
Legislative Assembly of Alberta

The 31st Legislature
First Session

# Standing Committee on Families and Communities

Ministry of Health
Consideration of Main Estimates

Tuesday, March 19, 2024
3:30 p.m.

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**Legislative Assembly of Alberta**
**The 31st Legislature**
**First Session**

## Standing Committee on Families and Communities

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Shepherd, David, Edmonton-City Centre (NDP)
Wright, Peggy K., Edmonton-Beverly-Clareview (NDP)

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## Standing Committee on Families and Communities

### Participants

Ministry of Health
Hon. Adriana LaGrange, Minister
Wanda Aubee, Assistant Deputy Minister, Public and Rural Health
Lisa Higgerty, Assistant Deputy Minister, Indigenous Health

**3:30 p.m. Tuesday, March 19, 2024**

[Ms Lovely in the chair]

## Ministry of Health
## Consideration of Main Estimates

**The Chair:** All right, everyone. I'd like to call the meeting to order and welcome everyone in attendance. The committee has under consideration the estimates of the Ministry of Health for the fiscal year ending March 31, 2025.

I'd ask that we go around the table and have members introduce themselves for the record. Minister, when we come to your turn, if you would kindly introduce your team. We'll start to my right.

**Mr. Wiebe:** Ron Wiebe, MLA, Grande Prairie-Wapiti.

**Mr. Boitchenko:** Andrew Boitchenko, MLA for Drayton Valley-Devon.

**Mr. Lunty:** Good afternoon, everyone. Brandon Lunty, Leduc-Beaumont.

**Mrs. Petrovic:** Chelsae Petrovic, MLA for Livingstone-Macleod.

**Mr. Long:** Martin Long, the MLA for West Yellowhead.

**Mr. Dyck:** Nolan Dyck, MLA for the amazing constituency of Grande Prairie.

**Mr. Singh:** Good afternoon, everyone. Peter Singh, MLA, Calgary-East.

**Member LaGrange:** Good afternoon. Adriana LaGrange, MLA for Red Deer-North as well as the Minister of Health. With me I do have my deputy minister, Andre Tremblay; my ADM of finance is Christine Sewell; my associate deputy minister, Darren Hedley; and Katie Fooks is the chief of staff for the deputy.

**Ms Wright:** Good afternoon, everybody. Peggy Wright, MLA, Edmonton-Beverly-Clareview.

**Dr. Metz:** Good afternoon, everybody. Luanne Metz, MLA for Calgary-Varsity, and I'm one of the Health critics.

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

**Ms Goehring:** Good afternoon. Nicole Goehring, MLA, Edmonton-Castle Downs and deputy chair of this committee.

**The Chair:** My name is Jackie Lovely. I'm the MLA for the Camrose constituency and the chair of the committee.

A few housekeeping items. I'd like to note the following substitution for the record: Mr. Wiebe will be substituting for Mr. Long when he departs.

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Hon. members, the main estimates for the Ministry of Health shall be considered for a total of six hours. For the record I would like to note that the Standing Committee on Families and Communities has already completed three hours of debate in this respect. As we enter our fourth hour of debate, I will remind everyone that the speaking rotation for these meetings is provided under Standing Order 59.01(6).

We are now at the point in the rotation where speaking times are limited to a maximum of five minutes for both the member and the ministry. These speaking times may be combined for a maximum of 10 minutes. Please remember to advise the chair at the beginning of your rotation if you wish to combine your time with the minister's.

With the concurrence of the committee I'll call a five-minute break near the midpoint of the meeting; however, the three-hour clock will continue to run. Does anyone oppose having a break today? Okay. We'll have a break.

Let us continue on. Where did we end off? With the government side, right? Is that where we ended? All right. So we'll pick up where we left off. Yes. When we adjourned this morning, we were three minutes into the exchange between Minister Long – Mr. Long; I just gave you a promotion – and the minister. I'll now invite Mr. Long to complete the remaining time in his rotation. You have seven minutes, sir.

**Mr. Long:** Thank you, Chair, and thank you, everyone, for being here for another three-hour session. It's great to be able to dig into the budget for Health a little bit more. I will actually pick up, Chair, right where I left off from this morning's episode, with a little bit more attention given to emergency medical services. With that, in the estimates, line 2.5, emergency medical services, could the minister tell me how much of this money will be spent on things like EMS staff training, and how much will be spent on new hires?

**Member LaGrange:** Thank you for the question. We've got approximately 400 new staff that will be hired in '24-25 to help fill vacancies and address the staff turnover. No new net budget is being added in '24-25 as these positions are already budgeted. They were already previously budgeted. As of January 31, 2024, EMS has approximately 2,150 full-time and 385 part-time staff. EMS regularly assesses its staff mix, and no budget increases are required to make changes to the staff mix. We're continually working to make sure that we add additional supports for the staff, making sure that they have training dollars, et cetera. There will be an additional $5 million on EMS staff training for the '24-25 year.

**Mr. Long:** Thank you, through the chair to the minister.

Another urgent situation where Albertans face wait times is in emergency rooms, and this I've heard from folks in my own constituency and across the province. It's vital that transfers from EMS to emergency departments happen smoothly and efficiently in order to improve wait times for both of these services. I know that we've sort of touched on this a little bit already today. I'd just like to dig into it a little bit more if that's all right, understanding this isn't a unique challenge to Alberta. I've talked to friends and family from across the country, from Nova Scotia to Vancouver Island, and we hear from residents all over the country that they're frustrated with wait times in their communities and with the challenges that their health care systems are facing.

Like many challenges, this is complex, with many factors coming into play. Facility capacity is an obvious one and something that we will likely be diving into a little bit more when we spend time on the capital investment part of the budgets. However, staffing, I've heard, is also playing a major role in timely emergency department care. This I'm hearing from staff and from residents that are thinking that's something that they're seeing when they enter into emergency departments.

On page 69 of the business plan it states that "emergency department wait times for initial physician assessment was 6.3

hours" in 2022-2023. I have a few parts of this question that I'd like to get into. What funding and initiatives are being planned to decrease emergency department wait times? What is the current breakdown between full-time and part-time EMS workers as we speak? And what investments will be used to try to move part-time EMS workers to full-time roles?

**Member LaGrange:** Great question. We are working diligently to decrease emergency room wait times, and that's been an ongoing concern of ours and something that we're targeting very strategically. What I can say is that we're making a concerted effort to attract and train more doctors and nurses. We have 114 full-time equivalent nursing staff that have been added to emergency department teams in our 16 largest hospitals and some suburban hospitals to ensure that we can transfer patient care from paramedics to emergency department staff in a fast but also safe manner. That is helping for those EMS workers to have that quick turnaround so that they can get their ambulances back into their communities to pick up other patients as required.

We have 127 FTE, full-time equivalent, allied health staff such as social workers, physiotherapists, occupational therapists, and pharmacy resources that have been hired to support emergency department patient movements. Depending on their scope of practice, these added resources may see patients prior to the physician initial assessment as part of an interprofessional, team-based approach. Of course, this utilizes everyone's expertise to its maximum when we can do that.

We're also opening up additional acute-care, long-term care, transitional intensive care, and designated supportive living beds and improving the flow of patients to more appropriate care settings such as continuing care facilities. An additional 50 ICU beds have been added to our baseline of 173 beds, bringing the total of ICU beds to 223, which is a 29 per cent increase from prior to the pandemic. That in itself will assist as well.

We've added additional hours to home care to support patients at home who are waiting for continuing care placement or to keep patients in their homes as long as they can safely be there.

We're continuing to improve patient flow to allow for better access to hospital beds, and we're keeping Albertans aware of alternative options to visiting an emergency room. We're also expanding hours for nonurgent clinics at children's hospitals.

As of January 31, 2024, EMS has approximately 2,150 full-time, 385 part-time staff. EMS is regularly looking at their staff mix, as I said in my previous answer to your previous question.

And then, beyond that, all of the investments that we're making in primary care – because, really, in making primary care the foundation of the health care system, it keeps people out of hospital. When we know that we have a large number, roughly about 700,000, of Albertans who do not have access to a primary care provider, we know that oftentimes when they don't have that access, if they have an issue and don't have the ability to make an appointment with a primary care provider, then they do end up in the emergency room. So making a strategic investment in primary care and following the recommendations that have been made in the modernizing Alberta's primary care documents, reports, whether they're MAPS or Indigenous MAPS – as we implement those recommendations . . .

***3:40***

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

We'll move over to the Official Opposition.

**Dr. Metz:** Thank you very much. Thank you for the opportunity. I'm going to continue asking a few questions about the EMS wait times, same place in the budget. We talked a bit about that earlier today. At this point in time the wait times are from the time the paramedic team checked the patient in at the triage desk until the patient is seen by the MD, but in the past it was at arrival at hospital. There is a period of time before the team is checked in at the triage desk that is a blank time that can be very long. In some cases ambulance teams are parking with patients in them while they're waiting until a place kind of in line to be seen by the triage team. I'm wondering if you can share that data. We know that everything's captured by the ambulance teams, so it would be great to be able to look at what those times are in addition to the other wait times.

In addition, one of the issues is unfilled shifts, and they vary across the province. If that could be reported: what are the frequencies of unfilled shifts and ambulances that sit parked because there's no one to fill them across different times?

I'm also wondering if you could share some data on the proportion of calls where the paramedics are going to resuscitate people on the streets from overdoses. This is another thing that the paramedics are calling out as more people are out on the streets without the full spectrum of preventive care for drug use. That's pulling on their time whereas if someone was in an observed facility, they would have fewer calls and they would be safer. Those are my EMS questions.

I know I asked a lot of questions this morning, and there were a number that you didn't get a chance to answer. I'm going to throw a couple out. One was on page 77 of the fiscal plan; $475 million was budgeted for primary care. This includes $300 million for the primary care networks. I'm wondering if you can tell me if that is the same or an increase or a decrease from previous years? How will this be distributed? Is it continuing the funding of existing PCNS, or is there something new about how it will be distributed? Is there anything new about what PCNs have to do, particularly as the document notes that they will be expected to be helping out as things transition to the new MAPS project?

Then one other question related to primary care funding. On page 17 of the strategic plan it notes that $200 million over two years will go to increased access for family doctors and health professionals. I'm wondering how much of this will be going to Telus Health to provide some of that support and if you can outline what the plan is for this year and next year for that aspect of care and getting out to primary care.

I'm then going to move on to the plan where we've got the health entities and physician compensation on page 110 of the estimates document. It shows that a little over $83 million, in item 2.8, was budgeted for health education and research. This item includes training of interns and residents. I note that this amount has decreased from previous years even though we're in a time where we're very short of physicians. I'm wondering why that will have decreased. Is it anticipated that we won't be filling all of our training slots? By chance the CaRMS match did come out today. There are 31 unfilled residency positions in Alberta this year in the first round of the match – they may match in the second round but first round unmatched – and out of those 12 of them are in family medicine.

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

We'll go to the minister for her response.

**Member LaGrange:** Thank you for the questions. Great questions. On the EMS wait times, you know, I can share that we are in fact seeing improvements across Alberta. Calgary's EMS response time has significantly improved, with response times dropping by half, from a peak of 28 minutes in November of 2022 to 14 minutes in

December of 2023, although slightly above the target of 12 minutes. Also, in Calgary the median EMS response time has consistently met the target of eight minutes for the past eight months, which indicates sustained progress, but we won't be happy until that gets to be much, much better. In Edmonton EMS response time shows some progress but remains slightly above targets, with a median response time of 8.6 minutes and a 90th percentile response time of 16. Three other zones in Alberta demonstrate good EMS response times, meeting or staying below the target response consistently. The main reason for improved EMS time is the significant drop in patient transfer time in emergency, which has shown to be real and sustained progress since April of 2023.

There are other factors, obviously, contributing to the hospital strain, which is, you know, the flow of ALC patients throughout. Again, we're making good progress in this area, but we won't rest until it is much, much better.

In terms of the unfilled shifts those we're endeavouring to get that information for you, and we'll share it as soon as we have it.

On the resuscitating and drug use, et cetera, again, this is a question for the Minister of Mental Health and Addiction, and I'm sure he'll be very happy to answer that. But I can give you anecdotal information that comes from my interactions with EMS within my own community. They are constantly seeing individuals who are at overdose prevention sites and/or outside in the community that have to be resuscitated not once, not twice, sometimes even four times within the same day. We need to make sure that we provide those individuals with all the supports that they need to recover from their addiction and to get the help that they need. I know that Minister Williams, through the recovery model that he's working on, is working diligently to do that.

For the PCNs the funding is actually going from $258 million to $359.543 million in '24-25. We know that PCNs are joint ventures between groups of family physicians who form a nonprofit corporation. We currently have 39 PCNs in Alberta, with over 4,293 registered physicians, 96 pediatricians, 108 registered nurse practitioners, and the full-time equivalent of over 1,600 other health care providers serving over 4 million Albertans. I think our primary care networks are doing an amazing job. Of course, we're continuing to look at how we can support them, and that's why we have seen increases in the funding in this particular line item.

The $200 million that you talk about is stabilization funding for physicians, and that's up and above the $6.6 billion that is listed as physician compensation. That $200 million is going directly to physicians. We have been working with the Alberta Medical Association and also with the residents' association, PARA, so that we can come up with a model that will distribute these dollars as quickly as possible after April 1, because this is dependent on some of the funding that we get through the bilateral agreement with the federal government. We've come to an agreement on how those dollars will be disbursed, and they are going to be going out at the beginning of April. Those are all dollars allocated to family physicians to stabilize primary care as we continue to work with the Alberta Medical Association on a new funding model for family physicians, general medicine. This is what they said that they need, so we want to make sure that they have those dollars directly to them, not to anyone else.

***3:50***

We are also looking at training for interns and residents, and one of the issues that I've seen recently – we are spending more on training as well. We are going from $31 million to $37.9 million to train in these much-needed areas, and this ties into some of the work that's happening in Lethbridge and Grande Prairie.

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

We'll head over to the government side for their time. Please proceed, Member.

**Mr. Dyck:** Excellent. Well, thank you so very much, Minister. I just really appreciate you and your team being here this afternoon. I think we're going on hour three and a half or four. I've got a few questions here. On page 68 of the business plan I'm very happy to see that the ministry is working with physicians and other health providers really just to maintain our incredibly high standards of care, support our timely and appropriate access to services, continue building that, continue growing that, and address health care staffing challenges, particularly in rural areas. As you know, I'm from Grande Prairie. We are considered still a rural area.

Now, Minister, a little context. This does pertain to the current budget but a little prior. Prior budgets had put money towards the rural health training centres, one in Lethbridge and one in Grande Prairie, in my constituency. These centres are incredibly important for rural doctors to be trained. They are a key opportunity for us to retain and grow our rural doctor base, and I do believe that this is an incredibly important step for Albertans to train more doctors as well. Can you talk about how much of your budget is earmarked for these two centres?

**Member LaGrange:** I am happy to talk about this for these two centres. Budget 2024 approved $126 million over three years to support the medical training expansion. That includes funding for the regional training centres. So $38 million was approved in 2024 – sorry; 2023. This funding includes the cost for the total training expansion. That includes the regional training centres in Lethbridge and Grande Prairie, increasing the number of postgraduate residency training seats. This increases the number of international medical graduate training seats and increases the number of academic medicine and health services program positions, that provide compensation to physicians for providing patient care along with their work related to research, leadership, and teaching.

Basically, we are actually doing $126 million over three years. And I'm sorry; I was correct at $38 million approved for the 2024 year.

**Mr. Dyck:** Then a follow-up for that: do we have a distribution to both Lethbridge and Grande Prairie separated, both one for Grande Prairie, one for Lethbridge? Do we already have those distributions, or are those just one bucket right now, looking for distribution in the future?

**Member LaGrange:** We're working with both those postsecondaries to make sure that we allocate the funds appropriately, but right now it's in one bucket, and we'll look to divide it as those consultations continue.

**Mr. Dyck:** Awesome. And then one final question on this. When we're comparing the price of training doctors to other jurisdictions, either here or other countries, are we getting a good deal in training doctors with Albertans' taxpayer money?

**Member LaGrange:** You know what? We have excellent postsecondaries here in Alberta. While we see some students travel out of province to get their certification in medicine, we would prefer them to stay here. That's why we're increasing seats across the province and particularly in rural medicine, because we know that when they train in rural areas, they tend to stay in those rural areas. They have that rural focus, so that's very important because we do see deficits in those areas. But in comparing other provinces and other countries, you can't fully compare one to the other.

I would say that, you know, rest assured, we're constantly making sure that we are getting good value for dollar and that we are constantly having those conversations with postsecondaries to ensure that they are meeting the demands and the needs of the workforce. Also, we're having the conversations with the colleges as well, the College of Physicians & Surgeons to see how they can help facilitate changes and streamline processes to make Alberta much more attractive to stay, learn, and then also, for those that are taking their studies elsewhere, to come back to.

I know that it was just recently brought to my attention by some students that are studying out of province, in other countries that we have a discrepancy that we need to address in Alberta in terms of the timing for when they could be accepted. It is out of line with other provinces, so that's something that I'm looking at very closely.

**Mr. Dyck:** Thank you, Minister. Yeah. I just received an e-mail from a young man, studying out of country, from my constituency with that same issue, so thank you for that.

Yeah. Continuing on, page 70 of the business plan states that Alberta is refocusing the health care system. A big fan of this. I think Albertans are waiting for it. I'm looking forward to it, to continue to see the implementation of this, as we prioritize patient care and empower our front-line workers. I deeply care about them, their work experience. We're including those in rural, in cities, remote, Indigenous communities. They want to deliver the highest quality health care that they possibly can. We constantly see this question come up. I believe they want to, and they have the opportunity to. I'm just very happy, very encouraged, even though I've only been doing this for a few months now, that we do have really strong leadership at the very top of AHS with really strong, proven track records. So thanks for implementing that. It's so important.

Now, my question is this. In the business plan – I'm very curious – for the front-line workers who have managers above them right now, what kind of training are we going to be offering these leaders to make sure that they are leading their troops and that we get a great organization with great leadership at every single level? This is so important to me because that's the experience that front-line workers will be able to see. They get to feel it. I think we have the opportunity to make a big dent by offering this. Is there any of our budget allocated towards this, and if there is, what would that be?

**Member LaGrange:** Great question. Yes. We have an excellent leadership component within Alberta Health Services but also within the whole health system. Now, can we strengthen that leadership component? Absolutely. When I go across the province on the refocusing, I hear from managers that while, yes, they've had some leadership training, they feel that they could use more. So I know that the new leadership of Alberta Health Services is really looking at how they can bolster that leadership training, that mentorship. I hear a lot from nurses, particularly first-year nurses, that they would like to see more mentorship within the system, built into system.

While there's no specific line item, it is something that we are going to embed in the culture of Alberta Health Services and the whole health system. You know, everyone wants to improve on their skill sets. It is natural for people who are in the health care profession to really want to have that continuous improvement, so we need to provide them the opportunities to do that. Whether that's in continuing care, whether that's in primary care, whether that's in mental health and addictions, or whether that's in acute care, we need to make sure that those that are leading our front lines have the skill sets that they need and also that the front line feels that they're being heard.

It was very enlightening to me as I've gone across the province. As I've said, there have been approximately 1,800 health care workers and Albertans who've taken part in the refocusing, and the constant messaging I'm hearing is: this is refreshing, this is great, this is wonderful to have this level of engagement because we don't feel like that's happened before, and we haven't felt heard. So we need to put mechanisms in place, and that's exactly what we're doing through the refocusing work that we're doing. There will be mechanisms in place to hear from the front lines, hear from our managers, and make sure that every level is feeling supported and heard.

**Mr. Dyck:** Awesome. Thank you, Minister.

We all know that there are challenges in recruiting physicians and retention, especially in rural and remote communities. I feel this in my community, being a rural city. We've already touched on the importance of ensuring that all rural and remote communities have access to high-quality, timely care. On page 78 of the fiscal plan, regarding attracting and retaining physicians in rural Alberta, the budget includes a $12 million increase for the rural remote northern program. Can you just provide us with some additional details and an update on the results of this program so far?

**Member LaGrange:** Sure. Total spending on the rural remote northern program for '23-24 is estimated to be around $85 million, which does include a $12 million increase. That's an increase over last year. Under the AMA agreement Alberta Health and the Alberta Medical Association agreed to undertake a review of the rural remote northern program, with results expected later this fiscal year. I don't have those results right now, but I'll be happy to share them as soon as we do get them. We're going to assess whether the program has actually impacted the recruitment and retention of physicians in rural communities as well as opportunities to improve the program. Again I hear that while there have been some improvements and there are some positive steps, we could further bolster and enhance this program, so we're going to look at all those opportunities as soon as I get that report back.

***4:00***

**Mr. Dyck:** Awesome. Thank you so very much, Minister. Really just appreciate your time, spending so much focus here today answering my questions. It does matter for all of us rural guys to hear how we're doing.

Thank you.

**The Chair:** Thank you.

Let's move to the Official Opposition.

**Ms Wright:** Thank you very much, Chair and, through you, to the minister. Referring to the fiscal plan, page 99, public-sector compensation, I note that right underneath that lovely table it refers to a rapidly growing population needing increased public services, things like workforce attraction and retention. It also mentions compensation increases. I note that there are increases of 3.3, 3.2, and 1.6 per cent over three years respectively; however, they do not account for population growth or inflation, which, of course, means there's a real loss of wages, which of course equals a cut.

We've heard all about the struggles in continuing care recently in the media and, certainly, in my case, through conversations with loved ones. My own father was in a rehabilitative care situation recently because of a broken hip, and while it's not exactly the same as continuing care, it is certainly similar. My experience and my dad's experience there was that there was not one single shift that

was fully staffed with the facility's own permanent staff, and what that meant was that private agency workers often came in to make up the difference. Of course, when those positions go unfilled, workers come in. The employers work for a collective fee and then on occasion pay the worker only a fraction of that fee. They can also pay the worker a fee that permanent workers who are currently working within our health care system can only dream of.

So my question through you, Chair, to the minister is: what's the ratio, or do we have information that talks about the ratio of full-time staff to casual staff in our continuing care sector particularly, but also in our acute-care sector? Is there an average vacancy rate that we know about in these facilities? How long does it take to fill those vacancies? Further, are there stats that show usage rates of agency staff versus full-time or part-time permanent staff and the impact that the use of those agency staff members might be having on budgets for staffing? Do the increases that are noted in the table on page 99 also apply to private agency staff in place of full-time AHS staff? And how much of this public-sector compensation amount line is in fact being redirected to private staffing agencies?

[Ms Goehring in the chair]

Turning now to the strategic plan 2024-27, page 17, this is a page that talks about the government's second priority, priority 2, investing in Albertans. Chair, I'm curious about bullet 7 of nine, which talks about addressing the province's critical nursing shortage by making it easier for nurses outside Canada to bring their skills here. We recently heard from a number of stakeholders their concerns that although we do indeed have skilled nurses from outside Canada who have been successful in getting credentialed here, some, of course, are choosing to immediately take jobs in other provinces, sometimes without working a single shift in Alberta.

So to the minister through the chair: how many nurses have we successfully credentialed through this program? How many of those nurses who are successfully credentialed choose to stay and practise in Alberta? And for those who have decided to leave, are things like exit interviews being done? Do we know why folks decide to stay? How much was spent on the program last year? How much is in this year's budget? How are we tracking the success of this program and by which metrics? Certainly, our stakeholders are really primarily concerned to make sure that we are addressing our critical nursing shortage.

Outcome 2 on page 70 of the ministry business plan is all about working conditions, and I note that it says, "a health care system that delivers the highest quality patient care to all Albertans." In the fiscal plan on page 124, Chair, it references the $5,000 Alberta Is Calling attraction bonus for out-of-province workers coming here. But, of course, we now know that health care workers will not be part of that plan and that the initial promise to provide $1,200 to health care workers will not be forthcoming. At the same time, Chair, we also know that Alberta's population is growing, but just last year, while our population was growing, we had, according to Stats Canada, some 20,000 health care workers who decided to leave Alberta.

Recently I've heard from some folks who have been working in long-term care for over 20 years, and they're concerned about things like the erosion of their wages by inflation, no raises for years, and, quite frankly, they are struggling. They realize that there are indeed easier jobs out there that have less responsibility and better pay, but they stay because they are passionate about the work they do. They stay because they're passionate about the people who are in their care, and they know how important their work is to those entrusted to their care, but there is an erosion of trust.

[Ms Lovely in the chair]

I'm wondering, in the face of all that uncertainty, then, what the plans might be for demonstrating to workers that indeed their time is valued, their work is valued. What is the ministry doing in a detailed way to comprehensively plan for and create the conditions that allow for the recruitment and retention of workers? What performance measures are in place to ensure that those quality working conditions exist and are maintained?

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

We'll move to the minister for her response.

**Member LaGrange:** Thank you for those questions. First, I need to correct the record, that there has been no reduction in wages to our health care providers. We honour our commitments, and we are in contract negotiations with all the health care tables except for the physicians, because we actually just settled contracts with the physicians approximately 15 months ago. In that settlement – it's worth about $780 million over four years, and, as I said earlier in one of my previous answers, physicians have seen an increase. Between this year and next year they will see an overall increase to the budget line of over 8.3 per cent. If we go back to 2019, the total compensation for physicians actually has increased over 21 per cent, and we've gone to a $6.6 billion budget just for physician compensation. If it was a ministry, it'd be one of our largest ministries in government. So we know that we are making every effort to make sure that our family physicians and physicians in general, our specialists and surgeons, et cetera, are fairly compensated.

As I said, we are in contract negotiations with all of the health care tables, and I'm happy to say that we are seeing increases in the workforce. As I also indicated earlier, AHS hires approximately 90 to 95 per cent of all the nurses that come out of our postsecondaries. In the last year alone we've added over 7,500 nurses. That equates to 6,469 registered nurses, 1,001 licensed practical nurses, 28 registered psychiatric nurses, and 88 nurse practitioners. I know that that number will continue to grow because as our population grows, we have more demand on our systems.

We know that agency staffing has been a problem, but it's been a problem for everyone across Canada. It was one of the hot topics when I met with the ministers of health from across Canada in the fall, in October, and all of us were saying that this is an issue. We've become heavily reliant on agency nursing, and I also know that Alberta has one of the lowest, particularly in AHS, full-time equivalency for nursing. In Alberta it's 31 per cent for AHS, and province-wide it's 44 per cent, comparable to Ontario, which is over 50 per cent. We need to make sure that we are able to offer nurses who want to work full-time – we also know that part-time is attractive, as is casual, because to a high degree the nursing profession is still mostly women and they want to balance life and work, so we have to make sure that that's still available to them.

But we also know that we have to sustain the overall functions of our health care system, so we really need to make sure that we wean ourselves off the reliance on agency nursing. I know that that is certainly top of mind for AHS and all of Alberta health care, whether it's acute care or continuing care. But we also still see a need in certain areas to fill gaps, so we want to make sure that we still have the availability when we need to do that. Agency nurses are not part of the AHS collective agreements and labour costs, so contract nursing in Alberta – let me just make sure I give you accurate numbers here. Most of them are registered nurses, licensed practical nurses, and health care aides. The cost of agency relative to the cost of AHS nurse employees is roughly about 2.5 per cent

and 3.2 per cent respectively. I believe we had roughly about 500 agency nurses contracted across the province, but we definitely want to make sure that that number gets reduced.

***4:10***

And, as I said, right across Canada we saw the number of agency nurse hours go from approximately 800,000 hours, I believe it was, or 800,000,000 hours – I'll have to get that exact number – but it doubled. Either way, it is unacceptable. We need to make sure that those nurses that we have here – who are amazing, by the way – that we support them and that they are fairly compensated. I know those ongoing compensation negotiations are happening as we speak.

I'll see if there's anything else I wanted to say. I think I've covered it all.

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

Back over to the government side for their questions.

**Mrs. Petrovic:** Thank you, Chair and, through you, to the minister.

It wasn't too long ago – it was actually less than a year ago – that I was, too, a front-line nurse within this health care system, and I've actually had the pleasure of returning to those hospitals and touring all five hospitals within my riding as well as some of the engagement sessions. So I'm hoping we can return to the topic of refocusing health care here in Alberta for my friends that are back home, who are still working on the front lines, that are extremely excited for what this looks like.

Health care is a system with multiple components that all work together to provide accessible, timely, and high-quality care to Albertans. I know that was a top priority for me as a front-line nurse, and I know it is for those at home, to make sure that they are delivering the care that Albertans need.

With regard to acute care on page 77 of the fiscal plan, it indicates that AHS will be refocusing on delivering acute care, clinical operations, and emergency medical services. With all of these under the AHS banner, how will this lead to an increase in access to quality health care?

**Member LaGrange:** AHS is really focused on making fast, effective improvements to the four clinical priority areas: improving EMS response times, decreasing emergency department wait times, reducing the wait times for surgeries, and improving access and capacity throughout the whole health care system and improving the patient flow throughout the health care continuum. This will really make a difference. We know that this has to be done to make a positive difference that people can see right away.

The system refocusing will create a new acute-care provincial organization that really will focus on specialized areas with patient-centred care and will oversee the delivery of hospital care, urgent care centres, clinical operations, cancer care, surgeries, and emergency medical services. The organization will work directly with acute-care providers, including AHS, Covenant Health, and chartered surgical facilities, to really speed up access to quality care and to make sure that the patient's journey throughout the acute-care system is efficient and as effective as possible across the province.

As part of our efforts to reduce emergency care wait times and make sure that Albertans are getting the right support in the appropriate setting, work is also under way to identify patients who no longer need to stay at a hospital or acute-care facility. So patients will move through the system as they should in a timely and efficient way. It's interesting because when you look at the numbers, the statistics – I'm a statistics person, a numbers person – I see that we have roughly about 1,500 alternate level of care patients. We have a flow in every month of about 1,200; we have a flow out of about 1,200, but there's a small number that are caught in the middle that continue to stay on longer than recommended times. But, again, these are complex individuals, so we have to make sure that we provide the right services to those individuals and make sure that we have the supports out there.

And, as we're moving forward, the announcement that was made last week with myself, the Premier, and Minister Nixon, the Minister of Seniors, Community and Social Services, allocating that $1.7 billion to continuing care was really about looking at how we can address the alternate level of care, really do a crossministry approach, because it's only by all of the ministries coming together, putting the patient at the centre of the care. Oftentimes – and you would know this as a nurse – sometimes it's the bureaucracy and the system that is at the centre of the care rather than the actual patient. We need to change that. We need to make sure that it's always the patient at the centre of the care and that they get the quality care that they need, in the most appropriate spot, in the most timely fashion as well.

**Mrs. Petrovic:** Thank you, Chair, and through you to the minister.

As we talk about acute care, that was where my focus of nursing was for 13 years and into the emergency department as well. So I can very much appreciate that answer and making sure that we are putting the patient first and having a very patient-centred approach to treating them, and I understand the complexities. Through you to the chair, I just appreciate the crossministry approach and understanding what that looks like and the positive direction that you're taking into this.

Just continuing to look into acute care just a little bit more specifically, if you don't mind. On the business plan, page 72, it reflects a $118 million increase in acute care from the 2023-2024 forecast. It's a significant year-over-year increase, so I'm hoping that we can have some specifics on this, Minister, if you don't mind, and what initiatives will be funded through this increase.

**Member LaGrange:** What we're funding through the increase is really the Alberta surgical initiative. AHS has started streamlining urology, orthopaedic, and vascular surgery referrals through the FAST, or facilitated access to specialized treatment, program, and this was launched in August 2022. Family doctors and other providers across Alberta: they can send referrals to the FAST central team, which then assigns the referral to a specialist with the shortest wait-list or a specific surgeon if the patient chooses to wait longer. This program will roll out to other surgery areas over the next three years.

We've seen great success with this. You know, obviously, there are always some bumps along the way, but we're continuing to see improvements and, obviously, by the number of surgeries that we're able to complete, historic numbers of surgeries and catching up on the backlogs and making sure that people are in those clinically approved times. I think I shared earlier that we're seeing patients in orthopaedics in particular that went from being 40 per cent in clinically approved times – they were roughly about 40 per cent – to over 60 per cent in clinically approved times. So we want to get to that 100 per cent mark.

On February 1, 2024, a pilot began for rapid access clinics across the province. These clinics will provide timely assessments of individuals with musculoskeletal conditions to determine if they require surgery or nonsurgical treatment. This allows for more efficient referral and reduced wait times to see an orthopaedic surgeon by filtering individuals who will not benefit from surgery. It allows those individuals who do not require surgery to start their treatment sooner, so they're not waiting around for the assessment

to be done. Perhaps they need physiotherapy; perhaps they need other interventions. But if they know definitively that they do not need surgery, then at least they can start those courses of actions. And for those that do need surgery, they can either go through the FAST program or wait for their preferred provider.

**Mrs. Petrovic:** Thank you, Chair, and through you to the minister.

I'm hoping we can spend just a little bit more time on health care for specific demographics. We talked earlier about how important it is that our province's health care system provides high-quality care for Albertans at all stages of life. To quote one physician that I respect deeply, it is a cradle-to-grave system where we need to make sure that we are looking from birth all the way until our palliative care. So while I was in this context of continuing care, I'm hoping we can spend a little bit of time talking about our newborns as well and that there are different services that contribute to caring for our newest and youngest Albertans, which we'll get to shortly.

When we're discussing newborns, it's important to include our maternal care as the two are really inseparable, as we all know. I was pleased to see this government taking steps to focus on women's health and the health issues unique to women. As far as newborns and women's health go, the Minister of Health's mandate letter identifies that $8 million will fund Alberta's newborn screening and $10 million will be invested towards a province-wide midwifery strategy and another $10 million will be allocated to Women's Health Foundation legacy grant, or AWHF. I'm pleased to see all of this. I was hoping, Minister, that you'd be able to indicate where these items are budgeted for.

**Member LaGrange:** Thank you. Sorry. So many questions, so many papers. I just want to make sure I get you the right answers here. The newborn screening program: absolutely imperative that we continue to make improvements in newborn screening. Obviously, early diagnosis, early intervention help those individuals, those young ones to get the great start in life that they need, particularly when they have some of these difficult-to-diagnose situations within their life.

***4:20***

This newborn screening is excellent, and we are committed to that $6 million in funding and that is already in process, getting those screenings. That is already started, and we should be able to see those in place within a very short time period. There is a bit of a process to getting them all up and running, but that is very much on the way.

The midwifery strategy, as of April 1, 2024, there are 172 active registered midwives in Alberta. Alberta's government recognizes the contribution of midwives. I know, having had family members who have used midwives who can follow them through their whole medical pregnancy journey has been invaluable. We are again heavily focused on increasing the integration of midwives into the services that we already have existing within . . .

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

Back to the Official Opposition.

**Dr. Metz:** Thank you very much. I have some questions about acute care. On page 110 of the estimates document, line 2.4, acute-care budget is $4.4 billion. One of the things that has a major impact on acute-care service is acute-care beds, and this requires a lot of planning, a lot of predictions as to what we're going to need for the future. Can you provide a count of available and required beds in Alberta, particularly by zone, and what you predict for the future needs of beds and how you plan to make these available? At this point, Alberta has reported to have 1.8 beds per 1,000 individuals. Canada has an average of 2.6 beds per 1,000 individuals, and in the E.U. they have about 3 to 4 beds per 1,000 individuals. This is an enormous deficit.

I realize that we do have people in those acute-care beds that don't need acute-care beds, but that's actually common across the country, where there are even more beds. I'm wondering what plans there are to determine these needs, if you have the teams within AHS or Alberta Health or if that's part of the group that are in the midst of moving from Alberta Health Services to Alberta Health, and how will you propose to manage the infrastructure deficit?

Along the line of the needs, both Red Deer and Lethbridge hospitals are desperately in need of cardiac catheterization facilities. I could not see any budget lines to see if there's a plan for that. I understand there will be two catheterization suites in the Red Deer expansion of that hospital tower. I might have missed hearing your answer earlier today, so maybe you can repeat that. That hospital tower won't be ready until 2030, and from discussing with people within the hospital, they were really hoping that there could be an opportunity to have a catheterization suite available within about six months that they could be using in the interim.

There have been studies done predicting that the cost of not having catheterization available in Red Deer is about $3.4 million per year. Of course, there's a huge human cost. If the roads are perfect, getting someone to Calgary or Edmonton is not terrible. It's about 90 minutes. But the roads are often not perfect. People die if they don't get their arteries opened up quickly. This is standard medicine. I'm hoping that there is something in the budget that is going to alleviate these issues in these communities.

I'm then going to go over to outcome 2 in the business plan, which is around refocusing the health care system. I understand that the cost of this will be about $85 million. I'm wondering how much of that is going to consultants, particularly Ernst & Young, to develop this restructuring plan. I'm wondering if integration across the pillars at any level other than at the integration council will require some extra funding and how this will work and where that might be in the budget. One of the major advantages of the Alberta Health Services system was the integration that could occur across different areas, with one of the downfalls of the system actually being the lack of integration between acute care and primary care, which often created huge gaps. So I'm wondering how that will happen and if there's some money in the budget.

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

We'll go to the minister for her response.

**Member LaGrange:** Lots of great questions there. I'm happy to answer them.

We have total acute-care beds, 8605; we have general adult intensive care beds, 223; specialty ICU beds are 229; long-term care beds are 15,999 across the province; and designated supportive living beds are 12,864.

As I've said earlier, we have an aging population, so we have to make sure that we increase those beds. We have at the Arthur J.E. Child comprehensive cancer another 160 new beds in that facility. The Beaverlodge Mountview health complex will have 32 new sub-acute beds to replace 18 acute-care beds. The Bridgeland Riverside continuing care has another 198-bed facility. The Bethany continuing care centre will replace the existing 416-bed facility with 420 new long-term care facility beds.

Continuing care capital program has 1,603 conditionally approved units. We have the Foothills medical centre with another 39 spaces and an additional 15 spaces for a total of 54. So we're replacing 39 and adding an additional 15 for a total of 54. The Gene

Zwozdesky Centre will add an additional 350 beds. The Good Samaritan Society continuing care centre is going to add an additional 280 beds. The health system capacity intensive care unit expansion adds another 50.

La Crête maternity and ambulatory care will add three birthing rooms. The Peter Lougheed ER mental health lab will add 30 mental health and addiction beds. The Red Deer regional hospital will add an additional 200 new beds when it's renovated to the existing 370. The Rockyview general will replace the ICU CCU beds with a new 25-bed unit. And the University of Alberta brain centre, neurosciences, will have 24 new beds for an additional 3,429 units altogether.

Of course, we know, as I've said many times throughout these discussions today, that we have an aging population right now. The population 65 and older is approximately one in seven, but in 20 years that will be one in five. So we need to be strategic about this.

Yes. We do need to address the ALC patients, the alternative level of care patients. These are patients who've already had their medical treatment within our acute-care system and need alternative care. Most of those are discharged in a timely fashion, but we also know that a number of them stay for a very long period of time. We need these additional transition beds, and other sources of beds for these individuals to go to, and improved home care. What is lacking currently within our system is a really comprehensive strategic plan for the whole province, and that is something that my department is very focused on doing and moving forward on. I look forward to coming back at a later date and providing the details of that because we need to make sure that, as we build or we improve in one area, we understand the ripple effects throughout the other areas that are surrounding it.

Cardiac catheterization: I couldn't agree more. Red Deer has been underserved, and it became very distressing when the NDP did remove the Red Deer hospital from the capital infrastructure list back in around I believe it was 2017, 2018. That really set things back. We have needed cardiac catheterization for a very long time.

***4:30***

The $1.8 billion hospital will have two cardiac catheterization labs, but I've instructed my department to look at: are there opportunities, as we transition to the new, remodeled facility, for an interim solution for cardiac catheterization within the Red Deer community? I'm also looking at Lethbridge. I just was presented with a plan – it's being looked at through my department – as to whether there is opportunity also in Lethbridge. Again, this is very live. I understand the need, and I am focused on seeing how we can improve services both in Red Deer and Lethbridge and also look at, across the whole province, how we can have a fully integrated system for cardiac, making sure that no one is put in a situation that is life threatening.

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

We'll head back to the government side for their questions.

**Mr. Boitchenko:** Thank you, Madam Chair, and thank you, Minister, for allowing us to ask all these questions today. As a father of three kids, children have a special place in my heart. As I was speaking this morning about hospitals in Drayton Valley, specifically in my riding, when it comes to children or places to give birth to children, it means a lot to me.

I would like to talk a little bit about health spending capital, both in general and specifically about kids; I'll come back to general a little bit later. The next question would be on our expenditure into children's hospitals. No parent, guardian, or family member ever wants to see our children become sick or severely injured, but unfortunately this is a reality that many families in Alberta face every day. For these families, we're so fortunate in Alberta to have the Stollery children's hospital, which supports kids from all over the province, far and wide.

I can speak to the high-quality expertise and compassionate care that the Stollery hospital provides to Albertans. With 236 beds, the Stollery is the second-largest hospital in Canada and among the highest in patient volumes of any children's hospital in Canada, and it is truly impressive to have that in Alberta.

On page 13 of the fiscal plan we have $20 million allocated to the Stollery children's hospital. First of all, I'm very pleased to see that expenditure there. My question in regard to specifically this case would be: can the minister, through the chair, please tell us what the money will be going towards and why this investment is important for our government and your department specifically?

**Member LaGrange:** Thank you so much for the question. A stand-alone Stollery hospital is incredibly important. As you know, I'm a mother of seven and a grandmother of eight, and I've had my fair share of being in emergency rooms and needing to have specialized children's care at times throughout my life and have seen the value of having children's hospitals in Alberta.

I can tell you that I was quite surprised when I toured the Stollery and also to find out that the Stollery, in fact, is spread out over four different buildings. It is spread out over 11 different departments, some of them being shoehorned into little spaces. The mental health and addiction space – the mental health space, I should say; it was an addiction space, but it was mental health space for children – was very, very small. They're doing amazing work with what they have, but they definitely need a stand-alone Stollery. What this budget allocates, that $20 million – it's actually $17 million in new funding, for a total of $20 million – that advances the planning for the stand-alone hospital. This includes the business case, functional program, and schematic design. I know that they're eager to get started on that.

In fact, there are many aspects of it that have already been completed. It is the second-largest children's hospital, as you've said, by bed count. It serves all of northern Alberta. As well, it also serves the Northwest Territories, because we have an agreement with the Northwest Territories. When there are medical needs that we can address here in Alberta, they actually send their patients down to us, and this would include to the Stollery children's hospital. The Stollery receives and sees approximately 300,000 children annually. This includes about 55,000 emergency room visits and more than 12,000 surgeries each and every year. A new facility will be built with children and families in mind so that they can focus on their treatment.

I did hear various stories, as I toured it as well, of children seeing and being exposed to things that they shouldn't be seeing or being exposed to within the adult hospital, that they're a portion of. Having a stand-alone gives them the privacy and the ability, you know, to really be kids at a really terrible time in their lives, and we can still support them. Again, they're doing amazing work with what they have, but this is long overdue, and I'm excited to see this project up and off the ground.

The other area I should highlight is that the Stollery does a lot of other things as well. They provide virtual care to a lot of our rural and remote areas; they're linked in that way. They do research, they do training, and they are just so focused on, you know, giving the patient and the family an excellent experience at a very traumatic time in their lives. I just give kudos to everyone there. But, again, a stand-alone Stollery: long overdue, and I'm glad we're seeing this progress.

**Mr. Boitchenko:** Yes. Thank you for highlighting that. I totally agree: well overdue. Other provinces are probably envious of us having such a great facility for kids. Having seven kids, eight grandkids is truly admirable, and we can see the love and tenderness carried over into your portfolio every day, especially when it comes to increases specifically for the children's hospital and for general hospitals.

My next question would be regarding the increase in general hospitals here. I've heard from my constituents, as I'm sure most of us around this table have, the challenges we have and face regarding experience with our province's health care system. I'm happy to see yet another year of increases in health care spending. It's truly admirable to have those increases gradually in our health care system. With these increases, I want to ask about how this new spending will improve our system. Specifically, page 77 of the fiscal plan indicates continued support for the health care action plan. Can you give us an update on how the health care action plan has worked so far, specifically to improve the health care system overall?

**Member LaGrange:** Happy to do that. The health care action plan: you know, we are seeing some progress. As I said, there are always some hiccups along the way. We are seeing some progress, but we need to continue to focus on it. Between November 2022 and January 2023 we've seen that 9 out of 10 Albertans waited for 6.4 hours to see a doctor in an ER, which is a 10 per cent reduction in time, but that's still a very long time. We want to see that number get even better. Total time spent in the emergency department for admitted patients: reduced by 5 per cent, to 40 hours. Again, you know, I should say that we are seeing also more complex patients. But we definitely want, if that number can be reduced, to make sure that that number is reduced as well. The total time in the emergency department for discharged patients remains stable at 11.8 hours. EMS provincial average response times for most urgent calls improved by 22 per cent in the metro and urban areas and by 10 per cent in remote areas in January 2023 compared to November 2022.

***4:40***

We've had nearly 7,000 more surgeries, including orthopaedic and eye surgeries, that were done at chartered surgical facilities in January 2023 compared to November 2022. One of our key objectives of the health care action plan was, really, to lower EMS response times. As I've said, EMS response times are measured at the 90th percentile. That is the time reported in minutes that it takes EMS to arrive on scene for 9 out of 10 patients reporting a life-threating condition. We have seen those numbers move in the right direction, but again they need to move further.

I believe I've given the numbers before. Happy to give them again. I guess I could. I've got a few seconds left. The first quarter of '22-23 and November: response times for life-threatening events at the 90th percentile decreased from approximately 21 minutes to 17 minutes. They were at 21. They've gone down to 17. After the implementation . . .

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

We'll go back over to the Official Opposition for their questions.

**Ms Wright:** Thank you, Chair and through you to the minister. I just first of all want to revisit a few of the things that I asked about earlier and to get some additional clarification. The first has to do with nurses who are staying in Alberta, those folks who have come to us. They are skilled nurses. They are from outside Canada, and they were successful in getting credentials here.

The questions had to do with, first of all, just the number of nurses who were successfully credentialed. Also and further to that, how many of those nurses chose to stay in Alberta? For those who might have decided to leave, I'm wondering if we know the reasons why they might have decided to leave. For those who decided to stay, why did they decide to stay? I'm interested in knowing how much was spent on the program last year, how much is in this year's budget, and, further to that, how we might be tracking the success of the program and the metrics, again, to ensure that we're addressing Alberta's critical nursing shortage.

The other question had to do with the ministry business plan, page 70, having to do with working conditions for health care workers, Chair, through you to the minister, specifically in terms of the fact that we know that there's certainly a health care worker shortage out there. Health care workers: we understand the need to recruit, but we also understand that it's important to retain the workers that we presently have. They need to know the work they do every day right now is valued, and of course that includes increases in pay. That also includes job stability and job safety.

The question I asked earlier was: what are the plans, then, for demonstrating to workers that this is a government that values them and the positions they hold in our system? What's the ministry doing in a detailed way to comprehensively plan for and create the conditions that allow for recruitment and retention of these workers? Further, are there any contingencies that might exist somewhere in the budget to allow for perhaps greater wage increases?

Then, speaking very briefly about the engagement and consultations that are ongoing, I'm wondering if those engagement and consultation sessions are going to be done in a continuous manner, more like a feedback loop, so that continually you will be able to get information on how things are going from Albertans themselves, including the workers that are working on our behalf, including those who represent them, including employers, including people from all the different sectors involved in health care. How is that engagement going to be reported back to the public and folks involved? What assurances do Albertans have that feedback from all those areas will be timely, ongoing, and shared? Again, what performance measures are in place to ensure quality working conditions exist and are maintained?

Then my next question is related to, again, outcome 2 along with key objective 2.2, page 70 of the business plan, Chair, and also has to do with recruitment and retention. This is a specific stakeholder question. One of our stakeholders' primary concerns in terms of the ongoing restructure is what will happen to their pay, their benefits, and their pensions. We're alluding to here the myriad of issues that cropped up regarding workers' pensions when we did that move between DynaLife and Precision Labs. So the question to the minister through you, Chair, is: could the minister assure workers that any changes resulting from the restructure – and that includes moving workers from AHS over to Alberta Health – will be done in consultation with health care providers and their representatives?

Then dealing again with outcome 2 of the business plan, key objective 2.5, strengthening the health care system for Albertans and health care providers through the use and integration of information technology, also dealing with estimates page 110, line 2.9 within AHS shows a budget of $454,702,000 with a resulting increase in acute care of about 8 per cent. Besides inflation, what does this account for?

On page 111 it includes budget items for program support, item 9.1, at $25 million, which appears to be flat, so a drop, and development and operations at $154 million, an increase of over 18 per cent. Just generally wondering what they're for. Maybe the billing system at Alberta Health will be improved, or will staff be hired to start paying physicians for backdated and owed billings? The performance metric is tied to IT as the number of Albertans registered for MyHealth records. However, through you, Chair, to

the minister, can the minister explain how the system eliminates separate requests from each health provider? It isn't Netcare and doesn't contain much patient information needed by providers. It does not really effectively support digital care options. Major investment will be needed.

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

To the minister for her response.

**Member LaGrange:** Thank you. I'll actually start with that one because it ties into a previous question that was asked by the members opposite, and that was around integration and making sure that no silos are created. We definitely don't want silos. We want to make sure that we retain the best of having one geographic health authority that, while it's focused in its pillar areas, actually is able to have a seamless journey for the patient, and part of that involves the IT system.

We've spent as a province over $1.5 billion on connect care within our acute-care system, with marginal access out to primary care. We really want to make sure that that's available right across the whole province, so we're actually looking to see how we can create that operability amongst all of the different sectors and the different pillars, making sure that anyone that has access to patients has the ability to use that. Now, we're going to have to look at the privacy because privacy is paramount with health information, so we want to make sure that we get that right. But we also want to make sure that the roughly 1,300 IT systems that currently exist across the province are able to speak to each other and put, again, the patient at the centre of the care. That hasn't happened, so we need to fix that.

When you talk about working conditions: very, very important. I think, you know, that's what we're hearing right now, that there isn't the support at the front lines as it should be. Everybody is trying to do their best, but we need to have more focus on that. We do value our workers, and while I can't get into the negotiations because that's being done by negotiators, I can definitely tell you that it is a focus of mine. It's been a priority. I've indicated that from the very beginning. I want to protect the front lines, the ones that currently exist. I want to make sure that we strengthen the front lines, and in fact I want to bolster the front lines because at the end of the day it's the front lines that have the most impact on patient care.

That's why we've added, AHS has added an additional 7,500 nurses over the course of the last year. It's why we've added over 300 physicians in various disciplines. I understand there are roughly about 170 additional family practitioners. It's why we're looking to add the ability for nurse practitioners to actually be able to function to full scope and take on patients. It is why we've got the pharmacy-led clinics. We need to make sure that we have an integrated team of health care professionals that work together for the betterment of the patient and the patient journey and, obviously, also for families. So definitely want stability and safety.

Part of our refocusing has also – because it will necessitate some individuals moving. Some have already moved to within my department, and we've worked very closely with the unions that represent them to make sure – in fact, there are a number of individuals, as they come into my department in the first move that we've had happening right now, that are actually non-union jobs. They're coming to union jobs, so there's actually an increase to the unions in those positions. But we want to make sure that whether it is their pay scales, whether it is their benefit packages, we are working with the unions as well as with the individuals to make sure that it happens smoothly. I'm just making sure I haven't missed anything here. I think that's pretty well that.

***4:50***

We also are working with the Health Quality Council. You'll see that I've actually added additional dollars to the budget line for the Health Quality Council of Alberta. They are a group that actually can do that work for us in terms of getting those statistics and numbers. I'm finding gaps in some of the information that we need to make good decisions, so I want to bolster their ability to get that good data, to do that research behind the scenes and give us the feedback. Part of it will also be to connect with the workforce so that we can track the workforce. The engagement sessions that we've been doing have been great. They've been well received, and I've made a commitment that we're going to go back. We hope to go back within a year's time and say: this is what we've heard; this is what we're doing to address the concerns we've heard, and this is what still needs to be done. We want to have that very transparent. We're looking to set up a website so that all of that information can be . . .

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

We'll move back over to the government side for their questions.

**Mr. Lunty:** Thank you very much, Madam Chair and, of course, through you to the minister. I certainly appreciate your time and consideration to all of our questions and your commitment to all Albertans. I'd like to ask a question on lab services. Of course, diagnostics is such an important part of the health care system. I know that certainly talking to my constituents, there can often be stress waiting for these services and a proper diagnosis, so absolutely critical.

Picking up on this thread, of course, through the chair to the minister, in August 2023 we saw DynaLife operations were taken over by Alberta Precision Labs to provide diagnostic services in Alberta. Tying this in to our budget here, the business plan, key objective 1.1 on page 69 of the business plan speaks to reducing laboratory and diagnostic service delays. Again, I just spoke to how important that is to all Albertans. Through the chair to the minister: has there been any new funding included in this budget to support lab diagnostic services? If so, can the minister please tell us how this will improve diagnostic services?

Thank you.

**Member LaGrange:** Thank you. We are actually adding an additional $15 million in funding to the overall line item for that budget. By investing in diagnostic imaging services, we anticipate several improvements, including reduced wait times for scans, increased access to critical diagnostic procedures, and enhanced health care services right across the province.

We were very transparent with DynaLife. As soon as we were able to share the numbers here this spring, we did share them. What those numbers don't show is the fact that we've also been able to add a revenue stream. With the purchase of DynaLife and all of its assets we gained, I believe, over $90 million worth of assets through that process. I'm looking over at my associate deputy minister because he was very involved in the negotiations. We did have a cash output of $32 million, but we did gain over $90 million worth of assets; $97 million, actually – I stand corrected – worth of assets. We now have a new revenue stream of $11 million, and that is to provide services for outside agencies that contract Alberta Precision Labs to do those services.

As I've indicated, we have seen improvement in times, and Albertans deserve that. They deserve to have timely access to diagnostics so that they can get the assessments and the diagnosis that they need so that they can then pursue whatever course of treatment is required or, in some cases, just to be screened so that

they know that they're okay and they can go on with their everyday lives.

If you have any further questions on that, I'm happy to answer them.

**Mr. Lunty:** Thank you, through the chair, for that information and, you know, highlighting some of those key investments for all Albertans.

I'd like to transition now to talk about some specific health care centres and projects, regional hospitals. We know how important they are, how big of a role they play in the communities. I'm fortunate enough to live in Leduc and got a chance to tour the Leduc hospital not too long ago. I'm always impressed with how passionate the front-line workers are in that hospital. You can see just how much they care about their community, how much they care about their facility and providing good, quality front-line services. It's a really good example about how regional health centres and regional hospitals play such a vital role across our province.

If I may, through the chair, Minister, maybe talk about a project a little closer to your heart; that being, of course, the Red Deer regional hospital centre. You know, Leduc is a very short drive to Red Deer. Again, I'd like to bring this back to our budget and fiscal plan on page 106. According to the fiscal plan page 106 the budget for the Red Deer regional hospital centre redevelopment project will cost $810 million over three years. That, of course, includes $151 million in '24-25. Through the chair, can the minister please explain how this investment will improve health care in Red Deer and the surrounding area?

Thank you.

**Member LaGrange:** Well, you know, it is very near and dear to my heart, so I'm happy to talk about this one at length, and you may have to stop me if I'm going into too much detail. I feel very blessed to be the MLA for Red Deer-North and the Minister of Health at this time, where we're actually going to see shovels in the ground and buildings going up.

The Red Deer area has a catchment of over 400,000 people in the central zone, yet Red Deer is the only hospital of its size, and it has been underserved in terms of the amount of capital that's been allocated over the last decade or more. Actually, two decades, I believe. There have been plans to study plans that have studied plans. And, as I indicated earlier, the NDP took it off the actual capital infrastructure list in I believe it was 2018. We have actually allocated $810 million over the next three years, which includes $151 million in '24-25, to begin that much-needed construction.

It is a hub for health care in central Alberta. What we get for the whole $1.8 billion of the overall commitment is an expansion redevelopment. This actually includes a new in-patient tower with 200 in-patient beds. It will have two cardiac catheterization labs. It will have a renovated and expanded emergency department. It will have three new operating rooms and three additional shelled operating rooms and a stand-alone ambulatory services building.

All of this is much needed and much anticipated within our community. To facilitate this, we also have to expand the existing parkade and add two floors to that because with these two new towers we are actually going to be taking up a lot of the parking that currently exists around the facility.

Everyone is very excited. We had an information session last Thursday night in Red Deer with Dialogue, the company that won the RFP to do the design. The project managers were there. The head project manager, actually, and quite a few of the lead ones worked on the new Arthur J.E. Child comprehensive cancer centre. They just finished that project and have moved on to the Red Deer one.

I'm expecting great things, and I'm so excited about this project moving forward.

**Mr. Lunty:** Great. Thank you so much. Through the chair, thank you for sharing that information with us and continuing to highlight such an important region of our province.

I will move on. It was a timely piece of information you gave us here. Of course, children's care and dealing with the unfortunate situations that can come up with our children is really important. You did mention the Arthur J.E. Child project in the fiscal plan, on page 77. You know, we did see a specific investment of $109 million in '24-25 and $109 million over three years. I can only imagine what parents or guardians have to go through if they would need to access the services of this centre, so I do think that underscores why that's such an important investment. But through the chair to the minister, can you please explain how this investment will improve cancer treatment in Calgary and the rest of Alberta?

***5:00***

**Member LaGrange:** Absolutely. It will actually – and it is a beautiful facility. If you ever get a chance to go have a look at it – it will be opening this fall – it will have outpatient cancer clinics, more than 100 patient exam rooms, 160 in-patient unit beds, more than 100 chemotherapy chairs, clinical and operational support services. It's state of the art. It will expand space for clinical trials, research laboratories, and 12 radiation vaults with three more shelled in for future growth, and on-site underground parking for 1,650 stalls. As a cancer survivor myself I know the value of such facilities.

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

Let's have our break now. Five minutes, everyone.

[The committee adjourned from 5:01 p.m. to 5:08 p.m.]

**The Chair:** Minister, if you're ready, the five minutes have lapsed.

We'll move to the Official Opposition for their questions now.

**Dr. Metz:** Thank you very much. Thank you. I'd like to ask a few questions around the ministry support. On page 110 of the estimates document the operating expenses for the ministry are included, and I want to take the opportunity there because many of the ministry staff are here. I want to thank you all for your service to Albertans; I and we are very grateful for all that you do for all of us.

Now, I'm noticing that the budget has quite a large increase, and I'm sure that this isn't because you are getting a large increase, but I'm wondering what those dollars are for. We know that there has been the idea of more towards front-line staff, but there's quite an increase in the funding to the ministry, and I'm wondering what that's for. Is it for more staff? Is it for payments to an expanded number of committees and boards and leadership people in positions for these new pillars? I would like to have an appreciation of what that increase represents. It's particularly in strategic corporate services, of course, the ministry as well as the minister's and deputy minister's offices.

Then I'm going to move far away from that to the same page, actually, drugs and supplemental health benefits. There is an item, item 4.9, which is pharmaceutical innovation and management, that has, you know, an increase in budget this year, but the forecast is a lot higher than the estimate from last year. This includes the pharmacy professional fees, which is something that there's been a lot of discussion in the media about recently.

I do believe that there's an important role for professional fees for pharmacists, but this is a dramatic increase, and as we're hearing both from media but also from pharmacists who have worked in some of these pharmacies, there certainly are a lot of reports of systematic abuse of those fees where, rather than using them as intended, there are systematic callouts to patients that may or may not qualify for use of those fees. I'm wondering if there has been or will be any plan to investigate this. We're talking millions of dollars, and I think that it would be something where there's already enough preliminary work done that we may want to check and see if there's something going on that was unintended and if indeed that might benefit from some alteration in the rules around use of those fees.

The next item is item 8.3 on page 111. That is out-of-province health care services, where the budget has gone down and indeed in the current year the forecast is down from the budget. I'm trying to understand why this would be, why it's decreasing. Are there specific services that used to be covered that are no longer covered? Are there lower caps on programs that are covered? Are there caps? I don't know that. I'm specifically wondering if there will be a change to out-of-province trans health care and also if there's going to be any change in funding of proton beam radiation therapy, where particularly children sometimes go out of province – well, out of country, actually, for this therapy, just to get an appreciation of why that's lower.

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

We'll move to the minister for her response.

**Member LaGrange:** Well, thank you for the questions. We are in fact increasing the number of FTEs within my department. When I came into the department – obviously, I came from the Ministry of Education; we had over 500 FTEs in that department with an $8.3 billion budget. Now I have a $26.4 billion, actually rising to $28.4 billion budget. I noticed as we did comparisons across the country that for provinces of a similar size with the complexities that we have, we actually were underresourced by about half. We had roughly about 800 FTEs, and most comparable provinces have twice as much, 1,500 or more.

We are actually making sure that we have the manpower to do the work that needs to be done. There's a tremendous amount of work in health care, and we want to make sure that we don't burn out our staff. Similar to our front lines, we want to make sure that we have our department well resourced. As you said earlier, and I can't agree more, we've got an amazing team, most of whom are – you know, the leadership is sitting behind me, but we have a tremendous group working in Health, and I thank them for their service as well.

The one thing I would add is that we've actually added for the first time ever an assistant deputy minister of Indigenous health. We've never had that in the department before. We felt we needed to put a focus on that particular area, so we've added that ADM. I'm just so pleased with the leadership that we have, and I thank my deputy minister for guiding the team and all the tremendous work that he does as well.

***5:15***

On the drug supplemental increase, yes, there are increases because we have more volume going on in the province. We have an additional 230,000 people just in the last year that have come into the province. They access our services, whether it's pharmacists or whether it is primary care or whether it's our acute care. We are seeing demands in all those areas. We have seen benefits from having the pharmacist-led clinics as well as the increased scope of pharmacy.

But in every discipline there is on occasion – and I always want to stress it's on rare occasion – that someone abuses the system. For the pharmacists: they are actually audited by Blue Cross, so there is a robust system, an IT system, in my understanding, that flags discrepancies, and there's an auditing process to look at that. Within my department we're actually looking to bolster the auditing of physicians because we also know that there are at times, you know, discrepancies, and we need to make sure that we are in fact paying for services that are performed. Again, very small numbers, but any abuse of any system is unacceptable, so we have to make sure that we safeguard the integrity of the overall system.

On the out-of-province numbers: that line item actually has gone down simply because we are seeing that we are able to provide more of those services as we've caught up with surgeries and some of the other diagnostics. We've added diagnostics. I anticipate that as we add the Arthur J.E. Child cancer centre, that will also increase the number of diagnostics that we have in Alberta that right now we're farming out to other provinces or to other countries. We are seeing that we are able to be more self-sufficient here in Alberta.

I know in particular that we are sending patients out to Florida for proton therapy, and that is costing on average approximately $250,000 per patient. We're excited that we are going to be making investments within our province on this very important innovation, and I understand that we will probably be making an announcement or there will be an announcement by a private group that is looking forward to bringing that service to Edmonton, in fact.

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

We'll head over to the government side for their questions now.

**Mr. Lunty:** All right. Thank you, Madam Chair. Through the chair to the minister: during our last block we were really tight on time. I just wanted to make sure that the minister has an opportunity to share the full information on the Arthur J.E. Child project. It's, of course, a very significant investment, $1.41 billion, so to the minister through the chair: I'm just wondering if there's any additional information on some of the benefits that we Albertans can expect from this project.

**Member LaGrange:** Just really what I highlighted already, that this is a state-of-the-art facility. It really brings the best of the best. It will help us to attract others that are outside of Alberta and Canada globally, because people want to be in centres where they have state-of-the-art equipment, where they know that research is going on. So I really anticipate great things happening. The $1.41 billion was actually the largest investment in a hospital to date, but we know that now the Red Deer hospital will be a $1.8 billion investment. Again, I'm looking forward to this facility opening, and then, of course, the current facility that exists will be repurposed to meet the needs of Calgarians and Albertans in general. I don't think I have any more to add on that.

Thank you.

**Mr. Lunty:** Great. Appreciate that information, and excited for those investments.

Through the chair, I'd like to come back to a topic that we've touched on today, that being continuing care. I'll reiterate in my riding how important this is. I have aging parents, as a lot of us do. We know the province provides a ton of support for our seniors, and I very much view the continuing care as a major piece of this. I do think that all Albertans get a ton of value to hear from the minister on this topic, and I share with the member right beside me how excited Albertans are to see this health refocusing with a really intentional focus on continuing care.

I would like to dive in a little bit specifically. On page 111 of the estimates, under expenses, line 10.1 indicates that the estimate for capital on continuing care bed infrastructure is $241.6 million. This, of course, is a substantial increase of $152.1 million. Through the chair to the minister: can the minister please indicate how many additional beds she's expecting with this investment, and how many care homes will these beds be located in? And just maybe a general follow-up: I'm sure we would all appreciate any update specifics that you're allowed to share on this subject at this time.

Thank you.

**Member LaGrange:** Thank you for the question. We do have – I think I did share all the numbers on the care beds that we have, but happy to share those again. We will have 510 new beds for '24-25; 2,390 new beds over the next three years.

What I can share in terms of the particular line items on this grant funding is that, due to the timing around capital projects, sometimes the cash flows often need to be updated as project work gets approved and, unfortunately, sometimes delayed. So in '23-24 $16.5 million in spending is forecasted from the approved budget of $89.5 million. The variance relates to the changes in the cash flow. You didn't ask that question, but I just thought I'd highlight that for those that are really looking at this line item so that they're aware of that. The remaining $73 million was reprofiled to future years from the '23-24 budget.

Budget '24 includes significant capital funding for the continuation and completion of previously approved projects. The increase in '24-25 is due to several grant-funded projects that were conditionally approved under Indigenous and modernization streams, which are very close to meeting their preconditions; therefore, they're anticipated to receive the grant payments this year. Planning is complete and design is under way for the Bethany continuing care replacement project in Calgary and the Good Samaritan Society continuing care project in Edmonton. Both projects will likely receive grant funds in the '24-25 year once they have met preconditions, including development permits for their projects.

The small care home stream was launched in '23-24. The submissions are currently being reviewed. These are additional projects. There are going to be residences, homes for between four and 14 individuals within those homes. If you've had a chance to have a look at them, they're really quite innovative, providing varying levels of care for individuals. Really exciting projects that I would say are going to allow people to live in more homelike settings as they enter into continuing care. We anticipate rolling out that grant funding in the near future as those projects are evaluated moving forward.

Having journeyed with my in-laws in their final years, having, you know, one of them in one city and another in a different city and having small children as a family, we have to make it more accessible, and we have to provide better choice for our seniors. Again, seniors are the backbone of our province. They've worked hard to make the province the great province that it is. Alberta is the richer because of our seniors. They're living longer, and we need to make sure that they have the supports. Whether they choose to age in place, whether they choose to go into varying levels of care, we have to make sure that we have those spaces available for them.

I'm excited about the possibilities as we've got a record investment, not only this $152 million increase, but it's all part of that $1.7 billion expansion to continuing care.

***5:25***

**Mr. Lunty:** Thank you very much, Minister through the chair. I certainly second your notion on the importance of seniors and the work and sacrifices they've done to build this province. Very excited to hear some additional information on supporting them through continuing care.

I might transition a little bit. I'd still like to ask about capital. This is maybe more of a broader capital ask or line of questioning. I would of course note that the minister has been very generous with her listing of some specific capital projects. I think it's important for Albertans to understand just how lengthy and exhaustive that particular list is. But I also think it's important to reiterate – and this is right on page 105 of the fiscal plan. So $3.6 billion has been earmarked for protecting quality health care in the 2024 capital plan. It's pretty evident that $3.6 billion is a very large investment and one that will certainly help our health care system. Again, I know the minister has spent some time talking to us about specific projects, but through the chair I would like to ask the minister: could you maybe explain some of the key projects and investments that this money will go towards and maybe talk a little bit about how these investments will build capacity in the health care system overall and meet evolving patient needs in the years ahead?

Thank you.

**Member LaGrange:** Thank you for the question. The 2024 capital plan allocates, as you said, $3.6 billion, which is actually 14 per cent of the total capital plan for the whole province. I'm really excited about the projects that we have going. To list a few: $810 million to accelerate the expansion of the Red Deer regional hospital, including ambulatory service building; it's $654 million for the continuing care capital program. Again, this is modernizing and creating new spaces. There are four key streams: the modernizing continuing care facilities; the establishing innovative small homes; delivering culturally appropriate care for Indigenous residents, located both on- and off-reserve and Métis settlements; as well as creating additional spaces in priority communities with the greatest need. We want to make sure that we're equitable right across the whole province.

There's $313 million for the Alberta surgical initiative capital program, which is part of the Alberta government's plan and AHS's collaborative efforts to increase the number of surgical procedures performed. Substantial capital funding has been made available to open new operating rooms – I read that long list; I won't do it again – renovate existing space, and purchase new equipment for publicly owned and operated hospitals as part of the ASI. There's $159 million for medical device reprocessing, including $66 million in new funding for the MDR . . .

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

Over to the Official Opposition for their questions.

**Dr. Metz:** Thank you. Thank you, Madam Chair. I would like to say, first off, that I'm very pleased that there is an increase in funding to population and public health. Page 111 of the estimates document, section 6, covers the different areas of public health, and I'd like to drill down into that a little bit. In the business plan on page 71 item 3.1 really focuses around communicable diseases, and there is $150.2 million being allocated to support immunization efforts in the province, which is – it looks like it's about a doubling of what was spent last year. That sounds wonderful. I would like to understand it a little bit more.

Can you break down for me what programs are going to be covered? Specifically, will there be more funding towards a catch-up program for childhood immunizations, especially missed immunizations during the COVID pandemic? What activities are you planning and budgeting for for measles given that the current risk of a major outbreak is quite high and it's so preventable and so

inexpensive to treat rather than treat through the burden of that? Along with that, whooping cough, which adds to childhood hospitalization: we saw some very high numbers this year, and it's a very high risk for very young children and babies, who are too young to have all of their vaccinations.

Will we also capitalize on some prevention opportunities? It's recently been seen that the HPV vaccine, which has been now available for over a decade, well over a decade, actually prevents cervical cancer. It's an opportunity to actually prevent a cancer. I am hoping that we will have promotion of the HPV vaccination for boys and girls because of its very profound effects and wondering if we will also, related to cervical cancer, be moving towards cervix self-screening rather than Pap tests done by physicians and nurse practitioners, as they have moved in British Columbia towards this, which makes it much more convenient for patients.

It's also known that influenza vaccination and COVID vaccination reduce the risk of hospitalization and death. A recent very thorough health technology assessment looked at the impact of vaccination in Canada, and the overall financial benefit, primarily by saving premature mortality and morbidity, was estimated for Canada at about almost $300 billion, the overall benefits of vaccination. The largest benefits were, I guess, as I mentioned, prevention of illness. So I'm wondering what funds will go towards immunization programs that combat misinformation because there's so much. It's not a matter of overcoming choice; it's a matter of giving people an actual choice by telling them the whole story.

I'm also wondering if there will be any funding put towards the study of long COVID as the predictions and modelling based on early data are that the financial impact on our society, let alone the impact of the individuals, is likely to be tremendous, and we really need to get a handle on what this is going to do to our workforce, to the health, to the costs on our health care system. We've already seen a drop in life expectancy related to COVID, and with long COVID we're really pulling a lot of people out of the workforce that were highly productive in the past. We're taking young people away. I'm wondering if there's any study of that within this funding package.

**The Chair:** All right. That's our time for the Official Opposition.

We'll move over to the minister now for her response.

**Member LaGrange:** Thank you. Great questions on public health. It is so important, so vital to our whole health care system, making sure that we inform the public and also help them to receive the services and supports that they need. We have an excellent public health team. We have actually expanded the funding from $820,171,000 in budget '23-24 to $1,106,688,000. Again, you know, as you say, this increase is really to help make sure that we get the right information to the people on hand.

How does that break down? The additional $286.5 million is related to a $132.5 million increase through the shared priorities federal bilateral agreement; $107.9 million is stimulus funding for team-based care, expanded integrated supports for vulnerable and underserved Albertans, and enhanced access to virtual care programs. We've got $10 million allocated to support the Alberta Women's Health Foundation, that fills gaps in women's health research, and I've already said that I've added an additional $10 million – it's not coming out of this, but it's coming out of a different pot – to support women's health.

***5:35***

There's $2 million in innovation funding to support Indigenous-led primary health care programs and supports and information-sharing agreements with First Nations and Métis communities. We have $5 million for community-based pilot projects in cancer care, epilepsy education and supports, pulmonary testing, diabetes care, and cardiovascular disease. We've got $4.6 million to support implementation of health innovations in non acute-care settings and addressing a gap in the early-stage funding for promising health innovation research in supporting prepilots in clinical settings. We have $3 million in support of the government's French policy action plan to expand primary health care services to French-speaking Albertans.

Beyond that, you've rightly indicated that we have to focus on the vaccine hesitancy that we are seeing across not just Alberta but right across Canada. When the target for immunization is 95 per cent, I can tell you, looking at the numbers right across Canada, that target is not being met by any province. It is a topic of discussion. We in Alberta have not seen the cases that have been seen in other provinces. We actually have seen one case of measles. That was in November, and that was a child that was too young to be vaccinated, that actually got measles and brought it back from another country that they were visiting.

Childhood immunization rates in Alberta have declined over the last few years, but we are seeing that we are making concerted efforts to do all of the things that you were talking about, to do the catch-ups. We've had targeted programs within our school system to catch up students that have not had their immunization caught up.

We've actually increased programs and funding across the province. We've increased our outreach to the public. We typically spend about $100,000 to $150,000 a year in public messaging. We increased that spending last year to over $500,000 in public messaging. But, ultimately, Albertans can choose, and we have to make sure that we respect their choices. Of course, we want to make sure that any vaccine that we have available is made available to the population. I know that with the HPV vaccine, again, it's made available to students of the right ages, boys and girls. Again, choices are made at that level. We're constantly monitoring best practices, whether that comes from other provinces, other countries, to see what can be done to improve what we currently offer and how we offer it. We take those learnings and incorporate them into our public health system.

I do want to call my ADM Wanda Aubee up to the mic because she's been working on public health for quite a while. Oh, I'm sorry. I think there are only 16 seconds left of speaking time. Perhaps if you ask the question again, I will have her come up to the mic and provide additional information on that.

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

We'll go back over to the government side to continue with their questions.

**Mrs. Petrovic:** Thank you, Madam Chair and through you to the minister. Minister, if you don't mind, I'd just like to touch a little bit on the health workforce. Obviously, coming from acute care and working in that field for a significant amount of time, I along with you and your ministry realize that having a robust, qualified, and sustainable health workforce is vital to every aspect of our health care system in both urban and rural. None of the improvements we've been talking about would be possible without the hard-working individuals who support their fellow Albertans through our health care system.

The health care system: it relies on a number of staff roles, from our health care aides to our LPNs, RNs, even down to our laundry and food services. But I'm hoping today that I could ask a physician-specific question, and I know you've touched on it a little

bit. In the estimates, the operating expense on page 110, we can move down to item 3, physician compensation. The forecast is slightly higher than in the 2023-2024 budget, and I can see that the budget is increasing as well. I'm just hoping that you would be able to provide additional details on these higher estimates.

**Member LaGrange:** The number that you're referring to, I believe, is the $117 million of increase, which is attributable to the working together for improved health care for Canadians federal bilateral agreement to support primary care stabilization. There's $100.7 million for this year, which I spoke to earlier, that is going to family practitioners, to the doctors themselves, to stabilize primary care as we look to develop a new funding model together in collaboration with the Alberta Medical Association. There are many, many, many meetings that are taking place to get that work done, and we're making very good progress in this area. The remainder, that remaining $16 million, is for enhanced virtual health care service codes. The increase also accounts for the 1 per cent physician compensation rate increase negotiated in '24-25 as part of the AMA agreement.

There's $147.6 million to account for physician services expenditure growth to account for increases in population and the number of physicians that we have. Again, we've got a growing population. We definitely want to attract new physicians to the province, but we also want to retain those that we have, so we're making very concerted investments in physician compensation, as I spoke to earlier. It is increasing by 8.3 per cent from '23-24 as a line item up to $6.6 billion. That doesn't even include that $200 million in stabilization funding, nor does it include the $57 million that was announced last year in '23-24 for panel management; those are all additional. If you add all that in, the physician compensation will actually grow to just shy of $7 billion in '24-25.

**Mrs. Petrovic:** Thank you, Chair and through you to the minister, for that.

You touched just a little bit on physician recruitment and retention in the last statement. I understand that it's a major challenge facing all the provinces across Canada, so it's not just an isolated incident here in Alberta. It's simply not possible to achieve health care targets without qualified and available staff. Things like improving emergency department wait times and ensuring Albertans have access to family, general practitioners requires a consistent, capable workforce, and it's important not only now but in the future, when we look to the long-term sustainability of our health care system. I know there are multiple avenues when it comes to increasing the number of doctors we have in this province. On that, in the 2024-2025 year how many new doctors will be trained, how many new doctors will be recruited, and how many new doctors will enter medical residency seats?

**Member LaGrange:** Great question. Each year the government of Alberta provides funding to the University of Alberta and the University of Calgary to educate and train the right number and right mix of physicians and surgeons to meet the province's physician workforce needs. This includes funding for approximately 450 new residency positions for Canadian medical graduates and international medical graduates. As of December of 2023 there are 1,640 government-funded medical residency positions in over 120 resident programs at the two universities, including 392 first-year residents enrolled at the U of A and the U of C.

The number of undergraduate medical seats determines the number of medical residency seats and the university's capacity to train the numbers required to meet the physician workforce needs. Between 2018 and 2022 Alberta's medical schools trained an average of 390 new doctors. A similar number of graduates is expected at the end of the '23-24 academic year and up to 400 new doctors for '24-25. Again, that doesn't include the additional seats that we're looking to add in Grande Prairie and in Lethbridge with those innovative rural training centres that we're looking to stand up in the next coming years. That will add an additional 100 rurally trained physicians within Alberta.

We're continuing to improve that number. I know that Minister Sawhney, the Minister of Advanced Education, and I have been having further conversations on, "How can we improve these numbers further? Are there bridging programs that we can provide to internationally trained medical graduates that perhaps could expedite their entry into our workforce?" and looking at all sorts of other options. More to come on this.

***5:45***

**Mrs. Petrovic:** Thank you, Chair and through you to the minister.

I just want to touch a little bit on nursing. Nursing staff make up a huge number of our health care workers. They range from qualified home-care nurses to qualified acute-care nurses, emergency care, specialty fields. We have cancer care, pediatric care. I don't believe that there's anyone in the room that hasn't benefited by the expert and compassionate care of nursing staff, so before I go on, I just want to quickly recognize them.

You know, I've worked with them. They're my friends, my family. I've had to deal with them with my children and, of course, myself. Without the nurses, I just have to say that I wouldn't know what to do, and I definitely wouldn't be here. I just want to recognize the work that they do and the compassionate care that they provide us. Nurses, as I know and, I'm sure, everyone in the room is aware, are the individuals, the ones that are interacting with our patients on a day-to-day basis, and they're shaping our patients' experiences within the health care system.

Looking at the business plan, page 69, under outcome 1, $164 million is earmarked for 2024-2025 for initiatives to train, recruit, and retain more health care professionals. Minister, would you please expand on how many new nurses these dollars will translate to in the coming years?

**Member LaGrange:** Happy to. Like you, I have many family members that are nurses or LPNs or health care aides, and I benefit greatly from their expertise and their care and compassion. Again, thank you to all the nurses across this province, in whatever capacity you serve, whether it's nurse practitioner, RN, RPN, or LPN. You do amazing work, so thank you.

As of December 31, 2023, Alberta has a total nursing workforce of roughly 68,000 nurses. The additional 7,586 regulated nurses are included in that number. Really, it is an increase in the workforce of approximately 11 per cent. Alberta's rate of registered nurses per 100,000 population is 722.7, which exceeds the Canadian rate of 695.3 per 100,000. This was taken from CIHI data as of July 2023.

Including the funded increases to nursing education seats in Alberta, an estimated 2,900 nursing students will be graduating in 2024. Since 2020 Alberta has provided funding for an additional 1,230 nursing education seats. Due to expected attrition – obviously, people retire, and some move on to other areas – the number of funded seats does not guarantee the number of nursing graduates. As I said earlier, Alberta Health Services typically hires about 90 to 95 per cent of the nurses that graduate in Alberta.

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

We'll move over to the Official Opposition now for their questions.

**Dr. Metz:** Thank you. I will come back to the question about public health so that I can hear the answer, but I have a few more questions related to public health. In one of your plans, item 3.2, where you will "modernize and strengthen public health legislation to better respond to future public health emergencies," I'm wondering if this government will explore some legislation around clean indoor air. With wildfire smoke and airborne viruses being very real and imminent threats, we're all only as protected as the building that we're in. I'm wondering if the minister would at least consider starting with a health technology assessment of what would be involved throughout our public buildings, particularly our schools and our hospitals, and have a look at this question. It is important for modernizing our health care system that we get the right facilities in place.

Likewise, in the Auditor General's report related to long-term care, they recommended that AHS formalize multidisciplinary outbreak response and support systems tasked with providing centre of expertise services, monitoring and tracking and postoutbreak debriefing and reporting for communicable disease outbreaks at continuing care facilities . . .

**Mr. Singh:** Point of order.

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

**Mr. Singh:** Thank you, Madam Chair. The point of order is under Standing Order 23(b), that the member "speaks to matters other than the question under discussion." The committee has convened for the purpose of considering the ministry's 2024 budget, including the estimates, the fiscal plan, and the business plan. The matter that has been raised by the member is not within the boundaries of these said topics.

Thank you, Madam Chair.

**The Chair:** Member?

**Ms Goehring:** Thank you very much, Madam Chair. I don't believe that this is a point of order; it's a matter of debate. The plans that she was talking to directly link into page 172 of the fiscal plan, that she was referencing throughout her comments, and she's tying those in. I do not believe that this is a point of order.

**The Chair:** All right. I don't find this to be a point of order at the moment. We'll continue, and the minister will have her opportunity to answer the questions.

Please proceed.

**Dr. Metz:** Thank you. I'm trying to understand how these recommendations for long-term care that relate to modernizing and strengthening our public health legislation, which is within the plan – I'm hoping that what was done in long-term care could be considered also in our hospital system.

The other thing. On page 172 of the fiscal plan: the Auditor General also recommended that AHS formalize operational improvements in outbreak testing, et cetera. It's in the plan. I'm hoping that while that applies to continuing care, that would also be looked at with regard to acute-care centres.

My last question – all of this relates to public health – would be: I'm wondering if there is any plan to consider recruiting and hiring a CMOH for Alberta that is trained in public health. We have an excellent physician in charge but not a public health physician, and I'm wondering if this is a plan of the ministry and if that would fall within the ministry's public health budget.

Yeah. Those were my questions on public health. I would cede my time or stop talking.

**Member LaGrange:** Excellent. Thank you so much. Before I turn it over, I'll answer some of the questions, and then if there are more after my ADM in this area speaks, I will be happy to answer more.

You know, we're looking to modernize and strengthen public health, absolutely. I know a lot of work was done, particularly through the pandemic. We learned a lot. As the Minister of Education there was $250 million that was allocated to schools that they could use to improve their air circulation systems at that time. I know many school divisions took advantage of those additional dollars.

That being said, I know that there is additional work that can be done throughout our systems. We absolutely do value the recommendations that came from the Auditor General in continuing care. There are learnings and recommendations that we are continuing to act on. One of those recommendations is to make sure that we are doing building assessments. I believe I spoke to this a little bit earlier, that in areas and wards that have four patients to a ward, we reduce that down to a single patient in those areas. There's development going on and redevelopment and looking at how we can move to that model as quickly as possible. We are modernizing and building, both within AHS and outside of AHS, systems to make sure that we are meeting those recommendations, but there's a lot of work that has to be done in this area, and that work takes time.

Public health. The CMOH that currently is in the position does actually have a lot of infectious disease training and a lot of expertise and, I'll just say, really performed admirably during the E coli outbreak that took place in the province. I want to thank him for his skills and expertise and his guidance and his ability to lead us through a very trying time.

At this point I'll turn it over to Wanda to give additional information on public health and some of those things that we're looking at to enhance in the system.

***5:55***

**Ms Aubee:** Thank you very much. My name is Wanda Aubee. I'm the assistant deputy minister of public and rural health. I'll do my best to answer a number of those questions that were raised.

First, with respect to immunization, the provincially funded immunization program provides for key vaccines for Albertans to protect individuals and the population from communicable diseases. The expense lines for immunization support encompass the funding or fees that are provided to immunization partners outside of Alberta Health Services; those are primarily pharmacists for influenza and COVID vaccines. This element also covers the operations of the department's provincial vaccine depot, that receives, stores, and distributes the provincially funded vaccines and antiviral treatments.

Should there be an increase in uptake of routine vaccines such as for measles, mumps, rubella, or polio, for example, these would be administered by AHS public health nurses, who already have that supply in their clinics and would administer these in clinics and in schools as part of their normal operating processes.

The inventory acquisition line for immunization support does indicate an increase in this budget, as was mentioned, and there are a few reasons for this. Of note, the province, like other provinces and territories across Canada, will not be paying for COVID-19 vaccines in this budget year. The federal government does plan to continue to pay for those vaccines through 2025. The increase in this acquisition is related to pneumococcal vaccine. Those contracts are being negotiated.

There will be vaccine product changes from a 13 valent to a 15 and a 20 valent vaccine for infant and preschool immunization programs. Although these prices are not known yet, it is expected

that the cost difference between those vaccines could be upwards of $10 million to $15 million.

The current pneumococcal vaccine used . . .

**The Chair:** Thank you so much. That's the time.

We'll move over to the government caucus now for their questions.

**Mr. Singh:** Thank you, Madam Chair and through you to the minister. Access to a family physician is important to all Albertans and is a challenge for almost every jurisdiction. We see it with our neighbours to the west, in B.C., all the way to Atlantic Canada. In Alberta we know that having enough family physicians to meet increasing patient needs is a key priority. We know that having a family physician improves patient outcomes and reduces strain on other areas of the health care system like emergency departments, and that's not to mention the benefits that having a continual relationship with one health care provider offers for Albertans.

In looking at page 77 of the fiscal plan, under primary health care, can you, please, Minister, provide us with an update on where we are expected to finish this year in terms of the number of physicians in Alberta, and is there any forecasting on physicians in the next fiscal year as well?

Thank you, Minister.

**Member LaGrange:** Thank you. According to the latest data from the College of Physicians & Surgeons of Alberta, as of December 31, 2023, there were 11,738 physicians registered in Alberta. There was a net gain of 331 physicians from January 2023 to December 31, 2023, which is 2.9 per cent. Inflow of new physicians in the past four quarters increased by 30.3 per cent, from 716 to 933 compared to the previous year. Exiting physicians increased by 30 per cent, from 462 to 601. Physicians exit practice for a number of reasons, including retirement, leaving for another province, voluntary giving up of the registration, and, of course, death. There were 4,379 family medicine specialists and 1,277 nonspecialists, for a total of 5,656 compared to 6,082 specialists. Compared to the same time last year, this represents an increase of 135 family physicians, which is 2.39 per cent, and an increase of 196 specialists, which is 3.3 per cent.

I want to go back to some data that I had shared earlier on our comparison of what we fund physicians here in Alberta versus other provinces, because we hear a lot about the other provinces. I believe I shared that in 2014-2015 Alberta was paying our physicians $424,666 on average whereas Ontario was $364,000; Manitoba, $377,000; Saskatchewan, $389,000 – they were the ones closest to us – B.C., $361,800. Canada overall was at $369,000. So we had, actually, a 15 per cent increase above Canada in funding.

In '21-22, which is the last data that we have on these particular numbers, Alberta was paying $444,106; Ontario, $373,000; Manitoba was starting to catch up at $422,000; Saskatchewan, $430,000; B.C. was only at $400,000, a full $44,000 below us in '21-22. Overall, Canada was at $398,000. We have actually been ranked number one in physician compensation from 2014 to the '21-22 year every single year. Starting in 2014, we were 15 per cent; 2015-16, 18 per cent higher; 2016-17, 18 per cent higher; 2017-18, 17 per cent higher; 16 per cent in the following two years; and from 2021, 2021-22, 11 per cent and 11 per cent.

Again, we're higher. But you know what? Our physicians deserve to be fairly compensated. We want to make sure that we are competitive with other provinces and that we can not only attract new physicians to Alberta but also retain the excellent physicians that we have here.

**Mr. Singh:** Thank you, Minister, for the answer, and thank you, Madam Chair, through you to the minister.

Staying on the physician recruitment, as mentioned on page 78 of the fiscal plan, can the minister please provide us with an update on how she is working with her colleagues in cabinet, regulatory colleges, or even nonprofits to make Alberta more competitive in attracting and retaining doctors?

**Member LaGrange:** Great question. We are taking a multipronged approach because we have to. We are competing with every other province in Canada for physicians, and I can also say that we're competing with other countries as well.

Alberta's government is working with the Alberta Medical Association physicians, Alberta Health Services, and the Rural Health Professions Action Plan, RHPAP, and other stakeholders to develop solutions and build a stronger, more resilient health care system. As part of our efforts to improve health care, we as a government are working with the AMA to implement the 2022 to 2026 AMA agreement, which includes investments of about $700 million. I had indicated that that was a negotiated agreement which we reached with physicians with the Alberta Medical Association approximately 15 months ago, and at that time, as I said earlier, for whatever reason they did not prioritize family medicine through that negotiation. So we are in fact adding additional stabilization funding to support family medicine and working on a new funding model with the Alberta Medical Association.

Also, in addition to the '22-2026 AMA agreement funding, the government is engaging with AMA and physicians on their recently submitted proposal for longitudinal family practice, which I was just talking about, a new compensation model for family medicine and rural generalists for delivering comprehensive primary care services to Albertans. As a result, I was able to sign a memorandum of understanding to work closely to form recommendations on this LFP model, short-term stabilization measures, governance, engagement, administrative burden. It was signed by myself and the AMA.

***6:05***

We also have joint efforts to identify opportunities to stabilize primary care. That was the additional $57 million over three years for panel management. This was one of the initiatives that was mentioned in MAPS, the Alberta primary care system modernization. We are also working together on that $200 million of stabilization to provide additional funding to family practitioners to make sure that they're viable.

We're also doing many other things. As I indicated earlier, we're working with the College of Physicians & Surgeons. We're piloting an alternative pathway for licensing IMGs, international medical graduates, to attract more IMGs to Alberta by accelerating the licensure process for IMGs whose education and training are comparable to the Canadian standard. The pilot is the first of its kind in Canada and will speed up the IMG recruitment process by waiving certain requirements, reducing red tape, and lowering the cost to IMGs.

As an additional recruitment and retention incentive, the rural and remote northern program that compensates physicians who practice in underserviced areas in Alberta, the program is an incentive to aid in the recruitment and retention of physicians in underserviced communities of Alberta such as rural and remote regions.

We have the RPAP supports that attract and retain positions in rural health areas such as community committees, advocacy, rural health education and rural health workforce recognition. We have a number of things that are done under that program. RPAP

administers the rural education supplement and the integrated doctor experience, the RESIDE program, which provides financial incentives to new family physicians who agree to practice in rural and remote communities in exchange for a multiyear service agreement. AHS also offers physicians recruitment incentives up to $100,000 for critical and in-demand positions with a required return of service agreement of at least four years.

Beyond that, we're looking at every opportunity to enhance the programs that we have. As I said earlier, we're working also with PARA, the association for resident doctors, so that we can, you know, attract and retain some of those young professionals as they enter into the workforce, and just many more things to come. We're looking and exploring all opportunities.

**Mr. Singh:** Thank you, Minister, for answering at such length here and in detail. I would also like to thank you and your team for coming here.

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

We'll go to the opposition side for the next questions.

**Dr. Metz:** Thank you very much. I guess this will be my last block. I want to go to revenue, page 117 of the estimates document, and in particular the internal government transfers. It's always a bit challenging to figure out where things come from, but I expect that the bulk of that is probably from Mental Health and Addiction because they had a large transfer out. Would that be, for example, providing hospital and other services through AHS that are now within the budget of Mental Health and Addiction?

Another one I'm wondering about: is some of this funding perhaps from Advanced Education and is there potentially an increase to that or a deal that there could be more AMHSPs, kind of an ARP for academics, where that allows for more physicians in specialties – and I'm thinking particularly in anaesthesia – to take on significant training education roles? We're in a crunch for physicians, and I'm sure it's similar in nursing, but the problem is that when you're a practising clinician and you have a trainee, it reduces the amount of work you can do by a quarter to a third, so a lot of times it's just easier to do it yourself than train someone. If you're not being paid for that time, then you're going to choose to not cut your income than have that huge training. I'm not sure what the proportion is in nursing, but it certainly is in medicine until the trainee is almost finished, and then, of course, they're a bit of a bonus. But over many years of training, that's a small amount of the time. So I'm wondering if there's any change to the money coming from education.

I noticed that the forecast for the Canada health transfer is reduced from what was budgeted in the past year, and I wonder if any of that relates to money that's withheld in the Canada health transfer because of allowing central health services to be built. The estimate of the Canada health transfer is higher for the coming year. I'm wondering what additional revenue might be expected. And I also note that the premiums, fees, and licensing income is increasing. Are there new fees or increases in fees, or what is the reason for this budget item to be increasing?

I'm also wondering – just going back to the forecast of beds, particularly in Edmonton, you gave a long list, and I'm appreciative of that – of changes in bed numbers. But I'm wondering what is planned in this current budget year for increasing bed numbers in Edmonton. When the Stollery is built, do you have an estimate of how many adult beds that will create when the Stollery moves?

Then my last question goes to long-term care support services. I'm wondering how many agencies in the province are under contracts similar to the Contentment Social Services, which is conducting this hotel medicine arrangement, and if there are names of these agencies and if they are listed under the designated supportive living services. Would this be something that you can tell us today or get in writing at a future date?

The only last thing is just a concern I have with connect care. It's going to key objective 2.5 around IT supports. I can't tell from the budget, but connect care has been a long implementation. It will be fabulous eventually, but there's a lot of optimization work that has to go on to make it clinically ready and appropriate. It really is an American system. I'm wondering if there's still any ongoing budget for optimization for the needs in Alberta?

Thank you.

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

We'll move to the minister for her response.

**Member LaGrange:** Thank you. A lot to unpack there there. You're right; we have had intergovernmental transfers that have occurred. Let me just grab the right sheet here. It has gone from $1,599,956,000 to $1,621,537,000. It's the net consolidated estimate for intergovernmental transfers. Alberta Health Services receives funding from other government of Alberta entities that can be unrestricted and restricted for operating in capital. Revenue is primarily from Alberta Infrastructure, postsecondary institutions, and school boards.

The increase of $21.6 million primarily relates to Alberta Infrastructure funding of $13.5 million due to higher recognition of deferred capital contributions as additional capital projects come into service. I'm wondering if this is the revenue side, and I think maybe: were you asking on the expense side?

**Dr. Metz:** Revenue.

**Member LaGrange:** It was the revenue side? Okay. So I've got the right one.

Also included in the increase is grant funding of $7 million from Alberta Public Safety and Emergency Services, $4.3 million from Alberta Mental Health and Addiction and off-set by a decrease of $3.3 million from postsecondary institutions and school boards. We're continually looking for opportunities to improve services across Alberta.

***6:15***

When you talk about physicians, particularly in specialty areas of anaesthesia, we're continually looking at: how do we work with our postsecondaries to support the demand that we have in our province? I know, having connected with a number of young residents that are actually becoming general medicine anaesthesia specialists, that that is very attractive to them. So we will continue to see where we can make improvements in that area.

I know that we have allocated funding for training. I just am not seeing it at top of mind, but I will gladly keep looking. I'll have people keep looking for that particular line, or I can forward it to you after this meeting just because I don't have it right at my fingertips.

On the health transfers: those are negotiated. There's been a lot of collaboration. I really, you know, have had a great relationship, continue to have a great relationship with the federal minister, Mark Holland. He's very understanding of the needs of provinces. He certainly has made an effort to collaborate and recognize that health is a provincial jurisdiction and that, while there has been some movement in getting to a better number of providing funding to provinces, we're still not seeing it at the level it should be at. I indicated earlier that when we were originally looking at those

health transfers, it was closer to a 50-50 split. Now we're closer to 25 per cent being funded. This does create issues, but I do recognize that they are willing to work with us, and I'm very pleased to have negotiated and signed an agreement on the shared priorities.

As I said earlier, I'm excited to bring forward the aging with dignity. We're very close on that one. More to come in the coming weeks. I don't think it's months; I think it's actually weeks on that particular one. We continue to negotiate with our federal counterparts to make sure that Albertans do get the best deal. We do provide a lot of equity transfer funds to the federal government, and we should get our fair share back. So we'll continue to make sure that we do that.

On the premium fees and licensing: that is strictly volume. My understanding is that it's not an increase to fees but really the volume because we have so many people accessing our health care system. Just by the sheer volume of the numbers, those fees – am I correct in that? I just want to double-check with my CFO, who is amazing, by the way; is the new CFO and has been able to learn the file and is doing a fantastic job in this area. I look forward to . . . [Member LaGrange's speaking time expired] So close.

**The Chair:** Thank you so much, Minister. That's your time.

We'll head over to the government side for their questions.

**Mr. Boitchenko:** Perfect. Thank you very much, Madam Chair. To refresh everybody's memory, I would like to – many of you present here know that I have the privilege of attending to Indigenous files. As the parliamentary secretary for Indigenous Relations the next couple of my questions would be specifically tied into Indigenous health. As the parliamentary secretary for Indigenous Relations I was privileged to travel Alberta all the way from south to all the way north. You know, it strikes me how beautiful our province is. Many of you know that I wasn't born here. I was born in Ukraine. So coming to Alberta and getting to travel with my work is truly amazing. One part of that that strikes me is how remote some of the Indigenous communities are in our province. To my surprise, I actually witnessed that some of these communities: you can't just drive out there; you actually have to fly. In the wintertime you can also take ice roads to get there. With that remote and the size of our province, I want to bring your attention to specifically Indigenous health care.

I would like to focus on the Indigenous health care for a moment, specifically on page 70 of the business plan. Outcome 2 indicates a modernized and refocused health care system that delivers the highest quality patient care to all Albertans, including Indigenous people, regardless of where they reside in the province and if they're fiscally sustainable. Can the minister, through the chair, please provide us with a few specific projects the ministry is working on with First Nation, Métis, and Inuit people to improve access to health care services across the province and specifically in remote locations of our province?

**Member LaGrange:** Thank you for that question. When I became the Minister of Education in 2019, I flew up to Fort Chipewyan, which is, as you say, a very remote Indigenous community, and you can only get there by flying. I was shocked that I was actually one of the first ministers of Education to ever go up there, and I actually ended up travelling up there three times over the course of my four years as Minister of Education because we were looking to build a new school, so there were a number of issues that we needed to iron out.

You're right. There has to be a focus on Indigenous health care, and we know that, you know, because the federal government also has a role to play in this, there's a lot of collaboration that has to occur. I can also say that for the first time in the Ministry of Health, that I'm aware of, we actually now have an assistant deputy minister of Indigenous health. Lisa Higgerty is here, and I'll probably get her to say a few words as well on some of the innovations and things that we're looking to do.

We have implemented an Indigenous implementation panel that had been established under the Indigenous stream of the MAPS, the modernizing Alberta's primary care initiative, to provide advice and make recommendations to advance improvements for accessible, relevant, and culturally safe primary health care for First Nations, Métis and Inuit people in Alberta.

This was as a result of the extensive engagement that was done on the Indigenous MAPS. For '24-25 fiscal year Alberta Health will provide $13.5 million in funding for the Indigenous alternative relationship plan program, which provides maximum compensation support to up to 35 full-time physician positions to provide care in over 20 Indigenous health care centres throughout Alberta, including the Alberta Indigenous Virtual Care Clinic.

Alberta Health has established a First Nations health advisory committee and a Metis Settlements Health Advisory Committee to advise on health-related matters. The committee members include health directors from across the province as well as other associated stakeholders. This committee will inform health priority strategies and assist in identifying issues and gaps in programs in services, and they also look to have potential solutions. So we have a very collaborative atmosphere there.

Alberta Health will continue working on Alberta's protocol agreement with the health subtables to collaborate on addressing the health gaps identified by the members of the Blackfoot Confederacy, the Confederacy of Treaty Six First Nations, and the Stoney Nakoda-Tsuut'ina Tribal Council. Alberta Health similarly will continue to work with the Métis Nation of Alberta under their framework agreement with the government of Alberta. Alberta Health has also established an Indigenous continuing care capital grant program, which will increase the availability of continuing care spaces on- and off-reserve and on Métis settlements to provide a safe space for Indigenous elders.

I think I'll turn it over to my assistant deputy minister. I almost thought my voice could last the full time period.

***6:25***

**Ms Higgerty:** Thank you. My name is Lisa Higgerty. I am the assistant deputy minister of Indigenous health. Some of the projects that we're currently working on are still rolling out, but we have the navigator program that will be coming out, the patient navigator; also the innovation fund, which is a new project we're doing; the elders roster, which will be for the complaint – we don't like to call it that – the patients' complaint line, which is rolling out in April as well. A lot of our stuff is brand new because we're a brand new division.

I don't know anything else I can talk about, really, because it's all – I don't know what I can talk about and can't talk about.

**Member LaGrange:** There are many great – sorry. There are many great . . .

**Ms Higgerty:** I don't know if I'm blocked in, that's all. There are things rolling out constantly, and I don't know if I'm allowed to yet.

**Member LaGrange:** Thanks, Lisa. I appreciate that. I would just add that there are many more things to come, and we'll look forward to highlighting those as we're able to make them public.

Just highlighting that we know there's a need, there's been extensive engagement, we need to continue that engagement, and

we're working to make sure that we actually have real solutions to real problems.

**Mr. Boitchenko:** Thank you, Minister.

It is, you know, impressive that you were the first Minister of Education that came out there. I had the opportunity to visit Fort Chipewyan, and it is so remote that when we landed and before a meeting, they said, "Don't be surprised if you see bears on the road," because there are a lot of them there.

Next topic. I will be tying to the information technology modernization and digitalization because I think these are the ways that we can efficiently support the health system in remote areas of our province. Technology is a big part of continuing to improve our health care system. With rapid technology change it is important that our health care system keeps up, using efficient and accessible digital systems. Providing more digital information, management, and technology benefits everyone: health care providers, patients, and family members alike.

Specifically on page 111 of the estimates, line 9 of the operating expense: it deals with information technology. I want to go in a little bit more depth specifically with that page and line 9. I notice a substantial increase in this area, and with that I would like to ask a specific question. What will this increase in funding do to improve IT program support and development as well as operations to help remote communities in our vast province here?

**Member LaGrange:** Well, thank you for the question. I know Tech and Innovation is working really hard to make sure that we have broadband access and technology access across the province. For our . . .

**The Chair:** I'm sorry, Minister; that's the time.

Over to the Official Opposition.

**Dr. Metz:** I just have one question. I'm just asking you if you will commit to provide us answers in writing for the things that you weren't able to answer today.

**Member LaGrange:** Well, I'm always – I'm sorry; are we going back and forth? What's left on timing?

**Dr. Metz:** I'm done.

**Member LaGrange:** I will certainly consider making sure that we get the information to you because, obviously, there's never enough time with a file this big. Even though we've gone through six hours of questions, there's always more that is required, so I'm happy to make sure that you get the information that you require. I know that there are a number of questions that were asked that we weren't able to get to, and we continue to – you know, I don't want to say that I wish there were another six hours, but I know I could definitely speak for another six hours if my voice would actually make it through. But I am happy to make sure that, if you ever have questions, you can reach out directly to me. I'm happy to answer those questions to the best of my ability, but I have a great team who can also help me out.

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

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

I'd like to remind committee members that we are scheduled to meet tomorrow, March 20, 2024, at 9 a.m. to consider the estimates of the Ministry of Seniors, Community and Social Services. I'm pleased to note that, further to the direction provided by this committee, we've been able to arrange ASL interpretation service for this meeting.

Thank you, everyone. The meeting is adjourned.

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

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