



Legislative Assembly of Alberta

The 30th Legislature
Second Session

Standing Committee
on
Families and Communities

Ministry of Health
Consideration of Main Estimates

Tuesday, March 9, 2021
3:30 p.m.

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Second Session**

Standing Committee on Families and Communities

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Standing Committee on Families and Communities

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Quinn Mah, Executive Director, Information Management

Trish Merrithew-Mercredi, Assistant Deputy Minister, Public Health and Compliance

3:30 p.m.

Tuesday, March 9, 2021

[Ms Goodridge in the chair]

Ministry of Health
Consideration of Main Estimates

The Chair: I would like to call the meeting to order and welcome everyone to this afternoon's meeting. The committee has under consideration the estimates of the Ministry of Health for the fiscal year ending March 31, 2022.

I would ask that we go around the table and have members introduce themselves for the record. My name is Laila Goodridge, and I am the MLA for Fort McMurray-Lac La Biche and the chair of this committee. We will begin, starting to my right.

Ms Glasgo: Michaela Glasgo, MLA, Brooks-Medicine Hat.

Mr. Neudorf: Nathan Neudorf, MLA, Lethbridge-East.

Mr. Smith: Mark Smith, MLA, Drayton Valley-Devon.

Mr. Amery: Mickey Amery, Calgary-Cross.

Ms Lovely: Jackie Lovely, Camrose constituency.

Ms Sigurdson: Lori Sigurdson, Edmonton-Riverview.

Mr. Shepherd: David Shepherd, Edmonton-City Centre.

Ms Sweet: Heather Sweet, MLA, Edmonton-Manning.

The Chair: Now we'll go to the members participating virtually. When I call your name, please introduce yourself for the record. Richard Gotfried.

Mr. Gotfried: Richard Gotfried, MLA, Calgary-Fish Creek.

The Chair: Brad Rutherford.

Mr. Rutherford: Hi. Brad Rutherford, MLA, Leduc-Beaumont.

The Chair: Due to the current landscape we are all in, all ministry staff and the minister will be participating in the estimates debate virtually. I would ask, if the minister calls upon officials to respond to any questions during the estimates consideration, that they please introduce themselves before speaking.

Before we begin, I would like to note that in accordance with the recommendations of the chief medical officer of health attendees at today's meeting are advised to leave the appropriate distance between themselves and other meeting participants. In addition, as indicated in the February 25, 2021, memo from the hon. Speaker Cooper, I would remind everyone of committee room protocols in line with health guidelines, which require members to wear masks in committee rooms and while seated except when speaking, at which time they may choose not to wear a face covering.

There are a few housekeeping items to address before we turn to the business at hand. Please note that the microphones are all operated by the *Hansard* staff. Committee proceedings are being live streamed on the Internet and broadcast on Alberta Assembly TV, and the audio- and videostream and transcripts of meetings can be accessed via the Legislative Assembly website. Those participating virtually are asked to turn on their camera while speaking and please mute their microphones when not speaking. To be placed on the speakers list, virtual participants should e-mail or send a message in the group chat to the committee clerk, and members in the committee room are asked to please wave or

otherwise signal to myself. I would ask that everyone please set their cellphones and any other devices to silent for the duration of this meeting.

Hon. members, the standing orders set out the process for consideration of the main estimates. A total of six hours has been scheduled for consideration of the estimates for the Ministry of Health. For the record I would note that the Standing Committee on Families and Communities has already completed three hours of debate in this respect.

As we enter our fourth hour of debate, I will remind everyone that the speaking rotation for these meetings is provided under Standing Order 59.01(6), and we are now at the point in the rotation where speaking times are limited to a maximum of five minutes for both the member and the ministry. These speaking times may be combined for a maximum of 10 minutes. Please remember to advise the chair at the beginning of your rotation if you wish to combine your time with the minister's. One final note. Please remember that all discussions must flow through the chair at all times regardless as to whether or not speaking times are combined. If members have any questions regarding speaking times or the rotation, please feel free to send an e-mail message to the committee clerk about the process.

With the concurrence of the committee, I will call a five-minute break near the midpoint of the meeting; however, the three-hour clock will continue to run. Is there anyone that's opposed to having a break? Hearing none, we will co-ordinate with the other committee so as to not be on break at the same time.

When we adjourned this morning, we were about two minutes into the exchange between Member Neudorf and the minister. I will now invite MLA Nathan Neudorf or another member from the government caucus to complete the remaining time in this rotation. Mr. Neudorf, you have eight minutes.

Mr. Neudorf: Thank you, Chair. I appreciate that. Thank you, Minister. I had begun a little bit of my preface for the question about the Alberta Health Services review that was performed and some of the recommendations that were provided for this budget. My first question on that topic is: would you be able to outline what some of these recommendations were and inform us on whether you proceeded with any of these recommendations in this budget?

Thank you, Minister.

Mr. Shandro: Thank you, Madam Chair and to the member for the question. Maybe I'll highlight the portion of recommendations that we permitted AHS to proceed with during the pandemic. And just a reminder that as a result of the pandemic we had – if you remember, the performance review was due by the end of 2019. We received it and made it public at the end of January or February 2020, with a direction to AHS to be able to come back by May 13, 2020, with their implementation plan. They asked for some time as a result of responding to the pandemic to table that with us, and we ended up receiving it, I think, in September. We announced it in October.

We ended up proceeding with a portion of those such as the virtual care options; the continued integration of the dispatch operations for EMS into our hospital system integration, which allows us to achieve improved patient outcomes in addition to those efficiencies; requests for proposals to the contracting out of the remainder of laundry in the province as well as the remainder of community lab services to help AHS focus on its core services to Albertans; and the elimination of 100 management positions in AHS as well.

We directed AHS to take a long-term and gradual approach to implementing the performance review and to put patient care above

all else, especially and in particular because of the response to the pandemic, so AHS has taken a staged approach to implementing some of the other performance review initiatives, being mindful of the current response to the pandemic and the capacity for them to change during the pandemic. AHS was directed then to proceed with just the portion of the actions that was identified in the implementation plan, with no job losses for nurses or other front-line clinical staff.

The Chair: Thank you, Minister Shandro.
Mr. Neudorf.

Mr. Neudorf: Thank you, Minister. Thank you for outlining those recommendations that you proceeded with. At this time do you have any ability to share with us what the expected cost savings for Albertans would be with those recommendations being implemented?

Mr. Shandro: Yes. Thanks, Madam Chair and to the member. The approved actions, the ones that we approved and permitted them to proceed with, would result in approximately \$600 million in annualized savings upon full implementation, which then would be reinvested back into the health care system. And for some of these items full implementation is really going to take – for all these items full implementation could take up to 10 years.

The Chair: Thank you, Minister.
Mr. Neudorf.

Mr. Neudorf: Thank you very much for that. I have one final question for you, Minister. Many Albertans are concerned that this government is trying to privatize health care. I know we've touched on that word before. Outcome 3 on page 54 of the business plan includes the statement that you want to see that "health inequities among population groups are reduced," and many feel the only way to achieve this is to keep health care public. If you don't mind, can you explain a little bit more about the use of private surgical facilities to help reduce surgical wait times, how this is not actually privatized health care, and how does this achieve the desired outcomes as outlined in the business plan?

Mr. Shandro: Sure. Thank you, Madam Chair and to the member. They're not private surgical facilities and it's not privatized health care, quite frankly, because these surgeries are 100 per cent publicly funded. Now, it is true that, like primary care, like family physicians operating in the community, like the 80 per cent of our continuing care beds, like much of our community lab system in the north part of the province, north of Red Deer – those are all done by independent providers no different than this. They are independently owned, they are independently operated, integrated into the system and managed by AHS under contract, and they would be providing – right now we would anticipate in a given year about 290,000 surgeries normally performed in the next year. So we're going to be adding another 55,000 additional surgeries, including both in AHS operating rooms as well as the operating rooms of the CSS. To help to achieve this, the CSS are an integral part of being able to increase this volume as well as the \$100 million I mentioned this morning, investing in the AHS operating rooms, for them to expand the volumes that we can do in AHS operating rooms as well.

3:40

The Chair: Thank you, Minister.
Mr. Neudorf.

Mr. Neudorf: Thank you. I do appreciate that. One final question for you, Minister. Given this understanding of independent

providers within the public-sector health care, could you elaborate possibly a little bit further on how integrated a private system is within our public health care in terms of equipment, beds, bandages, supplies, PPE, even our drugs? Many, many of our doctors operate as private businesses. Can you just elaborate on how those systems are integrated and how some of those false concepts can be, unfortunately, used to scare the general public?

Mr. Shandro: Thank you, Madam Chair. You know, it is an opportunity sometimes for our opponents to cherry-pick and to criticize and to sometimes misrepresent the situation to their own political ends, but the fact is that much of the system is provided not just by AHS but by independent providers. Whether it's home care – some of it is contracted out, and some of it is provided by AHS – continuing care, lab services, the 11,000 physicians that we have in the province, virtually all of them are independent vendors providing patient services on behalf of the government. They are independent businesses, most of them incorporated as a professional corporation.

The chartered surgical facilities, which, by the way, we've had in Alberta – there are 43 of them already in the province. We've had these independently run surgical facilities since the '90s here in Alberta to be able to provide the publicly funded surgeries to Albertans, integrated with AHS under contract. The contract is with AHS, so AHS then can manage them, contract out with them. The College of Physicians & Surgeons is also included in their accreditation, whether it's the MDR – sorry; what's the proper word? Medical device reprocessing? They call it something other than MDR in a chartered surgical facility. As well, the other standards that are required are managed by the College of Physicians & Surgeons.

The Chair: Thank you, Minister.

With that, we move to our first in this round with the Official Opposition, Mr. Shepherd.

Mr. Shepherd: Thank you, Madam Chair. It's a pleasure to be back this afternoon and continue with the estimates questions. For this first question I'm going to take a bit of time to frame my question, and I hope that yourself and the other members will allow me the same latitude that's been granted to other members to do so.

In regard to outcome 2 in the business plan, "a safe, person-centred, quality health system that provides the most effective care for each tax dollar spent," I note this year, through you to the minister, Madam Chair, that the business plan is quite a bit shorter, has quite a bit less content. Now, the minister is operating a \$23 billion enterprise at the centre of co-ordinating significant action in the midst of the greatest crisis that it's likely ever faced while also pushing forward with potentially the most ambitious transformation of huge sections of its entire structure, systems, and workforce, yet the business plan that he puts forward in the midst of this work, laying out his vision, his objectives, his performance metrics for that work, is two pages, 763 words. Last year's business plan: eight pages, 2,084 words.

Indeed, we've gone from 22 performance metrics in last year's business plan to only three in this one. That is a massive reduction in measurement, transparency, and accountability at a time when the minister's work has in fact become even more important, more complex, and more ambitious. He's removed measures regarding health outcomes for First Nations people in Alberta, he's removed every measure regarding addictions and mental health, and of course this follows on changes to the Health Quality Council of Alberta through legislation, undermining their independence in tracking the quality and responsiveness of the health care system in

Alberta. Of the three actual metrics that the minister is presenting, two are focused solely on his own marquee political objectives, reducing spending and improving surgical wait times. Not that those two things are not in themselves worthy of pursuit, but that is all he is choosing to measure almost, two of the three.

It almost seems like the minister is trying to provide less information to Albertans at a time when he is in fact doing much more in the midst of a global crisis, not even to mention the contingency funds in which we are seeing even less detail being presented about some of the most significant spending, that indeed he likes to brag about in aggregate but provides even less information here. Why, in the midst of all this, is the minister providing less information, fewer objective criteria, fewer performance metrics for Albertans and indeed us as the Official Opposition on behalf of Albertans to be able to track his work and hold him to account?

The Chair: Mr. Shandro.

Mr. Shandro: Thank you, Madam Chair. First, I would say that the directions regarding the templates for the business plan are directions from Treasury Board. I'd also say that the budget is 198 pages. As well, I make myself available for six hours along with officials from the ministry to be able to answer questions from the member as well as other members of the committee throughout. If we also want transparency during the response to the pandemic, strangely there were many weeks throughout the spring where we received or I received zero questions from the Health critic. I think I received more questions from other members of the NDP caucus in question period about the response to the pandemic than I ever received from the Health critic, which is quite strange.

As well, Madam Chair, I'm just going to be able to answer a couple of questions that arose from this morning. The member asked about good-faith claims that are paid and what the savings might be from this proposal that was included in the new physician funding framework. I guess we would anticipate it to be about \$1.5 million. In '19-20 the total amount paid under good-faith claims was \$1.547 million.

Also, there was another member who had questions about midwives. I understand the question was about where the additional courses of care were going to be throughout the province. We now have an answer from AHS on where those additional funded courses of care are going to be. At this time the expectation would be that the services, those additional courses of care, would be provided in all five of the AHS zones – north, central, south, Edmonton, and Calgary – but where in each of these five zones has not yet been determined. There is no specific distribution for courses of care, but AHS advises us that they are focused on growing midwifery services in rural areas and across targeted populations. Unfortunately, more information will have to wait for AHS to continue to do this work, but I'm happy to be able to provide that answer to the Member for Edmonton-Glenora.

Thank you, Madam Chair.

The Chair: Thank you, Minister Shandro.

On to Mr. Shepherd.

Mr. Shepherd: Thank you, Madam Chair. Through you to the minister, if he has further information to table regarding previous answers, we would be happy to receive that in writing, but I would appreciate it if we could focus on the questions in front of us now as we proceed.

The Chair: Mr. Shepherd, while you might not always like the answers that are being given by the minister, those are the answers

that he is giving, and we have to afford a certain amount of latitude to both the minister and to the questions being asked.

Mr. Shepherd: Thank you, Madam Chair. Indeed, the minister can answer as he wishes, and it's my hope that I can respond to that as I wish as well.

I'll move on to my next question regarding the business plan. Key objective 1.6 in the business plan last year talked about ensuring that Albertans are able to navigate the complaints process so that the voice of patients and caregivers leads to real improvement. That's been removed. This year there is no mention of improving the complaints process for Albertans. Minister, does this remain a priority for you?

The Chair: Minister Shandro.

Mr. Shandro: Thank you, Madam Chair. Yeah. Improving the complaints process for patients is still work that we're doing. We're very happy to have had the assistance of the Health Quality Council of Alberta to be able to provide us with recommendations on how we can work with our colleges. We also had a white paper that went out to our colleges. They were very helpful, all 30 of them, to be able to give us feedback on the questions that the ministry had for them on how we might be able to continue to improve the patient complaints process and to make it easier for a patient to understand. You know, a lot of times a patient may not know the difference between, for example, the two different colleges for nursing, CARNA and the LPN college. We're also looking at the ways in which we can improve the complaints resolution process that occurs within AHS. That will continue to be work that we work on.

3:50

The Chair: Thank you, Mr. Shandro.

Mr. Shepherd.

Mr. Shepherd: Thank you, Madam Chair. Minister, in that discussion paper, indeed, you considered some fairly drastic changes to some of the current systems such as consolidating registration and complaints processes for all professions under the control of Alberta Health, option 2 on page 9 and option 3 on page 10 of that discussion paper. That, I'm sure, would come with some not insignificant additional costs for your department. Are you indeed still considering pursuing those, and if so, have you included any amounts in your budget to account for those additional operating expenses?

The Chair: Minister Shandro.

Mr. Shandro: Thank you, Madam Chair. First of all, the white paper was a way for us to provide a framework for discussion with the colleges to be able to get their feedback, so it did include many different options that we might be able to get their feedback on before we are able to make any decisions. No decisions have been made about how the patient complaint process might be improved. There was a wide range of opportunities for us to have these discussions with the colleges as well as those who are otherwise involved in patient safety like the Health Quality Council and the many different groups that the Health Quality Council engages with. So anything that was included in the white paper was merely for us to be able to provide a framework for discussion with the colleges and was not to prejudice any of what we might be considering.

The Chair: Thank you, Minister Shandro.

Mr. Shepherd.

Mr. Shepherd: Thank you, Madam Chair. Then in regard to implementing these changes with the intent, I guess, of improving the health care system, as noted in your business plan, possibly with an eye towards cost savings, when might Albertans expect to hear from you as to your intent on what changes you might make? Is that anticipated within this next budget year, or is that something you're anticipating will be pushed further down the road?

The Chair: Minister, you have one sentence.

Mr. Shandro: Thank you, Madam Chair. We have no decisions to be able to announce today about the ways that we're working with our colleges to improve the patient complaints process.

The Chair: Thank you.

With that, we're back to the government caucus and, I believe, MLA Lovely.

Ms Lovely: Thank you, Madam Chair. Minister, this past weekend I had the pleasure of meeting a couple who have recently moved to Camrose. It's a husband-and-wife team who are both practising doctors. They got off the plane, drove around the province, did a little tour, drove into Camrose and fell in love with the community and have decided to start practising there, so I'm really excited about that. As we were chatting, the husband told me that his focus of practice will be on seniors. Of course, you know, in my community of Camrose we have double the population of seniors as compared to the rest of the province, so I'm really excited about what this couple is going to bring to our community and their passion for seniors, that same passion that I share, which leads me to my question.

Seniors are a valued part of our communities, and ensuring that they have access to quality care is crucial. Whether they're in continuing care homes or utilize in-home services, it is our duty to provide seniors with top-notch service and best outcomes possible. Continuing care homes are essential in the delivery of this care and help give peace of mind to loved ones. I'm pleased to see that on page 112 of your estimates, line item 2.1, continuing care, has received an increase of \$146 million. Minister, I was wondering if you could explain the rationale for this increase and whether some of this funding will be going towards additional continuing care spaces.

The Chair: Thank you, MLA Lovely.

Minister Shandro.

Mr. Shandro: Thank you, Madam Chair, and thank you to the member for the question. Government is committed to ensuring that those who are aging, those who are vulnerable have the care that they need in the communities that they call home. Just a reminder, too, that continuing care is a spectrum. It ranges, in my mind, from home care on one side all the way to long-term care, the most intensive type of care that we get in the community, on the other side. It does include supportive living, designated supportive living, or licensed supportive living, and everything in between on that spectrum.

Now, Budget '21 does include over \$3.5 billion in operating funding for all three – continuing care, community care, and home-care – programs. That is an increase of 6 per cent, or \$200 million, from the previous year. This is going to be supporting opening more than 1,600 new continuing care and community care spaces across the province in budget year '21-22. In addition, there is \$154 million over three years in capital support for new continuing care spaces in priority communities based on the best aspects of the

affordable supportive living initiative, or, what we were talking about this morning, the ASLI program.

Thank you, Madam Chair.

The Chair: Thank you, Minister.

Back to Ms Lovely.

Ms Lovely: Thank you, Madam Chair, and thank you, Minister, for the answer. It's very obvious that our government cares deeply about the well-being of seniors, and that leads me to my next question. What additional supports are being funded in Budget 2021 to keep our vulnerable continuing care residents safe, and can you please explain how they relate to your business plan?

The Chair: Thank you.

Minister.

Mr. Shandro: Thank you, Madam Chair and to the member. On top of the funding that we're talking about today, you need to know that the government is working to improve and to modernize the province's continuing care system in the future to ensure that we can continue to adapt and to evolve to best meet the needs of seniors and folks who are vulnerable. Because of that, we are reviewing our continuing care legislation as well as doing a review of the facility-based continuing care system. This is in addition to our priority focus on supporting folks so that they can remain in their homes, remain in their communities. Developing new continuing care legislation, reviewing facility-based continuing care, looking at how home care can be improved, and investing in continuing care capacity: those are all part and parcel of our commitment to doing everything that we can to ensure that seniors and the vulnerable have access to high-quality continuing care.

Along with continued operating funding, these four initiatives – just to review again: the home-care redesign, the development of new legislation, the facility-based continuing care review, and the enhancing of continuing care spaces and capacity – are all going to support the continued provision of high-quality care and services to folks living with disabilities in Alberta.

The Chair: Thank you, Minister Shandro.

Ms Lovely.

Ms Lovely: Thank you, Madam Chair, and thank you, Minister, for the thoughtful answer. My last question for this segment: while things were deferred by the pandemic, are you still planning on implementing income-tested deductibles for seniors once the pandemic is over, and how will you fit this into future budgets?

Mr. Shandro: Thank you, Madam Chair and to the member. No, we are not. We recognize the impact of COVID-19, that it's having on our province's seniors, to their health, to their well-being as well as to their financial security, and because of those concerns, government is not introducing income testing to the – the program is actually called coverage for seniors. It's one of our 22 different drug programs that we provide, that are government sponsored. Income testing is not reflected in Budget '21, and we are committed to maintaining government-sponsored drug coverage for seniors and ensuring that they have access to the essential medications that they need.

The Chair: Thank you, Minister.

Now to Mr. Rutherford.

Mr. Rutherford: Thank you, Chair. I want to say thank you to the minister for being here today and also for your efforts and leadership during a difficult time. It is no easy task to weigh all of

the concerns and outcomes that can come from any decision regarding COVID-19. It is certainly a delicate balance, so I wanted to say thank you to you and to your team as well. Also, on a more personal note, you've always been very open and receptive to hearing from me and from my constituents as well and making time, so I really appreciate that.

Two things that I wanted to highlight as military liaison are the funding that HiMARC has received in relation to PTSD research as well as a program for fostering resiliency, readiness, and growth among military members, veterans, and public safety personnel. Those efforts are well received by those communities.

4:00

One of the things really important to my constituency and that I hear quite often is around surgical wait times. I know it's been touched on a few times, but I just don't want to walk away from that topic without making sure that we've covered the whole scope of it. I know that for outcome 1 in your business plan, there's \$4.1 billion, so it's a sizable investment into the surgical initiative. I wanted to just make sure that we talked more broadly about surgical wait times and how they're going to be affected by this investment. Expectations are high, and I was wondering if you could just go through what your expectations are on that.

Mr. Shandro: Thank you, Madam Chair and to the member. In Budget '21, in the fiscal year '21-22, we are planning, as we talked about this morning, 55,000 additional publicly funded surgeries, and that would be on top of what we were previously expecting, about 290,000 surgeries, that would normally be performed, to address the surgical backlog that was caused by the pandemic and get the surgical initiative back on track. They'll help provide folks with even more surgeries, scheduled surgeries that will improve their quality of life. To help achieve this, the CSFs will increase their current volumes by the year '23, completing about 90,000 surgeries per year, up from about 40,000 surgeries that they conducted last year.

I hope that answers the member's questions, Madam Chair.

The Chair: Thank you, Minister Shandro.

Now on to Mr. Rutherford.

Mr. Rutherford: Thank you, Chair. I was wondering as well: Minister, can you identify the greatest demand for acute surgeries in Alberta, and how will this measure benefit our senior population? I know that MLA Lovely touched on seniors as well and the importance of seniors to this government and to all of us in our communities. Again, how will the measure benefit our senior population across the province?

Mr. Shandro: Thank you, Madam Chair and to the member. Yeah. Well, these surgical facilities have existed in Alberta since the '90s, and to a great extent they do a lot of surgeries where there is the greatest demand already, so a lot of ophthalmological procedures like cataract surgeries are already performed in CSFs. Cataract and other ophthalmology surgeries: that's probably the largest volume procedure in Alberta. It's about 20,000 patients right now on the provincial wait-list, including most of them being seniors.

The Chair: Thank you, Minister Shandro, for that answer.

With that, we move back to the NDP caucus and, I believe, Mr. Shepherd.

Mr. Shepherd: Thank you, Madam Chair. Through you to the minister, just to set the stage here, I have some questions about aspects of the capital spend. Just to clarify with the minister to save

both of us time, if I have questions about some of the specific projects listed, will you be willing to answer those, or would you defer those to the Minister of Infrastructure?

Mr. Shandro: I mean, not knowing what the questions are going to be, I'm happy to try my best to answer them.

Mr. Shepherd: Through you, then, Madam Chair, in February 2020 the Premier was in Red Deer. He made a public commitment of about \$100 million to the redevelopment of the Red Deer regional hospital, but I only see just slightly more than half of that budgeted here, about \$59 million. I think we both know that that's not an adequate amount, so I was wondering if the minister could clarify this reduction in the amount for the Red Deer hospital.

The Chair: Minister Shandro.

Mr. Shandro: Thank you, Madam Chair. The reason for that is that in the next year there's another \$40 million for that project, so everything is on track despite the pandemic. I don't think that the last time we got a report from Infrastructure there was any delay. A big part of the first step was to – we had the clinical services plan, which was completed I think in 2019, and then were able to announce in February '20, as the member mentioned in his question. Then it was us being able to work with AHS throughout 2020.

Soon we'll be able to get this. It's what they call a business case. That's not to say that because it's called a business case, they're determining whether or not to proceed with it, but it's for them to be able to determine the staging and the scheduling. For example, when there is a cath lab, a cardiological cath lab, there are some procedures that would first have to be moved from that space in phase 1 to be able to first make the space available for the back end of phase 1 for the cath lab to be developed. The business case is going to help us with the staging of the planning of all the different work that's going to be included in the project.

The Chair: Thank you, Minister.

Back to Mr. Shepherd.

Mr. Shepherd: Thank you, Madam Chair, and through you thank you to the minister for that clarification. We'll watch for the follow-through on that commitment.

I do note that we have a new project in the capital plan this year, the La Crête maternity and community health centre. They're getting about four times the amount of money this year as the Red Deer hospital. But looking at the most recent AHS capital submission, on their wish list, the La Crête project is not a priority. It is not on their priority list. Indeed, I have to go to the middle of an appendix on page 26 of a 29-page document to find any mention of that. Now, I know there are a lot of communities who could use some new or redeveloped facilities: Bassano, Whitecourt, Wainwright. Beaverlodge has the oldest hospital in Alberta, I believe. What reason was there for prioritizing this particular project in La Crête over all of these others?

The Chair: Thank you, Mr. Shepherd.

Minister Shandro.

Mr. Shandro: Thank you, Madam Chair. A significant amount of work occurred in 2019 and in 2020. Working with the community of La Crête brought to our attention the 280 babies that might be born in a given year in this growing community and the concerns of lack of primary care as well for new mothers, a lot of probably insufficient services provided to their community when it comes to public health

and the opportunities for new mothers to understand what opportunities there might be for vaccinations for a newborn. So to be able to enhance and fill in the gaps in the community for primary care, for public health as well as for maternity care for the community, we had done a significant amount of work for us to be able to identify what the options might be for La Crête and being able to move forward, understanding that a lot of primary care usually isn't provided by AHS. We did understand the difficulties with this remote community and wanted to work with them to improve primary care, maternity care, and public health in that remote community.

The Chair: Thank you, Minister Shandro.
Back to Mr. Shepherd.

Mr. Shepherd: Thank you, Madam Chair. Remaining time?

The Chair: Five minutes and 15 seconds.

Mr. Shepherd: Thank you. Regarding the Calgary cancer centre now, on that there's about \$132 million that was in the 2020 capital plan that does not appear in this one. Now, I heard the Infrastructure minister. His staff said that this is a question of cash flow. If these funds are simply being rolled out beyond the scope of this capital plan, then that would suggest there might be some sort of construction delay, but the minister has clearly stated that he insists there is no delay. I'm just a bit confused, a little concerned that the plan is reducing the province's investment in the project in some way. Can you clarify where that \$132 million has gone?

The Chair: Thank you, Mr. Shepherd.
Minister Shandro.

Mr. Shandro: Thank you, Madam Chair. It was brought forward in a previous budget year, so it's still \$1.410 billion. It's on track. It's on scope. It's on budget. Nothing has changed other than for some money being brought forward in a previous budget year. If I could clarify, for the budget year '20-21, it is brought forward, so that's why for the budget year '21 and '22 there are differences that are accounted for. I guess as the member – I didn't hear the Minister of Infrastructure's answer, but if it was described as a cash-flow consideration, I wouldn't disagree with that.

The Chair: Thank you.
Mr. Shepherd.

Mr. Shepherd: Thank you, Madam Chair. Through you to the minister, regarding the Calgary cancer centre, can you give us a sense of what you expect the incremental increase to AHS operational costs associated with the opening of that centre would be, and are those costs reflected in this year's budget or in the other years?

The Chair: Thank you, Mr. Shepherd.
Minister Shandro.

4:10

Mr. Shandro: Madam Chair, I suppose I could say that we don't know this at this time. It's going to be built into future budgets.
Thank you, Madam Chair.

The Chair: Thank you.
Mr. Shepherd.

Mr. Shepherd: Thank you, Madam Chair, and through you thank you to the minister. I would note, Minister, that if your intent is to hold a flat budget in Health for the years to come, which is what you reflect here, I think certainly that's a significant amount of

money that you are going to need to find to fund the operations of an entirely new cancer centre, expanded, in the city of Calgary. Are you confident you're going to be able to find the savings with a flat budget to fully operate the Calgary cancer centre?

The Chair: Thank you, Mr. Shepherd.
Minister Shandro.

Mr. Shandro: Thank you, Madam Chair. Just for all of us to remember is that finishing the construction will take a period of time. The commission as well, from the time that Infrastructure finishes and completes the construction and then hands it over to AHS, I anticipate will be at least a year, for them to finish commissioning and moving into the building. The building isn't expected to be open to the public until the year '23-24, late '23-24.

The Chair: Thank you, Minister.
Back to Mr. Shepherd.

Mr. Shepherd: Thank you, through you to the minister, Madam Chair. Certainly, I appreciate that we are some time out from the operation of that centre necessarily. However, the minister is projecting that he is going to hold a flat budget for Health throughout that period and indeed into that then election year. It would be my hope that some consideration is being given to how this will be balanced amongst the many other initiatives that this minister is proposing and for which we have distressingly less information on his objectives, his performance metrics, and other pieces which are going to build into that.

I apologize. I'm imagining at this point that we are down to a matter of seconds before we are moving on.

The Chair: One minute.

Mr. Shepherd: One minute? Thank you.

At this point I don't think I have another question that will necessarily fit into this time. But I will simply observe that with this and with, I guess, the situation with La Crête, there is some concern again about a lack of transparency about some of these decisions that are being made that will have a significant impact for some of these communities and indeed, in turn, the decision to prioritize the La Crête project while so many other facilities across the province have been waiting for investment at a time when we see people having to fund raise for new washrooms at the Rocky Mountain hospital, when we see folks having to fund raise for a stretcher at a hospital in Olds-Didsbury. It is concerning that we have a new project like this which suddenly appears. It was not prioritized by AHS but has been determined to be priority by the minister here.

But if the minister, I guess, has anything . . . [A timer sounded]
We will leave it there.

The Chair: Thank you for that.

I will now pass the floor over to the government caucus for the next round of questions, and I believe Mr. Rutherford has another question.

Mr. Rutherford: Thank you, Madam Chair. Minister, I just had one more question on the surgical wait times that I wanted to ask before I turn it over. I was wondering if you could touch on the surgical system in Alberta as a whole and then how this surgical initiative is going to benefit that system. In addition to that, what capital projects have been announced that will lower surgical wait times in health care within the province?

Thank you.

Mr. Shandro: Thank you, Madam Chair. I apologize to the member. I'm also just going to respond to the allegations that were insinuated by the previous member. We also have the rural revitalization capital plan. This was an amount of money that was included in Budget '20 as well as in this budget for us to invest in 45 of our rural communities. Unfortunately, a previous government allowed a lack of investment in rural facilities for a significant period of time during their term, in particular investments in MDR, in our medical device processing, which really put a lot of our rural patients at risk. This is an opportunity for us to be able to make these investments in those rural facilities, which, unfortunately, under the previous governments were neglected. But it's something this government is not going to allow to continue.

Then for the question from Member Rutherford about the capital investments we'll be making related to the Alberta surgical initiative, it was something we announced last year. It's \$100 million of investment in a variety of our operating rooms that are owned and operated by AHS, investments in our major urban centres as well as in our rural centres. I know Olds is going to be included in that plan as well. There were projects that were planned for Edmonton, Calgary, Edson – sorry; I mentioned Olds. Olds I don't think is included in it, but Grande Prairie, Edson, Lethbridge, Medicine Hat, and Rocky Mountain House are. It was \$120 million. I apologize; I said \$100 million. So \$120 million in capital funding over three years to expand the capacity and the volume that can be done in those ORs.

Thank you, Madam Chair.

The Chair: Thank you, Minister Shandro.

Mr. Rutherford, do you have another question?

Mr. Rutherford: No. I was just going to thank the minister and conclude my time.

The Chair: Thank you.

Now we have Ms Glasgo.

Ms Glasgo: Thank you, Madam Chair. Can I get a time check please?

The Chair: Seven minutes.

Ms Glasgo: Thank you. Minister, I'm referring to page 54 of your business plan, under Initiatives Supporting Key Objectives. In your second bullet – I'll just let you get there – it states that “in 2021-22, over \$41 million is budgeted to support increased access to publicly funded addiction and mental health treatment spaces including access to five life changing recovery communities.” In my constituency, of course, Minister, this is very important, as I spoke about earlier in the estimates today just how this pandemic has really shaped and reignited the debate around what we can be doing publicly and within our communities for people who are suffering from mental health and addictions issues. Minister, I know that hearing that there are publicly funded addiction beds coming to the province, wherever they may be, is really good news. I think that's something that both sides of the aisle can actually celebrate, Minister. I was wondering if you could elaborate on, based on page 54 of the business plan, your key objective number 2, what this \$41 million is funding, and does this include the \$25 million of capital to construct the recovery communities themselves?

The Chair: Thank you, Ms Glasgo.
Minister Shandro.

Mr. Shandro: Thank you, Madam Chair and to the member. I'll, first, say that what the member is asking about is part of the economic recovery plan. The \$25 million that was announced last July to support the construction of these recovery communities, these life-changing recovery communities: about 400 people would be employed during the construction phase. This \$25 million is separate from the '21-22 budgeted amount of over \$41 million that the member is asking about, which will be the operational dollars that will go to providing then the front-line care for folks who are seeking recovery from mental health and addiction issues in these communities.

The Chair: Thank you.
Ms Glasgo.

Ms Glasgo: Thank you, Madam Chair. I'm very happy to hear that, Minister. It sounds like a great plan, a common-sense plan to get people into recovery.

On that note, I'm now looking at the fiscal plan on page 86, the third line down. In this location it states that the “federal government [as well] is providing \$24 million by 2022-23 to combat opioids.” In my community I can say that in speaking with law enforcement and others, we know that this is a major problem within our communities, even in small communities, seeing overdoses and so much hardship in these communities for people. Can you please expand on how these federal funds are being used to support Albertans with addictions who are using opioids and are at risk of unintentional opioid poisoning?

The Chair: Thank you.
The minister.

Mr. Shandro: Thank you, Madam Chair and the member for the question. As you mentioned, the feds are providing \$24 million. It's \$24 million over multiple years to support opioid medication interventions. Alberta's government is using this money in conjunction with the previously existing budget and the new \$140 million over four years to increase the availability of best practice recovery support medications. This would include suboxone and methadone. These are opioid agonist therapies, commonly referred to as OATs, that aim to reduce the symptoms of withdrawal and the cravings that are associated with entering into recovery from opioid addiction. The medications are highly effective when they are used in conjunction with the psychosocial recovery support.

4:20

To further support best practices, Alberta's government previously announced the OAT gap coverage program to ensure that folks not yet accessing supplemental health benefits can access these medications while they are enrolled in a benefit plan. Government has also recently expanded the virtual opioid dependency program, where folks can receive an assessment from a doctor anywhere in the province, any day of the week to determine if these medications are right for them. As a result of that expansion of the program, wait times for the service have been reduced to where the median wait time for access to care is now zero days.

Thank you very much, Madam Chair.

The Chair: MLA Glasgo.

Ms Glasgo: Thank you, Madam Chair. Finally, Minister, a more broad question but referring to page 8 of the strategic plan. For 2021 through 2024, under objective 1, delivering cost-effective, sustainable, client-centred health care to all Albertans, the third bullet states that \$140 million is allocated “to increase access to

services, expand programs and establish new publicly funded addiction and mental health treatment spaces, which will support over 4,000 Albertans.” I know that when that was announced, Minister, this had great feedback in my community. People were very excited about this. Can you please expand on how the Associate Minister of Mental Health and Addictions and our government will be supporting Albertans who are trying to change their lives and move out of addiction and into recovery?

The Chair: Thank you, Ms Glasgo.

Minister, just to let you know, you’ve got a minute and 15 seconds.

Mr. Shandro: All right. Thanks, Madam Chair.

Yes. The \$140 million over the mandate is to increase access to recovery-oriented mental health and addiction. This year’s budget includes a \$27 million increase over last year’s budget to get us closer to that commitment, and \$20 million of that increase is directly related to that commitment. The remainder is additional funds that will further the same priorities. One example from the \$27 million increase is the removal of all user fees for residential addiction treatment, budgeted at \$5 million. This change will make sure that everybody, regardless of their income, faces fewer financial barriers to being able to seek treatment for themselves or for a loved one, no longer having to, as occurred under the previous government, mortgage their house or sell a car to be able to provide this treatment for themselves or a loved one.

The Chair: Thank you.

With that, Ms Glasgo, there’s another 15 seconds.

Ms Glasgo: Well, thank you, Minister.

I will be resigning my time to Member Gotfried.

The Chair: Fair enough.

MLA Gotfried. [A timer sounded] Well, I guess the bell just rang.

With that, we will move on to our next group, which is the NDP caucus and Ms Sigurdson.

Ms Sigurdson: Well, thank you very much, Madam Chair. It’s my pleasure to begin to look at further estimates here in Health. I would like to focus also on the opioid crisis here in our province. It’s been a very tough time this past year, of course, as we all know: the COVID-19 pandemic in Alberta, an opioid crisis also at the same time. As I said earlier, we know that 90 people a month have died in Alberta from opioid overdoses and 85 have died from COVID, so certainly it’s been a very difficult time. We know that because of the pandemic, the border closures have created a situation where street opioid supply has become more lethal, so there are more deaths in that area. That’s one emerging issue that we know is happening because of, you know, those two issues at once, COVID-19 and the opioid crisis. We know that, just to give us sort of a perspective, in 2018 – this is according to the surveillance dashboard – 806 people died from opioid overdoses. In 2019 that number went down to 627, and then it’s only been updated until the end of October 2020, but it was already 904 at that time, so we know it’s significantly gone up last year.

I’m going to focus on looking at the business plan first. I’m looking at page 54, outcome 3, key objective 3.5, and I guess I want to also echo my colleague’s earlier comments about, you know, the Mental Health and Addictions associate ministry. It doesn’t even have a single key objective, like the outcome. It only has a single key objective. It used to have the whole outcome before. So it really seems to be less focused for this government, which seems

confusing because of some of the things that I said in my opening remarks. The issue is becoming more significant.

Anyway, 3.5 says, “Expand access to a range of addiction and mental health services and supports, including through community based providers.” So it’s supposed to be expanding access to a range of addiction and mental health services. Can you explain to us what that means? Like, when you say “expanding,” what are you expanding? What other services beyond what is currently available?

The Chair: Thank you, Ms Sigurdson.

With that, on to Minister Shandro.

Mr. Shandro: Thank you, Madam Chair. This is exactly what I talked about this morning as well as just in the previous answer I provided to another member of the committee. These are 4,000 new treatment spaces in the province, and the fact is that under the previous government many people didn’t have access to these treatment beds. Many people either had to qualify for a treatment space under a government program like Alberta Works, or they had to pay for it out of pocket. We are expanding the availability of treatment spaces, these 4,000 new spaces in the province, to be able to provide publicly funded treatment space for Albertans, regardless of their income, so that everybody has the same opportunity to be able to access this treatment for themselves or for a loved one.

I’d also say that I think there was maybe some misunderstanding of – the folks who are dying, by the way, of the opioid crisis are dying at home, Madam Chair, I’d point out.

And going back to the question regarding the expansion of treatment, we have new residential and uplifted treatment spaces in a number of places. I’ll name a few: Fresh Start I think I mentioned this morning; Sunrise I also mentioned this morning; the Bonnyville Indian-Metis Rehabilitation Centre; the Walter A. “Slim” Thorpe Recovery Centre as well as Poundmaker’s Lodge, for us to be able to provide treatment spaces there and throughout the province, and giving access to this type of treatment opportunity for all Albertans.

The Chair: Thank you, Minister Shandro.

With that, back to Ms Sigurdson.

Ms Sigurdson: Well, thank you very much, Madam Chair. Certainly, the government has introduced more funding for sort of a more recovery focus, and the treatment investment is, of course, needed. That’s a good step. I guess that when we talk about the range, I thought that that’s what key objective 3.5 was referring to, like a range of services – it’s not just all sort of one service, but there’s actually a range of services.

When we talk about tackling addiction issues, we talk about sort of the four pillars: there’s a harm reduction model; there’s recovery treatment; there’s prevention; and certainly reframing addiction as a health problem rather than a criminal one. So it’s important, absolutely, to have treatment beds, but we know from experts in the field like, for example, Professor Elaine Hyshka – she talks about: these people are dying preventable deaths. We need to make sure they have compassionate and evidence-based – and build public understanding. Our present response to substance use is oriented around moral judgment, stigma, and criminalization. In the end success looks like not punishing people for their health conditions and instead connecting them with effective care. It is like a continuum, so when you write “range,” I’m thinking that maybe you’re not talking just about recovery and beds; you’re talking about the whole range.

4:30

She goes on to say that whether we like it or not, there is a large population of people who are not willing or able to access recovery treatment, and they shouldn't have to risk death every day because of that. You know, when I look at this key objective, that's kind of what I see. I think that we as a government, as a society would value the range of treatments because we're at different places, people are at different places, and we know there's not sort of a one-stop way to address addiction.

I certainly would like to pass it over to the minister, Madam Chair, to respond to that.

The Chair: Thank you, Ms Sigurdson.

Mr. Shandro: Madam Chair, I don't think I heard a question in there, so I'm not sure what I'm expected to answer. I think maybe I will then use the opportunity to say that it has been unfortunate that as we made a commitment to Albertans to build a recovery-oriented system of care, we've seen from our colleagues in the NDP that there's been criticism because they've somehow seen this as being a zero-sum game, that as we built up recovery opportunities for Albertans, it somehow, because of their ideology, was taking away from harm reduction, which isn't the case. The harm reduction amounts that are budgeted have not been reduced.

There are pillars, and unlike the previous government, we are not going to ignore one of them, which is recovery and recovery options for Albertans. Building a recovery-oriented system of care is not a threat; it's not a zero sum. We look forward to being able to continue that work, with experts and other folks providing the advice as to how we can best provide that recovery-oriented system of care so that we can make sure that this is also an option we can provide to Albertans.

The Chair: Thank you, Minister Shandro.

With that, Ms Sigurdson, there's a minute and 20 seconds.

Ms Sigurdson: Well, thank you very much. I guess the question that I was asking is just that there has been a movement by this government away from a harm reduction model – certainly, that's my concern – and it's been more of a focus on recovery. I mean, those words are even being stripped from policy. You know, we're hearing that Alberta Health Services is being told not to use that terminology even. I'd love to hear from you right now that you're completely committed to having the range of services from recovery to harm reduction to prevention. It sounds like that's what you're saying, that it's the status quo. Yet what we see is that there have been changes in the language, and it's focusing on recovery only. Please contradict me, Minister. I'd like to have your commitment to the harm reduction model as well as to the others in terms of the treatment for people with addiction issues, Madam Chair.

The Chair: Thank you, Ms Sigurdson.

Mr. Shandro.

Mr. Shandro: Thanks, Madam Chair. I am contradicting the member. That's not true. None of that is true. We've not made any...

The Chair: Thank you, Minister Shandro. I appreciate that.

With that, we move on to the government side for the next block of time, and I'm just going to give everyone a bit of a warning that we will be going to our five-minute break immediately following the questions from MLA Gotfried.

Mr. Gotfried: Great. Thank you, Madam Chair, and thank you again to the minister and his team for appearing in front of us today. Minister, you've been adamant about the importance of private patient information, and we see in the business plan that \$167 million is being invested to manage the operating costs of connect care, which we've heard lots about, which will allow patients to securely access their health information through the MyHealth records portal. My question to you and your team today is on the incredible efforts that you're doing to ensure that Albertans have access to their own information. Can you explain the advantage Albertans will have with that easier access to their health records and how that's going to help us have a more efficient and more effective system?

Mr. Shandro: Thank you, Member, and thank you, Madam Chair. Well, I'd say this. First of all, there are two different questions here. There is MyHealth records, which patients have access to so that they can see their own health records because it is a right of every patient in the Health Information Act to be able to amend, not just access but also amend, their own private health information. MyHealth records empowers folks to better track their health and to provide a secure online location to gather, to store, and to manage personal health information from a computer, tablet, or smart phone and later show this information to their care providers. They can view their medication history that is dispensed from community pharmacies as well. This includes medications dispensed up to 18 months before signing up for MyHealth records access. You can also view your immunizations administered in Alberta, which I and my family have found useful, being able to search up and remember when our last immunization might have been.

As of February of this year we have added features so that folks can now view most of their lab test results through their MyHealth records as well. Further, Albertans can use it to keep journals. They can track their moods, they can track their sleep and weight and their fitness goals, upload and track information from personal health services, including supported blood pressure monitors, their blood glucose meters, and fitness trackers. Folks can also print out reports of MyHealth records content to share with their health care providers. This is just a start. More features are going to continue to be added to MyHealth records in the months and years ahead.

The Chair: Thank you, Minister.

Mr. Gotfried.

Mr. Gotfried: Great. Thank you, Minister. It sounds like a great initiative to get us moving into the new millennium with new technology, so I'm really very pleased to see that and to hear that we're moving forward. But I think that one of the things that Albertans are going to be somewhat concerned about is their ability to identify the security measures and protocols that will be in place, not only to ensure that private patient records are kept secure through their own access but the inaccessibility to anyone without the proper credentials. What have you done and what are you planning on doing with respect to the security measures to ensure the security of that information for the individuals and only the professionals that require access to the records?

The Chair: Thank you, Mr. Gotfried.

Minister.

Mr. Shandro: Thank you, Madam Chair. Yes, that's an important point to make. It's as secure as online banking. MyHealth records is designed with security of private health information as the top priority for the product, and personal health information found in MyHealth records is protected through security practices that are

industry standard, including user identification, authentication, encryption as well as regular activities to seek out proactively and find and resolve vulnerabilities on an ongoing basis, so it's as secure as online banking.

The Chair: Thank you, Minister.

With that, back to MLA Gotfried. MLA Gotfried, you're muted. Can we just pause the time?

Mr. Gotfried: A little technical glitch there.

Thank you, Madam Chair. Thank you again to the minister for his answer on the previous questions. I'd like to move over to discuss prescription drug costs, Minister. Key objective 2.3 of the business plan on page 53 outlines the ministry's initiative to reduce prescription drug costs, which is, obviously, a very noble initiative, but also to increase access to drug treatment options for Albertans. If you could explain maybe to myself and to Albertans: how is the ministry planning on collaborating with other provinces to reduce costs and increase access, providing a more efficient system for Albertans?

The Chair: Wonderful. Thanks, Mr. Gotfried.

Minister Shandro.

4:40

Mr. Shandro: Thank you, Madam Chair. Through the PCPA, the Pan-Canadian Pharmaceutical Alliance, an organization that was set up over 10 years ago, I think, by Premiers throughout the country for us to be able to work with other jurisdictions to negotiate lower drug prices, we try to define those cost savings and to increase the sustainability of the 22 public drug plans. Those efforts are, you know, also providing consistent access to drugs across the country and to increase access to new drugs with the combined negotiating power of the federal, provincial, and territorial governments. The PCPA guesses that its efforts have saved jurisdictions about \$2.58 billion annually, so a big part of our opportunity to reduce costs but also to increase access.

The Chair: Thank you, Minister Shandro.

Mr. Gotfried, do you have another question?

Mr. Gotfried: No. I'd like to pass my time on to MLA Lovely, I believe.

The Chair: Fantastic.

MLA Lovely, you've got the floor.

Ms Lovely: Well, thank you, Madam Chair. Minister, at the bottom of page 112, you can see the totals for line item 4, drugs and supplemental health benefits. I'll give you a moment to get there. I noticed that this budget item has increased by just over \$200 million. Can you explain the rationale behind increasing the drugs and supplemental health benefits budget and by what amount?

The Chair: Thank you.

Minister Shandro.

Mr. Shandro: Thank you, Madam Chair, and thank you to the member for the question. Yeah. Budget '21 allocates \$1.9 billion in operating expenses for drugs and supplemental health benefits. It is, as the member mentioned, an increase of \$200 million from the previous year. The reason is, quite frankly, the result of higher drug costs and increased enrolment in our programs. Those are the two main drivers in the increase in costs in this part of the budget. We just have drugs continuing to cost more and more people enrolling in our 22 publicly funded drug plans.

The Chair: Thank you, Ms Lovely.

I believe the next question is going to MLA Neudorf.

Mr. Neudorf: Happy to do that. Thank you, Madam Chair. I am just pulling up my question. Thank you, Minister, we know that COVID-19 has impacted Alberta's economy, and health spending has risen to combat the pandemic and protect the lives and livelihoods of Albertans. While Alberta continues to be a leader in health care nation-wide, how does the Ministry of Health plan to maintain adequate health outcomes while aligning spending with other provinces? This is just a question from the business plan page 53, key objective 2.1. If you could expand on that, please.

Mr. Shandro: Thank you, Madam Chair, and thank you to the member. The MacKinnon panel report found that our high spending on health compared to other provinces hasn't led to better wait times or to better patient care, so our results do lag behind other jurisdictions. To best meet the health needs of folks throughout the province and to ensure the sustainability of the health system, we do have to make it more efficient, to improve the services that Albertans rely on.

Evidence does show that – this is something we found in the performance review of AHS – high-performing health systems do provide better quality health care as well as being more cost-effective. Part of the work to improve services and efficiencies are some of the initiatives coming from the performance review. AHS is taking, as we've talked about before today, a staged or gradual approach to implementing those initiatives, being mindful of the current response to the pandemic. Approved actions will, as we spoke about earlier today, result in about \$600 million in annual savings upon full implementation. [An electronic device sounded]

The Chair: Thank you, Minister. That was not a pleasant sound, but the time has now lapsed.

We will be going to our five-minute break. It is 4:44, so I will say that we need to be back in here promptly at 4:50, please.

[The committee adjourned from 4:45 p.m. to 4:51 p.m.]

The Chair: All right. We will return to today's estimates.

We are at the ND caucus and Ms Sweet.

Ms Sweet: Well, thank you, Madam Chair, and thanks again to the minister for being here today. It's my first opportunity to be able to ask him questions, so I'm excited about that. Minister, I was hoping we could look at the business plan, please, on page 54, outcome 3: "ensure a continued, effective, coordinated response to the COVID-19 pandemic." I'd like us to focus on – and maybe if you could help explain it to everyone – the process, through the role of Alberta Health in partnership with occupational health and safety as well as the federal departments, when it comes to meat-packing plants and who takes the lead in ensuring the safety of workers in those sites.

The Chair: Thank you.

Minister Shandro.

Mr. Shandro: Thank you, Madam Chair. First, Member Sweet, I'm also excited to take your questions, so thank you very much. First, before I do get on to that question, just to answer Member Sigurdson's question about – she again made it sound like there is a diminishing of harm reduction. There is no diminishing of anything. It is merely just adding, adding also recovery to the system. Just to highlight this, just on the break I went to the alberta.ca website and clicked on the spyglass so you can search, and I searched "opioid." If you go to Opioid Response – Options for Care, there's a website there, and you can even see that Harm

Reduction is there. It's on the website. It's even in the same font as Treatment Options and Overdose Prevention. You can scroll down and continue to see harm reduction opportunities like the supervised consumption services that continue to be provided and continue to be included in the continuum.

For the question about the ways in which our ministry works with occupational health and safety and other ministries, I'm going to impose on ADM Merrithew-Mercredi to come. I should say this. We only had Dr. Hinshaw for the morning. Dr. Hinshaw, as you can appreciate, has a significant amount of work that she has to continue to do so wasn't able to stay with us for the afternoon.

ADM Merrithew-Mercredi, if you could talk about the ways in which your division works with the other ministry, Labour and Immigration, and occupational health and safety within AHS.

The Chair: Thank you, Minister Shandro. I'd just ask that they make sure that they introduce themselves prior to speaking on the record. As you know, Minister, that's something that's very near and dear to my heart.

Ms Merrithew-Mercredi: Good afternoon. My name is Trish Merrithew-Mercredi, and I am the assistant deputy minister of public health and compliance. Public health and compliance works closely with Agriculture and Forestry as well as labour around the meat-packing plants. There is a committee formed of ADMs, which I chair. We meet regularly both internally to discuss what is occurring at those plants and also have meetings with the operators, which are intended to look at best practices, issues that are occurring at the plants, the relationship in some cases with the unions and other operators. I would say that it's quite a strong operating response to meat-packing plants.

If you have other questions, we could certainly respond.

The Chair: Thank you.

Ms Sweet: Thank you for the response. I think I'm looking at if we could get some clarity as well. At the beginning, when we were first starting to see an increase in infection rates, there was a demand on PPE. My question is: when we're looking at these private providers such as meat-packing plants and we are still seeing some infection rates occurring within those plants, is the requirement around PPE and supporting the workers in those sites a responsibility of Alberta Health? How does that function work to ensure that they have access to the PPE that they require?

The Chair: Thank you, Ms Sweet.
Minister Shandro.

Mr. Shandro: Thank you, Madam Chair and to the member for the question. As we worked with AHS two Januarys ago to start making sure that we as a province had enough personal protective equipment for the response to the pandemic, we were at the time thinking about mostly the PPE that we required in acute care and continuing care. We were, thankfully, able to secure a significant amount of personal protective equipment in general, and then through the Provincial Operations Centre, POC, which is administered through the Ministry of Municipal Affairs, we were able to – although AHS does the procuring. AHS does purchase the personal protective equipment, the masks and gowns and gloves and the multitude of other PPE that is required in response to the pandemic. There was a distribution through POC of some of the PPE that was procured by AHS. The details of how POC was distributed to the wider community, which included congregate living, correctional facilities – and it did include as well meat-packing plants. On the extent to which they did distribute to meat-

packing plants, I would have to defer to the Ministry of Municipal Affairs to be able to answer that since it was through the POC.

The Chair: Thank you, Minister.
Ms Sweet.

Ms Sweet: Thank you for that, Minister. I appreciate that some of this does go through POC.

Just my follow-up in regard to that, then, is that given that we continue to see infection rates and potential shutdowns of these meat-packing plants, has there been a change in protocol or conversations that are happening with Alberta Health to ensure that we can start maybe curbing these infection rates?

The Chair: Thank you.

Mr. Shandro: Appreciating that this isn't a question about budget and about estimates, because COVID is obviously top of mind for me, I'm happy to answer the question. This is really a question for the chief medical officer of health. She's not here with us today, but with the ways in which she does continue to work to be able to provide guidance to industries and to sectors and to workplaces, perhaps we can offline answer those questions for the member and how Dr. Hinshaw's office is working with industry on a wider scope, including, if it is a question specifically about meat-packing plants, the ways in which she and her office and the medical officers of health throughout AHS – most of our MOHs are actually employees of AHS – are working with meat-packing plants to provide them with guidance and ensure that the safety of the employees is top of mind.

The Chair: Thank you, Minister Shandro.
Ms Sweet.

Ms Sweet: Yeah. Thank you, Minister. I would be very interested in talking to the chief medical officer in regard to sort of the process around that for educational purposes.

Let's move back to opioids. You had made a comment in your last comments to one of my colleagues about the fact that we are seeing that many people who are overdosing due to opioid use are actually overdosing at home. My concern with that is that there was a pilot project that was supposed to be started which was the telephone call line that people could call when they were going to use. In case there was a potential overdose, an emergency would immediately be called. That pilot project was cancelled before it even got started. It was the day it was supposed to be started; the minister came out and announced the cancellation of it. Can you please explain to me, given the fact that you've commented on people dying at home, why this program would have been cancelled and why it's not being funded under this budget?

The Chair: Thank you, Ms Sweet. While there is a lot of latitude given during these estimates, I would remind all members to make sure that they are doing their best to make sure that all questions relate to the estimates at hand.

With that, Minister Shandro.

Mr. Shandro: Well, thank you, Madam Chair. It is something that I feel strongly about, so I'm happy to answer questions that are unrelated to estimates as well. The reason that this program was cancelled is because it was seen very clearly in the evidence to not be effective in other jurisdictions. That's not to say that we're not still looking at other initiatives, though, to be able to provide something similar, and we anticipate that there will be an announcement related to something like that in the near future.

5:00

The Chair: Wonderful. Thank you, Minister Shandro.
Ms Sweet, there are 40 seconds remaining.

Ms Sweet: Great. Going back, then, to the budget and the fact that supervised consumption sites are part of the continuing services through Alberta Health, many individuals have questions around whether or not those funding resources are going to continue. We have seen the closure of ARCHES. The question that I have to the minister is whether or not the funding guarantee is still there for all the supervised consumption sites across the province.

The Chair: Thank you.
Minister Shandro.

Mr. Shandro: Thank you, Madam Chair. Look, I'll reiterate: the contract with ARCHES was . . .

The Chair: Just very briefly, Minister Shandro.

Mr. Shandro: Well, I would just say that it was related to – the fiscal mismanagement was determined through the independent third party who reviewed their finances, which was a concern for us, so that was the reason that ARCHES had their funding pulled from them.

The Chair: Thank you, Minister Shandro.
With that, we return to the government caucus and MLA Neudorf.

Mr. Neudorf: Thank you, Madam Chair. Thank you, Minister. We were on the business plan, page 53. Key objective 2.1 was the last question. I will now ask a question about key objective 2.2. We see that the Ministry of Health is committed to reducing red tape, as outlined there. My question specifically is: what is the Ministry of Health doing to reduce red tape in Alberta's health care system? If you could expand on that key question. I know that's a primary objective of ours as a government, and the ministry of red tape reduction has put forward ideas, but if you can highlight anything in specific, that would be helpful. I look forward to your comments.
Thank you, Minister.

The Chair: Thank you, Mr. Neudorf.
Minister Shandro.

Mr. Shandro: Thank you, Madam Chair and to the member for the question. We start off by developing and submitting to the Associate Minister of Red Tape Reduction a multiyear red tape reduction plan. That plan included, you know, legislation and other initiatives. It looked at the reviews of policies and reforms that are both at the department and at Alberta Health Services.

AHS is also expected to complete their baseline count by May of this year. We know that the associate minister was hoping that AHS would have done a baseline count for his office sooner than that, but we didn't want AHS to be distracted from the response to the pandemic. They're going to be able to submit their baseline count in May of '21 and implement any regulatory reductions that may result from that by March 2023. It was also to ensure the health and the safety of Albertans, particularly because we're responding to a pandemic.

Significant reductions in regulatory requirements are challenging, but many of the red tape reduction initiatives reduce red tape in spirit by making the lives of Albertans better without resulting in a regulatory count reduction, such as the COVID-19 response

guidance, which is a very significant effort for the ministry. Albertans will see a benefit to this initiative.

Thank you, Madam Chair.

The Chair: Thank you, Minister Shandro.
Mr. Neudorf.

Mr. Neudorf: Thank you, Madam Chair, and thank you to the minister. One last question on just our business and economic impact, particularly with the Ministry of Health. We know that health care is one ministry that has a very high number of women in the workforce as doctors and nurses, therapists and unit clerks, and so on in many, many occupations. The additional funding of nearly \$1 billion, or \$900 million: is it anticipated that this high level of funding will continue to support women working and getting back to work in the workforce? What are your thoughts and plans on that additional funding?

The Chair: Thank you, Member.
Minister Shandro.

Mr. Shandro: Thank you, Madam Chair. In acute care and the net 2,940 new positions, that I mentioned this morning, as well as the additional funding and supports for new continuing care spaces, the continued increases in funding for community care and home care, there are significant amounts of support that are included in Budget '21 for us to be able to continue to invest in health and in these jobs, which – I think the member is correct – would also be able to provide increased employment opportunities for women throughout the province in all communities, for us to be able to provide those employment opportunities as well as providing more patient care throughout the province for the patients who need it.

The Chair: Thank you, Minister Shandro.
MLA Neudorf.

Mr. Neudorf: Excellent. Thank you, Minister. Through you, Madam Chair, I appreciate that significant investment in our economy and our workforce.

My final question is just going to jump to vaccines. This government has made it clear that mandatory vaccines will not be introduced by this government administration. However, we see that the ministry has set a target of 95 per cent for children under the age of two to be immunized against various diseases within the ministry's business plan. In 2019 only 79 per cent of children were immunized against diseases such as diphtheria, tetanus, pertussis, and 88 per cent were immunized against measles, mumps, rubella, and varicella. In the business plan, page 54, performance metric 3(a): from that viewpoint and some of those targets from last year, how does the ministry plan to increase the vaccinations in children this year to reach that 95 per cent target? Do you think our government's COVID-19 response to vaccinations will increase immunizations in the province, or what do you expect the impact of the pandemic will be on this immunization plan?

Thank you.

The Chair: Thank you, MLA Neudorf.
Minister Shandro.

Mr. Shandro: Thank you, Madam Chair and to the member. The influenza immunization program started in the province in 2009-2010. In the 2021 influenza season we saw the immunization rate at 35 per cent. Since the program started in '09-10, that 35 per cent is the highest immunization rate that's been achieved, and we do believe that the culture and the awareness around COVID have

influenced this increase. The ministry's efforts to increase immunization rates have been focused on education, have been focused on choice. It's a collaborative approach rather than a mandatory one, on the advice of Dr. Hinshaw and others in the ministry, because we want to encourage conversations on the benefits of immunization while still allowing Albertans to make decisions about their own health.

The 2019-2020 school immunization program was suspended in March 2020 as a result of schools closing and school nurses being redirected to support the response to COVID. School immunization rates will likely take approximately one year to return to their expected rates. Infant and preschool immunization services were not suspended as part of the response to COVID. Immunization rates for 2020 will be available in May of this year.

The ministry published a 10-year provincial immunization strategy back in 2007, which outlined a strategic direction for the program and its partners to address barriers to immunization, how we can improve our immunization rates. There have been a lot of significant changes since 2007 to our approach to immunization as well as to the health system in the province as a whole to increase our immunization rates. Before COVID the ministry was working to develop a new provincial immunization strategy to ensure that the new strategy is informed by evidence and is responsive to emerging issues and trends. A clear understanding of the immunization program's current state is required.

5:10

Pre-COVID the ministry was also engaged in an internal immunization program review to determine what was working well, looking at the opportunities for improvement, and looking at the efficiency, the effectiveness to inform recommendations for subsequent strategy and action plan development. In parallel to that, AHS public health has told us that it plans to review its internal immunization operations to take a look at the ways in which they can be better in how they organize and improve their immunization program.

Last, I'll say that part of our province's lower immunization rates was a result of fragmented immunization reporting, so in an effort to standardize the immunization practices and established immunization reporting requirements, in December of '18 the Alberta government . . .

The Chair: You can finish your sentence, Minister Shandro.

Mr. Shandro: Oh, thank you very much, Madam Chair.

. . . introduced requirements for all providers of immunizations, regardless of whether a vaccine is provincially funded or not or privately purchased, to be able to report.

Thank you very much, Madam Chair.

The Chair: Thank you, Minister Shandro.

With that, Mr. Shepherd.

Mr. Shepherd: Thank you, Madam Chair. Minister, I wanted to ask a question quickly just about palliative care under outcome 1 in your business plan, a modernized, seamless health care system built around the needs of individuals, families, et cetera, and, of course, your estimates, line 7.5. A short while ago you had the announcement in the fall about \$5 million that went to Covenant Health for some work in education around palliative care and then an additional \$14 million that was going to be directed, I guess, according to recommendations from MLA Williams. He's been working on that now for a few months. I reached out to him about a month ago, just inquiring about how that was progressing. I have not heard back. I was wondering: can you provide an update on the

status of MLA Williams' work? Has he provided you with any recommendations as to how to direct that \$14 million and what's budgeted in line 7.5?

The Chair: Thank you, Mr. Shepherd.

Minister Shandro.

Mr. Shandro: Thank you, Madam Chair, and thank you to the member for the question. We have been asked by Member Williams to have an extension as, you know, the response to the pandemic has made it difficult for him to fulfill his requirement to engage in his consultations and to be able to finish his report and his recommendations to us. I'm not sure at this time how much more time he's expecting to request, but we hope that we will get his recommendations on the remaining \$14 million at his availability so that we can allocate that remaining \$14 million. We hope that that \$14 million will raise awareness of how and when to access palliative and end-of-life care and develop supports for caregivers and for us to be able to shift from hospital to community-based home and hospice care. We look forward to those recommendations from him.

The Chair: Thank you.

Mr. Shepherd: Thank you, Minister. I appreciate that update. Indeed, we'll be interested to hear about that extension and when Albertans might expect, I guess, to see a report on that work.

Along those lines, has MLA Williams reported any list at this time of stakeholders with whom he's met? I do understand that some stakeholders such as Dying with Dignity have reached out to both MLA Williams and your office regarding this process and have not received a response.

The Chair: Thank you, Mr. Shepherd. While we have been giving some leniency, I would really ask that you make sure that you tie the questions to either the business plan or the estimates. That is straying very far from the estimates.

Mr. Shepherd: If you wish, Madam Chair, I can withdraw the question.

The Chair: I would prefer.

Mr. Shepherd: Thank you. Absolutely.

I will move on, then, to discussion of EMS services. Regarding your government estimates, then, on line 2.5, page 112, regarding EMS services under ambulance services in the province of Alberta, you have at times talked about an interest in potentially exploring the privatization, the contracting out, of EMS in the province of Alberta. In this budget are you making any, I guess, assumptions or planning any of your funding based on pursuing that as an RFP?

The Chair: Thank you.

To Minister Shandro.

Mr. Shandro: Thank you, Madam Chair. I do understand from ADM Cabral, whose division is working with Member Williams, that the report will be delivered to us in June, and I understand that he does have a meeting with the organization that the member mentioned.

First of all, I'll point out to the committee that for EMS services, there are a number of contracted entities that provide, on behalf of AHS, ambulance services. Some of them are municipalities, and some of them are fire-based EMS services that are contracted out; for example, Madam Chair, with your municipality and the regional municipality of Wood Buffalo – one of your municipalities, I

should say; you have more than one – and Red Deer. There are communities as well who have ambulance services contracted out to them. There are also another – I don't know off the top of my head how many different vendors provide the service, though. I was looking at it recently.

I should say that whether or not AHS is going to contract or do an RFP to review the contracts that are currently out there, we're not looking at this time to expand the number of vendors that provide ambulance services on behalf of AHS to our communities.

The Chair: Mr. Shandro, as you're very well aware, I'm very well aware about the EMS contracts and how that has been going.

Mr. Shepherd.

Mr. Shepherd: Thank you, Madam Chair. Minister, then, again, in line 2.5, ambulance services, could you provide a breakdown of what amounts are included in that funding for STARS, HALO, and HERO air ambulance services?

The Chair: Thank you, Mr. Shepherd.

Mr. Shandro, the floor is yours.

Mr. Shandro: Well, thank you, Madam Chair. I guess that if I were to look at the previous budget year, I'll give general amounts. The STARS contract amount includes fuel and it includes a grant. HERO is a grant, and HALO is, I think, a contracted amount. Generally it depends with the volume that STARS is providing in a given year as well as whether there is a grant in that year for capital, but I would say about between \$6 million and \$7 million for STARS, depending on the situation. HERO would be a million dollars, I'm assuming, in this budget year because that's the funding that they've received previously. HALO completely depends on the amount of volume that they – HALO isn't the only provider of helicopter EMS in communities in the southeast of the province. STARS also provides a lot of the helicopter EMS in those southeastern communities in southern Alberta, in particular because HALO may not operate in the evenings and in the nighttime as they still look to get accreditation for their night-vision goggles. But for the amount – depending on their amount I suppose it would be \$140,000 to \$170,000 that might be estimated for the HALO amount that's contracted out to them.

The Chair: Minister Shandro and Mr. Shepherd, just to let you know, we've added 15 seconds onto the time.

Mr. Shepherd: Thank you, Madam Chair. I do appreciate that consideration.

Minister, then, I guess, again, as part of your work in your business plan to deliver cost savings for Albertans and to improve the access to services, a modernized, seamless health care service for all Albertans, you were conducting a review of helicopter EMS services. We're 15 months in on that. I understand that you were not satisfied with the first response you had. Can you let us know what the status is of the further review that you're conducting in regard to how you would be allocating the amounts in this line?

5:20

The Chair: Thank you, Mr. Shepherd.

Minister Shandro.

Mr. Shandro: Thank you, Madam Chair. I'm happy to answer questions that aren't related to estimates. Yes, because of COVID, Assistant Deputy Minister Cabral's division has had a lot of work for us. By the way, just thank you, John, for everything you've done over the last year. John has been involved in the review of continuing care as well as the redesign of home care – I'm going to

get emotional, John; thank you for everything you've done over the last year – and also trying to supplement what was submitted for the helicopter EMS review. I expect that – well, not that I expect, but John does advise me that in the next month, I suppose, we should get the final version from his office on the HEMS review.

The Chair: Thank you.

Mr. Shepherd.

Mr. Shepherd: Thank you, Madam Chair. I believe I have about 30 seconds left . . .

The Chair: Forty-five.

Mr. Shepherd: Forty-five seconds. Of course, the additional time. Thank you.

I would just ask, then, quickly, Minister, just to follow up on MLA Sweet's question: can you just verify, then, that all SCS, supervised consumption services, in the province will continue to be funded through the next fiscal year under your budget?

Mr. Shandro: Yes, I can say that. [An electronic device sounded] Sorry.

The Chair: Sorry. That beep – we still had the extra 15 seconds, Minister Shandro.

Mr. Shandro: Thank you, Madam Chair. Yes, they will continue to be funded. Because of some amounts that carried over into a different year, the amount may appear as being less, but we are budgeting \$15.7 million in operational funding for the five . . .

The Chair: Thank you, Minister Shandro. Sorry; the time has elapsed.

Mr. Smith.

Mr. Smith: Thank you, Madam Chair, and thank you to the minister for being willing to take my questions today. You know, as MLAs we have a varied experience, and we get a variety of issues that come across our plate. I'm not sure that before I took on this responsibility, I understood just how varied that would be. I think that one of our primary jobs, Minister, is to really try to help government serve our people, serve our constituents. It's the biggest institution in the province, and trying to make sure that it actually meets the needs of our constituents is sometimes a very hard job, but when we get it right and when we do it, it's probably the most rewarding thing that I do as an MLA.

You know, I can think of, related to your portfolio, helping a senior to access the funds to be able to get an operation out of province, helping a young girl and a young mother to explore whether or not we could afford to have a diabetes monitor to monitor their blood sugar levels through their iPhone, or helping a constituent receive AISH. When he came into my office, his parents had literally saved him from the streets. He was sitting in my office, and he couldn't even communicate. We were struggling to understand why the government's AISH program wasn't able to help this young man, and six months later, after having gotten him on AISH, to see that he's got his life back under control and that he was communicative, we could just see that government did something that was really special and important because it worked in that person's life.

Now, I know that in your business plan you have outcome 2. You state that you want to create a safe, person-centred, quality health care. It's on page 53 of your business plan. You say that you want to have "a safe, person-centred, quality health system that provides

the most effective care for each tax dollar spent.” That’s on page 53 near the bottom of the page. Do you see it? I’ll get to it in a second here, okay? Now, I want to tie this in, then. Recently you made an announcement that the Alberta children suffering from spinal muscular atrophy, SMA, may now be eligible to receive funding for gene replacement therapy treatment and that you are working with a pharmaceuticals company to provide interim access to – I’m not sure if I’m going to say this right – Zolgensma on a case-by-case basis. I’m sure this came as really welcome news to those families, considering that a one-time treatment of Zolgensma costs 2.125 million U.S. dollars. Now, I just remember thinking when you made that announcement: wow; what a weight off the shoulders of those parents, knowing that we were considering this.

Minister, I guess the question I have for you today is: can you tell us how much money has been allocated in your budget for Zolgensma treatments and what impact this will have on families? I think it’s an important thing to bring to the attention of the Alberta people right now.

Thank you.

The Chair: Thank you, Mr. Smith.
Mr. Shandro.

Mr. Shandro: Thank you, Madam Chair, and thank you to the member for the feedback and the question. I think that I’ve been told by the manufacturer, Novartis, that the “g” is pronounced as a “j,” but I have to say that it took me a long time to say it properly myself: Zolgensma.

The overall impact of Zolgensma treatments on our total drug budget will be relatively small, so Zolgensma may reduce expenses as well in other areas as those patients are already using therapies that are costly and other associated health services. At this time Zolgensma is proceeding through a standard review and price negotiation process. It’s an interim agreement that we have at this time with Novartis until they finish their conversations with the PCPA, that I mentioned earlier today.

I would say this. Look, the kids are at risk of becoming ineligible for the treatment before that process is complete, and that’s the concern that’s been brought to my attention. People were worried that as kids got up to their second birthday, there was risk of them no longer being eligible after that second birthday, so providing access to Zolgensma in the interim to those kids is, thankfully, a huge relief to the parents. As you mentioned, the cost of Zolgensma is a high cost and unaffordable for families, so funding from the government, then, makes this treatment accessible to them before their child can lose that eligibility due to age on an interim basis while we wait for the PCPA to finish their negotiations with Novartis.

The Chair: Thank you, Minister.

Mr. Smith: That’s good; thank you. I’ll pass it on to the next . . .

The Chair: All right. I believe we have Mr. Rutherford next.

Mr. Rutherford: Thank you, Chair. That was correct. I just wonder if I could get a time check, please?

The Chair: Four minutes and eight seconds.

Mr. Rutherford: Four minutes. Thank you.

Minister, just wondering. In your business plan there’s a discussion around biosimilars. I know that I had folks reach out to my office talking about the biologics and the biosimilars. Can you please explain how the biosimilars pertain to budget 2021-22 and your view of them, please?

The Chair: Thank you.
Minister.

Mr. Shandro: Thank you, Madam Chair and to the member for the question. Remembering that every batch of a biologic, even the originator – so if it’s an originator biologic, every batch is going to have some variability in that, so while a biosimilar is a similar but less expensive version of a biologic, its similarity is within the bounds of how the difference in every batch of an originator will also occur. A biosimilar may become available after the patent on a biologic expires, so the opportunity for our province in expanding the biosimilar initiative was to reduce costs while providing patients with the same safe and effective treatment. The first group of patients to switch to biosimilars completed their transition in January of this year. Additional biosimilars have been introduced subsequently, and more patients will be completing that transition in the coming months.

5:30

We are going to continue to monitor the process to ensure that patient safety and quality of care is maintained as, you know, we want to make sure that the patients understand that even if the name of the manufacturer on the vial is changing, we want them – and I’d say this as well, that we did also include an exemption process for physicians to make an application on behalf of a patient if they thought that the patient’s health would at all be affected adversely by switching to a biosimilar and they needed to stay on the biologic. We haven’t seen any. Oh, sorry. ADM Chad Mitchell? I think we saw a small number of applications, reviewed by doctors, not by us. None of them were required to need the exemption, I think. Oh, 19 exemptions. There were exemptions. So 78 applications were made, and 19 exemptions were provided by the doctors reviewing those applications.

The Chair: Mr. Rutherford.

Mr. Rutherford: Thank you for that, and I can understand that, having never gone through something like that myself, it can be a little scary to switch medications for folks, so it sounds like the safety is still present and that the ability to have it reviewed by physicians to stay on the original biologic was there as well. Could you talk about how that review happens – you said, I think, that 78 people put in for it, and 19 were approved – what option there was and still is, and how that works? Then if you could talk about it in terms of the budget and what the savings turned out to be.

The Chair: Twenty-three seconds, Minister.

Mr. Shandro: Thank you. Well, perhaps we can pick it up, MLA Rutherford, at the next round of questions. I’m happy to answer these questions. One of the most interesting conversations I had as we developed this initiative was conversations I had with the Health Minister in B.C., who actually was the first patient in B.C. He switched himself first before anyone else. It was very . . .

The Chair: Fantastic. I look forward to hearing the rest of that answer in upcoming segments.

With that, we move to the ND caucus and Ms Sigurdson.

Ms Sigurdson: Yeah. Thank you very much, Madam Chair. I’d like to ask the minister to turn to page 113, line 5.2 of the government estimates. We know that that line item includes Alberta’s opiate response strategy, support for addiction and mental health services, and initiatives in responding to the Valuing Mental Health: Report of the Alberta Mental Health Review Committee. Certainly, that would include safe consumption sites.

What I'm looking for, really, is just that last year the government had a review of safe consumption sites, and certainly there were many concerns with the review. It didn't even allow the merit of safe consumption sites as a harm-reduction tool to be within the scope of the review, so that seemed a good example of why this review was biased and flawed. Then several people on the committee that was reviewing it were caught spending taxpayer money inappropriately on prime rib steak dinners, crème brûlée, avocado toast. The co-chair attempted to charge Alberta taxpayers for thousands of kilometres of personal travel.

Anyway, I know that the minister, I'm sure, was not pleased with that situation, and certainly Minister Luan spoke publicly about that, and he said that there needed to be a review, so that's what I'd like to know, because we haven't heard anything. Is the review complete? What were the findings? Will you be tabling that report, that review? What have you done to mitigate this situation so that it doesn't happen again, so that people are held accountable and a responsible use of funds is carried out?

The Chair: Thank you, Ms Sigurdson.

To Minister Shandro for a response.

Mr. Shandro: Thank you, Madam Chair. Quite a bit to unpack there. First of all, efficacy during the review of supervised consumption sites was never challenged. The reason why it wasn't included in a review was because there was never a challenge regarding the efficacy of supervised consumption sites. If it's not being challenged and there was a review that was required on the community impacts, that's why there's a review on community impacts. I can imagine that the member opposite would be very upset if we were going to suddenly do a review that was challenging the efficacy of supervised consumption sites unless she's asking us to do a review of the efficacy of supervised consumption sites. I'm assuming she wouldn't want that to be the case.

There were also a lot of allegations regarding the expenses of a panel that was appointed by the associate minister. My understanding is that anybody that was offside was required to pay back those amounts, has since then paid back those amounts. I understand as well that the associate minister and his office have put in some further measures themselves on how they oversee the further amounts that might be expensed by a panel that's appointed by that office.

The Chair: Thank you, Minister Shandro.

Ms Sigurdson.

Ms Sigurdson: Well, thank you so much. Will that review be made public so that we can see what was said?

The Chair: Before I get to that, I would just remind the member that we are here to discuss the estimates of Health, and I would ask that you at least attempt to have your question tied to either the business plan or a line item in the budget. I did not hear that in the previous round of questions.

To Minister Shandro for a response if he should choose.

Mr. Shandro: Well, thank you, Madam Chair. It wasn't really a question related to estimates, but I understand that there is going to continue to be further review and further work that's being done. We look forward to being able to get back the recommendations of that panel when they are completed doing their work.

Thank you.

The Chair: Thank you.

Ms Sigurdson.

Ms Sigurdson: Yes. I mean, I look forward to receiving that also. I had identified, Madam Chair, government estimates, page 113, line 5.2. It had to do with safe consumption sites, and I felt that that was on point.

I'm going to refer to government estimates again on page 113, line 5.2, and it's about the IOAT program, the injectable opioid agonist therapy program. That program is, we understand just recently, ongoing now although it was imminently going to be ending, but it was changed. There was some kind of backtracking by the government. Certainly, patients in that program had taken the government to court because that program was ending. We know that no new patients for the next two years, which is what it's been extended for, have been able – there won't be any new patients allowed in that program, so it is kind of restricting it, I would say. It's not going to be an ongoing program even though it's very clearly identified in 5.2, opioid response strategies. It's almost named in that. I guess maybe the minister can explain that a bit. It's kind of confusing. It was going to be cancelled. Then the court case came up, and then all of a sudden: oh, no, we're not going to cancel it; we're going to extend it, but we're not going to take new patients. He's shaking his head, so perhaps he can illuminate what exactly is going on.

The Chair: Minister Shandro for a response.

Mr. Shandro: Thank you, Madam Chair. The litigation was unsuccessful because the plaintiffs made the same mistake that the member is making. There's a distinction between the program and the service. First of all, I'll point out this. The IOAT pilot project, which was a pilot project, wasn't fully funded by the previous government. The member's own government did not fully fund this project. It was a pilot project, and the current government extended the pilot project, not the previous government. There's a distinction to be made between the pilot project and IOAT as a therapy and as a service to patients. We've made it very clear. We're not saying that IOAT as a service wouldn't be provided to patients who need it in the province but that the one particular program that the member is referring to wasn't going to be extended, will not be extended. That's not to say that IOAT as a service wouldn't be provided to patients in the province that need it.

5:40

The Chair: Thank you, Minister Shandro.

Ms Sigurdson.

Ms Sigurdson: Okay. Thank you very much for that response. Now, I'd like to ask the minister to look at the strategic plan, objective 1 on page 8, "delivering cost effective, sustainable, client-centred healthcare to all Albertans," and one of the bullets, second from the bottom, says "implement the recommendations of the Mental Health and Addiction Advisory Council to increase access to recovery-oriented addiction and mental health services." When I was preparing for these estimates today, I tried to find those recommendations because if we're going to be implementing them, what are those recommendations? If you'd tell me about what those recommendations are – are they public? I certainly couldn't find them. It would be helpful to know what they are.

Thank you, Madam Chair.

The Chair: Thank you, Ms Sigurdson.

With that, back to Minister Shandro for a response.

Mr. Shandro: Sure. Madam Chair, I'm happy, again, to take questions unrelated to estimates. Look, the council is continuing to do their work and to build on the previous work that's been

provided. We look forward to them being able to continue to do that work and be able to provide their recommendation to us when they are done that work.

The Chair: Just for clarification, it was very clearly tied to the business plan. That was a question on the business plan.

Ms Sigurdson.

Ms Sigurdson: Well, thank you very much. Yeah. I look forward to finding out about this. Yeah, it was referring, actually, to the strategic plan, similar to Member Glasgo, who did the same thing earlier. There was no concern about that, so I think this is completely within order.

I'm going to cede my time to MLA Sweet.

The Chair: Twenty-five seconds.

Ms Sweet: Forty-five seconds?

The Chair: Twenty-five.

Ms Sweet: Twenty-five, and then we'll come back to me again.

The Chair: Yes.

Ms Sweet: Minister, real quick, I'm hoping just to give you a heads-up about what I'm going to ask you about next time, on page 113, addictions and mental health as well as children's mental health. I want to focus on rural mental health specifically and the fact that we do see and we do have reports indicating that Canadian farmers are at higher risk of having mental health concerns. We'll talk about that next time.

The Chair: Fantastic. With that, we go back to the government caucus, and Mr. Rutherford has a question.

Mr. Rutherford: Thank you, Chair. Minister, we were just concluding a conversation about biologics and biosimilars, and you were answering about the safety of them, the budget savings surrounding that switch, and also how somebody goes about appealing a decision and staying on a biologic. If you could just finish your thoughts on that, it would be appreciated.

Thank you.

The Chair: All right.

Minister Shandro.

Mr. Shandro: Thank you, Madam Chair, and thank you to the member for the question. We were influenced in the expansion of the biosimilar initiative in what was done in B.C., some of the processes and some of the decisions as well. Some of the conversations I had, I think I was mentioning, were with the Health minister in B.C., who very proudly talks about being a patient who uses a biosimilar himself and actually switched himself before other patients in the province of B.C. He did talk about, you know, the anxiety that patients have as the name on the vial might be different, so we do appreciate that. It's important for us to be able to work with physicians and with patients to help them understand the safety and the efficacy of biosimilars, but we also know that there is a need for an exemption process.

The exemption process was mirrored on the process that was done in B.C. because B.C. physicians already had that experience in making the judgments for those applications. It was B.C. physicians that we contracted with to do the review because they had that experience on making those calls. The application is done by a physician on behalf of a patient. There are physicians then who

review the application, and then I understand that 19 of those applications did proceed so that the patient was permitted to stay on the originator rather than being switched to a biosimilar.

Mr. Rutherford: Thank you.

Chair, I can forward my time to another member.

The Chair: All right. We will go to Mr. Amery.

Mr. Amery: Thank you very much, Madam Chair, and thank you, Minister Shandro, for the time that you've made so far. I appreciate that it is getting late in the day, but I want to turn your attention a little bit to a discussion that I think we haven't had much discussion about, and that is support for our indigenous communities. I want to turn your attention to the strategic plan for 2021 through 2024 and, in particular, to page 11 under objective 6. There I read that you have a heading, Partnering with Indigenous Peoples to Pursue Opportunities. Under there it says Actions, and 1 states that the goal is to

work with the federal government to improve access for Indigenous Peoples to key services such as education and health care and advocate for on-reserve services for persons with disabilities, addiction and/or mental health issues.

Minister, I wanted to give you an opportunity and ask whether you can comment on what the Alberta government's strategy is for ensuring that indigenous peoples in Alberta are supported in these aspects that you mention here and, specifically, with respect to recovery from addiction, services for persons with disabilities, and/or mental health supports as well.

Thank you.

The Chair: Thank you, Mr. Amery.

Minister Shandro.

Mr. Shandro: Thank you, Madam Chair and to the member for the question. When it comes to the mental wellness as well as addiction recovery of indigenous peoples in Alberta, it's one of our top priorities on this file. To date we've provided funding to multiple addiction treatment facilities that provide specialized support for indigenous peoples. That includes operators like Poundmaker's Lodge, that's here in Edmonton. There's also Sunrise Healing Lodge – that's a facility that's in Calgary – and the Bringing the Spirits Home facility on the Kainai Nation.

I also say that as a part of the COVID mental health action plan, Alberta's government is also providing direct support to a variety of First Nation communities as well through those grants and the money that was funded through that action plan, the \$53 million, so we can continue to provide, in the pandemic and after the pandemic, those opportunities for ensuring that our indigenous peoples in Alberta are supported, as the member said, in their recovery from addiction.

Thank you very much, Madam Chair.

The Chair: Thank you, Minister.

Mr. Amery: Madam Chair, I wish to cede my remaining time to one of my colleagues.

The Chair: Fair enough. Back to Mr. Rutherford.

Mr. Rutherford: Yes. Thank you, Chair. In reference, Minister, to the business plan, on page 51 the last paragraph states:

Government and community partners will expand access to a recovery-oriented, coordinated network of community-based services and supports to achieve improved health, wellness, and

quality of life for those with or at risk of alcohol and drug problems or mental health issues.

Can you give us some examples of community partners, please, that the government will be partnering with and which services will be provided to Albertans?

The Chair: Thank you.
Minister Shandro.

5:50

Mr. Shandro: Thank you, Madam Chair, and thank you to the member for the question. Community-based nonprofits throughout the province have been and will continue to be essential to recovery and a recovery-oriented continuum of care that Alberta's government is expanding.

These nonprofits are extremely effective in creating community. They build communities of alumni that also can help in the effectiveness of their programs. They keep people connected in the recovery community, and these are all activities that are just essential in a recovery-oriented system. People in recovery often benefit from others who are also in recovery so that they can reach out, they can stay connected, and they can share their experiences and support each other through that community to be able to continue on their journeys in recovery. Those would be some of the examples of the ways in which community partners, mentioned on that page of the business plan, can help us by partnering with us to provide those services to Albertans.

The Chair: Thank you.
Mr. Rutherford, do you have another question?

Mr. Rutherford: No.

The Chair: With that, I believe we are going over to Mr. Smith.

Mr. Smith: Thank you, Madam Chair. Thank you, Minister, for taking my question. In reference to the ministry's business plan, on page 54 we have key objective 3.5, and it says that government will "expand access to a range of addiction and mental health services and supports, including through community based providers." Minister Shandro, can you please elaborate on how community-based providers are essential in providing these high-quality services to Albertans?

The Chair: Thank you, Mr. Smith.
The floor is to Minister Shandro.

Mr. Shandro: Thank you, Madam Chair, and thank you to the member for the question. Similar to my answer to MLA Rutherford's question, these community-based providers provide a backbone to our mental health and addiction care system. These community providers have a history that's long standing. It's a long-standing history of providing high-quality care to community members who struggle with mental health and who might struggle with addiction issues. Nonprofits in Alberta – I mentioned some of these before, previously in the morning and this afternoon – would be examples. There's the Fresh Start Recovery Centre and as well – I'll mention them again – Sunrise Healing Lodge, the Thorpe Recovery Centre, Bringing the Spirits Home on Kainai, and many other organizations. They're often made up of folks who themselves are in recovery, folks who are in recovery from mental health and addiction issues.

The Chair: Thank you, Minister Shandro, for that answer.

With that, we go on to the ND caucus for another round of questions, and we will go back to Ms Sweet, who had prefaced some of her questions. Ms Sweet, the floor is yours.

Ms Sweet: Thank you, Madam Chair, and thank you, Minister. Again, I would like to, if we could, focus more directly on primary care and preventative care around mental health, so not necessarily the addiction recovery component but the actual intervention of mental health services. I'd like to specifically focus on rural mental health. There was a recent survey that was done with the University of Guelph that indicated that 35 per cent of Canadian farmers have depression, 45 per cent have high stress, and 58 per cent are classified as having anxiety. In looking at those numbers and recognizing that farmers are about one-third of the global economy drivers, there seems to be a decrease in and lack of access to mental health supports for one-on-one counselling services in rural Alberta specifically as it relates to farming communities. I was hoping that maybe you could help speak a little bit to the supports and services or the programs that you may be looking at in relation to rural mental health in farming.

The Chair: Thank you, Ms Sweet.
Minister Shandro, you've got the floor.

Mr. Shandro: Thank you, Madam Chair. I'll start off by saying that AHS themselves have a program that's dedicated to providing mental health supports to farmers and their families. It's a phone line for them to be able to provide those supports. I was just consulting with ADM Cabral before the member finished her question. We don't have details about that program, but it is a program that AHS provides within the amounts we pay to AHS. It's one of the ways in which we provide, through Budget '21, mental health supports for rural Alberta, including, more particularly, because that member was asking about the farming communities, for our farmers and their families.

The Chair: Thank you, Minister.
Ms Sweet.

Ms Sweet: Thank you, Minister, I'm trying to be solution focused here as we move through your budget. A recommendation that had come out, that we had proposed a couple of months ago, was looking at using Alberta health care numbers for five free counselling sessions so that individuals could access counselling services with a health care provider that they are able to identify themselves. It wouldn't be based on a phone call or an online service but an ability to actually go in person. I would suggest that through our primary care network some of that already exists through a referral from a physician, but of course being able to expand that program so that Albertans are able to access it in their communities if they don't have access to primary care networks would be, I suggest, a good option in regard to addressing, specifically, mental health concerns for rural Albertans. Would that be something that you would be interested in or be willing to look at expanding?

The Chair: Thank you, Ms Sweet.
Minister Shandro.

Mr. Shandro: Well, thank you, Madam Chair. I can say this. A lot of those calls to the phone line that I mentioned before do end up resulting in counselling services and referrals for the type of access that the member is talking about. So there are a lot of opportunities for people to reach out and have those types of services provided right now. We're happy to be able to continue to look at the ways

in which – I think it's \$1.9 billion that we spend as a government on mental health and addiction. I continue to encourage the associate minister and his office, too, and those in the division of ADM Cabral to be able to look at the ways in which we can be more efficient in how we spend those dollars. We, obviously, also want to have a focus on how the amounts of money that we spend on mental health can be more preventative, with more of a focus on prevention, something that ADM Cabral is talking about, the ways in which we can invert the pyramid, instead of having the most amounts spent on the most intensive types of intervention for folks.

As well, I'm reminded by ADM Cabral that there was the \$53 million that was funded for COVID mental health and the grants that we provided to be able to support Albertans throughout the pandemic and the concerns that we knew would result from the health measures as well as economic concerns for all Albertans and those in rural Alberta, those in the farming community as well, that the member was mentioning, so that we can continue to provide those mental health supports for all Albertans.

The Chair: Thank you, Minister.
Back to Ms Sweet.

Ms Sweet: Thank you, Madam Chair, and thank you, Minister. I mean, I agree with you that if we can look at doing the prevention around mental health, then the likelihood of having people have to attend treatment would decrease automatically because we would be front-ending people and giving them the mental health supports they need before it can increase to addictions and more severe concerns.

I appreciate you bringing up the COVID-19 response because I think we also acknowledge that there have been some significant concerns around mental health with COVID-19. Of those grants that were provided through your ministry, do you know how many of them were actually provided to rural Alberta and not to organizations within the major cities like Edmonton, Calgary, Red Deer, Lethbridge, Medicine Hat? Anybody else?

The Chair: Fort McMurray.

Ms Sweet: Fort Mac.

The Chair: Come on.

Ms Sweet: Oh, look. We're working as a team today.

The Chair: Thank you, Ms Sweet. I appreciate that.

I can speak very quickly. I do know that some of the rural communities in my riding received some of those grants.

Minister Shandro, to give a more fulsome response.

6:00

Mr. Shandro: Thank you, Madam Chair. I'll just go through a listing of those who were provided grants under the \$53 million that we funded for COVID mental health. By the way, if you took the additional money that every other province, all provinces, all together, funded additionally for mental health as part of their COVID response and you multiplied it by two, you get the amount that we funded further here in Alberta. It does include a lot of communities outside of our major urbans.

Madam Chair, I point out that Airdrie, Medicine Hat, Stony Plain, Lethbridge, Morinville, Glenevis, Onoway, Okotoks, Lethbridge, Rocky Mountain House, Lacombe, Lacombe, Stettler, Stettler, Athabasca, Barrhead, High Level, Drumheller, Wabasca, Stand Off, Bonnyville, Lethbridge, Wetaskiwin, Drayton Valley, Grande Prairie, Camrose, Rocky Mountain House, Red Deer, Lethbridge, Chard, Leduc, Wetaskiwin, Cochrane, Stony Plain,

Airdrie again, Red Deer, Chateh, Bonnyville, Ardrossan, Whitecourt, Cold Lake, Cardston, Fort McMurray, Lethbridge, Camrose again, Spathnow, Foothills, Foothills, Fort McMurray, Fort MacKay, Nordegg . . .

The Chair: Minister, I appreciate that, but I will save you the embarrassment of continuing to butcher most of the names in rural Alberta.

All right. We're back to the chair.

Ms Sweet: Thank you, Minister. Just keep in mind that that was not me that said that, so I'm just putting that out there.

Thank you for giving that information. I think it's important that we recognize that those services are available. From a perspective of being able to support individuals in rural Alberta to access those services, have you created anything within your ministry to bring more awareness to those supports and services and maybe to help work on the stigma attached to, you know, asking for help and looking at accessing those supports? I do know the Do More Ag organization, which is partnered with many different PCNs and different supports, is not actually partnered with Alberta Health Services, so it might be an organization that health services would like to look at in regard to supporting mental health with ag producers.

The Chair: Thank you, Ms Sweet.
To Minister Shandro.

Mr. Shandro: Thank you, Madam Chair. If it's a question about the ways in which we are bringing more awareness to these programs, I'm going to ask ADM John Cabral to come introduce himself and to help with the answer to that question.

The Chair: Just for the record we have 30 seconds that remain.

Mr. Cabral: John Cabral, ADM, health service delivery. As it relates to the question around who we are working with to promote the various programs that are in place, we have been working with Alberta Health Services, partnering ministries such as Children's Services as well as Community and Social Services, Seniors and Housing. We've also been working with contracts through . . .

The Chair: I will just let you finish your thought.

Mr. Cabral: . . . the Canadian Mental Health Association and other key stakeholders to bring them up to speed, including associations that represent addiction and mental health organizations.

The Chair: Thank you so much for that.

With that, our next question goes to Ms Lovely.

Ms Lovely: Thank you, Madam Chair. Minister, most of my questions have been focused on seniors because I do have a very large population of seniors in the Camrose constituency, but I also have a lot of young families. We're a multigenerational community where there are parents, grandparents, kids. I also have a lot of families who moved to the area because there are some good-paying jobs. Usually these are younger folks who start their families. In fact, I have a couple of new schools that are being built in my community, I'm happy to say. We've got both ends of the spectrum.

You've talked about your baba lovingly, and those are always good stories to hear, but you also talk about your kids, which are really the sunshine of your life. You know, children are very important in all of our families, and when something goes wrong with your kids, we have very good health care in our province here. If someone needs to send their child to a higher level of care,

something more serious that needs to be addressed, they usually end up at the Stollery children's hospital in Edmonton. I'm very happy to say that I've met with those folks on several occasions. Fortunately, my family never had to use that service, but I'm really glad that when families from my community have to go, they always have great things to say about the service that's provided there.

You know, I do have a couple of questions here that are revolving around the Stollery children's hospital. The 2021-2022 capital plan outlines an investment of \$7.6 million into the Stollery children's hospital critical care program in Edmonton. In the government estimates on page 113 – and I'll give you a second to get there – on line item 7.6 we see almost a \$30 million investment in children's health supports, and thank you for that. How are you supporting children's health in Alberta, and how does this investment benefit hospitals like the Stollery children's hospital?

The Chair: Thank you, Ms Lovely. The Stollery is something that is very near and dear to my heart.

Minister Shandro, please.

Mr. Shandro: Thank you, Madam Chair, and thank you to the member for the question. I have to give kudos again to John. This is another one of the many projects we provided him and his division to work on over the last year, so thanks to him and his division for working on this. Budget '21 does include \$34 million for children's health supports for us to be able to expand addiction, mental health, and rehabilitation services for children and youth. The program will support kids, youth, their families by providing co-ordinated access to pediatric mental health and rehabilitation services. Budget '21 also provides \$29 million in new funding for these programs in '21-22. The community-based program will support kids, youth, and their families by having these services provided, with parameters that are still being finalized for us to be able to announce later on this spring. Work is still being done. We wanted to make sure that it was at least included in Budget '21 so it could be funded. But there's still quite a bit of work for ADM Cabral's division to be able to continue to do that work so we can finalize the parameters of these programs and the ways in which we can provide the support to kids and their families.

The Chair: Thank you for that, Minister Shandro.

Ms Lovely, did you have a follow-up question?

Ms Lovely: I do. Thank you, Chair, and thank you, Minister, for that answer. I have a youth advisory committee that I've started, and this group of young people has been fantastic about keeping me up to date with their thoughts about going to class – they've all had to do online learning and that transition – and just how COVID has really impacted them. My group of students, fortunately, feel that – some of them have actually excelled during COVID and the shift in learning, but some of them feel that they have been more challenged, and they feel that some of the other students in the school are in need of some supports, which leads me to my next question. What other initiatives are being supported under children's health supports, and can the Associate Minister of Mental Health and Addictions identify any mental health supports for children associated with this budget increase?

The Chair: Thank you.

To the minister.

Mr. Shandro: Thank you, Madam Chair and to the member for the question. These are supports and services that would promote and protect the mental health and the well-being of children and youth.

We have integrated youth service hubs that have been opening across the province since 2017. Youth hubs provide spaces for kids who are between 11 and 24 where they can receive support and help them in accessing primary care as well as addiction and mental health supports, community supports and services.

6:10

We invested \$2.2 million in 2020-21 to continue supporting the implementation of youth hubs in 12 communities across the province, and we're currently developing a governance structure to oversee that initiative. The 12 communities, just for everybody to note, would be Fort Saskatchewan, the triregion area, Medicine Hat, Enoch Cree Nation, Maskwacis, Fort McMurray, Alexis Nakota, Drayton Valley, Bonnyville, Grande Prairie, and Strathmore.

We've allocated \$3 million in Budget '21 to support the operation of five or six sites of excellence as well as seed funding for further development of additional sites. The ministry is going to continue to be working with an organization that will provide the centralized implementation of supports, oversight, and administration and alignment with other youth-serving initiatives, and we look forward to being able to figure out these details and announce them soon.

The Chair: Thank you, Minister Shandro.

With that, we move on to our next question. Ms Lovely, did you have another one?

Ms Lovely: Thank you, Madam Chair, and thank you, Minister. I appreciate that answer. I don't have any more questions at the moment, but I'm happy to cede the rest of my time to another member as I believe that there are a few more questions that we have on this side.

The Chair: Well, I see Mr. Gotfried up on the screen, so Mr. Gotfried, the floor is yours.

Mr. Gotfried: Thank you, Madam Chair, and thank you for giving us this time. I think we're down to the last few minutes if I'm not mistaken. Minister, I just wanted you to talk a little bit about out-of-province health care and some very modest changes but some changes. I wanted to see if you could provide us, you know, with a little bit of detail on that. It's on government estimates, line 11.2, out-of-province health care services. There's a modest increase, but I'd just like you to sort of explain a little bit more about out-of-province health care for us, an increase from \$144.8 million to \$145 million, a relatively modest increase. Can you explain the increase and some of the allocation of the dollars for out-of-province health care, just so we can better understand where that allocation is and what benefit that is to Albertans?

The Chair: Fantastic.

To the minister.

Mr. Shandro: Thank you, Madam Chair. The difficulty is that the program is demand driven. Because of that demand-driven nature, it's a little bit hard for us to determine the scope and the impact of the program due to the pandemic, but costs are expected to increase slightly. The program is affected by medical travel within and outside Canada, and it's sensitive to the economic conditions both within Canada and internationally, including exchange rates with the U.S. dollar. The slight increase is primarily for out-of-province services that are reciprocal as a result of the pandemic . . .

The Chair: I will just let you finish your sentence, Minister Shandro.

Mr. Shandro: Well, thank you, Madam Chair.

... and international travel restrictions, which influence how people travel within Canada instead of to the United States or overseas.

Thank you, Madam Chair.

The Chair: Thank you, Minister Shandro.

With that, we move on to, I believe, our final block for the ND caucus, and that will go to Mr. Shepherd.

Mr. Shepherd: Thank you, Madam Chair. Minister, if we could take a look at under drugs and supplemental health in your estimates, section 4, line 4.8, I see there is a significant reduction on the line for the AISH benefit from the 2020-21 budget to the '21-22 estimate. I was wondering if you could just give some clarity as to the reason for the reduction of just under \$10 million.

The Chair: To the minister.

Mr. Shandro: Thank you, Madam Chair. The decrease is related to those who are enrolled in the program, reminding everyone that this is one of our 22 government-sponsored programs that we fund through Budget '21. There are expected to be folks who are enrolled in the program not accessing the same level of services as they did in past years – fewer dental visits, lower volumes of prescription drugs, et cetera – even though the enrollee levels are increasing year over year. The COVID-19 pandemic has changed the levels of services that folks are accessing, so that's accounted for in this line item here, that the member mentions, 4.8.

The Chair: Thank you, Minister Shandro.

Back to Mr. Shepherd.

Mr. Shepherd: Thank you, Madam Chair. Just to be clear, Minister, you're basing this, your estimate, then, on assuming that the reductions you saw in the last year, when the pandemic began, are going to continue this year?

Mr. Shandro: Yes. That's correct.

Mr. Shepherd: Thank you, Minister.

Through you, Madam Chair, if we may move on, then, Minister, I know there were some questions earlier regarding vaccinations. Indeed, I did hear you make reference to the need to, I guess, have as many Albertans as possible access vaccinations. At points I do have to multitask a bit, and I apologize if I missed you providing this answer earlier, but in January your department told the *Edmonton Journal* that you were planning an advertising campaign later this year to encourage Albertans to be vaccinated against COVID-19. I think we all agree that that's important. I mean, at that time it was around 40 per cent of Albertans that were saying that they'd prefer to wait or that they would not get it altogether. Are there, in fact, amounts budgeted in this budget for that education campaign? What line would that be included in?

The Chair: Thank you, Mr. Shepherd.

Mr. Shandro: My understanding: that would be included in CPE's budget and not included in the ministry's budget here, that's presented before the committee.

Mr. Shepherd: I'm sorry, Minister. I'm not familiar with that abbreviation, CPE.

The Chair: Minister, could you provide that?

Mr. Shandro: Communications and public engagement. That amount would be funded through Treasury Board and Finance, in their ministry.

Mr. Shepherd: Thank you, Minister. On that note, given that, I mean, that does fall in line under your business plan, do you know if such a campaign is already under way? We're well into, I guess, the vaccination process. With more vaccines coming in, the potential, as Dr. Hinshaw has said, for all adult Albertans to be able to access the vaccine if they want it by the end of June, do you intend to have this campaign expedited and out soon?

The Chair: Thank you, Mr. Shepherd.

Mr. Shandro: Yes, it is under way, and it will continue to be under way as we continue to make sure that we are trying to get the most amount of uptake, as they call it in vaccine deployment, of Albertans. Some of it isn't necessarily folks saying that they don't want a vaccine; some of it is some misunderstandings that there might be in the different manufacturers, the difference between messenger RNA vaccine or vaccine candidates as opposed to other types of vaccines. A big part of our outreach program is also going to include that having a pharmacist, somebody in the community that we have constant contact with, included in the vaccine deployment also helps us with our uptake in the province because we have those opportunities for conversations between patients and that community health professional to be able to walk through the efficacy and the safety of the various vaccines, their manufacturers, the differences, and which is the right choice for everybody. We think that's also going to help us with our uptake.

The Chair: Thank you, Minister Shandro.

Mr. Shepherd.

Mr. Shepherd: Thank you, Madam Chair. Regarding line 15, the COVID-19 pandemic response, the amount of \$500,000 that is booked for the '20-21 budget year: does that amount include the dollars that were spent on the ABTraceTogether app and the subsequent upgrades to that app and updates, and can you give me a total on what has been spent on that app to date?

6:20

The Chair: Thank you, Mr. Shepherd.

With that, we'll go back to Minister Shandro.

Mr. Shandro: Thank you, Madam Chair. It was \$2.05 million that was spent, that was contracted out to Deloitte as the contractor to help us with the development of the ABTraceTogether app. I believe that's the answer to the member's question.

Thank you, Madam Chair.

The Chair: Thank you.

Mr. Shepherd.

Mr. Shepherd: Thank you, Madam Chair. Through you to the minister, do you anticipate that there'll be any further costs for updates to or maintaining the app?

Mr. Shandro: Sorry. It's Quinn Mah, right? Sorry, Quinn. I just wanted to make sure I didn't mispronounce your name since I'm already slaughtering all the names of our rural communities, Madam Chair. I'll have Mr. Mah introduce himself. To the microphone.

Mr. Mah: Hi there. I'm Quinn Mah, executive director of information management. We are proceeding with some technical

upgrades of ABTraceTogether that help it work more reliably in the background and on locked phones. It's technology that we've adopted from Australia from a company called VMWare, and we do plan to incorporate this technology in the future.

The Chair: Thank you, Mr. Mah.
Mr. Shepherd.

Mr. Shepherd: Thank you. I appreciate that update. Just to be clear, was that included, then, in the \$2.05 million contract, or are there additional costs for that new technology and upgrade?

Mr. Shandro: It would be an additional cost and included in this fiscal year, so it would be an additional cost on top of the \$2.05 million.

Mr. Shepherd: Okay. And you don't know what that amount would be?

Mr. Shandro: The invoices are still being received, but we would estimate that it would be about \$400,000.

Mr. Shepherd: Thank you. Would that be directly out of your budget, then, in the estimates, or is that again out of the contingency budget, for which you would need to make that request for 2020-21?

The Chair: Mr. Shepherd, I just remind you: through the chair.

Mr. Shepherd: Yes. Through the chair.

Mr. Shandro: The amount is for budget year '21, so it would be included in the COVID contingency line item.

Mr. Shepherd: Excellent. Well, it's certainly my hope, then, that the Minister of Finance will approve that alongside the other funding that we've spoken of, the surgical initiative and certainly a number of things.

I guess, while we have had this time together today and certainly have, I think, wanted to cover a number of areas, it remains concerning to me that we have such a broad line item. With the lack of clarity and indeed booking some significant initiatives for the Ministry of Health that are still awaiting approval from the Minister of Finance, I think it makes it quite difficult in many respects for Albertans to be able to properly understand what the intentions are for the spending from the Ministry of Health and indeed from this government, to properly understand what they intend to apprehend, where they intend to direct these dollars.

While the minister spoke earlier at length about all the opportunities that he felt were present for Albertans, I would note that we as the representatives for Albertans, of course, have to cover a fairly wide swath of ground, and certainly what we have seen time and again is that this government is choosing to make it far more difficult for us to do that work, whether it's through this budget process, whether it's through the incredibly redacted business plans, which were dictated, I understand, to the minister by Treasury Board and Finance, which indeed in itself is troubling.

The Chair: Thank you.

With that, we will go back to the government caucus. I believe we've got Mr. Gotfried on the screen. Mr. Gotfried, the floor is yours.

Mr. Gotfried: Great. Thank you, Madam Chair. I know it's been a long day, Minister and staff, so thank you for all your time and energy today to answer all of our questions. We were speaking

about out-of-province health care, and I know we've all seen over the years, certainly, some extraordinary treatments that have been funded by the province for that out-of-province care, particularly where there's some groundbreaking treatments in other jurisdictions. I think that Albertans are grateful for that opportunity as we certainly work hard to bring many of those treatments back to this great province.

But we were talking a little bit about the line items and the modest increase in the budget for out-of-province health care, and again I just wanted to clarify and get some details on that, for Albertans and for ourselves here in committee, on which services are included in the out-of-province health care that would require Albertans to leave the province to receive that care. You mentioned across the country and perhaps even out of Canada; I'm just curious on some of the examples you might have of some of those treatments. Again, we've seen some in the news over the years, but are there some that really stand out in your mind where we are funding those for out-of-province care that we're at this time unable to provide to Albertans?

The Chair: Thank you, Mr. Gotfried.

With that, I will go to Minister Shandro for a response.

Mr. Shandro: Thank you, Madam Chair. Just for clarification to my previous answer to Member Shepherd's question regarding that \$400,000, I understand that – I've been corrected by Mr. Mah and ADM Neumeyer – that \$400,000 actually, in Budget '21, will be coming out of line 15 in our budget as the Health ministry. Thanks for giving me an opportunity to clarify that.

And thank you, Madam Chair, through you to the member, for the questions about the out-of-country health services line item and these increases. We obviously want to make sure that these expenditures include folks who may require insured physician and hospital services while they're travelling within and outside of Canada.

We also want to make sure that we're including folks who seek services in other provinces when that service might be unavailable in Alberta. An example of that might be infants who have retinoblastoma or when they're approved for – there are different ways that it can happen. Sometimes the amounts that are budgeted in this line item – some of it's preapproved. If it's preapproved, it has to go through the Out-of-country Health Services Committee to receive those services outside of Canada. Those patients typically have a rare or unusual disease, and that can increase the cost of procedures for new and emerging treatments that may not yet be available in Canada. We'll continue to make sure that those patient services, that patient care, are available to Albertans if they're not able to receive the care because it might be new and innovative or may be related to a rare or unusual disease so that they have that access to those emerging treatments outside of Canada if it's required.

The Chair: Thank you, Minister Shandro.

Mr. Gotfried, do you have a follow-up?

Mr. Gotfried: I do. I've got a couple. Thank you, Chair. Just to clarify on that, Minister, again, some of these are for treatments that cannot be accessed in Canada, but also you noted that some is for out of province. I'm going to assume that that is perhaps for somebody who's travelling, who becomes ill in some way, that they would be then covered for at least the insured portion from an Alberta Health Services and Alberta health coverage perspective. Some of that could actually be for travelling individuals who through no fault of their own face some health challenges when they're travelling. Is that correct?

The Chair: Thank you, Mr. Gotfried.
Minister Shandro.

Mr. Shandro: Actually, Madam Chair, I'm just going to confer with ADM Chad Mitchell about this.

Thank you, Madam Chair. Yes. It does include the amounts that we might pay through a reciprocal agreement with a neighbouring province. For example, we have reciprocal agreements with Saskatchewan and B.C.

The Chair: Thank you. I hesitate to interrupt, but the time allotted for the consideration of the ministry's estimates has now concluded.

I would like to remind committee members that we are scheduled to meet next on March 10, 2021, at 9 a.m. to consider the estimates of the Ministry of Education.

I would just ask that everybody please vacate this room as soon as humanly possible so that they can clean it before the next estimates start, at 7.

With that, the meeting is adjourned. Thank you.

[The committee adjourned at 6:30 p.m.]

