answer as many of these as we can, and we'll be pleased to follow up in writing with the ones that we can't answer.

Some of the numerical questions. There are currently 8,037 acute-care beds in Alberta; that is as of September 2011. Specifically with respect to mental health beds, we are looking at in psychiatric stand-alone facilities 913 across the province, 617 acute-care psychiatric beds – these are beds in community general hospitals – and with respect to addiction treatment beds 817 across the province. We will follow up with a specific breakdown by zone for each of these and provide that information to the hon. member.

There were a number of questions that were raised here with respect to the cost-benefit analysis. We will be pleased to provide that in writing.

I wanted to take a moment to address the hon. member's question regarding the seniors' drug benefit plan and what happens in the event that an individual is actually prescribed a brand name drug and finds himself or herself in a position where they're only offered the generic equivalent. I've encountered this myself in my own constituency office. There is an exception process for this on a per patient basis. My department will get back to you directly to explain how that works. There is a process through Blue Cross. There are instances where physicians want their patients to receive a specific brand name drug for specific reasons as opposed to a generic, and our Blue Cross plan for seniors does accommodate that.

The hon. member talked about a number of other issues here. With respect to physician services and where the budget for that comes from, I think I mentioned earlier that the per capita rate for primary care networks hasn't been raised since 2003. The $12 per capita increase is equivalent to $33 million, the 2 per cent increase that is going to fee-for-service and alternate relationship plans is equivalent to $60 million, Mr. Chair, so it's a total of $93 million in additional financial support that is being provided to physicians as a bridge for this year while the negotiations on the long-term agreement continue.

4:20

With respect to the questions around the next long-term agreement the answer is quite simple, Mr. Chair. We don't know what the terms of that long-term agreement are going to be until the time – and I hope it is very soon in the future – we have a tentative agreement in place, where we're aware of all of the program elements as well as the fee-for-service elements and other elements that make up a master physician compensation agreement. It is not possible for us to project what the dollar amounts associated with that will be, so we will have to wait and see what the terms of the agreement are. Then I will obviously have to look within my budget to see what resources are available to me or what additional resources I may need to seek in order to be able to fill the terms of the agreement.

With respect to the $93 million that I mentioned earlier, that money will be found within the budget that is currently before the House. We have a number of demand-driven services that are within our health care budget. In many years those are underspent. We have factored in in physician compensation allowances for volume increases. There are a number of places, Mr. Chair, in the $16 billion budget for health care where we believe we can accommodate successfully the $93 million in that additional financial support.

The hon. member also asked for some clarification around the funding for family care clinics, and I wanted to spend a couple of minutes on that because I think it's important. The three pilot projects that are going to be opening by April 1 will all be funded by public funds through Alberta Health Services' existing budget, so within their current envelope. The approximate cost of each pilot is $5 million. That money, as I said, is within their current envelope.

The point, I guess, I would like to make, Mr. Chair, is that in the future we certainly hope there will be others who will come forward with other ideas about how family care clinics or other primary care delivery models could be formed. In the case of FCCs that could include community-owned family care clinics. It could also include physician-owned family care clinics that are perhaps directly affiliated with primary care networks.

As I said before, Mr. Chair, we are a ministry that believes strongly that form should follow function. The prime criteria for us is not to come up with a single cookie-cutter model and implement that across the province. We are here to enable models of care that can respond to the needs of specific communities, and to the extent that our health professionals, including our physicians, are willing to work with us on that, we're happy to do whatever we can through financial resources and through other means to support better primary health care for all Albertans, trying to fulfill that vision of a home within the health system for our citizens.

The hon. member also referenced the roles and relationships recommendation in the Health Quality Council of Alberta report. I would certainly agree with the hon. member that in the many reports that have been written about our health care system over

the years, this question has arisen. It has not only arisen since the creation of Alberta Health Services. My interpretation of what the Health Quality Council is telling us is that we still lack sufficient clarity. I think it's reasonable for people to think that when we create a larger organization, in fact a single health region for the entire province, the size of the organization on its own requires some special attention to clarity around roles and responsibilities and relationships.

I know that in my own ministry my executive team and all of the 850 staff that work in this department are very committed to increasing the policy capacity within the department so that they can support not only short-term decisions that need to be made about the health system but, in fact, are taking a long-term view and working with other ministries such as Human Services to try to shape the health system and, in fact, the social services system of the future. So I support the recommendation and the need to provide further clarity around those roles and relationships.

I think the other thing that I certainly don't mind mentioning – and it was a key finding of the report – is that for health professionals that work in the system, particularly in the early days of Alberta Health Services, there was a significant lack of clarity about whom they were to go to with a question about how a decision was to be made or a question or concern with respect to a patient or a number of other matters. I think that confusion resulted in some of the problems that we saw that were identified by the Health Quality Council report.

As much as this may seem to some as an issue that is studied often, I think it is a critical issue to not only address the concerns that were raised in the Health Quality Council report but to put us on a solid course for the future, where people have a very clear idea about how things work, about whom they go to when they have a question or concern, about how they advance an idea or an innovation about health care that they may think is critically important for the future. I support that, Mr. Chair, because I believe it supports cultural change and cultural improvement within our health care system, and we will vigorously pursue that recommendation to those ends.

There were a number of other issues that were raised by the hon. member. Again, as I mentioned in answer to a previous question, with respect to staffing for the south health campus this has been something I've been keeping a close eye on. I have been assured repeatedly by Alberta Health Services that the recruitment process is moving along well, that it is not simply an attraction of staff from other sites within Calgary but that, in fact, this new facility – and if members haven't had a chance to tour it, I strongly recommend it – is going to be a destination of choice for many of our new graduates both from within Alberta and from outside the province. It is an amazing place for people to work not only because of the excellent clinical facilities but also because of the focus on wellness and wellness-related programs.

For members that don't know, there is a complete YMCA facility that is going to be located within the new south health campus. There are very strong linkages between the family outpatient clinics and the local primary care network that will support a smooth transition from community-based primary care to specialist care within those outpatient clinics to other clinical services within the hospital. As with most innovation in health care, Mr. Chair, the focus here is on integration, and that means appropriate staffing and staff working together.

Thank you.

The Chair: Thank you, Minister. The 20 minutes for the Wildrose Party has been reached.

Now the chair shall recognize the hon. Member for Edmonton-Highlands-Norwood. Do you want 20 minutes together or 10 minutes?

Mr. Mason: I think I'll take 10 minutes. If the minister is unable to answer in his 10, he can provide it in writing, and that would be great.

The Chair: So 10 minutes.

Mr. Mason: Thanks very much, Mr. Chairman. Mr. Minister and your staff, my first question is about the East Edmonton health centre, which was intended to provide urgent care. Today, almost two years after it officially opened, many of the centre's facilities sit empty, including the urgent care clinic. There's clearly a need for urgent care in northeast Edmonton to alleviate the strain on the Royal Alex emergency department. My question is: given the wait times and that the Royal Alex has continually missed the AHS targets by a wide margin, when will the East Edmonton health centre's urgent care facility open to provide people on the north side of Edmonton with emergency care times and the urgent care that they require?

Does the health minister know what the cost is of leaving the urgent care facilities in the East Edmonton health centre dormant year after year? Has he considered the cost of opening the urgent care clinic against the much greater costs to the health system of the continuing overload of the Royal Alex ER?

The next section is on physician compensation. Physician compensation is budgeted at $3.2 billion, an increase of $110 million from last year's budget. On February 27 the minister imposed a one-year compensation arrangement which will increase per capita funding for the primary care networks from $50 to $62 and a 2 per cent increase in fee-for-service and alternate relationship plans. The increase for PCNs will cost $33 million, and the increase in fee-for-service and alternate relationships will cost $60 million.

The AMA said that these increases were insufficient. From the AMA's The President's Letter on February 28: "The 2% increase in fee-for-service funding and alternate relationship plans will not cover the increases in office overhead costs for the two years of the imposition." And further: "The increase in funding for PCNs to $62 per patient will help, but the $12 is no more than an inflationary adjustment to the original $50 set nearly nine years ago." The question is: does the budget cover the $93 million it costs for the compensation arrangement that the minister announced last month?

4:30

The president of the AMA, Dr. Linda Slocombe, has said that the AMA's main priority is to have physicians at the table where the key decisions about health care are being made. The question is whether the AMA did have any say in the compensation arrangement that's been imposed on them. I'm not talking about previous negotiations here, Mr. Minister, but the decision to impose an agreement.

The Canada Health Act requires that health professionals receive reasonable compensation for the health services that they provide. The act also states that disputes over compensation will be settled by conciliation or binding arbitration. The AMA has signalled its willingness to submit the dispute to binding arbitration. So the question is: why has the government rejected binding arbitration to settle the dispute? Is the government concerned that the failure to arrive at an agreement with the doctors could put it in violation of the Canada Health Act?

With respect to emergency room wait times and long-term care under the five-year funding commitment for Alberta Health Services its base operating grant will increase by 6 per cent, from $9.6 billion to $10.2 billion. The Health Quality Council of Alberta's report found that the delay in ED patients being moved to an acute-care bed after a decision has been made to admit them is the greatest constraint and, therefore, the issue that needs to be addressed first. Acute-care services are increasing $220 million, or 6 per cent.

Emergency room wait time numbers for last week remained well below AHS targets. The AHS target is that 75 per cent of patients are discharged within four hours by March 2012. In the Edmonton area only the Stollery children's hospital met the target. AHS also has a target of 60 per cent of patients being admitted within eight hours by March 2012. No hospital in the Edmonton area came close to the target.

Mr. Chairman, one of the Health Quality Council report recommendations for reducing waiting times in emergency departments is for Health and Wellness and AHS to review the need for long-term care and supportive living based on detailed forecasting methods. The most recent AHS performance report indicates 675 people waiting in acute or subacute beds for a placement in continuing care while another 1,140 are waiting in the community. The question. In the past few years we've seen the government back away from its previous commitment to expand long-term care. This shortage of long-term care is key to reducing ER wait times. What steps is the ministry taking to provide spaces for those individuals who have been assessed as requiring long-term care and are waiting in acute care or in the community? What is in this budget that will address the long waiting list for long-term care?

In terms of continuing care two years ago residents of the Edmonton General continuing care centre were told that they'd be moved to a new long-term care facility, Villa Caritas. That facility was then changed to a geriatric mental health facility. As a result, the Edmonton General residents have been left in a residence that is in serious disrepair, with leaky roofs, an elevator that often breaks down, and doors that won't open for wheelchairs. My question is: is there anything in the budget to give residents at the Edmonton General reason to hope that the problems in their facility will either be fixed quickly or that they'll be able to move to another long-term care centre?

The Health Quality Council report's recommendations concerning cancer surgery wait-lists are that AHS standardize surgical wait-lists and make surgical oncology wait-lists a priority, that it invite stakeholders to participate in the lung cancer surgery project so that stakeholder needs are considered, and that it develop a comprehensive physician staffing plan to ensure long-term viability of its lung cancer surgery project.

The most recent AHS performance report shows that the wait time for referral for radiation therapy to first consultation with a radiation oncologist is six weeks. The target is four weeks. The reported wait time from ready to treat to first radiation therapy is 3.6, which exceeds the target of four. Question. The performance report indicates the problem area is in wait times for a consultation with a radiation oncologist. What in this budget will help assist with an attempt to reduce those particular wait times?

According to the most recent AHS performance report hip replacement wait times were 39.7 weeks. The target is 27. Knee replacement is at 49.9, and the target is 35 weeks. Cataract surgery wait times are 36, but the target is 30 weeks. The difference in wait times between the zones is often significant. For example, the year-to-date wait time in Calgary is 44.1 weeks while in Edmonton it's only 35.9. The question is: does the greater reliance on private surgical facilities in Calgary for cataract surgeries have anything to do with a significantly longer wait time in Calgary as compared to Edmonton?

In terms of drug benefits for seniors: $552 million in Budget 2012, which is a decrease of 7.2 per cent, or $43 million, over the previous year. The government has made no changes to the seniors' drug benefit, notwithstanding that they've made a couple of false starts with respect to that, and the government is estimating a reduction of $43 million on seniors' drugs this year. The question is: given the increasing size of the seniors population and the increasing costs of prescription drugs can the minister give an indication of why the government's costs for seniors' drugs are decreasing by $43 million?

The Health Resource Centre in Calgary was a private surgical facility providing knee replacements. It closed in November 2011 after a legal dispute with Alberta Health Services, which ended in an out-of-court settlement. Earlier in 2012 AHS agreed to provide funds to the HRC to help it stave off bankruptcy. The media reported that costs to AHS could have been up to $4 million.

Networc, the company that owned the HRC, claimed that AHS was the cause of its financial problems because it entered into a long-term lease agreement with the understanding that AHS would contract them with 3,500 procedures, which is triple the number they were performing in 2010. AHS disputed this and said that they honoured all contractual obligations. My question is: what were the costs to AHS in terms of legal fees and receivership fees in the Health Resource Centre case? How many hip and knee replacement procedures could have been performed with that money?

Mr. Chairman, that concludes my questions.

The Chair: The hon. minister.

Mr. Horne: Thank you, Mr. Chair, and thank you to the hon. member for the questions. There are quite a number of topics raised there, and I'll attempt to address as many as I can here in the time that we have.

First of all, the hon. member inquired about the status of the urgent-care centre in his constituency at the new East Edmonton health centre. I'm pleased to tell the hon. member that I have been following up on this specifically over the last few months since I have been the Minister of Health and Wellness. The government is committed to opening that urgent-care centre. I hope to have some additional news about this very soon for the hon. member. As I think many people know, this is a tremendously needed health centre that serves a part of the city that has a very high number of unattached patients. What I mean by that, Mr. Chair, is that there is a large number of people in that community who are relying primarily on emergency departments, specifically at the Royal Alexandra hospital, in order to access health care, frequently on an episodic basis when a specific or an urgent need arises, without the opportunity for follow-up as we would like at the primary care level.

Part of the importance of that follow-up is the availability of nonemergency care, so urgent care, as the hon. member describes. I think that once the urgent-care centre is open and fully operational, we will begin to see a much better opportunity for residents of that community to be more connected on a more frequent basis to a health care provider in or near their home community. I think that is very good news and something, certainly, that we want for all Albertans.

The hon. member also questioned the reduction in projected costs for generic drugs as part of the Alberta Blue Cross for seniors plan. The projected reduction is $7 million. It's not $43 million; it's $7 million. The reason for it, hon. member, is that it is a result of the government's previous decision to pay less for generic drugs for government-sponsored programs.

We have been reinvesting these savings in a number of ways. One that was talked about earlier in the discussion this afternoon is in support for pharmacists, to offer them a full-scope pharmacy services framework that, in fact, recognizes their status as full partners of the health care team, offering a range of professional services to their clients and not simply the traditional notion of pharmacists as simply dispensers of medication. I am looking forward as we go into the future to looking at how we can invest some of these savings in other ways.

I'd point out to the hon. member that in this current budget before the House the projected savings on drug costs in other ministries is, I believe, in the order of $15 million. It's not only a savings experience within my ministry but in other ministries such as Human Services and Seniors that actually also have drug benefits programs for the Albertans that they serve. Again, I think that is good news.

4:40

The hon. member – and I want to spend a little bit of time on this – also talked about emergency department wait times. It is obviously an issue that we are all concerned about in Alberta. While I want to get to some of the specific strategies here in a minute, I think it's important to note for all hon. members that the volume in our emergency departments, the number of visits, is increasing. In the last year it increased by an average of 17 per cent across the province. That is certainly in part a function of the demand for emergency room care, but as the hon. member I think also pointed out by way of his last question around the East Edmonton health centre, it is also a testament to the need for more primary care available to our citizens close to home.

While it is true that the acuity level of patients who come into many of our emergency departments is very high, we believe that often that acuity is a result of not being able to have regular interaction with a physician and with other members of a health care team that can help someone manage a chronic disease to avoid an acute episode that results in the need to visit an emergency department. So improving the availability of primary care is absolutely one of the key strategies to reduce emergency department wait times.

We have also seen strategies that include search capacity protocols to meet demand, the real-time emergency department patient access and co-ordination system, to direct patients to emergency departments with shorter wait times, and new smart cards that provide emergency department physicians with quicker and secure access to patient health records. We are reporting real-time wait time information to the public for Edmonton hospitals to help patients steer themselves to facilities with shorter wait times.

Within the emergency department itself – and this is a credit to emergency department physicians and other staff – we have seen many innovations that reduce length of stay although the length of stay still varies across sites. I'm talking about length of stay within the emergency department. The volume of patients is also a factor in this, the complexity of patient conditions is a factor in this, and capacity limitations. We have seen greatly increased operational efficiency.

Those numbers don't always show up, Mr. Chair, when we look at the two key indicators that the hon. member referred to, and I can give you a very specific example. In one of my recent meetings with emergency department physicians and AHS they pointed out that there was actually quite a large number of patients who present at the emergency department with a specific need but that require assessment by specialists and require access to diagnostic equipment, to diagnostic processes within the hospital to provide the necessary information for a decision to admit or not to admit to be made. In some cases the time to do this exceeds the eight-hour target that we have set as the outer limit for admission of emergency in-patients within the hospital environment.

So one of the new initiatives that will be rolled out quickly is the development of what are called clinical decision units. These are separate areas outside of the emergency department where patients who are awaiting this extra assessment and diagnostic workup can be seen appropriately and cared for appropriately until such time as there is enough information to enable a decision to admit.

While some people, Mr. Chair, might think this is, you know, an unnecessarily detailed and arduous process, I think we have to remind ourselves that our population is aging. There are much higher numbers of people with not only one chronic disease but two and sometimes three chronic diseases, on a variety of medications, and some without attachment to a primary health care provider. What this results in is a much higher level of complexity for quite a few people that present at an emergency department. So I think this step, along with the others that we've mentioned, is absolutely key in reducing emergency department wait times.

The other thing I'll just mention quickly on this theme because it is such an important topic is the Health Quality Council's comments about the occupancy rates in our acute-care beds. While we have focused extensively on these two targets in the last year, the eight-hour target and the four-hour target – and they are very important – the quality council says that we need to do a better job of managing our acute-care inventory across the province.

Now, in Calgary there is a shortage of acute-care beds, and that will be greatly alleviated with the opening of the south health campus. We have seen a number of our facilities operating at 100 per cent, 110 per cent of occupancy for quite an extended period of time. That's due to volume increases, but there are also things that we can do, that were discussed in this report and that I've discussed with Alberta Health Services, to make better use of those beds.

Those include, certainly, attention to people who are waiting in acute-care beds – and I'm going to differ in language with the hon. member, and I'm sure that he anticipates this anyways – who are waiting for admission to continuing care or who are awaiting sufficient home care support at home because they don't have it through family or other means to be able to return home.

So the $25 million in this budget on top of the $450 million that Alberta Health Services already spends on home care we think is going to certainly make an impact for those patients waiting in hospitals who could return home if for nothing else than having a higher level of support. But we do need to keep the focus on this.

The last time I discussed this with Alberta Health Services, 8 out of 10 placements to continuing care in Alberta were going to people who were awaiting acute-care beds in our hospitals. Now, I say that knowing that we have to also meet the demand that is in the community for access to these spaces as well. We certainly can't forget about those people. But the priority for placement to continuing care is about 80 per cent for patients that are waiting in those acute-care beds.

The other thing that is being discussed that is going to be a function of the physician leadership and working with other professionals is optimizing discharge practices in our hospitals. Now, that does not mean sending people home before they are ready. It means sending them home in a timely way when the supports are available to them.

The Chair: Your 10 minutes are up.

You still have about a minute.

Mr. Mason: Thank you very much. I will thank the minister for his comments with respect to the East Edmonton health centre, the

urgent care centre. I await with great anticipation that happening because it is, as the minister mentioned, a very underserved part of the province in terms of health care professionals, and that is why they overutilize the ER. I hope this will go a long way towards helping the general health of the population in the area that I and some other members represent. So I thank him for that.

I just want to follow up with the long-term care thing. For the life of me, I can't figure out why the government is doing what it's doing when this is so key to solving the ER problem, which I think they actually would like to try and figure out how to do. So does this mean that the whole definition of long-term care is being thrown overboard by the government, that it's no longer a valid definition that you are using which involves nursing care and so on?

The Chair: Thank you, hon. Member for Edmonton-Highlands-Norwood. That completes the 20 minutes between you and the minister.

The next 20 minutes is for the hon. Member for Calgary-Currie. Do you want to use the 10 and 10 or 20 together?

Mr. Taylor: I think we'll go with the 10 and 10. I've been listening to the debate so far this afternoon, and the minister is giving rather complete answers, and I think there's some useful information in there. I'd rather take that approach than try to do it back and forth in a relatively short period of time, which is what 20 minutes is.

I'll start out by saying that there certainly is no shortage of money in this budget, certainly no shortage of money being added to this budget compared to last year. If money was all it took, I guess we would have a phenomenal health care system in the province of Alberta, one where not only everybody talked about the quality of care once they find the magic words to get into the system but where we wouldn't need magic words to get into the system, where we'd actually be able to access it and get appropriate care and timely care whenever we needed it. But the minister and I and everybody else in this House and everybody in Alberta knows that that, unfortunately, is not the case.

4:50

As I've been sitting here, Mr. Chair, listening to the debate so far this afternoon, it hasn't exactly sparked a whole lot of optimism and hope in me. It's not for lack of trying. I mean, the minister just a few minutes ago ran through quite a number of initiatives that he intends to try. The minister and the government have also adopted all 21 recommendations of the Health Quality Council of Alberta report. I want to acknowledge that because in the controversy around the limited terms of reference on the public inquiry that is to follow this, I don't think the government and the minister have been given enough credit, quite frankly, for saying that, yes, all 21 of those recommendations are valid, and we will accept them all, and we will act on them all.

Part of what troubles me here, Minister, is that when the Health Quality Council released this report, Dr. Cowell was asked in the media conference: if every one of these recommendations was adopted and acted upon, how long would it be before the people of Alberta actually saw tangible results, actually saw a noticeable difference to the better in the way our health care system operates? If I remember correctly – and I think I do – the answer came back from Dr. Cowell that it would be something in the neighbourhood of five years plus.

He referenced some of the practices of the old Chinook health region, which he referenced frequently throughout his media conference as a model for where we want to go. In answer to that specific question, Minister, he referenced the Chinook health region in terms of it taking two years for the initiatives that they took to make a significant difference in their region. That was one region out of what used to be nine, out of what used to be 17 before that. We're talking about a whole province. You want to talk about chronic, complex conditions. The province of Alberta, if it were a patient, would be a real challenge for its doctor, I'm afraid, where the health system is concerned.

I'm going to pull together here a few things that don't necessarily right at first glance look like they're meant to go together. This is mostly from the business plan, starting on page 39. I'll start with goal 1.1.

> Ensure effective governance and accountability of the health system by clarifying the roles, relationship and responsibilities of the ministry and Alberta Health Services; providing health system policy direction and oversight; and strengthening the measurement and reporting of health system performance.

Then I will jump to and just throw in here goal 3.2. "Begin implementing Family Care Clinics." I'm still not clear, Minister, what these family care clinics are going to be, how they're going to operate, what they will consist of, what their goals will be. Most importantly, I haven't the foggiest idea how Alberta Health and Wellness and Alberta Health Services intend to measure the performance and the success of these three pilot clinics so that they'll know at the end of the pilot project whether this is a route that we want to go or not.

Also, goal 3.5, "Provide appropriate access to services across the continuum of care by increasing coordination of health and social support systems," which certainly sounds like a worthwhile initiative. I mean, the minister and I have been talking probably more frequently than he would like this close to an election about my proposal to move support services for the brain injured from Alberta Health Services to Alberta Seniors, where the model as practised by PDD, which lives under Alberta Seniors, is more of a community model versus the medical model that Alberta Health Services in many cases rightly practises, but in some cases it's not the most appropriate way to go.

As I look at this, I'm seeing a little sense here that Alberta Health and Wellness and, presumably, by extension Alberta Health Services – I'm never really sure where the lines are and the boundaries are and where they get crossed between AHW and AHS, and that brings me back to goal 1.1. How is this going to be defined, and how are you going to ensure that you've learned from your past errors, because there have been plenty, and how are you going to make sure that you actually improve the system with a little bit of political oversight, without political meddling, et cetera, et cetera? How are you going to restore the confidence of the people of Alberta, who, I think, feel that a good part of the problem with the health care system in this province is that politicians have been involved and have been messing it up?

This notion now that you're going to take a system that has been geared to the medical model, which is diagnosing what's wrong with the patient and curing the patient, and try to move it to more of a community model, that recognizes that sometimes the patient can't be cured, that sometimes the chronic condition or conditions the patient is suffering from have to be managed and sometimes the patient has to be managed in a different context, in a different environment – it's a different attitude from fix what is broken. Fix what is broken is so culturally entrenched in the health care system in this province now that I'm very intrigued to hear how this effort to co-ordinate between health and social supports is going to reframe the culture, reframe the mentality inside the health care system.

We have to touch on continuing care because if we've been paying attention, we have known for years and years that the population is aging, and as it ages, it is developing chronic illness and becoming more complex and more expensive for the health care system to manage. We've known that there is a looming shortage of continuing care beds, both nursing home and long-term care beds, and assisted living beds. We've known that there's a shortage of home care, yet we are spending $450 million on home care and adding another $25 million to that. What are we getting for the money that we're spending there?

Sometimes I can be a pretty black-and-white, simple, straightforward kind of thinker, to my detriment, but it strikes me that maybe part of the problem with this system, this monster that we've built here and its nearly $16 billion budget, is that we overthink a lot of stuff. I mean, if there's a blockage at the front end with emergency care because there's a blockage at the back end with people tying up acute-care beds because they can't get into long-term care because you haven't provided enough of it, isn't the answer rather self-evident, that at the tail end, if you will, you need to focus on providing the long-term care access and space that an aging population needs so that you don't clog up the system?

And, please, let's not refer to them as bed blockers because that blames the victim. The people who are stuck in these acute-care beds waiting for a placement somewhere in long-term care, we hear them referred to as bed blockers, and that's really a tragedy. That adds insult to injury because there they are completely powerless, and they're getting blamed for all the backlog, all the stoppage in the system because of that. I'd like to know why there is not more focus on that. I'll turn it over to the minister.

The Chair: Hon. member, your 10 minutes have been reached.

Hon. minister, you have the next 10 minutes.

Mr. Horne: Thank you very much, Mr. Chair, and thank you to the hon. member for the questions. I will endeavour to provide as many answers as I can.

I guess the first theme – and this was actually a theme, I think, throughout what I heard from the hon. member – was his concern with the total cost of the health care budget. The budget before the House, Mr. Chair, is for $16 billion. That is a very significant amount of money. It is, in fact, the highest spending on a per capita basis on health care in Canada, second only to Newfoundland and Labrador.

One of the things that I've observed over the years and also now in the role as minister in discussion with other ministers is a new way of looking at this issue. Traditionally we've talked about spending as a percentage of the total provincial budget; in this case, we're looking at almost 40 per cent of the budget. Ontario and Quebec are nearing 50 per cent of spending of their provincial budgets on health care. It's a lot money, and it's a lot for people to deal with conceptually in terms of how to use the resources to improve the system.

What we know, Mr. Chair, very clearly now, based on the evidence, is that the outcomes from the health care system in terms of the health status of the population, health care outcomes as a result of the interaction with the system, and health system performance overall in terms of the broader performance indicators are not directly related to the amount of money that is expended on health care services. In the case of Canada, for example, we are the third-highest per capita spender in the Organisation for Economic Co-operation and Development countries, but our performance indicators in areas like health status and health system performance are consistently at their best in the middle of the pack.

5:00

That is not to say that you don't need sufficient resources in government in order to deliver high-quality care, and we are very fortunate to have been able to do that in Alberta. But I think the discussion has shifted across the country from only the issue of cost to the issue of the value that is attained from the health care dollars that are expended. Those value indicators are in the areas of things such as wait times for care, but they are also expressed in the health status of our population.

As I said earlier this afternoon, a concerning fact for me, certainly, in my role is that this generation of children in Canada are expected to have a shorter life expectancy than the generation that preceded them. That tells me that we're not doing enough to prevent children from developing conditions which lead to chronic disease, conditions like obesity. It tells me that we still need to do more in the area of mental health and addictions. There are many things that we need to do, in fact, in some cases just doing more of what we know works, to provide the interventions that are necessary to show a marked improvement in the health status of our population.

As I discussed in answer to an earlier question this afternoon, from 1996 to 2010 the life expectancy of Albertans has increased. That is good news, but we also need to keep a check on many other factors that have an influence on our health status.

We talked a lot this afternoon, Mr. Chair, about strategies to reduce wait times in emergency departments, and I won't cover that ground again.

In terms of the Health Quality Council report and the health system as a whole I guess what I would like to say to the hon. member and, I guess, through him to anyone who may be monitoring this discussion is that the Health Quality Council in no way suggested that the entire health care system in this province is broken or dysfunctional. They were asked to look at three specific areas: emergency department wait times; allegations with respect to the deaths of patients on waiting lists for lung cancer surgery, which were found to be unsubstantiated; and thirdly, issues with respect to physician advocacy in the health care system. While those are three very important areas and they were areas that were thoroughly investigated, those findings are not an indication that we have not achieved and continue to achieve very significant success in this province in terms of what we're offering to Albertans.

If we take a moment, Mr. Chair, to look at the volume of services that are being provided, we can see that for the fiscal year ended March 31, 2011, we had 364,000 hospital discharges in this province. We had 117,000 urgent-care centre visits, 758,000 calls to Health Link, 3,156 primary hip replacements performed in a province of 3.8 million people, 4,395 knee replacements, 33,700 cataract surgeries in a single year, 333,000 CT examinations completed, and 177,000 MRI exams. The number of services on a per-patient basis in Alberta for the year ended March 31, 2011, was 12.37 services per patient. That compares to 11.95 in the fiscal year that ended March 31, 2007. So the volume of our health care services continues to increase.

One thing that we as a government are quite mindful of is the proportion of that volume that continues to increase in hospital-based care and acute care versus the increase in the volume of care that is delivered in the community. We are working very diligently with the various health professional faculties, with Alberta Health Services, with the quality council, and with other stakeholders to try to identify opportunities where we can provide care in the community that had previously been provided in hospitals.

We think this supports a better quality of care, Mr. Chair, where it's deemed appropriate for the patient by a health professional. It

obviously supports the delivery of care closer to home. It supports a higher degree of attachment between the citizen and a family and a team of health care providers, doctors and nurses and others, that are trying to meet the needs of a given community. We think it gives our health care system the best opportunity to influence better health status for our population with respect to future generations. It really gives us an opportunity to get a handle on chronic disease management, to reduce the incidents there, to provide early intervention in mental health and addictions, and to do so much more because of the fact that we're working in a team-based care environment and that we're delivering as much of the care as possible close to home.

It also affords an opportunity, Mr. Chair, to improve linkages between the primary care system and the acute-care system. We have very successful examples of primary care networks in Alberta that have developed specialist linkages. They have negotiated relationships with individual specialists across disciplines that allow for speedier access to specialists by citizens who are part of the primary care network. We want to build on this as part of the family care clinics in the future.

The hon. member also inquired about differences between family care clinics and primary care networks. There are a number that I discussed in answers to earlier questions this afternoon. I would sum it up again, Mr. Chair, by saying that the attempt here is not to develop yet another cookie-cutter model and attempt to implement it in a uniform way across the province. Our family care clinics are noted for their innovation, for their unique programming. In the same way that primary care networks have been successful in this regard, family care clinics will be equally successful in the future.

The three pilot family care clinics will be owned and operated by Alberta Health Services, but opportunities do exist, Mr. Chair, for the FCCs to be community owned in the future and to be physician owned. That is a distinct difference from the current primary care networks, which are a program that is embedded in the former trilateral master agreement.

Through FCCs Albertans will have access to a wider range of care providers who are working in teams, including nurse practitioners, registered nurses, mental health workers, dieticians, physical therapists, pharmacists, and family physicians. That is not to say that other disciplines aren't represented in our primary care networks now, but we see an opportunity here, Mr. Chair, to expand that further, to provide Albertans with more direct access to those other health professionals, not always through a physician.

We see opportunities to improve linkages between family care clinics and community organizations that are not health-specific. I'm talking about organizations like the Canadian Mental Health Association, the Salvation Army, community housing organizations, employment training organizations, peer counselling and support organizations, our schools, and other organizations that have a bearing on the success we hope to achieve in primary care.

The Chair: The next hon. member on my list is the hon. Member for Calgary-Foothills. You have 20 minutes with the minister or just 10 minutes for you.

Mr. Webber: Well, let's just do the 10 and 10, Mr. Chair. That would work for me. I don't even know if I'll take the 10, but I'll focus on this.

I do have a couple of questions for the hon. minister regarding specifically organ transplants here in the province of Alberta. First of all, I want to share some statistics with regard to organ transplants here in Alberta. In the past five years, Mr. Chair, 214 people have died waiting for organ transplants here in the province. That is the third-highest number among provinces here in Canada. There are currently about 556 patients waiting right now for transplants here in Alberta, and that waiting list has doubled within the last 10 years here since 2002. Also, family consent has gone from 80 per cent down to 45 per cent since 2002.

5:10

Back in 2002, hon. minister, Alberta's organ donor rate was about 17 donors per million population. That, of course, has steadily decreased, and currently the Alberta rate is at about nine donors per million, which is, Mr. Chair, the worst in Canada. The national average was about 14 donors per million back in 2009.

Now, Ontario, British Columbia, and Nova Scotia currently do have organ donor registries, and Manitoba is currently setting one up. Of course, Alberta has a population of about 3.7 million people and recorded over a hundred thousand deaths from all causes in the past five years. Of those deaths, Mr. Chair, only about 180 donated their organs. That is less than .2 per cent of the population. As a comparison, British Columbia has a population of 4.5 million and has recorded 117 people who died while waiting for transplants within the past five years.

The current situation here in Alberta, Mr. Chair, is that in order to donate organs upon death, Albertans have to sign the back of their health care cards, of course, before they die. When donors pass away, the onus is on hospital staff to approach grieving family members to consider consenting to organ donation. Even if the card is signed, though, families have the final legal say as to whether or not they want their loved one to donate their organs and tissues.

The proposal that is out there, Mr. Chair and hon. minister, is to create a provincial government organ donor registry system to allow Albertans to register online their willingness to be a donor. It's definitely an opt-in way of indicating that you want to donate your organs. In this manner when donors die, hospitals can immediately access registry records rather than searching through to try to find their health care cards to see if they've signed the consent.

There are many benefits with regard to having a registry system here in the province, Mr. Chair. It will certainly ease the task, of course, of front-line health care workers who have to approach family members by demonstrating the prior consent of their loved ones. There is a consensus in the organ transplant community that a registry together with an awareness campaign is definitely necessary. An Alberta organ donor registry website could be linked to the already existing e-health records network to create a central database accessible to critical care staff.

The Alberta government has already agreed to an approved donation strategy, but it was never implemented. The report from the Alberta Advisory Committee on Organ and Tissue Donation and Transplantation was never implemented.

The Alberta government already does collect personal information on residents via registries, so it would be straightforward to co-ordinate the donor registry with Service Alberta or with Alberta Health and Wellness.

B.C., Ontario, and Nova Scotia already use this system to successfully manage a donor registry program. Of course, the costs of running a registry, I would think, would be considerably minimal compared to the escalating costs of keeping patients alive through incredibly expensive dialysis or ventricular assistive devices and, of course, hospital stays.

I guess what I have to ask the hon. minister is: where are we with moving forward and creating an Alberta organ and tissue donor registry, and can we expedite this process at all? Those would be my questions, Mr. Chair.

The Chair: The hon. minister.

Mr. Horne: Thank you, Mr. Chair, and I really want to thank the hon. Member for Calgary-Foothills for raising this issue. It is something that we have started to discuss between ourselves fairly intensely over the last few weeks, and I expect we'll continue to do so in the future.

I think the other thing I would want to acknowledge is that there are members on all sides of this House that have done extensive work on this issue over the years. The notion of a provincial organ and tissue donor registry is not a new idea to be discussed in this House. That being said, I began some investigation into this area. I think one misconception that I became aware of, actually, as a result of my discussions with the hon. member was that the leadership for the development of provincial organ and tissue donor registries was actually coming from Canadian Blood Services, and while it is true that Canadian Blood Services has an organ and tissue donation strategy developed, they are very much focused on connecting provincial and territorial organ and tissue donor registries through the expenditure of funds that have been allocated for that initiative.

As the hon. member said, a number of our colleague jurisdictions have actually developed electronic organ and tissue donation registries with great success. As he said, the purpose of the registries is to allow citizens to affirmatively register online their intent to donate organs and tissue in the event that their organs and tissue become available through accident or through other unfortunate circumstances.

I think that when we listen to the statistics that the hon. member presented and listen to some of the personal stories, that he is aware of, of individuals that have been waiting for long periods of time for transplants, I think we have to take serious note, Mr. Chair, that this is an unmet need within our province and that the trend, in fact, as the hon. member pointed out, to donation is decreasing.

When we talked about this the first time, I asked him how that was measured. It's actually measured on the basis of the response of individuals at the time family members are asked whether or not they would consider organ and tissue donation. As we've heard and, I think, as all members know, all too often there is no affirmative declaration of intent on the part of the person because of the failure to sign the back of the organ donor card or lack of clarity or communication with family members about the specific wishes of an individual in the event they are placed in that circumstance. So I think there is a huge need for us to pay some immediate attention to this issue.

One of the things I haven't had the opportunity to do quite yet is to talk to some of the other ministers in the jurisdictions that have implemented the electronic registry. We've expended a lot of money in this province to develop Canada's first electronic health record. It would seem to me a logical conclusion and perhaps an expectation of Albertans that that electronic health record could be used to support this type of initiative. That being said, I know that it's a complex issue, and I am not yet in a position to say that I have a complete understanding of all of the issues that are involved.

Quite often in our discussions issues such as confirmation of the declaration of intent as an individual ages over time are sometimes raised. We also have to consider the plight of emergency room physicians and other staff who are charged with making requests of family or, in the absence of family, of other people who know the individual and the challenges there again sometimes in establishing the competency of the individual at the time they made their declaration known. I need to make more study of this, but I'm sure there are also challenges embedded in legislation in this province that govern patient confidentiality and privacy.

As much as I agree with the intent and the need, I need an opportunity to better understand the complexity, but it is something that I am committed to pursuing in Alberta. I am going to need the support of colleagues on all sides of the House to raise awareness about it and to deal with particularly the area of any legislative or regulatory barriers that may be in place. I think we have to look to our own citizens, the people that we serve, our constituents, to do the necessary consultation, to build on the consultation that has been previously done by others in this House, and to make sure that we have a clear sense of where Albertans want us to go on this issue.

I don't know any of my constituents or any of my friends or family that would not be alarmed by the statistics that the hon. member presented when he asked these questions. That decrease in the willingness to donate is something that we must be prepared to address.

5:20

As much as the information technology and the legislative and regulatory considerations and all of those other processes are a factor in this, I think a renewed public dialogue on this issue is also important. It will help to establish the case for what needs to be done. It will likely give us confirmation, I think, of the intent or the desire of Albertans to see government move on this issue, and it will propel us to find a solution faster rather than simply prompt further study on an issue that, in my personal opinion, has been quite extensively studied in this province.

I look forward to pursuing investigation of this further with the hon. member and to learning from him, learning from others in this House who have taken a close look at this over the years, and to establishing through dialogue with our constituents the intention and the willingness of Albertans for us to move forward on this as quickly as we possibly can.

Thank you, Mr. Chair.

The Chair: Hon. member, you still have some minutes. Okay.

Then I shall recognize the hon. Member for Edmonton-Riverview.

Dr. Taft: Thanks, Mr. Chair.

The Chair: Do you want 10 minutes?

Dr. Taft: Well, if I could ask the minister: if I promise to not make my questions too long, do you promise to not make your answers too long so that we can have a few exchanges? Okay. I appreciate that.

The Chair: So the dialogue will be 20 minutes.

Dr. Taft: We'll go for 20 minutes. That's right. So now the pressure is on me to be to the point. I'll do what I can.

First of all, I missed the introduction of your staff. I want to open with a couple of comments. I appreciate the minister's comments over the last few months since he became minister about the need for stability. Your deputy minister is now – I've kept track – the 13th deputy minister in 20 years. I hope she has a longer life expectancy than previous ones. This minister is at least the fifth minister in the 11 years that I've been an MLA. Stability would be welcomed, and I agree with the minister that that's important.

I also noticed the minister in response to one of the other questions talking about overall spending in Canada on health care compared to OECD countries. I want to start with this general comment just as a piece of information that I think is important for all of us to know. I was startled in doing some research last year

that the CIHI actually compares Canada's spending on health care to other countries, as you say, and in total we're high. But what was startling to me was that the reason we're high is that we have a far larger private health care sector than I appreciated. So CIHI – and this is from their National Health Expenditure Trends, 1975 to 2011, which they published, I think, last year, and I'm just going to quote from that. "Canada, with private-sector per person spending of US$1,282, is among the top three countries with the highest per capita health spending funded by the private sector."

Actually, when you look at Canada's public-private portion – again this is straight from CIHI – Canada ranks 18th in the developed world for the portion of total health spending that comes from the public sector. That's just really important background, I think, for us when we talk about the need to introduce the private sector and so on and contain public health spending in Canada. Actually, I'm concerned that we've introduced a kind of a Pandora's box into Canada's health care system by opening it up to so much private health care spending and that that's driving some of the increases in costs. So that's a bit of background.

I also suspect that the large portion of private health care spending in Canada may correlate to our relatively weak performance. There is extensive research, despite some statements otherwise, that for-profit health care delivery tends to be more costly and lower quality, and we've got a very large portion of that.

Mr. Minister, with those background comments I want to ask this question. Over and over the Premier and the government talk about their support for publicly funded health care delivery. My concern is that it be publicly funded and publicly delivered. My question: does it make a difference to this government's policy whether it's publicly delivered or privately delivered for-profit or privately delivered not-for-profit?

The Chair: The hon. minister.

Mr. Horne: Thank you, Mr. Chair. Thank you to my hon. colleague for the question. You know, with respect to your opening comments about the source of funding and a comparison to other countries I take the information that you presented at face value. I haven't had a chance, obviously, to read it.

I guess what I would say in terms of my approach to this is that, first of all, I'm not sure I would agree that the source of the funding is always what necessarily makes the difference in terms of the quality of care that's delivered. I recognize there's a high degree of sensitivity around this, you know, across the country in different areas.

My thinking, actually, in recent years is that too much of the focus has been on the question of the total cost of care, both from public and private sources, and not enough focus has been on the value achieved from the expenditures that are made both in terms of the health care outcomes for the population and the indicators associated with someone's interaction with the health care system for surgery or, you know, for any reason. So I'm actually trying to take that approach to my role now. I think that value is really where we need to be focused.

Again, you're obviously well read and learned in this area yourself, but I'm not of the opinion that simply increasing funding, whether it's from the private or public sector, necessarily equates with better outcomes in the system. I'm sure you would be in agreement with that.

I can tell you that there have certainly been shifts in recent years in what the cost drivers are in the health system. In Alberta I'm told that currently pharmaceutical spending is 15 per cent of all spending. The private-payer portion of that cost is 55 per cent. So from the perspective of opportunities for other private funding sources in the marketplace to contribute toward high cost drivers in the system, particularly pharmaceuticals, I guess I'm not of the opinion that we want to discourage employers and others who sponsor these benefit plans from providing this coverage because when we are dealing with something that is as high cost as health care, of course, the dollars that we don't take advantage of from those other sources become an opportunity cost for things that we could be doing in other areas of the health care system like prevention.

Your specific question about publicly delivered. I know this is something that's been debated in the House before. My notion is that the role of government in health care is primarily one of assurance. That means ensuring the appropriate regulatory frameworks. Obviously, it entails making sure that the services provided are safe and that they're of high quality. It involves making sure that programs are sufficiently funded and, most of all, that the regulatory framework that applies in the delivery of health care is the same regardless, that the regulatory framework and the quality measures are identical and that they are, in fact, indifferent to the sources of funding.

I'll just close because I promised to try to be brief. I think one area where Alberta has a proud tradition – and nobody ever really talks about it. We talk about private, but we don't always talk about not-for-profit. If we look at the history of continuing care across the country and particularly in Alberta, the early pioneers in this area that were investing capital were, in fact, not-for-profit organizations like the Good Samaritan Society, like the Bethany Care Society in Calgary. I think, you know, it's clear today that the same standards in those facilities apply in Carewest or Capital Care facilities. The inspection process is certainly as onerous for the operators regardless. My parliamentary assistant, the Member for Edmonton-Ellerslie, is doing some work with the parliamentary assistant for Seniors to see what can be done to try to streamline some of those inspection processes and make them more effective but less onerous in terms of the demand on the operators.

I guess I don't share the opinion that the prime differential in the quality of care that's delivered boils down to the private versus public funding side. That's my view.

5:30

Dr. Taft: I'm not surprised. We'll just have to agree to disagree. I would take the position that it does matter who or what kind of organization is delivering that, and it matters for a number of reasons, but we won't belabour that in this setting because the time is so short.

I want to just go from those broad issues to a very, very specific one which illustrates perhaps some of the challenges between the private and the public systems. I have a constituent who over the last few weeks has had a very trying time with her father's care. He lives in I guess it's an assisted living, private, for-profit facility. It's a lovely facility. You walk through, and it's quite attractive. The staff are pleasant. But as soon as anything medically goes wrong at all, their response, since they have no medical staff, is to call 911, and then the person ends up in the emergency ward of a small rural hospital.

The hospital itself is filled, so the emergency room is backed up. I was there myself, and a person had been there for four days, in an emergency room in a small rural hospital. Something is wrong here. Part of the problem with the assisted living facility is that as soon as anything got at all complicated, their response was 911 – that was it – and the number of 911 calls is quite remarkable.

So there's a breakdown in the fit and the co-ordination, even in the very incentives between the two organizations. It's very clear

that the quality of care suffers but also that the costs are ridiculously high. What mechanisms are in place to help resolve those kinds of issues? How do we know that all across this province the private assisted living facilities aren't just treating 911 as their kind of instant parachute whenever there's a problem?

The Chair: The hon. minister.

Mr. Horne: Thank you, Mr. Chair. I would be very concerned about hearing about that sort of situation from a constituent myself. I guess there are a few things that come to mind and things that I don't necessarily know about the assisted living facility. If the facility is under contract to provide designated supportive living with Alberta Health Services, it is subject to a contract for the provision of that health care. That contract is backed by supportive living accommodation standards and continuing care health standards, which come under the purview of my ministry. Those standards apply to any facility in Alberta that is offering care.

In this particular case, you know, one thing that comes to mind for me is that if this facility is under contract, is it in a position to adjust the health care that they're delivering to residents as the residents' needs change over time? It sounds like that is probably not the case.

The hon. the Premier has introduced a concept called continuing care centres. A few months ago we announced two pilot projects in this area, one in Red Deer and one in Calgary. The continuing care centres are designed to facilitate aging in place. Hon. member, these two particular centres are going to be built by Covenant Health with support from the affordable supportive living initiative under the Minister of Seniors.

These facilities are actually built in such a way that the structure can be scaled up to offer someone what we have been calling in this House long-term care or a very high level of care in addition to supporting people with minimal needs. They assist in keeping individuals in their home communities and keeping couples together, and most importantly they're a model that is designed to allow for that flexibility to scale up care as someone's needs change, whether it's a gradual increase over time or whether it's in response to a specific episode, perhaps a complication from a chronic illness.

I don't know what happened in the particular case that you mentioned, but I think the way of the future and what I've tried to get across during question period is that we are trying to support a range of affordable living options for our seniors that bring health care to them in place. It is completely unacceptable that someone would have the experience that you just described.

Thanks.

Dr. Taft: How much time do we have left?

The Chair: You have six minutes.

Dr. Taft: Okay. Thank you.

My point with this is that we have fragmented the system, in my view, and in greater or lesser degrees I've kicked around the health care system for a very long time. We've fragmented those edges of the health care system, and it's very costly, and it's also very painful. Maybe we need stability, but there needs to be a much better meshing here.

I'm guessing that with just a few minutes left, this is going to seem like an odd question, but as I reflect back over the experience of regionalization now over 17 years or whatever it is, I find myself increasingly doubtful. Initially I thought: well, this makes a lot of sense. Then as I experienced the system from the bottom, I'm concerned that we may have lost the class of people who used to make the hospital system run so well, and those were the local hospital administrators and directors of nursing. What's brought this to me is spending time in this smaller hospital and just watching the problems there, where you have people staying four days in an emergency room, ambulances coming and going from, you know, the assisted living centre and elsewhere, all kinds of local issues, and apparently no one clearly in charge at that site.

Now, that's an impression. I might be wrong. My question, then, is: with all of that background, who is in charge of those individual hospitals that are spread all over Alberta? Is there still a hospital administrator equivalent and a director of nursing, or have we pulled that whole class of people out? Are they now somehow reporting to somebody much higher up?

The Chair: The hon. minister.

Mr. Horne: Thank you, Mr. Chair. I'm really glad that the hon. member asked this question. I think there may be a chance that he believes, like me, that health care systems are actually made up of individual clusters in a community of related facilities and providers and community organizations that work together to provide a continuum of care for a community. It's my belief – and this is simply my own opinion – that in the early days of Alberta Health Services one of the problems that we observed was quite a rapid centralization of decision-making authority that was quite a departure from the former regional health authorities or even, you know, the previous days of local hospital boards. I think that the current chief executive officer, Dr. Eagle, has done an awful lot to change that.

I'm not aware of what the position names are in the local hospitals – I've heard site manager; I've heard other titles – but I think the important thing is that we are seeing a trend toward restoring some of the basic decision-making authority around resource allocation, around staffing, and around other basic decisions that need to be made on a day-to-day basis to deliver care, the restoration of that authority and the accountability that goes with it at the site level, and I am very, very pleased to see that.

You know, once you have this in place and with the power of a common platform like Alberta Health Services, it is actually possible to take some pretty significant policy initiatives that have been developed, both short term and long term, and implement them in such a way that all Albertans can benefit equally. Far too often in the past, in my personal opinion, we saw excellent innovation in our local regional health authorities but not a lot of attention to or necessarily success in leveraging that best innovation for the benefit of the whole system. I think that with the right balance of local authority for basic decision-making about patient care and very strong attention and strong policy capacity in government, we can actually have the best of both worlds, so that's what I'm hoping to see more of in the future under Dr. Eagle's leadership.

5:40

I know I've had the opportunity to talk about this with the board of Alberta Health Services on a couple of occasions. You might have noted in the throne speech that there was specific mention made of enhancing the role of our local health advisory councils. Currently those councils are set up to advise Alberta Health Services on operational matters within the local community, which is an important role, but in my opinion the element that is missing and the element that I want to talk to the chairs of those councils about is their role in long-term service planning for their own community.

If we live in a community with a very small hospital, for example, that's serving an aging population that has more episodic

need for acute care, how do we plan for that as a community? What are the other options that are available to support that individual and perhaps avoid that hospital admission if it's not necessary? I think there are lots and lots of opportunities for those councils to play a greater role in the future.

I go back to my initial comment in this segment about the health system being a network of networks, if you will. I think many of the people that are serving on these councils are very key connectors in their local community. I think they're looking for a greater role, a meaningful role that recognizes their desire and their willingness to take on the responsibility for planning at the community level. In terms of the go-forward I will be doing all I can to support these improvements, hopefully resulting in the outcomes that you're looking for.

The Chair: Thank you, Minister. We've finished the 20 minutes.

Now I would like to recognize the hon. Member for Calgary-North Hill. Do you want 20 minutes or 10 and 10?

Mr. Fawcett: I think we'll go back and forth. There are a couple of issues that I would like to engage the minister on.

The Chair: Okay. Go ahead.

Mr. Fawcett: Thank you very much, Mr. Chair. I want to first of all congratulate the minister for delivering his first budget as the health minister. He probably has the toughest job amongst all of those along the front bench. There are a number of challenges, obviously, within his department both from a delivery and access point of view as well as from a financial point of view.

When I was elected to this Legislature back in 2008, I believe the percentage of the budget that the health care budget took up was about 33 per cent, about a third, and I think that with this budget it's up to 40 per cent. I know that I've made statements in this House before about studies out there that have been done by some of our universities and that sort of thing that show that in many of our provinces there's a good chance that sometime between 2020 and 2030 health care costs could take up close to 90 per cent of provincial budgets. I don't think we should allow those concerns to fall on deaf ears. You know, we do need to address those, and that's where I think the minister has a huge, huge challenge.

We know that at some point we've got to talk about cost containment within the health care system so that it is sustainable for future generations, but we need to do that at the same time as delivering services for what Albertans need today. That's a formidable challenge. I'd like to, like I said, commend the minister for trying to find that balance.

I guess the first question I would like to ask the minister is a pretty high-level question around the budget. What sort of initiatives, moving forward, can he undertake or is he starting to undertake that will find that balance in delivering greater access and health care outcomes for Albertans while ensuring that the financial costs of health care to us in this province aren't something that is going to cause us problems into the future and be unsustainable at a certain point in time? I just wanted to ask the minister to provide some feedback on that particular issue.

The Chair: The hon. minister.

Mr. Horne: Thank you, Mr. Chair, and thank you to my colleague for the question. We had some earlier discussion in the course of these proceedings today about the costs of health care. They are continuing to rise. To be quite honest with the hon. member, I think that they always will continue to rise somewhat above the level of inflation and population growth. I can tell you that in Alberta the average rate of growth in health expenditures over the last decade has been in the order of 10 per cent. That is similar to what we see in other jurisdictions across the country. In some it's actually growing higher. So I think the answer to this is not so much how you on an immediate basis contain the cost of care – and you acknowledged this – but I think it's how you begin to actually tackle slowing the rate of growth in costs in some specific areas as opposed to the system overall.

One area, that I think is interesting, that we can focus on – and it is acknowledged as a cost driver in health care systems everywhere – is information technology. If we take, for example, magnetic resonance imaging, there's a technology that's able to do all sorts of investigative scans that address different diseases, skeletal and muscular disorders, and many other things. If we look at the incidence of the use of magnetic resonance imaging in Canada, we can see that no matter how many more MRI units we put in place in our hospitals, the utilization of those units continues to increase.

A statistic that really worried me was actually a finding of our own Health Quality Council in 2007 when they found that 10 per cent of Albertans had actually had an MRI in that year. Ten per cent of our entire population. So what that says to me is not necessarily that we are irresponsible in our use of the technology but that we need to work with physicians and with other health professionals to develop some clinical protocols that clearly dictate the appropriate use of that technology in specific circumstances.

The really interesting thing is that our doctors are not at all resistant to that notion. In fact, if you look not just in Canada but in other countries like the United Kingdom, in many cases the approvals for the use of technology or the use of specific drugs or the use of clinical protocols in the treatment of disease are actually tied to adherence to evidence-based processes, and that can include the use of technologies. So I think you raise a really important point.

To go back to sort of my philosophy, it is about cost. But to actually get at cost, you have to get to the question of value. To get to the question of value, you have to take a really hard look at how you're using the resources that currently exist in the system, making sure that they're used responsibly but also making sure that you're using them based on well-supported evidence.

One of the recommendations of the Minister's Advisory Committee on Health was the establishment of an entity to support evidence-based decision-making in our health care system. One of the advantages of having a single health region to serve the entire province is that when we make those determinations about what the evidence actually supports, and that includes the cost-effectiveness, we can implement that on a province-wide basis. We don't have to go through a process of negotiating it and implementing it with individual health regions. So I think there's a lot of promise on that front.

The other thing, and I know my hon. colleague appreciates this very much, is that one of the distinguishing features of Alberta – and I can say this because I came from another province originally – is our strong sense of responsibility for taking care of ourselves, taking responsibility for our own health. Now, I say that acknowledging that people in society have different capacities to take that responsibility. Obviously, people who are severely ill, perhaps people who suffer from mental illness, or for other reasons, don't have the same capacity as most of us in the Legislature here today to take that responsibility. But I think we can capitalize on that Alberta value.

I think Albertans are very willing. They want to be informed. We see that. We see them wanting to ensure when they're diagnosed with something that they have all the information about

the resources and medication and other things that are available to them. By and large, they have a really strong interest and a commitment to following prescribed courses of treatment, to connecting with community agencies that can help support them, to becoming informed and educated about their own health.

I'll sit down so that you can ask another question. That would be a beginning answer to your question.

5:50

The Chair: The hon. Member for Calgary-North Hill.

Mr. Fawcett: Thank you very much, Mr. Chair. That was very informative. I think that actually strikes a chord that I do get from a lot of the constituents in my area that are concerned that one of the big cost drivers within our health care system is that when it comes down to the management of the system, we're not making evidence-based decisions. You know, if only we could manage the system better, manage the utilization of MRIs and understand a little bit better as to when that is necessary and not necessary and know when it might be a bit excessive to utilize that in certain circumstances as opposed to others. I do think that's very important.

I'm going to touch on two things here for the minister. One of the biggest concerns, at least from my perception as well as from my constituents, within our health care system – and I know the minister is well aware of this; again, I've asked questions about this in this House before – is the utilization of our health care workforce. Investment into the primary care networks, into the pilot projects that the Premier has committed to as far as family care clinics in our communities: I think those are, obviously, good initiatives that will look at how we better utilize our workforce.

I know that when the minister was doing the Alberta health consultations, he had met with a number of constituents of mine in my office. We had a board from the College and Association of Registered Nurses, or CARNA. We had a physician, a former AMA president, I believe, at that meeting. We had the registrar for respiratory therapists here in the province as well as a constituent of mine, who I've introduced in this Legislature before, by the name of Schad Richea, who is the assistant athletic therapist for the Calgary Flames. I thought I was busy these days, but looking at their injury report, he seems to be a very, very busy guy.

The point of having this meeting with the minister, who at that time was, I believe, a parliamentary assistant and doing consultations on the Alberta Health Act, was to get a number of professionals in a room and talk about the issues. So, you know, what can their specific professions bring? The challenge I find is that as much as we as a government say that we need to utilize the workforce better to improve efficiency within the system and deliver better access, better health care outcomes, we also have to get their associations onside and get their associations in a position where there is less turf protection around specific roles, responsibilities, and authorities as to what they do.

My question to the minister is: I know we've gotten the primary care networks and the family care clinics to utilize more multidisciplinary teams, but what are we doing as a government to encourage the professions themselves to break down those walls, those silos, and allow greater participation of a much wider group of medical professions within the medical system?

That's one question. I guess we'll leave it at that. I'll let the minister answer, and I have one more short one afterwards.

The Chair: The hon. minister.

Mr. Horne: Thank you, Mr. Chair. Well, there's a lot being done with respect to the evolution of expanded scopes of practice and team-based care in our health care system, and I remember the conversation that you referred to.

What I'm finding is a tremendous amount of interest across the province in this. My own department is co-chair of the Collaborative Practice and Education Steering Committee, and they're also currently serving as chair of the internationally educated health professional recruitment forum. These are committees that include representatives from postsecondary institutions, the regulatory colleges, and other ministries in the government of Alberta in addition to employers in the health sector, AHS being one, Covenant Health being another. These groups are looking for the opportunities that you're speaking about, opportunities to enhance scope of practice as appropriate.

I think an interesting observation, perhaps not surprising, is that many of the young graduates that I meet or students who are about to graduate are very interested and, in fact, motivated by the opportunity to practise in teams and to work in an integrated way with other health professionals, and I think that bodes well for the future of our health workforce.

The other thing I'm finding is that there's a tremendous amount of interest in the question of: what is the value proposition for team-based care versus simply the value inherent in a number of different health professionals offering services independently but being co-located? What is the value of the team compared to the sum of the individual parts or the sum of the individual members of the team? It's actually the subject of a lot of research and discussion in Canada and other jurisdictions. Thank you for raising it.

The Chair: The chair hesitates to interrupt the hon. minister, but pursuant to Government Motion 6, agreed to on February 8, 2012, the committee shall now rise and report.

Before we do that, we'll have time for the staff to leave the Assembly.

[The Deputy Speaker in the chair]

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

Mr. Fawcett: Thank you very much, Mr. Speaker. The Committee of Supply has had under consideration resolutions for the Department of Health and Wellness relating to the 2012-2013 government estimates for the general revenue fund and the lottery fund for the fiscal year ending March 31, 2013, reports progress, and requests leave to sit again.

The Deputy Speaker: Having heard the motion by the hon. Member for Calgary-North-Hill, does the Assembly concur in the report?

Hon. Members: Concur.

The Deputy Speaker: Opposed? So ordered.

The hon. Government House Leader.

Mr. Hancock: Thank you, Mr. Speaker. I move that the Assembly adjourn until 1:30 p.m. tomorrow.

[Motion carried; the Assembly adjourned at 5:59 p.m. to Thursday at 1:30 p.m.]

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