
Legislative Assembly of Alberta

The 30th Legislature
Third Session

# Standing Committee on Families and Communities

Ministry of Health
Consideration of Main Estimates

Tuesday, March 15, 2022
3:30 p.m.

Transcript No. 30-3-8

**Legislative Assembly of Alberta**
**The 30th Legislature**
**Third Session**

## Standing Committee on Families and Communities

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### Also in Attendance

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Shepherd, David, Edmonton-City Centre (NDP)

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Transcript produced by *Alberta Hansard*

## Standing Committee on Families and Communities

### Participants

Ministry of Health
- Hon. Jason C. Copping, Minister
- Hon. Mike Ellis, Associate Minister of Mental Health and Addictions
- Deena Hinshaw, Chief Medical Officer of Health
- Aaron Neumeyer, Assistant Deputy Minister, Financial and Corporate Services
- Evan Romanow, Assistant Deputy Minister, Health Service Delivery

**3:30 p.m. Tuesday, March 15, 2022**

[Ms Lovely in the chair]

## Ministry of Health
## Consideration of Main Estimates

**The Chair:** Welcome back, everyone. I'd like to call the meeting to order. The committee has under consideration the estimates of the Ministry of Health for the fiscal year ending March 31, 2023.

I'd ask that we go around the table and have members introduce themselves for the record. Minister, please introduce the officials who are joining you at the table.

**Mr. Copping:** Thanks again, and it's good to be back after our session this morning. Thank you, Chair. There's myself. We have Mike Ellis, the Associate Minister of Mental Health and Addictions. We also have Deputy Minister Wynnyk at the table. We also have Aaron Neumeyer and Evan Romanow – sorry; my apologies; I'm terrible with names – assistant deputy ministers as well.

Thank you.

**The Chair:** My name is Jackie Lovely, and I'm the MLA for the Camrose constituency and the chair of this committee. We'll be starting to my right with introductions, please.

**Mrs. Allard:** Good afternoon. MLA Tracy Allard from Grande Prairie.

**Mr. Smith:** Good afternoon. Mark Smith, Drayton Valley-Devon.

**Mr. Reid:** Minister, for your benefit, Roger Reid, MLA for Livingstone-Macleod.

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

**Mr. Amery:** Mickey Amery, MLA, Calgary-Cross.

**The Chair:** Across the table there. Mr. Shepherd.

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

**Ms Sigurdson:** Good afternoon. Lori Sigurdson, Edmonton-Riverview.

**Member Loyola:** Rod Loyola, Edmonton-Ellerslie.

**The Chair:** All right. Now we'll go to members participating remotely. Please introduce yourself, sir.

**Mr. Hunter:** Grant Hunter, MLA for Taber-Warner.

**The Chair:** I'd like to note the following substitution for the record: Mrs. Allard is substituting for Mrs. Frey.

A few housekeeping items to address before we turn to the business at hand. Please note that the microphones are operated by *Hansard*. Committee proceedings are being live streamed on the Internet and broadcast on Alberta Assembly TV. The audio- and videostream and transcripts of meetings can be accessed via the Legislative Assembly website. Members participating remotely are encouraged to have your camera on while speaking and your microphone muted when you are not speaking.

Remote participants who wish to be placed on a speakers list are asked to e-mail or send a message in the group chat to the committee clerk, and members in the room are asked to please signal to the chair. Please set your cellphones and other devices to silent for the duration of the meeting.

Hon. members, the standing orders set out the process for consideration of main estimates. A total of six hours has been scheduled for consideration of the estimates for the Ministry of Health, and I'd note that the committee 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're now at the point in the rotation where speaking times are limited to a maximum of five minutes each for both the member and the ministry.

During this portion of the meeting the member and the minister may each speak once for a maximum of five minutes, or these times may be combined, making it a 10-minute block. Please note that the combined speaking time of the minister, the associate minister, and ministry staff cannot exceed five minutes at a time. 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 the discussion should flow through the chair at all times regardless of whether or not speaking times are combined. With the concurrence of the committee I will call a five-minute break, probably just before 5 p.m., and that way we will get the best coffee. Does anyone oppose having a coffee break? All right.

When we adjourned this morning, we had just passed five minutes into the exchange between Mrs. Frey and the associate minister. I will now invite a member from the UCP caucus to complete the remaining time in the rotation. Member Allard, you have four minutes and 42 seconds.

**Mrs. Allard:** Thank you very much, Chair. I wasn't here this morning, but I believe that we left off with a question to the Associate Minister of Mental Health and Addictions. I'm just going to repeat the question because I don't think you got to answer it. In reference to the ministry business plan on page 52 the second paragraph states:

> Ministry policies, programs and initiatives for wellness, disease and injury prevention, early intervention, and managing chronic health conditions, support Albertans in optimizing their health. Government and community partners continue to expand access to a recovery-oriented network of community-based services and supports to achieve improved health and quality of life for those living with or at risk of addiction problems or mental health issues.

So the question is: who are the community partners, Minister, that we are working with, and how will this expand access to the recovery-oriented system of care?

**Mr. Ellis:** Thank you, Member, and thank you very much for the question earlier this morning. I did have an opportunity to actually talk quite a bit, but I'd like to continue with some thoughts in regard to that recovery-oriented system of care and the partners that we're working with. Thank you very much.

You know, in Calgary specifically, we're working with the Alpha House, the Simon House Recovery Centre, the Recovery Acres Society, the Fresh Start Recovery Centre, Alcove Addiction Recovery for Women, the Sunrise Healing Lodge Society, the Aventa Centre of Excellence for Women with Addictions.

In Edmonton specifically, we're working with the George Spady society, the Poundmaker's Lodge Treatment Centres, the Jellinek Society, Our House Addiction Recovery Society, Salvation Army Edmonton, Recovery Acres Society Edmonton, and the McDougall House Association, also in Edmonton. You know, there are numerous more in southern Alberta, central Alberta, and northern Alberta as well, and I think it's important to recognize all the great work that all of these people do. I mentioned earlier that when we

talk about the recovery-oriented system of care, we can substitute the word "recovery" for "wellness" or for "human" or "holistic," but it's important to note that all of these focus on the entire body, both mental and physical, for that individual to ensure that they are receiving the total care for the illness that they have.

**The Chair:** Thank you so much, Minister.
Hon. member.

**Mrs. Allard:** Thank you. If I may continue with another question to the same minister, on page 9 of Budget 2022 it states that the government is building on

> existing commitments to transform the mental health and addictions system to ensure Albertans have a continuum of high quality mental health and addictions care and supports. The government will implement a recovery-oriented system of care that is person-centred and builds on the strengths of individuals, families and communities.

A recovery-oriented system of care will offer a co-ordinated network of community-based services and supports for the whole province to be included. We are excited to anticipate celebrating the outcomes indicative of wellness and recovery for Albertans. Budget 2022 increases the investment into Alberta's addiction and mental health system by $20 million. The new funding will focus on child and youth mental health as well as furthering efforts to build a recovery-oriented system of care in Alberta. I'm just wondering if the minister can explain to us where we're at in that process and if the budget has been allocated directly.

**The Chair:** Thank you, hon. member.
Sorry. Just a reminder, everyone, that the conversation needs to flow through the chair.

**Mrs. Allard:** My apologies.

**Mr. Ellis:** Thank you, Madam Chair. As the member indicated, $20 million in additional supports on top of, you know, the $140 million over the past several years. In response to 2022-2023, of course, we have the $32 million for services that reduce harm, $10 million for prevention, $23 million for early intervention, $117 million for treatment and recovery for addiction and mental health, and that on top of many of the initiatives that are quite groundbreaking, including the virtual opioid dependency program, which essentially allows people all throughout the province to get treatment on demand with evidence-based medication such as methadone, Suboxone and, of course, another groundbreaking evidence-based education medication, Sublocade, which is an injectable.

**The Chair:** Thank you so much, Minister.
Now our time moves over to the Official Opposition. Please proceed, hon. member.

**Ms Sigurdson:** Thank you so much. I'm happy to be here today to ask some questions of the Health ministry. I'd like to start in the estimates on page 112, 1.6, which is the Health Advocate's office. Back in 2020 we did have a Seniors Advocate office at that time, but that was cut from the budget, and half a million was cut from the Health Advocate's office. But, you know, the Minister of Seniors and Housing said that seniors would still have someone who was a champion for them, who would listen to the concerns, that the office workers would do casework for them, and that seniors would be well served. However, when I asked the minister this question, she said: no; you have to talk to Health about this. She indicated she hadn't had anything to do with this. That's why I am bringing this here.

I guess I'd like to know – we do have one report from the Health Advocate, from '19-20, but the ministerial order says that the report should be tabled every year, an annual report. We've received nothing since that time, so nothing in 2020-21.

***3:40***

You know, I'm at a loss to know what's going on with the Health Advocate and if indeed she's serving seniors. We know that just about 28 per cent of casework is related to health and to many other areas: financial issues, housing, home supports, social supports. These are all other areas, so I'm just wondering what the Health Advocate is doing in those areas. I'd like to know from the minister how many times you've met with the Health Advocate . . .

**The Chair:** Through the chair.

**Ms Sigurdson:** . . . Madam Chair, and to receive some updates, because, you know, the report is obviously overdue significantly. If you can speak to any of that, please, through the chair.

**The Chair:** Thank you so much, hon. member.
Back to you, Minister.

**Mr. Copping:** Thank you to the hon. member for the question. I meet quarterly with the Health Advocate. My understanding is that when the change was made in terms of passing on the work from the Seniors Advocate to the Health Advocate, staff also went with the Health Advocate. The Health Advocate continues to do work supporting not only the health of Albertans – you correctly pointed out that many of those who are involved with concerns for their health are seniors – but also supporting seniors in regard to other queries that they have.

In 2020, the first year after the merger of the office of the Seniors Advocate with the Health Advocate's office, staff received 136 inquiries regarding seniors' non health-related issues. Of those, 48 were about housing and home supports, 44 were about income and finance, and another 44 were about social supports. Data on the number of inquiries regarding seniors' health-related issues is not available because they don't actually track, you know, whether it's a senior or not requiring help. It's just general health. We don't track that by demographic.

The office of the Health Advocate reports that approximately 50 per cent of their work relates to mental health, including seniors' mental health; less than 10 per cent of all calls are related to seniors' concerns, and most are about COVID-19 related issues in seniors' congregate living more recently. I can tell you that the Health Advocate office has worked closely with Alberta Health, the health regions, regulators, and others to ensure that the experience of Albertans, including seniors, has been reflected in both policy development and operations during the COVID-19 response. Throughout the pandemic the Health Advocate has participated in numerous committee meetings, including the Continuing Care Collaborative Committee and the facility-based continuing care review. We've also met regularly with the EOC, AHS, and others to share concerns raised by seniors and their families.

In general I can share that the Health Advocate is doing work to represent seniors' interests. It's not just simply health-related work, but it's in regard to housing and home supports, income and finance, and social supports. As well, the Health Advocate has also been involved in looking at policies, particularly through COVID, to protect seniors in continuing care and providing input on that. The work is ongoing and not only related to health generally but other seniors' concerns.

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

**Ms Sigurdson:** Madam Chair, I'm just wondering if the minister can tell us this. You know, obviously, the annual report is over six months overdue for the 2020-2021 year. When will that be available to Albertans? I'd like to know that. I'd also like to know if he can speak to if the minister of seniors is briefed on any of the work of the Health Advocate.
Thank you.

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

**Mr. Copping:** In regard to the timing of the annual report, I haven't seen it yet. It may have been impacted by COVID, but I'm happy to follow up with the Health Advocate in terms of the status of that. As you know, it will be tabled in the House.
In terms of ongoing conversations between the Health Advocate and the seniors role with Minister Pon, I'm sorry, but I'm not up to speed in terms of how much communication is going on between those two. You'd have to ask Minister Pon that question.

**The Chair:** Thank you so much, Minister.
Hon. member.

**Ms Sigurdson:** Yes. Thank you, Madam Chair. Well, I did ask Minister Pon that, but she suggested I talk to you about that because this is the Health Advocate. So it's a bit of a challenge to get answers sometimes from the government.
I'd like to move on now to the association of counselling therapists of Alberta. I know that the government had been working very closely with them over the past two years. They're wanting, of course, to have a college of counselling therapists brought forward in legislation. They're waiting for the Health minister to support the proclamation and take it to cabinet for approval. They're all ready to go, and we're just wondering what the holdup is, Madam Chair.

**Mr. Copping:** So maybe I'll start the answer, and then I'll ask Associate Minister Ellis to supplement. The hon. member is correct that, you know, there has been ongoing work with this group in terms of looking at a college. There were some initial concerns raised in regard to consultation with First Nations peoples. Concerns were raised, and that was actually brought to the attention of this particular group. The work is ongoing in terms of: where do we go from here? Associate Minister Ellis has been front and centre in terms of working with this group, particularly as it relates to mental health.
Associate Minister Ellis, do you want to comment further on that?

**Mr. Ellis:** Thank you very much. I realize we're pressed for the five minutes. I know, Chair, that you've warned me on that, so I'll do my best here. I might actually have Evan Romanow supplement in a moment here. You know, what I want to say is that on June 6 the confederacy of Treaty Six chiefs stated, "the Development of the Alberta College of Counselling and Therapy . . . is a direct infringement on our Treaty Right to Health." Of course, I don't think there's anybody here in this room that would disagree, that we should not respect the rights of our Indigenous peoples. The minister and myself have asked the department to get some thorough consultations on behalf of the government, especially with the folks in our Indigenous communities along with many of the other service providers.
Maybe I'll ask Assistant Deputy Romanow to supplement that, please.

**Mr. Romanow:** Sure. Thank you. I would just add that some of the additional questions that the ministry has relate to coming out of the pandemic, looking at the workforce implications, for example, where we know that opioid and mental health issues are prominent, wanting to make sure that there aren't workforce implications for service providers for individuals who are offering those types of supports in the community.
There were a number of outstanding questions that we are following up with ACTA and their leadership team to try to address. As the ministers have outlined, there are some outstanding questions that we are going to need to confirm going forward, so we're going to work through with that organization and other organizations in the community to make sure we fully understand the implications before I think a recommendation could be made to government on how to proceed.

**The Chair:** Thank you.
Now back to the hon. member.

**Ms Sigurdson:** Yes. Thank you, Madam Chair. Well, certainly there are many professions in our province, you know, social workers, psychologists, dental hygienists. This is a common practice, that colleges are created and people are regulated, because regulation creates safety for vulnerable Albertans. These practices have been in place for years, so I'm still a bit confused by why something can't be done to make this happen so that vulnerable Albertans can be protected and these professionals can be regulated to make sure that we are protecting the public. I'd just like the minister or the associate minister to speak about that.

**Mr. Ellis:** Member, thank you for the question, but, you know, I am not going to ignore the concerns of our Indigenous people. They have raised this issue . . .

**The Chair:** And that's our time. Thank you so much.
We are going to move to the independent member. Please proceed.

**Mr. Loewen:** Thank you very much, and thank you, Minister, again for being here. I'll go straight into some questions here on government estimates page 120 under the revenue heading near the top of the page, transfers from government of Canada. Your '21-22 forecast of $318 million seems to be a little bit of an outlier, much higher than usual and, in fact, about $109 million more than was expected. Where did that money come from and for what purpose?

**Mr. Copping:** The big increase of, you know, $148 million: basically, the delta – it's related to a one-time payment support for COVID-19, which is the vast majority of that amount.

***3:50***

**Mr. Loewen:** Okay. Where did it come from and for what purpose . . .

**The Chair:** Sorry. Hon. member, please direct your conversation through the chair.

**Mr. Loewen:** Okay. What was the purpose? I presume it came from the federal government, so what was the purpose on that?

**Mr. Copping:** Yeah. No. It was from the federal government specifically to deal with COVID-19.

**The Chair:** Thank you so much, Minister.
Hon. member.

**Mr. Loewen:** Okay. COVID-19 is a pretty generic thing as far as what it's for. Is there anything more specific? I'm sure there were lots of different transfers for COVID-19, but what was that specifically for?

**Mr. Copping:** Specifically, it was for . . .

**The Chair:** Sorry. Gentlemen, please, a reminder – a kindly reminder – that you direct your conversation through the chair.

**Mr. Copping:** My apologies, Chair.
Specifically, it was for the immunization effort.

**Mr. Loewen:** Immunization effort. Could you tell me what . . .

**Mr. Copping:** I'll ask Aaron to add more detail on that.

**Mr. Neumeyer:** Through the chair to the member – Aaron Neumeyer, ADM of financial and corporate services – specifically, in '21-22 the Alberta government received a transfer of $116.3 million from the federal government. Very specifically, this amount was to support costs for the province for the deployment of COVID vaccines.

**The Chair:** Thank you so much, Minister.
Hon. member.

**Mr. Loewen:** Okay. Again, I just understood immunization. What part of the immunization process was it for?

**Mr. Neumeyer:** Through the chair to the member, again, all provinces received – first of all, I should mention that the federal government paid for the costs of the of the COVID vaccines, but provinces were responsible for the costs of deployment and delivering those vaccines to Albertans. This transfer was specifically provided from the federal government to partially off-set the costs of deployment of vaccines to Albertans.

**The Chair:** Thank you so much, sir.
Back to you, hon. member.

**Mr. Loewen:** Okay. Deployment of vaccines: would it have anything to do with the restriction exemption program?

**Mr. Reid:** Point of order.

**The Chair:** A point of order has been called.
Please go ahead.

**Mr. Reid:** Chair, just to 23(b)(i), speaks to matters other than the question under discussion. With respect to the hon. member, we're looking at the 2022-23 budget; we're not looking back to previous years. If we could just get back to our main estimates for this budget, that would be appreciated.
Thank you.

**The Chair:** Thank you so much, hon. member.
Can you rephrase your question and point towards estimates, sir.

**Mr. Loewen:** Okay. Yes. It's on government estimates, page 120. Those numbers are all on that page, so I would presume that they are available to be discussed in this meeting. I'm pretty certain we've already discussed the $318 million. We've discussed the $116 million of support, which is what we're discussing right now. I just wanted to get an answer on that, please.

**Mr. Copping:** Just for clarity, when we're talking about immunization support, that was associated partially to off-set the costs of – you know, for example, we had pharmacies. We paid a charge associated with that. AHS hired staff – right? – to be able to run immunization clinics. So that's what it is. This had nothing to do with the REP.

**The Chair:** Thank you, Minister.
Hon. member.

**Mr. Loewen:** Okay. Thank you very much. We'll go on to page 114 of estimates, line 15.1, capital grants for continuing care beds. You budgeted getting $50 million out the door but only paid out $6 million last year. Any reason why that happened, especially when we know that at any given time approximately 15 per cent of our hospital beds are being occupied by people who should be somewhere else, in more appropriate care settings, for instance? If we had a capacity problem, it seems that every effort should have been made to address those people in our hospitals who could have been in continuing care instead. Again, why was there $50 million budgeted and only $6 million gone out?

**Mr. Copping:** Thank you to the hon. member for the question. Due to COVID there was a delay in the spending of this money, so we reprofiled it to future years.

**The Chair:** Thank you so much, Minister.
Hon. member.

**Mr. Loewen:** Thank you. Still on page 114, line 8.2, inventory acquisition, immunization support. Why the large increase this year, even exceeding the increase last budget?

**Mr. Copping:** The increase of $14.3 million is related to the approval of the high-dose influenza vaccine for Albertans 65 years of age or older.

**Mr. Loewen:** Okay. Thank you.
Can I go ahead?

**The Chair:** More questions?

**Mr. Loewen:** Yeah. Okay. Page 113, line 10, human tissue and blood services: why the huge increase in costs there, about 30 per cent growth in two years?

**Mr. Copping:** That cost relates to a Canadian Blood Services contract, increased demand for plasma-derived products, and the introduction of new products that are more costly, which increase the price of the contract. Then it also has to deal with an increase for the provincial blood-borne cancer therapy program, or CAR T-cell therapy.

**The Chair:** Thank you, Minister.
Member.

**Mr. Loewen:** Thank you very much. We'll stay on page 113, line 6.2, addiction and mental health. We have seen catastrophic increases in drug overdoses, obviously. Prior to the pandemic 100 deaths in one month was a record. Now we have never been under 100, some months hitting 150. Nearly $8 million in budgeted but unspent addiction and mental health money last year: why did that happen? Why wasn't that money spent? What is this government doing with such a dramatic increase in drug overdoses?

**Mr. Ellis:** Thank you, Member. Sorry. We're just looking for the actual answer for you, but to just supplement, yes, it's not just unprecedented here in Alberta; it's certainly unprecedented

everywhere in Canada and North America. You know, we've developed a system of care.

Just to answer your question there, the increase of $7.9 million is a result of operational funding not required in 2021-22 due to the delay in opening of the residential treatment facilities. I hope that answers your question.

Thank you.

**The Chair:** Thank you, Minister.

Member.

**Mr. Loewen:** Thank you. Yeah. That answers that. Thank you very much.

Page 113, line 11.1, program support: again a huge increase, 60 per cent in two years. Why that increase on that program support?

**Mr. Copping:** Thank you to the hon. member for the question. You know, this program support is in relation to a number of items. That includes an increase, so it's a total of $3.7 million. Part of that is increased staff to deliver on government priorities and meet the health system's demand, also funding related to revalidating the Alberta health care insurance plan registrant, and then also the staff to work towards a new, modernized personal health card.

**The Chair:** Thank you, Minister.

Member.

**Mr. Loewen:** Okay. Thank you very much.

**The Chair:** All right, and that's our time.

We'll move back over to the government side, and we'll proceed with Member Allard.

**Mrs. Allard:** Thank you very much, Chair. Through you to the minister, I'd like to talk a little bit about palliative care. I'm on page 113, element 8.5. Palliative and end-of-life care deals are a part of health care that most people do not want to think about. I certainly don't want to think about it. While death is difficult, it is inevitable, and a compassionate system ought to expand end-of-life care to ensure that those in that situation and their family members know what to expect and have appropriate options for those family members. Looking on page 113 at element 8.5 of the estimates, I'm just curious how the $5 million in palliative care budget for '22-23 will be allocated. My second question is that the funded initiatives under the palliative and end-of-life care call for grant proposals. What will they achieve?

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

Over to the minister.

***4:00***

**Mr. Copping:** Thank you, Chair, and thanks to the hon. member for the question. The $5 million in line 8.5 is part of the $20 million government commitment to enhance palliative and end-of-life care so Albertans can have better access to appropriate, timely, and quality supports and services. Part of the funding will be used for existing palliative projects with Covenant Health, the Alberta Hospice Palliative Care Association, and Pilgrims Hospice as well as provide coverage for the costs associated with prefilling syringes for clients on the palliative coverage program. The second part of the funding will be used for new grants from the palliative and end-of-life call for grant proposals, which closed in January 2022, and recipients are expected to be selected by the end of March of this year.

In regard to your second question, you know, funding supports gaps, the entire $20 million: the objective is to support gaps in palliative and end-of-life care that were brought forward during MLA Williams' engagement, which include earlier access to palliative and end-of-life care, education and training or community supports and services, and palliative research and innovation.

**The Chair:** Thank you so much, Minister.

Hon. member.

**Mrs. Allard:** Thank you. I just have one final question, and it's actually back to the associate minister. I'm looking at our discussion about people living with mental health and substance use disorders, and they've been more deeply impacted by the pandemic, often losing connection with professional, social, and emotional supports they require for their recovery. When I look at the budget – and I'm just looking for the reference line here. I think it's on page 9 of Budget '22. The COVID-19 pandemic has put added pressures on the addiction and mental health system, creating the necessity for more virtual and phone addiction and mental health resources and supports. Can you tell us how this funding is broken down and when it comes to funding for treatment services specifically?

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

Minister.

**Mr. Ellis:** Well, thank you very much. As I already mentioned, the virtual opioid dependency program, which is certainly groundbreaking. But going back to the original part of your question, of course, the COVID-19 pandemic and public health restrictions over the past two years have just impacted all of us in Alberta, quite frankly, especially when it comes to mental health and mental wellness. That's why early on this government committed $53 million – that's more than, quite frankly, Madam Chair, any province – to make sure that we have access to addiction and mental health supports that, you know, they need during this pandemic. This was a commitment on top of already significant investment in mental health and addiction services across Alberta. We tried to provide the most comprehensive pandemic supports in Canada to make sure Albertans have what they need and certainly when they need it.

You know, what we were doing in my ministry and under the leadership, of course, of the deputy minister and the assistant deputy minister: we were handing out many grants, again, with a lot of great people doing great things in this province, especially – and we do what we do in Alberta, right? We come together as community, as family, and enhancing phone and virtual resources, supporting more than 200 organizations to meet the unique needs of communities. That's that get 'er done attitude that we have here in Alberta.

Supports also continue to be provided to AHS as well for the addiction and mental health community clinics located right across this province. You know, it's very complex. Mental health is very complex, but we're doing our best, of course, to meet the needs for the people that need it the most.

Thank you, Madam Chair.

**The Chair:** Thank you so much, Minister.

I understand that now we're moving over to Member Amery. Please proceed.

**Mr. Amery:** Thank you very much, Madam Chair, and thank you to the ministers and their officials for being here this afternoon and for answering our questions. My question again will be directed to the associate minister, and it relates to something that I think he is incredibly passionate about and that he has spoken about and he has

personal, first-hand experience with. That is specifically, Associate Minister, supporting police officers, first responders, and front-line workers.

I'll direct the associate minister, through you, Madam Chair, to page 128 of the 2022 fiscal plan, where it states that "Alberta spends approximately $1 billion on mental health and addictions." We've seen through the pandemic the incredible role that our first responders such as EMS professionals and police officers have made, and those contributions have been integral to our communities. There's very little that I can articulate here this afternoon to describe the amount of indebtedness that we all have for their sacrifices. It has become even more evident throughout this pandemic that our first responders and front-line workers are essentially part of the solution to improving community wellness. What we don't talk about, I think, enough is how much our first responders require in the way of mental health supports themselves.

Again to the Associate Minister of Mental Health and Addictions, through you, Madam Chair. You have a $1 billion budget with respect to mental health and addictions. What can you tell us, what can you tell this committee about the roles that first responders have to play in further supporting our communities when it comes, in particular, to understanding the evolving needs of mental health issues? And what is the ministry doing with respect to assisting those individuals with their own mental health issues?

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

Over to you, Minister.

**Mr. Ellis:** Thank you. I'd like to thank the member for the question and surely thank him for recognizing the role of first responders, whether it be police or EMS or fire. Anyone that has, really, that safety-sensitive occupation and one where they're really taking risk, and the risk is on behalf of you – right? – the people of Alberta, everybody in this room, without any fanfare, without any desire for recognition.

I know personally members that I have worked with in the Calgary Police Service as well as other organizations, one of whom reached out to me not that long ago, one that I hadn't seen actually in quite some time, and the deep emotional scars that he had had in a call that he attended as a detective, for which I was actually the on-duty staff sergeant, for a brutal homicide, five young people that were brutally murdered. It was more than he was able to handle, to the point where he is no longer a member of the Calgary Police Service.

Now, I know that many organizations that provide police services do their best to provide mental health supports for their members. You know, I remember just recently working with the now Justice minister when he was the minister of labour to ensure that all organizations in this province have a comprehensive plan to assist people that are dealing with emotional concerns, especially as it pertains to mental health. That's stuff that's ongoing, but I will say that there's a lot of great stuff.

You referred to page 127 of the fiscal plan. I'm just looking here. Funding to the Heroes in Mind, Advocacy and Research Consortium – that's the HIMARC – to support mental health for military and first responders. There's a lot of work being done for folks, especially the police and our folks in the military, for PTSD, actually, in this province. There's cutting-edge, just new techniques, especially when it comes to psychedelics. I know myself, personally, I was proud to be the first politician to stand up and say that psychedelics' time has come. So I'm very excited to see all the innovative techniques, especially as it pertains to PTSD.

**The Chair:** Thank you so much, Minister.

Now the time goes over to the Official Opposition. Please proceed, hon. member.

**Ms Sigurdson:** Thank you. I'd like to refer to the business plan, page 53, 1.2, modernize Alberta's continuing care system based on Alberta's facility-based continuing care and palliative end-of-life care reviews to improve services. I mean, I think something that I'm sure the minister is well aware of and I certainly hear about daily is just the challenges with staffing in continuing care and the lack of standards. I know that the report that was completed does talk about 4.1 hours of daily care for each resident, but we also know that the workers in those facilities are very low paid. They're precarious workers, and I think the pandemic shone a very bright light on that, where we had, certainly in the first and second waves, the highest number of outbreaks of any province in Canada. Many seniors died in our province in our continuing care system, and, really, I think we have to look very closely at staffing.

***4:10***

You know, these are vulnerable workers themselves. Many of them are women. They're newcomers, immigrants. They have part-time jobs with no benefits. They have to cobble together a job to be able to support their families. So I'd just like to hear what the minister has to say about staffing, and certainly the review that they did does talk specifically about that issue. In 2017 the Health Quality Council of Alberta also spoke about that. That's the top recommendation, increased staffing to meet the needs of residents. I think COVID, our experience with that, really should create a lot of momentum for us as policy-makers to ensure that those facilities are properly staffed, Madam Chair.

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

**Mr. Copping:** I would like to thank the hon. member for the question. You know, Budget '22 does significantly increase the dollars for continuing care, community care, and home care. We increased the number to $3.7 billion, which is 6.3 per cent over last year. We also have increased capital dollars, over $200 million for additional continuing care spaces over the next three years. As Member Sigurdson has spoken to, this is part of a first step in our transformation of our continuing care system.

Our government was very pleased to be able to support the review, the facility-based continuing care review, and receive that report. We've already made steps in that direction. We fully understand that, you know, people want to receive care at home to the greatest extent possible. And we also fully understand that when people – if they have to go into continuing care, we actually need more spaces there, and we need to actually focus on improving care.

Part of this year's transformation is that we are increasing the funding for home care. That enables, you know, more Albertans to be looked after at home as part of the first step. As part of the first step as well, I'm very pleased to be introducing in the House in the near future the new continuing care act. This is legislation which will take legislation that, you know, as the hon. member knows, we have in different pieces in different acts and bring it together into a single act. And that will enable us then to develop the regulations and be able to go through programming changes that we need to do to make this transformation happen.

In addition, one of the key elements – and this is what was we will be starting planning for – is workforce planning. We fully appreciate that there is in this particular sector high turnover. We also fully appreciate that, you know, there can be some challenges in attracting and retention in this sector. Over the course of the next

year we will be doing some workforce planning and looking at different ways that we can ensure that we can retain, attract, and that we have the supply. The reality is, just like in the conversation we were having this morning in terms of from a health care professional standpoint, that we know that we need to attract and retain more workers, so there will be a focus on this.

One other last comment that I'll make here is that we appreciate the tremendous work that these health care workers have done through COVID. One of the things that our government did in terms of not only funding to assist continuing care operators to be able to, you know, buy PPE and expand the services to be able to protect the most vulnerable, but we also funded a $2 wage top-up for HCAs, health care aides. That's in the previous budget, and we also have funded to continue this in this budget as well.

**The Chair:** Thank you so much, Minister.

Hon. member.

**Ms Sigurdson:** Yeah. Thank you, Madam Chair. The report indicates that 5,500 full-time staff need to be recruited and supported to work in the continuing care system. That's a significant number of workers that the government needs to make sure have the supports they need to keep them in that sector.

I also wanted just to talk about – certainly, the report talks about public versus private, and nonprofit is in there, too, in terms of the continuing care system. Certainly, the outcomes for residents are much better, Madam Chair, through the public and nonprofit system, and this report is very clear on that. I'm wondering what the government's plan is in terms of funding new facilities, new spaces. Are they focusing more on the public and nonprofit models because of the much superior outcomes?

We certainly know what the disaster was with the ASLI program where, really, developers became millionaires and seniors and workers got squeezed. We know that through the millions and millions of dollars the Conservative government previously gave to AgeCare – and they sold their units off in Calgary, many facilities, to a wealth-generating company. You know, seniors' housing is about generating wealth; it's not about the care of seniors. That's very disturbing. I think it's very important that the government be supporting more positive outcomes for seniors. Certainly, the staff are supported more in those facilities. I'd just like him to comment on what kind of way the dollars are going to be focused on superior outcomes for seniors in the nonprofit and public sector.

Thank you, Madam Chair.

**The Chair:** Thank you, hon. member.

**Mr. Copping:** I'd like to thank the hon. member for the question. You know, our government is focused on building capacity within the system broadly. I can share with the hon. member that when we take a look at outbreaks, there was no differentiation, whether it be private or not-for-profit or public. In fact, when you actually look at the studies, there seems to be a higher correlation between the age of the facility and outbreaks, not necessarily the operator, whether it's private, public, or not-for-profit.

Quite frankly, our government's focus is actually expanding the capacity and using all potential operators to be able to do that capacity. You know, I very much look forward, and I was very pleased to make the announcement that we made two weeks ago, with over 1,500 new beds becoming available based on our RFP that we put out last year – and this is a noncapital ASLI – to be able to do that, and with the additional funding, the over $200 million that we're presenting this year, there'll be a series of RFPs. This includes refurbishment of current, existing facilities, because they need another influx of cash to be able to get them up to standard, particularly as what we saw from the FPCC is a need to move to single bedrooms, not dual occupancy. What we'll also see is an RFP, which actually has gone out already, Madam Chair, through you to the hon. member, for Indigenous communities. We'll be closing that and making selections in the near future for new facilities in areas that have been designated in terms of high need.

So I'm very much looking forward to putting those RFPs out and getting, quite frankly, more spaces built quickly, because we know there's a demographic. You know, we have an aging population in the province. There are more people who need this. Even though our focus is going to try to keep as many people at home for as long as we can, we are going to need to build more spaces. It's important that we build these as effectively and as efficiently as possible because it's all about building as many spaces as we need while ensuring that we maintain the safety of residences and provide the services that they need.

**The Chair:** Thank you so much, Minister. That wraps up the Official Opposition time.

We'll head over to the government members' side, and I believe we're going to continue on with Member Amery.

**Mr. Amery:** Thank you very much, Madam Chair, once again, and thank you to the minister for the answers. I want to continue on with the associate minister if I could. I want to talk a little bit about something that was brought up earlier, and that is the partnerships with the Indigenous communities. I'll direct the associate minister to page 18 of the 2022 fiscal plan, where it states that "$35.8 million is allocated for Stream 2 of the Recovery Communities project, which will include a new facility on the Blood Tribe reserve" in support of the government's commitment to transform mental health and addiction systems for Indigenous communities. Associate Minister, you had the opportunity to speak about this earlier, but I'm wondering if you will expand on your original answer with respect to the recognition of diversity and culture with respect to delivering mental health and addiction supports and how they all interplay with one another.

Thank you.

***4:20***

**The Chair:** Thank you, Member.

Associate Minister.

**Mr. Ellis:** Thank you, Chair, and thank you to the member for the question. As I indicated earlier, friends in the Indigenous community have been disproportionately affected over the years. This goes back to my time on the Alberta Secretariat for Action on Homelessness. You know, there's no one government to blame. I would say that there have been successive governments throughout the course of time on multiple levels that, I would argue, have not probably done the best job in helping our friends in the Indigenous communities.

I myself have taken, between the ministry, myself, working with Minister Wilson, to ensure that we are not one of those governments that is going to fail our friends in the Indigenous communities. When they reach out to us about mental health or addictions, to your point, Member Amery, our friends in the Blood Tribe, who sadly have been terribly and disproportionately affected by the opioid crisis – for those in the room that do not know as well, crystal meth is another drug that is running rampant throughout this province and has disproportionately affected the folks in that community as well. When we reach out to them and ask them, "How can we help you?" that's when they obviously wanted to have a treatment centre on their reserve to help their people, you know, a fantastic group of people.

It's not even – when I say "their people," they are open. They're inclusive. Anybody who wants treatment, they are going to welcome them onto the reserve in order to help them with the illness of addiction. But the facility that's being built – and I know the ADM is going to . . .

**Mr. Romanow:** Thirty-six million.

**Mr. Ellis:** Yeah: $36 million to get that thing built, 75 treatment beds.

We combine that with Lethbridge. There's a another recovery community that's being built, 50 beds. Yeah. There we go: Lethbridge, 50 beds; Red Deer, 75 beds. Of course, that's fantastic for not just central Alberta but southern Alberta as well.

You know, when we talk to the folks, especially the folks in the Indigenous communities, what they ask is that they want to help their people on a path to recovery. They don't want to keep their people in perpetual states of pain and suffering or the cycle of abuse. They want to help them so that they can get help with their illness so that they can live positive and productive lives. We're proud of the work that we're doing with our friends in the Indigenous community. We have recovery coaches, as an example, Madam Chair, recovery coaches, as I mentioned earlier, that are going to come from the Indigenous communities, where they are going to be trained, where they are going to be going into cities such as Lethbridge or Calgary or any other municipality to engage with other community members and show them that there is a life beyond living in the illness of addiction so that they can live productive and healthy lives again.

Thank you very much, Member.

**The Chair:** Thank you, Associate Minister.

Hon. member.

**Mr. Amery:** Thank you again, Madam Chair. I want to shift a little bit here and now direct my questions to the Minister of Health. The pandemic has undoubtedly disrupted the delivery of many health care services for Albertans and has forced governments around the world to rethink how health care is delivered. The minister has been a vocal proponent of alternative delivery methods of health care. It's very simple to focus and try and rely on our traditional brick and mortar type institutions to deliver that health care and those services, but many Albertans were unable or unwilling to leave their homes to access that health care, even when they needed it, throughout the course of the pandemic.

As we navigate away from the pandemic and, hopefully, to a brighter future, I note that there were some positive things that developed as a result. Outcome 1.3, Minister, says that the use of digital technology to enable new models of care and reduce manual and paper-based processes is something that the ministry intends or hopes to achieve. During the pandemic we did see some forms of virtual health care, and we saw some alternative types of health care delivery. Simply put, to the minister: what does this mean going forward?

**The Chair:** Thank you, hon. member.

**Mr. Copping:** Well, thank you to the hon. member for the question. The hon. member is quite right, Madam Chair, that, you know, during the pandemic many Albertans stayed at home and, quite frankly, stayed away from the health care system, which prompted our system to consider new and innovative ways of delivering care to Albertans. Among other innovations, virtual care was rapidly adopted by providers to increase Albertans' access to care and to safely deliver care to Albertans in their homes to avoid potential exposure. In addition to increased access, virtual care offered Albertans convenience and flexibility in accessing care services.

Now, Alberta Health is working with health system partners on a virtual care strategic policy framework that will ensure that Albertans continue to have access to the virtual care services they have come to rely on. This strategic policy framework will facilitate the appropriate use and effective integration of virtual care within the provincial health care system to achieve the positive benefits of virtual care while minimizing the potential for unintended consequences; for example, siloed care delivery that results in repeatedly collecting patient history and increasing health system costs.

I can say that, you know, we moved quite quickly in changing our fee codes to enable doctors, family physicians to be able to continue to see patients virtually, and we adjusted those fee codes because we had actually heard from doctors some concerns in regard to certain codes that were not applicable, like complex modifiers in our traditional virtual care code system, so we added that, particularly as we learned our lessons for the fourth wave. Going into the fifth wave we added that to ensure that doctors could continue to see patients and patients could continue to see their doctors, particularly family physicians.

This is all being reviewed as part of our strategic policy framework but also in terms of our conversation with the AMA about: how do we use this going forward? There's also an opportunity to look at, you know, providing services, and we were talking this morning, Member Amery, about leveraging virtual care, you know, particularly where there is a shortage of physicians in rural or remote areas, to be able to provide that care even though there's someone who actually isn't there.

**The Chair:** Thank you so much, Minister.

Hon. member.

**Mr. Amery:** Thank you very much, Minister, and thank you for that response. When we talk about moving quickly to accommodate the type of virtual care that was implemented throughout the pandemic, there are always obvious concerns with moving too quickly. Objective 2.2 says, "increase regulations and oversight to improve safety." While the potential for virtual care, obviously, has many benefits, there is always the concern that moving too quickly may result in some negative concerns with respect to delivery of care, potentially the proliferation of fraudulent medical care, the lack of the intended effectiveness of that care, and so on. What is your ministry doing to ensure that the care delivered virtually is effective?

**The Chair:** Thank you so much, Member.

Now it goes back over to the Official Opposition. Please proceed, Member.

**Mr. Shepherd:** Thank you, Madam Chair. I'd like to ask a few questions, I guess, about some of the capital projects that are committed under Budget '22-23. Of course, there have been a number of announcements and certainly a conversation about the commitment for the Red Deer regional hospital, recognizing that we have a commitment here out of the gate of, I believe, about $119 million over three years for the redevelopment and expansion of the Red Deer regional hospital. Certainly, through you to the minister, I recognize the commitment that he's made. I've been hearing from local health care providers in the region that they do appreciate it as well. But what I'm hearing from them, Madam Chair, is a level of skepticism as well based on the previous promises that were made but not kept, indeed, in particular the Premier's promise that there would be shovels in the ground in 2021.

*4:30*

Certainly, there is a strong desire, I think, amongst health care providers in Red Deer to see some concrete details and commitments regarding the timelines for this project. Through you to the minister, not needing to go into a lot of detail about what has already been announced, but if the minister could clarify: when does he anticipate construction would begin? If he's unable to say that now, at what point does he believe that his government will be able to provide concrete details on the flow of funding and the expected timelines?

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

**Mr. Copping:** Thank you so much to the hon. member for the question. I was very pleased to be in Red Deer to make the announcement of a commitment towards a $1.8 billion total investment and redevelopment expansion for the Red Deer regional hospital centre. Budget 2022 includes $193 million over the three years. Just to provide some degree of comfort to the hon. member, there has been a significant amount of work that was done. I thank the AHS team and the healthcare professionals who actually were involved in developing the budget. They did significant work through this, through the pandemic, to be able to deliver the budget. You know, we have provided resources to be able to assist in that.

It's going to the next phase, which is the functional assessment. I'll have to speak with my colleague Minister Panda in terms of the exact dates of when shovels will be in the ground, but it's important that we actually get not only the budget but the functional assessment, get that correct, and then we can actually go into letting of the contract and moving forward.

There is a commitment of this government. We have $193 million in the budget over the next three years, and our focus is going to be on taking the next step in terms of the functional assessment so we can actually deliver on this project.

**The Chair:** Thank you, Minister.
The hon. member.

**Mr. Shepherd:** Thank you, Chair. I'm going to hand things over to my colleague MLA Rod Loyola, who, I believe, has some questions about the south Edmonton hospital.

**Member Loyola:** Thank you very much, Madam Chair. Through you to the minister, first, I'd just like confirmation on something that I learned from the Minister of Infrastructure. That is, of course, that around the cabinet table it's not necessarily the Minister of Infrastructure that's making decisions on capital plan projects, but instead it is the President of Treasury Board and Minister of Finance. Is this correct, Minister? A yes or no answer will suffice.

**Mr. Copping:** Actually, it's a combination, right? The needs assessment is done by Health, and then we work with the Minister of Infrastructure in terms of developing what the budget looks like in terms of being able to do that. Then, you know, once you have a list of all the priorities, that goes to Treasury Board. It's not the Minister of Finance but the entire Treasury Board that will make the final capital decision in terms of the dollars that are allocated to the various projects.

**Member Loyola:** Thank you very much. Through you, Madam Chair, to the minister again, the specific question I have about the south Edmonton hospital is: will any part of this project be contracted out through alternative financing using the public-private partnership model?

**Mr. Copping:** That's a question better asked of my colleague the Minister of Infrastructure. We have committed in Budget 2022, in Health's budget, $371 million over three years towards a $930 million total investment, with additional funding to be provided in future years as the project planning progresses. My colleague the Minister of Infrastructure, when they look at whether or not we can deliver this, you know, by government, that is delivered through an RFP.

**Member Loyola:** Madam Chair, through you, then, is it safe to say that you do not know the answer to that question, Minister?

**Mr. Copping:** Well, I guess my comment is that that's yet to be determined. My colleague the Minister of Infrastructure will look at the assessment of what is the best way to deliver a project at that point in time. Right now, as you know, there's ongoing work in . . .

**Member Loyola:** If I may follow-up, Madam Chair, through you to the minister, are you involved in any aspect of evaluating, then, the value of the project, the potential risks to moving to an alternative financing model, and, of course, the cost of the project in any way? Is the ministry at all responsible in any way for that evaluation of the process?

**Mr. Copping:** I'll give the high-level, and I'll ask Aaron to provide further commentary. From my understanding, our primary role is the needs assessment: what do we need to be able to provide health service to Albertans? Then, you know, the functional assessment: what specifically needs to be built, and where does it need to be built to be able to serve the health needs? Then at that point in time it's a joint decision in regard to cabinet on how best to be able to fulfill that.

Aaron, would you like to add further commentary on that?

**Mr. Neumeyer:** Thank you, Minister. Through the chair to the member, I believe this was discussed somewhat at the Infrastructure estimates last week. The government's policy and practice is on Infrastructure's website. Any project valued at more than $100 million is subject to an assessment of whether there is value for money for delivering it as a P3. Through that process I would expect Health and AHS to be involved in the assessment.

**Member Loyola:** Okay. Madam Chair, through you, if you don't mind, that's exactly what I'm after: how are those decisions being made on assessing the value of the project? How are you evaluating the risk by moving it to an alternative financing model? Are you involved in that process, sir?

**The Chair:** Please proceed.

**Mr. Neumeyer:** Through the chair to the member, when we get to that point, I expect that the Department of Health and AHS will be involved in that assessment, probably other ministries as well, but Infrastructure will lead it. For the financial aspects Treasury Board and Finance folks will probably be involved. It would be the first major health P3 if it went that route. But, you know, government has done many P3s before, so there's an established process for evaluating risk, all encompassing.

**The Chair:** Thank you so much, sir.
Hon. member.

**Member Loyola:** Okay. Thank you. Please, you can continue, then.

**Mr. Shepherd:** Thank you, Chair. Through you to the minister, just a follow-up question in the brief time we have in this block.

Regarding the Red Deer hospital, as I reflect further on your answer, you talk about the need for the assessment process of the decisions that could be made before you can make a determination on when construction could begin, yet last year we heard that commitment, that promise from the Premier that construction would happen last year, that shovels would be in the ground. My question, I guess, is: did the Premier speak out of hand, prematurely, without thought given that there was a significant amount of work that needed to be done before he could make such a promise, or has there been a significant change in the project that the Premier was speaking of being able to begin last year that necessitates additional work that, I assume, would have taken place before the Premier made such a commitment?

**The Chair:** Thank you so much, Member.
Minister.

**Mr. Copping:** Thank you to the member for the question. You know, my understanding is that part of the answer lies in the delay of the project, you know, due to COVID. That impacted a number of our projects, particularly in terms of Red Deer.

**The Chair:** Thank you, Minister.
Member.

**Mr. Shepherd:** Okay. Thank you. I did want to just ask, then, regarding the Misericordia hospital. Certainly, with the delay of the Edmonton south hospital now to 2030-31, the Misericordia hospital, as reported by the Edmonton zone medical association – there are a number of situations there that do need to be addressed, and certainly they are carrying, alongside the Grey Nuns, a considerable amount of the workload for the population growth in the south of Edmonton. To the best of my awareness, there is no further funding in this budget to address ongoing issues at the Misericordia. Is that something under your consideration at all?

**Mr. Copping:** Budget ’22 includes $46 million over two years to complete this $85 million project. Cash flows have been adjusted to align with the project progress. This funding supports the construction of a new stand-alone emergency department and addresses other high-priority maintenance issues at the hospital. This project, as my understanding, is in the construction phase as we speak, with the completion anticipated in ’22-23.

**The Chair:** Thank you so much, Minister.
Member.

**Mr. Shepherd:** Excellent. In the 25 seconds remaining I’ll just note that EZMA stated in a recent report that they recognize the building of the new emergency room, but they say that is not enough. It currently sees double the number of patients it should and notes that an emergency department does not operate in a silo. Other departments do need upgrades. Their ICU has been in a temporary space for years, starting with 10 beds, but only three were actually in a room with a door.

**The Chair:** Thank you so much.
Now we’ll move over to our independent member. As soon as we’re done this exchange, then we’ll have our coffee break.
Please proceed, Member.

***4:40***

**Mr. Loewen:** Okay. Thank you very much. Through the chair to the minister. The Red Deer hospital: I think the Premier announced the project to be a $1.8 billion project, but we see in the budget in the next three years that I think $193 million of that is budgeted to be spent. So there’s kind of a big discrepancy between $193 million and the $1.8 billion announcement. I guess what I’d like to know is: what is the time scale for completion? You know, is it going to be a big, long project there? What’s the time scale before that $1.8 billion is spent?

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

**Mr. Copping:** Thanks to the hon. member for the question. Budget ’22 includes $193 million. That’s only the first three years of the project. That will deal primarily with planning and then some renovation pieces of it. This is a multiyear project. Like, it will not be completed until 2030.

One of the challenges of doing a project which is a renovation and an expansion is that it will need to be done in phases because this is an operating hospital. So it will take, actually, longer. There will be multiple phases, you know, as an additional tower is added, additional spaces are added, and you’ll actually have to be able to – we have to manage it in such a way that we can continue to operate.

This is the regional hospital for the central region in performing surgeries and providing the highest level of care for the central region. You know, the $1.8 billion is the budget estimate, and that’s what took some time. Again, AHS employees and doctors worked very hard on being able to ensure that what was in the plan is what they needed. Then we actually had a sound budget number, which is the $1.8 billion over that period of time. Then, as we phase this out, it’s $193 million for the first three years.

**The Chair:** Thank you so much, Minister.

**Mr. Loewen:** Through the chair, did I hear you say 2030?

**Mr. Copping:** That’s correct. Through the chair, the completion that we announced is approximately 2030. Now, that’s the final completion of all the various phases. There will be phases where you’ll see pieces of this because it’s a project which has multiple elements. So you’ll see capacity come online in various phases as we go throughout the journey over the next number of years. But, you know, final completion, everything done with this $1.8 billion project, will be estimated at 2030.

**The Chair:** Thank you so much.
Please proceed.

**Mr. Loewen:** Okay. Through the chair, when will the Red Deer hospital actually have actually more capacity than it has right now, by what point?

**Mr. Copping:** I don’t have the project plan in front of me at this point in time, so I’ll have to get back to the member on that. I do know that, again, they are actually phasing this out in multiple phases. Some of it will actually increase capacity within the first – I’d have to double-check the plan – three, four years in terms of doing that. There may be some renos happening earlier than that. You know, the first period of time, quite frankly, is going to be the functional assessment, to make sure that what we’re building is what we need and how we build it, and then they’ll go forward with the construction piece of it in phases.

**The Chair:** Thank you, Minister.
Member.

**Mr. Loewen:** Okay. Thank you very much. That helps a lot. I appreciate that.

Okay. Now did you get any of the promised funds for instituting the REP, and if so, which line item is that under? The federal government promised, I think, a billion dollars that may be split up between the provinces for implementing those programs. So I'm wondering if that money has been received and if so, which line item it would come under.

**The Chair:** Thank you, Member.

**Mr. Copping:** My understanding is that there was an increase in the Canada health transfer in '21-22 for health care system pandemic recovery, so helping the health care system to recover, but that was a general amount, not for a specific purpose.

**The Chair:** Thank you, Minister.

**Mr. Loewen:** Okay. Maybe I'm missing something there, but, you know, the Prime Minister had committed to a billion dollars. At the time I first heard it, I thought it was a billion dollars per province that implemented the program, but in afterthought I realize it may have been a billion dollars split up between all the provinces. I'm just wondering where that money is in the budget or if it's still coming. What's happening with that?

**Mr. Copping:** Thank you for the question. We may have to confirm later, but the two numbers, quite frankly, in the budget are the number that we talked about before, the $116 million, and then $465 million is what we receive in terms of revenue, none of them specific to the REP.

**The Chair:** Thank you, Minister.
Member.

**Mr. Loewen:** Okay. Thank you. Yeah, if you could undertake to clarify that, that would be great.

Just one last question here. The capital plan page 166: there are a number of Health capital projects where we see very little adjustment in costs from last year's capital plan to today's capital plan, projects like the Edmonton hospital, the Gene Zwozdesky centre, the Misericordia modernization, the surgical initiative capital program, the rural facilities revitalization program, and the Rockyview general hospital. But there are others which do seem to reflect rising costs over last year's targets, like the Peter Lougheed redevelopment and La Crête maternity centre. I'm just wondering: is there a consistent methodology for these adjustments? I just want to hear the confidence of last year's targets, if they'll still hold true for these projects going forward with the high rate of inflation that we have right now.

**The Chair:** Thank you, Member.

**Mr. Copping:** I'll start the answer. Generally there is a standard approach in terms of in terms of looking at the costs. You know, once an initial project is approved based on a needs assessment, then it needs to go to budgeting. You know, you may have a less certain number. Once the actual budget is locked in, then there's a much higher degree of certainty. That doesn't mean that it can't change, especially as you go into the facilities, the functional programming. Then it realizes: "Well, this changes a little bit. We need actually a little more." Each stage gate you go through, there can be a potential change in the budgeting, so it really depends on what stage each of these projects are in.

A number of these you mentioned, like, once the budgeting is completed and a functional assessment is done, those numbers are largely locked in, and then you have high degrees of certainty. It's when you're on the earlier end of the planning process where, you know, you need to put a budget number into the plan, but you don't have a high degree of certainty to actually get through the planning process.

Aaron, if you'd like to add to that.

**Mr. Neumeyer:** Thank you, Minister. To the member through the chair, you know, we do this on a project-by-project basis. You're adjusting the cash flows based on progress through the year.

I should caution the member that it's always a bit dangerous to compare this capital plan to last year's capital plan because fiscal years are not the same. That is part of the changes that you'll see year over year. For example, like, Peter Lougheed: you're further along in the projects; you're starting to get into where it might have been more planning money that you saw last year, and now you're doing more construction. Again, we go project by project.

Just in terms of cost escalation it is certainly a concern. Alberta Infrastructure is very carefully monitoring that. We've seen lumber jump up and down, steel jump up and down. It is a significant concern, and we are monitoring that very carefully.

**The Chair:** Thank you so much, sir.
Member.

**Mr. Loewen:** Okay. Thank you very much. I think that wraps up my questions today. I appreciate the answers and appreciate your work there, too.

Thank you very much.

**The Chair:** All right. With that we will move over to the government side and – yes, we are going to take a break. Coffee time. Five minutes.

[The committee adjourned from 4:49 p.m. to 4:55 p.m.]

**The Chair:** All right. Thank you, everyone. Our break has concluded.

We'll move over to the government side now. We are starting with Member Gotfried. Please proceed with your questions.

**Mr. Gotfried:** I'll give the minister a chance to settle in. Thank you, Madam Chair. Thank you for the opportunity to speak with our minister and ministry officials today. I'd first like to thank everyone at the table here and behind the table as well for the incredible work that's been done, I know, through the ministry during this pandemic. I wanted to just perhaps point out that I've had the distinct pleasure of doing a lot of work and being on a lot of phone calls with ADM Romanow – I missed it this morning, unfortunately, but a lot of phone calls – with respect to work with the continuing care sector, which I know he is deeply passionate about. I know that the whole table here is deeply passionate about that.

I'm going to turn, Madam Chair, to some questions with respect to EMS service. We know that EMS service response times have increased and been challenged through this pandemic. We've heard probably more so about this problem acutely in rural and remote communities, both in terms of feedback from our MLAs and certainly from concerns within the community. Wait times have perhaps grown beyond what some Albertans have, I guess, positioned as reasonable expectations for them through this difficult period.

Madam Chair, on page 53 of the business plan it indicates that $603 million is budgeted for 2022-2023 for emergency medical EMS services in order to address capacity needs and other pressures on the system, which, again, we've heard a lot about, as a new provincial EMS service plan is developed. That's in support of an

effective and accessible health care system. Obviously, people in critical need of being transported or addressed by the EMS services are certainly a big issue. I'd like to, through you, Madam Chair, ask the minister and his colleagues if they can expand on how this funding is going to be used, specifically $603 million – it's a significant commitment – how it's going to be used, how that's going to transform the system, and what we can expect in the coming year or years, as the case may be.

**The Chair:** Thank you, Member.

**Mr. Copping:** Thank you, Member Gotfried, for the question. You're quite right. You know, we spoke about this earlier this morning. There are challenges with the EMS system, and we're responding to those challenges. Budget 2022 allocates an additional $64 million in operating funding to strengthen EMS system capacity. That includes $28 million to add more ground ambulances and crews, in addition to sustainable funding for a helicopter and fixed-wing air ambulance services. It includes $22 million to increase capacity to extend ground ambulance contracts and support integrated operations centres and interfacility transport projects and a further $14 million for the hours of work initiative to address crew fatigue.

We are also making progress in implementing a 10-point plan that AHS announced over a month ago to help ensure that the most critical patients receive immediate care. Some of the actions already under way are developing a strategic provincial service plan for EMS delivery, hiring more paramedics, launching pilot projects to manage nonemergency interfacility transfers, initiating an hours of work project to help ease staff fatigue.

One element that is actually already getting traction is changing the approach to calling, particularly around the big cities, Calgary and Edmonton. There was a concern raised that when there was a shortage in Calgary and Edmonton, we would call from the rural surrounding areas. They'd come into the big city and be trapped there for a period of time. We changed the approach. For critical calls, obviously, the highest level or urgent calls, we will do that. But if it's not urgent, we won't call that in. Or if we do have to call an ambulance in from out of the city, then when they're on their way back out, even though they may be the closest, if it's a noncritical call, we'll send a city ambulance there to do that. The result that we've had already is a decrease by 40 per cent of the amount of time that the ambulances are outside of that rural area. So that's already having an impact.

There's more coming. We'll be creating an integrated operations centre in Calgary, implementing a pilot project in Red Deer that will manage patient transfers.

The other key part of this is that we've also, as you know, with some of our members and Tracy Allard, who's the chair of this ministerial advisory committee that we've appointed to actually look at the problem, in addition to the 10-point plan, to be able to look at the entire system, including – we've had separate tables set up in regard to air ambulance service, in regard to workforce planning, in regard to: how do we reduce the amount of time that ambulances are, particularly in big city hospitals, doing transfers? If we can get them out faster, we'll be able to do that. I'm looking forward to their report in the spring. Also, you know, we indicated that if they have an idea that the committee agrees is going to work, then get that to me quickly, and we can act on it sooner.

In addition, we have part of the $64 million – we talked about this this morning with Member Shepherd, who sort of raised the issue – in regard to providing five ambulances per year for the two big cities. It's 10 in total over two years, one for Airdrie – and these are 24/7 ambulances that we're talking about. In addition, also adding for a number of sites an additional 12 hours of service over a seven-day period. All of this combined, we're actually starting to see the numbers drop. Don't get me wrong. More work needs to be done, and I'm really looking forward to hearing from the ministerial advisory committee over the coming weeks.

**The Chair:** Thank you so much, Minister.

Member.

**Mr. Gotfried:** Great. Thank you, Madam Chair, and thank you to the minister. You answered some of my next questions here. It's interesting, you know, when we talk about the air ambulance services and the fact that we have, broadly, rural and remote communities. Some of the work I'm doing with my Strategic Aviation Advisory Council, we're going to have to loop back with your ministry as well because that discussion – many of our communities across this province are only accessible or at least seasonably accessible by air. So it's really important to our medical services. That has been part of that bill as well and that council, so we look forward to finding solutions for that in consultation with your task force as well.

I guess my question is: what is being done to engage the helicopter operators? You know, it's not something that's available everywhere. There are certain operators around the province. I know that you answered some questions earlier on it, but what are we doing to ensure that we have sustainable service solutions for all parts of the province, including the most rural and remote areas across the province? How are we going to ensure that we have the resources to address that challenge going forward? Again, through the chair to you, Minister.

**The Chair:** Thank you, Member.

**Mr. Copping:** Thanks again to the hon. member for the question. We currently spend about $55 million a year on the air ambulance program, which includes about $8.5 million on provision of helicopter services. These are split between STARS, HERO, and HALO. We provide funding for them either on a grant basis or on a fee-for-service basis. We fully appreciate, you know, our need to engage all of our service providers in this space. I'll point out again our colleague MLA Allard. Through this advisory committee we set up a subtable, which includes air ambulances – it's actually being chaired by our colleague Member Yao – you know, AHS, AH, STARS, HERO, and HALO, to work about how we can improve service in the rural areas of our province.

How can we also improve the integration of the dispatch so that we can ensure not only that we send the appropriate amount of equipment there but then also whenever they get there – sometimes they land and they hand off – that there's a ground ambulance that is available if it's not going directly to a particular site and be able to do the co-ordination or, as well, to be able to co-ordinate in terms of paramedics, that we have the right level of paramedics actually on that particular aircraft to provide the service? Some of the tremendous work that they do is a combination of search and rescue and then hand off in terms of paramedics in different missions that they're flying, but to make sure that the service is as seamless as possible and, you know, we can do this in a way that is cost-effective, minimize the overlap but make sure we do that.

These are the types of conversations that are being had at the table and the subtable. Once again, I'm very much looking forward to hearing their report and how they want to approach this. We did comment earlier that we need to make sure it's sustainable.

*5:05*

**The Chair:** Thank you so much, Minister.

With that, we will turn the time over to the Official Opposition. Please proceed, Member.

**Mr. Shepherd:** Thank you, Madam Chair. Through you to the minister, I just wanted to ask some questions, I guess, about lines 2.4, 2.6, and 4.2 in the estimates, specifically in regard to the level of deferred care that we know exists as a result of the COVID-19 pandemic. I know that, through you to the minister, we have disagreements over to what extent the government is culpable for that amount of deferred care being better or worse, but I think we would both agree that it is significant. We did see some very high rates of hospitalization through the fourth wave, about 1,128 was the peak; fifth wave, 1,648.

Certainly, I welcome the kinds of investments that are being made in ICU and critical care. We may disagree about approach, but investments in addressing the surgical backlog certainly, I think, are good as well. But what I'm not seeing in this budget is any real investment to address the significant level of deferred care due to the health care system being overwhelmed: line 2.4, acute care, from what I'm seeing, is less than a 1 per cent increase over last year; line 2.6, diagnostic and therapeutic services, less than half a per cent; and, of course, we discussed earlier that we do not see a significant increase in physician services.

I've spoken with leaders in internal medicine in Edmonton, folks who have been co-ordinating hospital care under some enormous pressure, I think, over the last two years. They're exhausted, they have been for some time, but their workload is not decreasing. They described what they're seeing as an avalanche of deferred care, and they believe they are going to continue to see an increase in patients that are in need of complex care. They say that they're badly in need of support; for example, last week at the Royal Alex hospital they surged to about 130 per cent. Their physician teams are into their seventh week of nonstop work. They're already operating two surge teams above their normal baseline, and in their view, through you to the minister, Madam Chair, the biggest challenge is that they continue to have no additional support to cover patients at night. So we have exhausted physicians caring for 30 per cent more patients, and they have no idea when this pressure is going to release or if indeed this may be a new normal for some time.

So I guess my question to the minister is that given the lines that I've noted, I am not seeing any significant increase. Where are the dollars here for acute care and the level of deferred care?

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

**Mr. Copping:** I'd like to thank the hon. member for the question. You know, I would agree with the hon. member that there is a backlog in care, right? So people have not presented themselves. We talked earlier about the surgical initiative and the numbers that we need to catch up on earlier this morning. So part of that is actually being budgeted as part of the $750 million contingency fund, right? So that is the COVID contingency fund we're using both to respond to COVID and to actually get through the backlog. So that's on the first point.

On the second point, in regard to – and we had this conversation earlier this morning as well – physician compensation, again, we've kept the physician compensation largely, you know, flat based on what we have been seeing, recognizing that we're still in discussions with the AMA. Then we will make the changes accordingly once we reach an agreement on what that looks like. But then, again, even some of the costs associated for additional surgeries and the fees associated with the doctors' fees would actually come out of the contingency fund.

You know, the last point I'll raise is that when we take a look at it, this budget includes, in addition to the $750 million contingency for '22-23, $600 million this year, an additional $600 million next year, an additional $600 million on top of that the year after that. So it's a total of $1.8 billion over a three-year period. We will continue to do an assessment of what the needs are for Albertans in terms of if they'd be able to catch up so we can make annual adjustments, but we are mindful of the care deficit. We are budgeting for it in '22-23 primarily through that $750 million. We're going to be focused on getting caught up on surgeries as well as reduce wait times for CT and MRI scans. But, really, this budget is about building capacity.

**The Chair:** Thank you so much, Minister.

Member.

**Mr. Shepherd:** Thank you, Madam Chair. I appreciate that answer from the minister. What I'm hearing is that – we're looking at the $750 million contingency fund as, I guess, being the pot from which dollars can be drawn to address deferred care in a number of areas. I do wonder, then, where we have our transparency and accountability for Albertans. Certainly, we do not have a breakdown, for example, of how dollars from the contingency fund last year were apportioned in different areas. Perhaps that will be something that will come forward as part of future reviews.

But what I will say is that, you know, I think it's important that we recognize that indeed we want to increase capacity in ICU, we want to increase surgical capacity, but all of those depend on internal medicine and acute care. Increasing surgery: while we'll need more ICU capacity for recovery, when patients leave the ICU, they go into acute care. If we have more ICU – pardon me. I guess I just addressed that. If surgical patients have complications, they can again end up in acute care. And even when we're talking about EMS and emergency, if we do not have investment in acute care to keep those beds operating and the staff that we need there, then there is nowhere for paramedics to transfer patients. So I think it's extremely important that we see some clarity on that front.

In the four minutes that we have remaining, I did want to ask one further question on this. Minister, I think you recognize the important role that physicians play here at various levels. Certainly, you've talked about the negotiations you're continuing with the AMA. But at the same time, AHS is pushing forward with discussions and looking at forcing through the Z codes, lower billing codes for physicians providing services in publicly funded facilities or indeed with overhead charges. There have been discussions around cuts to stipends. These continue to create chaos and disruption. I think the minister is aware. He had to personally intervene in a situation where we might have actually had a stoppage of work on the part of some physicians involved as hospitalists due to plans for cuts to stipends.

To the minister, I guess: why are you continuing to push these sorts of changes through at a time when the system is still struggling to recover and at a time that you are, in your own words, at the table with the AMA, apparently in good faith?

**The Chair:** Thank you so much, Member.

**Mr. Copping:** Thanks to the hon. member for the question. You know, these are complex pay issues that we're working through with the AMA in terms of the numbers, whether it be Z codes or stipends. For example, certain changes that we've made – there have been ongoing conversations with the AMA. Some changes have already been made and actually were made at the beginning of this year after consultation with doctors, and they largely agreed to

change the framework. This is all part of our approach to try to be able to ensure that not only compensation is fair for our physicians and – our compensation budget is the highest or almost at the highest it's ever been in the history of the province. So we want to make sure that it's fair. We actually recognize and I think that a lot of the doctors recognize that we need change.

Now, in regard to – we have put off, like, where there was an issue of concern as we were migrating from one system to another, whether it be, you know, for example, stipends, and we were migrating to a different form of payment. We actually put that – we've paused that at this point in time to be able to make those changes so that we can talk about it at the table or give more time for ongoing conversations between the parties. Really, this is all about not necessarily paying less but having a simpler method of pay, where the work is recognized, and we can move to perhaps other forms of pay, like ARPs, alternative systems of pay.

You know, one of the challenges that we have – and this is what we're dealing with at the main table with the doctors – is that our fee for service as it's currently structured doesn't work in all instances. We actually need to change it. We need to compensate doctors fairly while at the same time ensuring that we have a fiscally sustainable system and that we incent the behaviours that we need and want to be able to drive better outcomes for Albertans. We have delayed a number of implementations of some issues while we're working through conversations with the doctors. My understanding is that there are good conversations being had at the table. Again, I'm looking forward to completing those, and I'm hopeful that we'll be able to get an agreement.

**The Chair:** Thank you, Minister.
Member.

**Mr. Shepherd:** Thank you, Madam Chair. In the 20 or so seconds remaining . . .

**Mr. Copping:** If I may, in the last 25 seconds, there was a question asked by the hon. member earlier this morning if I can just provide some details.

**Mr. Shepherd:** Oh, sure. Absolutely.

**Mr. Copping:** Some questions were asked about additional FTEs for paramedics. Under $16 million is new activity. That's 92 FTEs, 44 advanced care paramedics, 44 primary care paramedics, and four supervisors.

***5:15***

**The Chair:** Thank you so much, Minister.
Now the time goes over to our independent member, Minister Loewen – Mr. Loewen. I just gave you a promotion. Please proceed.

**Mr. Loewen:** Okay. Thank you very much, and thanks again, Minister. My questions now: some of them are maybe more comments than questions, but I'd like to have some of your input on them anyways. Presently the system for booking lab time to have lab work done: normally in the past the process was that you'd go see your doctor, your doctor would contact the lab, and in a small rural hospital you'd just walk over to the lab, get your lab work done, and go home. Now the process is that people have to actually call and book an appointment for the lab that's literally 20 paces away from the doctor that they're seeing right now. I'm wondering if there's a simpler process we could use that might streamline and make that system a little more efficient, especially in rural Alberta, where the labs are literally right there and the people just right there, too.

**The Chair:** Thank you, Member.
Minister.

**Mr. Copping:** I thank the hon. member for the question in terms of the lab work. I can talk, you know, at the system level and not in terms of the specific processes. At the system level we are making some changes to be able to provide better service to Albertans while at the same time managing costs. For example, the DynaLife contract: we did an RFP and have DynaLife, that will be able to take over much of our lab services outside of our hospitals. They were doing work already in northern Alberta, and now they'll be doing that in southern Alberta. We're doing that for a number of reasons. One is to be able to drive economies of scale and actually drive down costs but also to improve service to Albertans.

In terms of the specific questions that you're asking, in terms of walk-up versus bookings, I can't get into that level of detail in terms of whether that's a process change or whether that was more related in terms of dealing with bookings or whether there's availability in terms of that. I don't have that level of detail, but our government's focus is really about – and this is a prime example – how we provide the same level or better service for Albertans while at the same time managing our costs.

Quite frankly, we look at the demographics that are coming at us – and we had this conversation early this morning – and our population is getting older. They'll be using more services, a huge demand, and we cannot continue to be on a 5 per cent to 6 per cent increase every year in terms of our health spending, but we still need to provide the service. It's looking at other avenues in terms of process improvements, in terms of looking at: can we actually leverage the increased volume that we're having so that we can reduce our cost per unit, so that instead of a 5 per cent increase, we can get that down to a 2 per cent to 3 per cent increase a year?

Now, we have been successful over the last few years, and we can continue to drive that, but at the end of the day what's critically important is that we provide the service, and all the savings – you know, we talk about DynaLife in terms of the savings that we'll be generating from moving into that contract – will go back into the health care system to, quite frankly, provide more tests.

I can't speak to your specific example, but I can tell you that, you know, we are looking at all aspects of our health care and how we manage on a cost-per-unit basis but also be able to provide the same or better service while at the same time reinvesting in our health care system.

**The Chair:** Thank you, Minister.
Member.

**Mr. Loewen:** Yes. Thank you very much. I guess, of course, you and your staff would have a better idea of the internal workings of that, but just looking from the outside, it's kind of interesting that before you'd just walk over to the lab and get it done, and now you have to call somebody in another city to book the appointment at the lab that's right there. It almost seems like there's an extra step, but maybe there are some sorts of savings that I'm not seeing there. Anyway, that was the issue there.

Another concern I've had – and you may have covered some of this earlier today, too – is that, obviously, for some reason we can't graduate enough doctors here in Alberta to serve our needs, so we have to bring doctors in. That licensing, that process to get doctors approved to work here from other countries that are educated in other countries, has been a problem as far as getting people here in a timely manner. I'll leave that because I think we've maybe had that discussion already as far as that process and why it takes so long.

We do have the other issue, where we have Albertan residents, people born and raised in Alberta, that couldn't get into the universities here to become a doctor, went to Europe, to England or something, and got that education and now want to come back. It's, you know, substantially easier for them to just stay in England and work or to go to the U.S. and work rather than coming back to Alberta and work. Some of these people that I know are wanting to come back to rural Alberta, where they were born and raised, and they want to work here, but the process is a couple of years for that to happen. Maybe I'll just have you comment on that and see what we're doing to see if we can alleviate that long time frame and be able to get those people back working here in Alberta.

**The Chair:** Thank you, Member.
Minister.

**Mr. Copping:** Well, thank you, Member Loewen, for the question. This issue was also raised this morning by another of our MLA colleagues. You know, we fully understand that. Going back to the Fair Registration Practices Act, that our government passed early on, when I wore a different hat as Minister of Labour and Immigration, the focus of that act was actually to be able to start standardizing the process for recognition of foreign credentials and to not only standardize it but make sure that there was an answer that would be provided within six months – "Here's what you need to do to get that" – and that, quite frankly, was the first step.

We fully appreciate that, you know, especially being in Health, with the challenge of recruiting and retaining health care professionals. Now, the numbers continue to go up. Doctors continue to go up. We have more nurses than we've ever had. We have more doctors in the province, and it goes up every year, but they're not necessarily all in the right locations, and they're not necessarily in all the right specialties – right? – so family docs. We had a long conversation about anaesthetists or anaesthesiologists earlier this morning.

What I can say is that one of the challenges I've thrown out to the colleges is that, you know, yes, your job is to protect the safety of Albertans – and that's critically important – but that also includes that you need to ensure we have safe supply. We need the people here, so how can we speed up the processes? I have already had conversations with my colleagues in Labour and Immigration and the Associate Minister of Immigration and Multiculturalism to work together and with the colleges to say: how can we speed up the process?

It's not only that – and I mentioned this earlier today. It's about our new rural renewal stream that we announced, which actually reaches through – it's an Alberta stream, but it actually reaches through – the express entry stream, that the federal government has, and then works with the federal government to be able to pick the individuals who are the closest to being able to certify.

I look at it from an HR perspective. When you're hiring someone – right? – you want to hire someone who's going to be closest to being able to fit the job as quickly as you can, and if someone isn't readily qualified, then what's the shortest period of time I can do that?

So this work is ongoing. We are leveraging internationally trained medical graduates significantly. Like, 40 per cent of all the applications for IMGs in the country happen here in Alberta. Now, we've been impacted in part by COVID in terms of the supply that's coming in, but we are leveraging it heavily as a medium-term strategy to be able to increase the supply of doctors and health care professionals. We will be doing more work in leveraging, quite frankly, the legislation that we've already passed to be able to work with the colleges to say, "Okay; how do we speed this up?" because we need people and, quite frankly, we need people now, including, particularly, doctors in rural areas, family doctors, and then, as we discussed earlier today, anaesthesiologists, which are in short supply.

**The Chair:** Thank you so much, Minister.
Member.

**Mr. Loewen:** Yes. Thank you. Thank you for that. I appreciate it. I'm just going to cover at least one, maybe two more topics. Anyway, this one is going to be a little bit more individual. The facility that had issues early on in COVID, Manoir du Lac in McLennan: it's been having some troubles, I guess, dealing with issues with AHS kind of taking that over and kind of issues with the management of it. I just wanted to know where we're at with that. I think you met with the community there already, and I'm just wondering if there's any resolution to that situation yet so that this facility can be up and operating and in the hands that own it, I guess.

**The Chair:** Thank you, Member.
Minister.

***5:25***

**Mr. Copping:** Thanks to the hon. member for the question. This is a challenging situation. You know, AHS sort of steps in as a provider of last resort when there is a need. Really, their first and most important priority is to ensure safe and uninterrupted care to clients, including those at Manoir du Lac.

**The Chair:** Thank you, Minister.
Our time now moves over to the government side. Please proceed, Member.

**Mr. Gotfried:** Thank you, Madam Chair, and thank you again for the time here today. Through you, Madam Chair, to the minister, I just wanted to shift gears here and talk a little bit about physician compensation. On page 120 of the government estimates the line item physician compensation and development is held relatively even over the next few years, at about $5.5 billion, give or take a few million dollars, of course, along the way, so fairly stable funding.

You know, through that, obviously, what we're hearing – and I think it's well recognized by Albertans – is that stability in our health care system is really the objective and that instability doesn't serve Albertans or all of our constituents generally, and they want to see a fair deal in place for physicians. Of course, we're now moving towards, as was noted – I think objective 2.1 notes working with the Alberta Medical Association to reach a fiscally sustainable agreement, and page 127 of the government's fiscal plan discusses negotiations with the AMA, the Alberta Medical Association.

I think what I'd like to hear a little bit about from you is what that path looks like going forward, how the negotiations with the Medical Association, which seem to be under way, are going, noting that our Alberta doctors are, I think, competitively compensated relative to other provinces. We've heard that, and certainly that's been shared with us. Will this flat budgeting, going forward, be enough for you to establish a fair deal, to ensure that we have the stability of physician services in Alberta?

I'd also welcome any comments you have – I know there's lots of talk around nurse practitioners within this realm as well, so maybe there are some references there that might be relevant to the discussion on those discussions and those negotiations as well.

**The Chair:** Thank you so much, Member.
Minister.

**Mr. Copping:** Thank you, Chair, and thank you to the member for the question. First, I'll just deal with the budgeting issue and, you know, the $5.5 billion. That hasn't changed markedly. One of the reasons for that is that you don't know what you don't know. We are in discussions. We don't know what the outcome of those discussions will be, so all we can do is plan for what we do know, which is what was last year's budget, and we'll plan for that. That's not to say that that's the only budgeted amount that is there and that that's all we can do.

I'll give another example. For example, you'll see an increase in this budget to reflect the new agreement with UNA – right? – which has increased. If you looked at last year's budget and you went through our multiyear plan, you wouldn't have seen that because we didn't actually have an agreement. It's important to note that that's why the budget number is the way it is.

Now, I am optimistic that we will reach an agreement with the AMA. You know, we have taken a step back, and we've entered into a different form of bargaining, interest-based bargaining. Really, the purpose of that, quite frankly, is because with traditional position-based bargaining, where you put a number on the table here – "I want a minus 2" and then, "No, I want a plus 10" or whatever that is, and then you work towards the middle – one of the challenges associated with that is that it doesn't get behind what the positions are, and it doesn't help you solve the problems.

Interest-based bargaining, you know, is a process by which you identify the interests of the parties. There are so many shared interests. When we look at the doctors and we look at Alberta Health and we look at all of our health care practitioners, we are the system, and we all want to ensure that there is provision of high-quality health services to Albertans. We all want to ensure that they have access to that. We all want to ensure that it's fiscally sustainable over the long term, and we all want to ensure that physicians are paid fairly and that we can attract and retain them. Everybody agrees with that. Now, the question is: how best to accomplish that? It's better to do that by joint problem solving, which is what interest-based bargaining is, as opposed to just throwing positions on the table back and forth. So we have engaged in that. We started in January with a mediator sort of leading that process. The parties are at the table.

I am hopeful that we can actually get through to an agreement towards the end of the spring as we move forward in conversations. You know, again, my own history: I used to do this for a living, so it's really hard for me not to be really involved in this, but my understanding is that the conversations are ongoing. I'm very much looking forward to the solutions that they propose because we have so many common interests; we need to work together on this to be able to solve these problems. Quite frankly, when you take a look at our health care system, it's AHS, it's Alberta Health, it's the doctors, it's the nurses: it's all the people who work in it. By doing it on an interest base, recognizing that we have to solve these problems together because this is our system, and quite frankly we need to deliver for Albertans.

**The Chair:** Thank you, Minister.
Member.

**Mr. Gotfried:** Great. Thank you to the minister, through the chair.
I'll cede the rest of my time to MLA Smith.

**The Chair:** Please proceed, Member.

**Mr. Smith:** Thank you, Madam Chair. Through you to the minister, I just want to start by saying thank you. I'm not sure that over the last two and a half years there's anybody in this government that has had a harder job than you and your ministry, so I just want to say thank you for all the hard work you've done.

I want to start by referring to the fiscal plan, through the chair to you, Minister, referring to page 201, the COVID recovery plan. The government has decided to maintain masking requirements on public and interprovincial transit. Can you explain the rationale for lifting masking requirements virtually everywhere, including in higher risk situations like high-attendance sporting events, but you've maintained masking on transit? Could you explain the rationale behind that, please?

**Mr. Copping:** Thank you so much to the hon. member for the question. I'm happy to provide sort of a high-level response, and then I'll ask Dr. Hinshaw to weigh in on this particular question. At a high level there's a recognition that in certain high-risk settings, like hospitals, like continuing care settings, masking is a prudent way to be able to minimize the spread and protect those who are most vulnerable. When we talk about municipal transit, you know, the decision was made recognizing that you have Albertans who are taking municipal transit, who need to go to work, who may have no other means of transit, that need to take that, or need to take that to go see a doctor, have no other means to do that and may be high-risk individuals as well. So when we did our three-stage reduction, that's the last stage, to do that. We recognize that the masks do provide some level of protection, and we're trying to protect the most vulnerable.

With that, I'd ask, maybe, Dr. Hinshaw, if you can comment further on this.

**The Chair:** Thank you so much.
Please proceed.

**Dr. Hinshaw:** Thank you. Dr. Deena Hinshaw, chief medical officer of health. Just to reiterate what the minister has said about the importance of ensuring that protection remains, we know that although the impacts of COVID are reducing, we still see our positivity rates sitting around 20 per cent, which is about double the previous peak of positivity rates in previous waves. We still have around a thousand patients in hospital when you look at the combined ICU and non-ICU beds, and the risk does remain high for those Albertans who have risk factors. For those who don't have the protection of vaccines, severe outcomes are still a high likelihood. So, again, as the minister has mentioned, in places like transit where individuals may not have other options to attend essential services or appointments, the requirement for masking provides an extra layer of protection for individuals who are needing to use that service.

**The Chair:** Thank you.
Please proceed, Member.

**Mr. Smith:** Thank you, Madam Chair. Through you to the minister, the approach to lifting public health measures announced on February 8, 2022, has been criticized in some corners as rushed. It is evident, however, that virtually every jurisdiction across North America and the world is taking the same approach that Alberta did, and in some cases even earlier and faster. I think I can speak for many of my constituents in saying that they wanted to move it faster. Can you please elaborate on how the government arrived at the decision to lift restrictions and whether Alberta was an outlier in doing so?

***5:35***

**Mr. Copping:** Well, thank you for the question. The decision to begin lifting public health measures announced on February 8 came

at a time when we were seeing very clear signs that the fifth wave had peaked and, quite frankly, was receding. The rate of new hospitalizations and . . .

**The Chair:** Thank you so much, Minister.

We'll move over to the Official Opposition. Please proceed, hon. member.

**Mr. Shepherd:** Thank you, Madam Chair. I want to take the opportunity, I guess, to ask the minister some questions under allied health services on line 9 of the estimates and then also under outcome 1 in the business plan: an effective, accessible, and co-ordinated health care system built around the needs of individuals, families, caregivers, and communities supported by competent, accountable health professionals. Now, there have been some significant changes to access to physiotherapy in the province of Alberta that were enacted somewhat quietly, it seems, as of March 1. Prior to March 1 any Albertan with a valid health care card could get coverage for one physio assessment and two follow-up treatments, but as of March 1 the province no longer covers that. There are only two exceptions where the province will cover physiotherapy services, that's after surgery but only for orthopaedic knee, hip replacements – in that case they will offer four sessions compared to the previous seven – and then for low-income Albertans, my understanding is those under $26,000 of annual income for one person to $42,000 for a couple.

These are very significant changes to what is essentially a very important treatment and one, I think, that is important in preventing other costs in the health care system, folks having to access acute care, hospital emergency. Through you, Chair, to the minister, if he could clarify: how much is he projecting will be saved by making this significant change? And can he clarify how this decision was made? Were there any discussions with the front-line care providers about the potential impact of effectively nearly delisting a significant amount of physiotherapy treatment?

**Mr. Copping:** Thank you to the hon. member, through the chair. I'm going to have to actually get back to you on physiotherapy in regard to the suggestion that we've delisted the services. We can focus on that sort of at another time. I'm going to have to get back to you on that because, you know, in terms of conversation with staff in terms of delisting, I'm not seeing that. But if you believe that we actually have done that, then I'm going to have to actually double-check that.

**Mr. Shepherd:** Well, Chair, if I may, through you to the minister, perhaps let's set aside that particular term if we disagree on its use. But are you aware, Minister, that there has been a significant change in the access to the service and who is able to access, the criteria? In fact, I mean, there was an RFP process that went forward to determine which physiotherapists would carry this out. There is a rehabilitation advice line that Albertans have to go through now in order to determine whether they can access those services. Are you really, as Minister, not aware that these changes have taken place?

**Mr. Copping:** Well, thanks to the hon. member for the question. My understanding is that some of these changes may have taken place within AHS, so I'll have to get back to the hon. member in terms of the details.

**The Chair:** Thank you, Minister.

Member.

**Mr. Shepherd:** Okay. Well, thank you, Madam Chair. I guess perhaps it shouldn't be surprising. I know that I found it very difficult, myself, doing some basic searches online, to even find any of this information about how this process works, what this procedure is, and how it would be going forward. I can only imagine what it's like for Albertans who are caught in this situation.

Indeed, I heard from one Alberta family whose adult son, 33 years old, lost his physiotherapy coverage recently. He's on AISH. He has myotonic dystrophy. It's a muscle-wasting disease; if he doesn't work his muscles, he loses them. So he's been losing his ability to use his hands, feet, arms, legs. He has been going to physio on a weekly basis since January 2022, lives in a rural area. It took him a while to find a clinic. He was contacted by his physiotherapist, who told him he is no longer able to bill because of this change to physiotherapy coverage. This gentleman called the rehabilitation line and was told that he no longer qualifies for coverage. His condition is considered neurological rather than muscular. So this is a concern. I mean, this is a gentleman on AISH. Again, these changes are having a very real impact on Albertans, so I look forward to a follow-up from the minister on that.

I will move over, then, perhaps to some comments about concerns that have been brought forward to me by speech-language pathologists under the same part of the business plan. I'm talking about allied health services. Now, I did have, throughout the course of the pandemic, speech-language pathologists who reached out to me about concerns as they were redeployed to be line handlers and other things that happened repeatedly. My understanding is that they were called back to do testing in September 2021, because the government waited until four days prior to renewing contracts of newly hired swabbing staff.

As a result of many decisions of the government we have a significant backlog of care that's needed, I think, for speech-language pathologists working with youth that are in need. Very long assessment wait-lists, what they described to me as "crazy long" treatment lists in the Edmonton zone and other areas – some kids who were referred in 2020 have not yet been seen for treatment – wait-lists of up to four months. It's normally one month. And the central zone having to take on some Edmonton treatment clinics for virtual services given those long wait times.

So with this extensive wait-list – now, certainly, again, I'd note that speech-language pathologists are currently being targeted in bargaining for a wage cut of about 9 per cent. Through you to the minister, I don't see how this was cost-effective in some respects, to have delayed, I guess, on some of the decisions they made on the staffing that was needed for swabbing, et cetera. But is there any additional funding in this budget to address this significant level of deferred care for children, youth, and others? Indeed, speech-language pathologists also do deal with, in medical situations, individuals who have trouble swallowing. I've seen some reporting that as many as 30 per cent of their caseload is post-COVID, long COVID patients struggling with swallowing issues. So could the minister perhaps speak to that and what steps he is taking to address this issue in this budget?

**Mr. Copping:** Thank you to the hon. member for the question. In regard to speech pathologists, you know, these are, as I understand it, employees of AHS. We have increased AHS's budget to be able to meet demand. The total budget increase is $475 million to AHS, and they have some flexibility to be able to use those dollars as they see fit.

In addition, I may actually just ask my colleague Minister Ellis to talk about an initiative that he's doing which may assist in this regard.

**Mr. Ellis:** Yeah. Thank you very much, and thank you to the member and the minister. I'm working very closely with Children's

Services as well as Education. There are a number of great organizations such as CASA up here in Edmonton as well as ISSP. For those of you who don't know what that stands for, it's the integrated school support program, a pilot project that was started several years ago. Actually, even when I was a police officer, so several years ago. But what it aims to do is to really provide that comprehensive service for children, to understand that the school is essentially the hub for not only the child but the family. So in that hub you would have comprehensive services such as psychological services, such as nutrition, such as . . .

**Mr. Shepherd:** If I may, Madam Chair, just through you to the associate minister, I appreciate those thoughts, but I am asking specifically here about the medical service within the medical system. We're not in Education estimates, and I wasn't asking about psychological issues. If that's what we have to offer there, I'll move to one other question.

**Mr. Ellis:** Fifteen million.

**Mr. Shepherd:** Perhaps I'll just move to an additional question, then, if that's as much as we have on the medical side of things.

What I would ask about, then, is that in terms of long COVID supports, I'm aware that we have a couple of clinics set up in Alberta, but I just want to ask the minister – at present those clinics will only accept adult patients. I've spoken with parents of kids who are living with long COVID, some for as long as almost two years, and they have no additional supports and services through AHS. Has the minister given any consideration, had any discussions with his department or AHS about funding for supports for kids with long COVID?

***5:45***

**Mr. Copping:** Thank you to the hon. member for the question. The hon. member is quite right. We recognize that long COVID is a challenge for some people who have had COVID and are suffering from long COVID. AHS, quite frankly, estimates that 20 per cent of Albertans with COVID-19 may have developed long COVID, so they have established a number of centres; one in Edmonton at the Kaye Edmonton clinic and in Calgary at the Peter Lougheed Centre and also at the Rockyview in Calgary and the Edmonton north . . .

**The Chair:** Thank you so much. That concludes our time, and we move now back over to the government side.

Please proceed, hon. member.

**Mr. Smith:** Thank you, Madam Chair. Through you to the minister, we were sort of cut off at the end there. We were talking a little bit in our last set of questions about the government lifting restrictions. In my constituency my constituents were begging us to lift restrictions, but I know that there were areas and segments of the Alberta society where they were very hesitant to lift the restrictions.

My question to you again, just to remind you, was: can you please elaborate on how the government arrived at the decision to lift restrictions and whether Alberta is an outlier in doing so?

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

**Mr. Copping:** Thanks again to the hon. member for the question. You know, as I indicated earlier, when we made the decision, it came at a time when we were seeing very clear evidence that we were on the downside of the fifth wave. The rate of new hospitalizations and rolling seven-day average positivity rate had dropped steadily across the province. Leading indicators, including waste-water surveillance, was dropping. So we actually took a step that we'd seen being taken in a number of other countries, particularly in Europe, in terms of removal of a significant number of restrictions. That's why we actually developed our three-stage plan, starting with the REP and masking on children and then moving to almost all restrictions in stage 2, which we did earlier this month. Then the last phase is just protecting those individuals, as we talked earlier, in high-risk settings.

This was in line after we had done some assessment of other countries that took a similar approach. You know, we take a look at the U.K., and not only the U.K. but Britain and Ireland, a number of European countries where we've seen that when they actually made those reductions, they still saw a continued decrease. There may have been a slight plateau, but then it continued to drop down in terms of cases and an ongoing decrease in terms of hospitalizations. Based on that, we had confidence in terms of the decisions that were made in terms of a staged approach.

Also, by doing a staged approach, what it enabled us to do was to watch when we made the first change and give it three weeks to see it work through the system to see if we did have a bump in cases. Quite frankly, you know, since we've made the announcements and since we've hit the peak of the wave, new hospitalizations continue to go down. Our case counts continue to go down, and waste water, even to this day, trends downward or has been stable. When we take a look at this in terms of making that decision at that point in time and we look in the rearview mirror not only about what other jurisdictions did but what we did and based on our own data, we made the right call.

**Mr. Smith:** Through you to the minister, looking at page 113 in the government's estimates, specifically element 8.2, immunization support, I'm wondering how many doses of influenza vaccine Alberta purchases on an annual basis. What is the uptake for influenza vaccines?

We have seen vocal opposition and vocal hesitancy to the COVID vaccine by many Albertans across this province. Is there a similar level of hesitancy and opposition to the influenza vaccine?

Thank you.

**The Chair:** Thank you, hon. member.

**Mr. Copping:** Well, thanks to the hon. member for the question. You know, the first question that you're talking about in terms of element 8.2, how many doses of influenza vaccine Alberta purchases on an annual basis: for the '21-22 season over 2.1 million doses of vaccine were purchased, enough for approximately 45 per cent of the population. Reducing the influenza vaccine purchased from 45 per cent to 35 per cent to 40 per cent of the population should meet the demand to minimize vaccine wastage. As you may recall, two years ago we had the highest level of uptake in terms of influenza vaccine, so we actually purchased again to be able to meet that for last budget year. You know, not as many people took the vaccine for the last budget year. We didn't have as much of an uptake. Now, I don't know if that had to do with the lack of availability of COVID vaccines two years ago – right? – in terms of that and people actually getting themselves injected with the influenza vaccine, doing that, and then since we had the COVID vaccine sort of last fall, there was a decrease.

You know, from our government standpoint, we know that vaccines provide protection and provide protection not only for Albertans but for our health care system. We urge all Albertans to get the COVID vaccine, get the boosters, but also to get the flu vaccine. Even within our system, as we start moving into what I call a period of more normalcy – right? – where people are interacting on a regular basis, you know, we saw over the last couple of years the amount of flu, even though it was still circulating, was at

incredibly low levels. The people who were actually in our hospitals: where typically in a bad flu year you would have 500 in non-ICU, we haven't seen those numbers or anywhere near those numbers over the last couple of years given the measures we put in place. You know, recognizing that we're moving to a more normal period where you're going to have flu vaccines – particularly the next flu season next year, there will be more circulating – we're going to continue to purchase flu vaccines, which is actually in our budget, to be able to urge Albertans to get the vaccine and to normalize also COVID boosters because there will be another wave.

One thing that we'll be moving towards is, you know: get your flu vaccine and get your COVID shot. We will have to actually work through with the chief medical officer of health whether that's, you know, a COVID vaccine every six months, or does it become an annual shot? We'll have to wait and see how we do that. Our focus is actually on supporting both of them as we move into the future to be able to, you know, again, protect the most vulnerable Albertans and protect our health care system.

**The Chair:** Thank you, Minister.
Member.

**Mr. Smith:** Thank you, Madam Chair and through you to the minister. Minister, can you provide the specifics around the increase of $10.6 million to element 13.2, IT development and operations, on page 113 of the government estimates? How does the Alberta vaccine booking system support Alberta's response to COVID-19 and to other variants?

**The Chair:** Thank you, Member.

**Mr. Copping:** Thank you to the hon. member for the question. The increase relates primarily to $22.6 million allocated to element 13.2 to operate the Alberta vaccine booking system. This system will provide various benefits such as providing one point of access to book vaccine appointments, recording citizens who are interested in receiving the vaccine, and providing real-time data, including analytics and reports.

The system was brought online in fiscal '21-22 to assist with the COVID-19 vaccine deployment, and costs in '21-22 were covered by the COVID-19 contingency fund. This increase was partially off-set by a $12 million decrease related to the virtual care priorities funding received from Health Canada in fiscal '21-22.

**The Chair:** Thank you, Minister.
Member.

**Mr. Smith:** Thank you. I have one last question, through you to the minister. I've heard in the news that for Albertans affected by long COVID, while many who are single or double and even triple vaccinated are lucky that in the event that they do get COVID, the symptoms remain mild and it is a mere inconvenience rather than a major health event, for instance, there are still cases of those who are hit hard and experience lasting effects. These cases should not be overlooked. Looking at the significant increases in Health's budget, as shown on page 120 of the government's 2022-23 estimates, does the government know how many Albertans will be affected by long COVID, and is it budgeted for, and what are the government's plans to address long COVID?

Thank you.

**The Chair:** Thank you, Member.

***5:55***

**Mr. Copping:** Thank you to the hon. member for the question. As I was responding to Member Shepherd, I sort of touched on this in my answer as well. Long COVID is an issue, and it's affecting Albertans. In terms of our government response, we have established specialized referral clinics for long COVID in Alberta. In Edmonton, as I mentioned, it's the Kaye Edmonton clinic and the Edmonton north PCN, and in Calgary it's the Peter Lougheed and the Rockyview general hospital. AHS is establishing rehabilitation services, including physical therapy and occupational therapy, to address it.

Alberta Health is also undertaking a post-COVID follow-up study to better understand the effects of the COVID-19 pandemic on Albertans' physical and psychological health. That study started, you know, on October 4, 2021: 40,000 letters were mailed to invite individuals who had a PCR COVID-19 test between March 2020 and June '21 to participate in the survey study. On January 15 a website was established for any Albertans who took a COVID-19 test to participate in the survey study. Preliminary results are under analysis. As the study continues, we'll be able to talk more about it.

**The Chair:** Thank you so much, Minister.
Now we go over to the Official Opposition.
Please proceed, Member.

**Mr. Shepherd:** Thank you, Madam Chair. Through you to the minister, perhaps I'll give him an opportunity, then, to build on the answer he was just providing to MLA Smith, just to address the last bit of the question that I had asked regarding building, I guess, some long COVID supports that are specifically available to youth.

If he'd also like then to finish, I guess, the update he was providing on paramedic numbers.

**The Chair:** Thank you, hon. member.

**Mr. Copping:** Thanks to the hon. member. First of all, I will finish, you know, in terms of our response in regard to dealing with long COVID, just to let members know that resources for the public have been developed and posted by Alberta Health on the myhealth.alberta.ca website and by AHS on the Together 4 Health website. We're continuing to monitor the evidence on long COVID and continue to update guidance and recommendations and, again, encourage Albertans to get immunized in this regard because it can help protect Albertans not only from COVID but also from long COVID.

I had not heard that this access by children was not permitted at the site, so I will undertake to MLA Shepherd to look into that issue and see if we can address that and then what services are provided to children who are actually suffering from long COVID.

I also have just further information to provide to Member Shepherd from questions that were asked this morning. In response to another question we started talking about additional full-time paramedics associated with the new funding. I did talk about the new activity, $60 million, and that was in regard to the new ambulances. I just want to highlight that, you know, when we talk about the additional $64 million – right? – there also are full-time equivalents, 185, associated with that. These are all estimates at this point in time but include 62 advanced care paramedics, 94 primary care paramedics, nine emergency communication officers, and 20 supervisors.

Now, these FTEs, just for background, do not include increases for contract EMS providers. For contracting, you know, we haven't included those numbers. These are AHS employees, and the total is

included in the 850 FTE increase reported for AHS on page 212 of the fiscal plan. So numbers in AHS are increasing.

The last comment I'd actually like to talk about – we had a conversation in regard to anesthesiologists. The question was: how many do we actually have in the province, and then, you know, to be able to serve the plan, what numbers would we need? Ballpark, we have 460. That's the count as of today, but it fluctuates in terms of across the province.

We had a conversation in regard to the current model, and based on the productivity, you may not need as many, but based on the current productivity, you know, and when we look over the course of the next three years, we're going to need approximately about a 5 per cent increase in that number each year to be able to do that.

But I can tell the hon. member that, you know, one of the key areas of focus and part of the objectives of the Alberta surgical initiative is to increase the efficiency in performing surgeries. Quite frankly, if we can get a 15 per cent increase in efficiencies, then the number of anesthesiologists that we'll need will actually be zero, right? That work is ongoing, and it also doesn't comment on the fact that, quite frankly, we need them in the right places. As you indicated or we spoke about, we're currently hiring four in Red Deer right now to be able to do that, and as I mentioned, the short-, medium-, and long-term plan is to be able to get more anesthesiologists in the province.

**Mr. Shepherd:** Through you, Chair, to the minister, thank you. I appreciate getting some of those specific numbers, and I appreciate the substantive information that you've been able to provide at times today. Thank you for that. I do appreciate being able to engage in that dialogue.

Along a similar vein, I had an exchange with the minister in the House regarding the operational funding for the Calgary cancer centre. At present I do not see in this budget any funding for the actual operation of the Calgary cancer centre. Certainly, what I did hear the minister refer to in question period was a reference to staff that would be transferring from the Foothills over to that facility. On the Calgary cancer centre, to the minister: what percentage of the staff needed, I guess, would be coming from the Foothills? How many additional staff do you anticipate needing? And are those costs in fact listed or anticipated in this budget, or does he have some other means by which he intends to fund those staff?

**The Chair:** Thank you, Member.

**Mr. Copping:** Thanks to the hon. member for the question. I don't have the exact details associated with the numbers, the actual numbers of staff that are coming over. At a very high level my understanding is that the vast majority of the staff will be transferring over from the Tom Baker to the Calgary cancer centre. I can't say a hundred per cent, with absolute certainty, because there may be some programs that'll be left at the Tom Baker, but I think that's a very, very small amount.

Then, of course, to the hon. member, you know, when we built the Calgary cancer centre, we built for growth, right? Not necessarily all of the facilities will be used, on day one, a hundred per cent. There is additional capacity in there for growth, but we are committed to be able to – and this is part, again, of the 600 million additional dollars for funding for health, and a large portion of that is into AHS. Their budgets are going up as well. The part of that in that $600 million is, you know, each and every year. By the time you get three years out, it's an additional $1.8 billion to our overall budget. We're looking to fund projects such as the Calgary cancer centre and then be able to deal with the increased growth as required.

**The Chair:** Minister, thank you.

Hon. member.

**Mr. Shepherd:** Thank you, Madam Chair. Through you to the minister, thank you for that clarification. That's much appreciated.

If I could ask just again, speaking about line 4.3 in the budget, talking about physicians, particularly education and recruitment. As I mentioned earlier – and I know that the minister is aware because my colleague from Lethbridge-West has remarked on it to him on many occasions – we still have a significant number of people in Lethbridge who are without a family doctor. We certainly have the announcing. We've had several announcements about the RESIDE funding and the $2 million per year that has been committed there for three years to provide, I guess, about 20 new family doctors, according to the minister, per year for rural areas. Minister, is there assessment being taken, any funding being dedicated specifically to addressing the situation in Lethbridge? I understand that the south zone has expressed interest in an incentive program of some sort. Are you putting any additional funding into addressing this crisis in the Lethbridge area?

**The Chair:** Thank you, Member.

**Mr. Copping:** Thanks to the hon. member for the question. Additional funding has been provided already, and this is through PCNs for nurse practitioners in that particular area. AHS is also undertaking to and has actually, my understanding is, already put offers out to a number of physicians. These are international medical graduates who are going through the certification. Hopefully, they'll actually get their certification in the very near future. You know, we recognize, as we talked earlier with Member Shepherd, that there are ongoing challenges generally in terms of getting family physicians in rural areas.

***6:05***

The other thing that we actually are assessing is a policy change – right? – looking at: how do we have the opportunity not only for AHS, but can we actually have potentially, you know, PCNs sponsor international grads under certain conditions? That used to be in place at one point in time. There were challenges associated with that, sort of family practices doing that because of not being able to provide enough support in terms of going through the process. So we are actually looking right now at providing greater flexibility to manage that with international grads.

I guess the last comment is that – and we mentioned this – it's not only our budget which is focused on. You know, we have the $90 million, which I've mentioned before, which continues from last year into this year for rural physicians, but there also is the budget in terms of supporting health care practitioners generally and targeted support in terms of our postsecondary institutes with our colleague in Advanced Education.

**The Chair:** Thank you so much, Minister.

That moves our time over to the government caucus. I believe that Member Reid is going to take a question.

**Mr. Reid:** Thank you, Madam Chair. Through you to the ministers, thank you so much for your time today. It's been a long day, and we'll try to end this well for you. I have certainly appreciated your answers, the insight that you've given us into the 2022-23 budget. Very happy to hear that you are so forward-looking and we are talking about things like sustainable health care in the future for our children and our grandchildren. I think that's fantastic. I've appreciated the work that you've been doing over the last couple of months and are doing in this budget in relationship to things like the

rural EMS crisis, which, of course, is personally very important for me and for my constituents in Livingstone-Macleod.

I also am glad that you realize that the answer to this is not just throwing money at the problem. While we have seen some increases in the budget, I'm very pleased to hear that we're talking about some changes to implementation, the way we manage looking at policies and processes that will help us create a more stable, sustainable health care system for our province. I want to thank you for that.

I do want to ask a quick question related to capital grants. Estimates, line 15.1, says that $51 million dollars is listed in 2022 for continuing care beds. We've already seen some great news with the announcements of the investment in the Red Deer hospital and some other positive announcements throughout Alberta, but can you provide me some details on other capital investments in your ministry's capital plan?

**The Chair:** Thank you, Member.

**Mr. Copping:** Well, thank you to the hon. member for the question. Budget 2022 invests $3.5 billion over three years. That's more than $1.2 billion in '22-23 in capital funding for health facilities, equipment, and IT systems. This includes $2.2 billion for new and ongoing health care projects and programs; $474 million for capital maintenance and renewal of existing health facilities; $87 million for Health department IT projects; and $758 million for AHS capital such as parkades, equipment, and other capital requirements. This is all financed by AHS own-source revenue or borrowing.

Our government has made the $1.8 billion commitment to redevelop and expand the Red Deer hospital. We spoke earlier today about this. Obviously, we also confirmed that that's not all in this budget but over a multiyear period. We also included an $81 million commitment plus another $17 million provided by the University Hospital Foundation to construct the University of Alberta hospital brain centre, which we're very excited about, here in Edmonton. We remain committed to completing ongoing major projects and look forward to opening the new Calgary centre, as we talked with Member Shepherd, in 2023 and to continuing the work on the new hospital in southwest Edmonton.

Budget '22 capital highlights also include $193 million over three years to redevelop and expand the Red Deer regional hospital centre, as indicated, part of the $1.8 billion commitment; $46 million over three years to develop the new La Crête maternity and community health centre, which will include a birthing centre with a midwifery-led program, a new EMS response facility, and more space to access mental and primary health care; and $36 million to build additional spaces in recovery communities, which are therapeutic supportive living spaces where clients receive addiction treatment with life and social supports. Associate Minister Ellis has spoken to that earlier today.

It also includes $35 million to add 11 new operating rooms in the Foothills medical centre – and I was very pleased to make that announcement a few weeks ago – which is part of our overall $133 million allocation for the Alberta surgical initiative to expand capacity both within our hospitals. You know, the capital funding is for expanded capacities in our hospitals. We are also expanding capacity through our CSF initiative. There's $204 million over three years to modernize spaces across the province and add net new continuing care spaces in priority communities, and $45 million – I know, Member Reid, this will excite you in particular – regarding the rural health facilities revitalization program. There was $45 million last year, an additional $45 million this year really to improve the service in rural Alberta and to upgrade a number of facilities that are there.

**The Chair:** Thank you so much, Minister.

Member.

**Mr. Reid:** Fantastic. Thank you. Thank you for that. You're right about the rural health facilities revitalization program. That leads right into my next question. I was privileged to be a part of those announcements and, I think, some much needed attention to some of our rural health care facilities to just help them to continue to care and provide great patient outcomes for rural Albertans without the need to have to head into our urban centres all the time. You mentioned that we've got some more funding in this budget, but can you give us an update on where we are with the elements that were announced last year in terms of where those projects are at?

**The Chair:** Thank you, Member.

**Mr. Copping:** Thanks so much to the hon. member for the question. There are 21 rural health projects currently supported by this program. To date $50 million has been committed under this program with a further $15 million available in fiscal '24-25 as part of Budget 2022.

I'll just very quickly go through the list of projects. You know, we have one project in Cardston – currently the status is under construction, procurement – similarly, one in Crowsnest Pass. In Brooks and Taber there are two projects that are both in the design phase. There are two projects in High River; both of them are out for tender. Didsbury hospital, the Claresholm general hospital, Wetaskiwin hospital and care centre emergency department renovations, and the Wetaskiwin hospital and care centre medical device reprocessing innovations are all currently in the design stage. The Olds hospital, Drayton Valley, and Westview centre are also in the design stage, as is the Saint Therese Saint Paul health care centre emergency department renos.

Two other projects are in planning stages. These include the Peace River community health centre and the Fairview health complex lab renovation. There are a number of health facilities that are in demolition or are being planned for demolition. That's in the planning stage. Pincher Creek health centre CT scanner renovations are under construction. Sundre hospital and care centre is in design, and the Lloydminster renal dialysis unit is in the planning stage.

We have, as I indicated, 21 rural projects currently supported in the program, and there's more to come.

**Mr. Reid:** Fantastic. Thank you. Thank you, Chair. Through you to the minister, all very good news for rural Albertans and rural health care. Thank you.

Referring to your fiscal plan, page 155 states that the pandemic has put unprecedented pressures on our health system and our front-line workers. Are we ready to handle another wave without the same level of disruption? As I mentioned in the House yesterday, I have had the last two months to watch our front-line workers be amazing. I've watched the extra processes that they've had to go through to deal with potential exposure to COVID, just the extra time it takes in their already busy days. But they're tired. That's evident. Just related to that, I'd like to know, regarding the well-being of our front-line workers: how are you working or how are you planning to help prevent burnout and help sustain our front-line workers through investment through Budget 2022?

**The Chair:** Thank you, Member.

**Mr. Copping:** Thanks so much for the question. First of all, once again thank the tremendous work done by our health care workers in terms of getting us through five waves of COVID. This is like

five incredibly bad flu seasons. It just doesn't stop. It's not once a year; it's five in a two-year period. Thank you to them for that.

You know, when I was appointed as Minister of Health, one of the key objectives I was given is that we need to recognize that COVID is going to be with us for a while. We need to, quite frankly, normalize it within our system. We can't expect our staff to be doing high dives every time there is a wave. We made a commitment to provide funding for permanent capacity. That was part of the work that was done with Ernst & Young in terms of doing an assessment of our capacity, particularly our ICU capacity, which was lower on a per capita basis than any province across the country. We did the assessment and determined that we needed – on a permanent basis we need 50 additional ICU beds. This budget includes $100 million per year over the next three years to build that capacity. Part of that is – and then hiring the staff for that.

***6:15***

Now, you know, as we talked earlier today, there are challenges to hiring the staff, but we have plans in place, both short, medium, and long term, to be able to do that. That hiring is actually ongoing. We have more staff now. I've actually hired through the pandemic. We have more staff now than – significantly more staff than we did two years ago. Look at the number of nurses. Approximately 1,700 nurses have been hired to be able to manage – but we know we need more. We also know they need to be flexible, to be able to move back and forth between different – you know, whether it be supporting surgeries or supporting ICUs and be able to flex up so that we don't have to do the high dives when this hits us. We know it's going to be coming at us and have the contingency plans in place, being able to manage through that and, quite frankly, support Albertans and support our staff.

**The Chair:** Thank you so much, Minister.

Over to the Official Opposition. Please proceed, hon. member.

**Ms Sigurdson:** Thank you, Madam Chair. I'd like to direct this question to the associate minister. Back in March of 2020 there was a *Globe and Mail* article where the chief of staff of the associate minister gave specific details about treatment beds in Alberta. He said 1,396 treatment beds in total, and then they're broken down by: some funded by AHS, contracted by AHS, supported through government plans, the ones on reserve, and others not financed by the government. I'd like the associate minister to please update those numbers as they are today.

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

Minister.

**Mr. Ellis:** Yeah. Thank you. Sorry. Just a moment here. I know we saw that sheet, and the ADM here is attempting to locate it for you. Yeah. Thank you. As I mentioned earlier, I'm happy to go over the list here. These are newly funded spaces: Alpha House, 2,184; Simon House Recovery Centre, 229; Recovery Acres Society, 199; Fresh Start Recovery Centre, 98; Alcove Addiction Recovery for Women, 78; Sunrise Healing Lodge Society, 52; Aventa Centre of Excellence for Women with Addictions, 43. That was in the Calgary area.

In Edmonton we have the George Spady society, 1,820; Poundmaker's Lodge Treatment Centres, 560; Jellinek Society, 68; Our House Addiction Recovery society, 31; Salvation Army Edmonton, 22; Recovery Acres Society of Edmonton, 20; McDougall House association, six.

In southern Alberta we have the Kainai Nation Bringing the Spirits Home safe withdrawal management site, 1,251; Foothills Centre, 832; McMan Youth, Family and Community Services Association south region, 65; Alpha House Society, 48; Southern Alcare Manor, 44.

In central Alberta we have the Thorpe Recovery Centre, 574; Drumheller Society for Recovery's Grace House, 14.

In northern Alberta the Bonnyville Indian-Metis Rehab Centre, 104.

**The Chair:** Thank you, Minister.

Member.

**Ms Sigurdson:** Thank you, Madam Chair. The minister has listed the spaces. I was wanting to know about the total number of beds.

**Mr. Ellis:** Yeah. Depending on the program lengths, the department would be able to get the breakdown on the beds.

**Ms Sigurdson:** I would ask the minister to be able to table that so that we could have those numbers.

**Mr. Ellis:** Certainly. The department will get back to you. Thank you.

**Ms Sigurdson:** Thank you. You know, recently the minister has announced 8,000 spaces. Of these new spaces for treatment from the creation of new beds versus existing beds, can you differentiate that, Madam Chair?

**The Chair:** Please proceed.

**Mr. Ellis:** Sure. Well, thank you. You know, as indicated, and you've heard me say this, obviously, $140 million over four years to increase access to addiction and mental health services and supports. The commitment included getting people on a pathway to wellness. We had the 4,000 addiction treatment spaces to the publicly funded continuum of care. This was achieved through funding new beds, funding existing unfunded beds and outpatient services, and upgrading existing detox spaces to medically supported detox spaces.

Now, prior to this commitment there were approximately 19,000 publicly funded addiction treatment spaces in Alberta. The provincial government is now funding almost 27,600 addiction treatment spaces annually, and this is a 45 per cent increase for the funding capacity.

**Mr. Romanow:** And for the last question.

**Mr. Ellis:** Sorry. For the last question, so addiction treatment, we have 1,037 community mental health . . .

**Mr. Romanow:** Beds.

**Mr. Ellis:** Sorry. Beds. Pardon me. Sorry. They had the answer for you, Member. Addiction treatment beds, 1,037. This is as of March 31, 2021. Community mental health beds, 875; psychiatric standalone, 928. That's a total of 2,840 beds. Yeah. And the user fees correspond.

**The Chair:** Thank you so much, Minister.

Member.

**Ms Sigurdson:** Yes. Thank you very much, Madam Chair. Now I'll go back to the Minister of Health. The minister has talked quite a bit about how important it is to keep seniors in their communities, aging in the community, of course, and there has been an increase in home care. When we were talking earlier about continuing care, he did say that what's most important is that we keep seniors in their communities, which I completely support, but it's very difficult to do that if there aren't supports for seniors in their community. Home

care is one aspect of it, but there are nonmedical supports that are needed to keep seniors in their communities.

This is oftentimes people – you know, governments are relying on civil society, community-based organizations to support them, and there are many nonmedical supports that just aren't being supported at all by this government, things like housekeeping, laundry, meal preparation delivery, snow removal, caregiver support, preventing social isolation so that people are connected, system navigation, transportation. Another thing that's really missing in this sector is that there is no case management for older adults. We have case management for children. We have case management for newcomers to our province. If we want to keep seniors in their communities, we really need to have a case management system. I just want to know what the Minister of Health is doing to support these nonmedical supports, Madam Chair.

**The Chair:** Thank you so much.

**Mr. Copping:** I want to thank the hon. member for the question. I fully appreciate that, you know, although our budget has additional funding for home care, which will enable more Albertans to be able to take advantage of that, when we look back in terms of the report for the facility-based continuing care report, it highlighted the need. If we want to have people stay at home and support them at home, not only is it being able to provide additional home care, but they may actually have to buy into additional supports. That is primarily the responsibility of my colleague the Minister of Seniors and Housing.

I can share with the hon. member that we are actually having conversations about how we do this going forward to be able to provide more support to seniors, whether it be leveraging civil society or other approaches, because, quite frankly, you know, we have roughly – and this has been highlighted in the report. The rough estimate is that about approximately 20 per cent of seniors who go into continuing care don't actually need that level of care. What they need is actually more supports at home so they can stay at home with lower levels potentially in terms of health care.

I do know that my colleague does provide seniors' supports. You know, in my understanding, it provides $5.7 million for initiatives to be able to do that. As we develop our longer term response to the FBCC, we'll be having further conversations on how we can support seniors at home, and it's not just about providing health, which is my area of responsibility, but providing other supports so that we can actually keep people at home longer and not in continuing care.

***6:25***

**Ms Sigurdson:** Madam Chair, I appreciate the government is thinking about the importance of this, but the fact is that the Seniors and Housing ministry has cut significantly in this area. It used to be $2 million, and now it's only $900,000. So there's some kind of mix-up with community grants and a lot of agencies, especially in rural Alberta, too. People are, you know, keeping their communities together just by their own sheer will, and government needs to support that. I hope that the Minister of Health is talking to the Minister of Seniors and Housing about this because her budget has been slashed in this area, and that's a significant concern.

**The Chair:** Thank you so much, Member.

Now our time will move over to the government caucus. Please proceed, Member.

**Mr. Reid:** Madam Chair, thank you very much. Really, who would have thought that six hours would not be quite enough time? We still have some questions. It's been a great day. I'd like to actually, through you, Chair, try to get one last question into the Associate Minister of Mental Health and Addictions. I want to say thank you again for the work that he and his ministry and his predecessor have done in terms of being very intentional about addressing the very real needs of mental health and addiction in our province.

Looking at page 127 of the fiscal plan, spending is approximately $1 billion on mental health and addiction, and in Budget 2022 there is an investment of an additional $20 million to further implement a recovery-oriented system of care. In addition to that, the government has of course eliminated user fees on all publicly funded treatment spaces, expanded treatment spaces in the province, and upgraded our medical detox supports across the province.

While we know it's true that the addictions recovery continuum of care has been underperforming for many years in this province and the result has been that Albertans have continued to struggle with very serious health issues related to addiction, to you, Minister, if you can tell us: how do you see these initiatives improving access to and the quality of these much-needed mental health and addictions services to Albertans?

**Mr. Ellis:** Thank you, Member, and thank you for the question. As indicated this morning, you know, certainly, COVID has brought to light the seriousness, of course, of mental health with addiction, and we're proud – we're proud – to have brought forward a recovery-oriented system of care. There are a lot of jurisdictions, that are all, quite frankly, throughout Canada, all throughout the United States, that are facing these very complex problems, but we're leading the country right now. I'm proud to say that I've reached out to many colleagues in other provinces. Certainly, with the select special committee on safe supply there were a number of experts, international experts in the field of addiction medicine that, from what I'm aware of, have certainly been very impressed with what we're doing here in Alberta.

As I've said before, this is a very complex problem with no one single solution. You know, we've had a number of programs, the DORS program as an example, digital overdose response system. You heard me talk this morning about the virtual overdose dependency program, the elimination of user fees, as I mentioned earlier this morning, as well. In the past under previous governments you had to be either wealthy or you had to be on social assistance, and even then you probably weren't getting the help that you probably should deserve. By eliminating those user fees and levelling the playing field so that anybody who is wanting help with addiction – we have to make sure that those supports are in place.

As I've said before, it's comprehensive. You know, I call it the continuum of care, right? That's from the person entering into the system to all the services that are provided in the middle to, of course, when they're successful, they build up their recovery capital so that they can . . .

**The Chair:** Thank you, Minister.

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

I would like to remind committee members that we are scheduled to meet Thursday, March 17, 2022, at 9 a.m. to consider the estimates of the Ministry of Justice and Solicitor General.

Thank you, everyone. This meeting is adjourned.

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

Published under the Authority of the Speaker
of the Legislative Assembly of Alberta