Legislative Assembly of Alberta

The 31st Legislature
First Session

Standing Committee on Families and Communities

Ministry of Health
Consideration of Main Estimates

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Standing Committee on Families and Communities

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Standing Committee on Families and Communities

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Ministry of Health
- Hon. Adriana LaGrange, Minister
- Matthew Hebert, Assistant Deputy Minister, Health System Refocusing
- Darren Hedley, Acting Deputy Minister
- Lisa Higgerty, Assistant Deputy Minister, Indigenous Health
- Christine Sewell, Assistant Deputy Minister, Finance and Capital Planning
- Leann Wagner, Senior Assistant Deputy Minister

Alberta Health Services
- Sean Chilton, Senior Vice-president, Clinical Operations

Covenant Health
- Patrick Dumelie, Chief Executive Officer

Acute Care Alberta
- Dr. Chris Eagle, Interim Chief Executive Officer

3:30 p.m. Wednesday, March 12, 2025

[Ms Lovely in the chair]

Ministry of Health
Consideration of Main Estimates

The Chair: 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, 2026.

I'd ask that we go around the table and have members introduce themselves for the record. Minister, please introduce the officials who are joining you at the table. My name is Jackie Lovely. I'm the MLA for the Camrose constituency and the chair of the committee. I'll start to my right.

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

Mr. McDougall: Good afternoon. Myles McDougall, MLA for Calgary-Fish Creek.

Mrs. Johnson: Jennifer Johnson, MLA, Lacombe-Ponoka.

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

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

Ms Pitt: Angela Pitt, MLA, Airdrie-East.

Mr. Rowswell: Garth Rowswell, MLA, Vermilion-Lloydminster-Wainwright.

Mr. Dyck: Nolan Dyck, MLA for Grande Prairie.

Mr. Yao: Tany Yao, Fort McMurray-Wood Buffalo.

Member LaGrange: Adriana LaGrange, the MLA for Red Deer-North, Minister of Health. With me I also have Christine Sewell, Darren Hedley, Emily Ma, and Leann Wagner at the table here and Team Health in behind, in the gallery.

Ms Hoffman: Sarah Hoffman, Edmonton-Glenora.

Ms Pancholi: Good afternoon, everyone. MLA Rakhi Pancholi for Edmonton-Whitemud.

Dr. Metz: Good afternoon. Luanne Metz, MLA for Calgary-Varsity.

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

The Chair: Thank you so much, everyone. We do not have anyone joining online.

I'd like to note the following substitutions for the record: Ms Hoffman for Member Batten, Dr. Metz for Member Tejada, Ms Sigurdson for Ms Goehring as deputy chair.

A few housekeeping items to address before we turn to the business at hand. Please note that the microphones are operated by *Hansard* staff. Committee proceedings are live streamed on the Internet and broadcast on Alberta Assembly TV. The audio and visual and transcripts of the meetings can be accessed via the Legislative Assembly. Please set your cellphones and other devices to silent for the duration of the meeting.

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 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'll remind everyone that the speaking rotation for these meetings is provided under Standing Order 59.01(6), and we are now at the point in the rotation where speaking times are limited to a maximum of five minutes for both the member and the ministry. These speaking times may be combined for a maximum of 10 minutes. Please remember to advise the chair at the beginning – members. Members, please listen to the instructions. Members. All members. Chelsae, please listen to the instructions so there's no confusion.

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 will 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?

Ms Hoffman: We'd like to get in as many questions as we can.

The Chair: All right. As this morning, I'm going to check in partway through and see how everyone is, and we'll determine it from there.

When we adjourned this morning, we were three minutes in to the minister's response to Member McDougall. I'll now invite the minister to complete your remaining time. Minister, you have two minutes.

Member LaGrange: Thank you, Madam Chair. I'm happy to continue having that discussion that we were talking about on the drug production facility that Alberta health care is looking to develop in Calgary. This capital funding request is a continuation of the provincial pharmacy central drug production and distribution centre program. It's a primary goal for this program to have a redesigned and centralized provincial drug production and distribution system to improve drug use controls, patient care as well as safety, and also to minimize drug costs. Currently the drug production and distribution facility in Edmonton is nearing construction completion, and the new facility will be in service by 2025. I'll just remind everyone that we're just going to start the process for the one in Calgary.

The project will ensure that the province continues to have an access to safe and ongoing preparation, production, and distribution of drugs in a timely manner. This project will address the National Association of Pharmacy Regulatory Authority's standards for pharmacy production and will provide needed capacity expansion to accommodate workloads that are forecasted for the next 30 years. Of course, as I've indicated many times throughout the first three hours of this, we have a very great province that is growing, so we want to make sure that we have the ability to meet the needs well into the future. Thirty years out is what we're planning for. The project will address growing health and safety concerns for health care workers handling biological products, toxins, and hazardous drugs and ensure that staff working with these hazardous products are protected from the risk of occupational exposure, so all very important. We want to make sure that (a) we have the medications and the drugs that we need, that they're produced here, that we have that supply chain available . . .

The Chair: That two minutes goes by very quickly. Thank you so much, Minister.

Now to the Official Opposition.

Ms Hoffman: Thank you very much. I'm going to begin this afternoon by asking one of the questions from this morning that there wasn't an opportunity to respond to. It relates, I believe, to item 1 and possibly item 4, although procurement is a new area within Alberta Health, previously under Alberta Health Services, so if it is a different line item, I certainly welcome that information from the folks who are sitting behind in the gallery or the minister, through you, Madam Chair.

Earlier today I asked about the employment arrangement for J.P. Prasad, and this again, I believe, relates to item 1, maybe under strategic corporate support. It was previously reported that he worked for AHS. Then it was reported that he was hired by Alberta Health after retiring from AHS. Others have said that perhaps he was seconded to Alberta Health. The minister recently said that it was AHS that purchased the Turkish Tylenol and PPE that's been unused and has now expired. On the day of the announcement it was said that it was Alberta Health, and the Premier and then Health minister were very proud to take credit for it being Alberta Health.

My question is about the HR practices under the current government as it relates to the employment of J.P. Prasad or any ongoing HR practices. I think that we all deserve to know that there is a fair and open competitive process as it relates to the budget, particularly where 1.3 sees such a significant increase in the line item. It was said yesterday that some of that is moving staff around. I think that if it is about that – and there is question here specifically around whether or not it was a secondment, an open-practice hiring, or essentially a sole source, not a contract but employment arrangement – I think it would be beneficial for all of us to have that information. I certainly welcome the minister's response or any of the officials as it relates to that. That is definitely at the heart, I think, of public confidence and trust when it comes to making decisions on behalf of all of us in the procurement process.

I'm going to start by going in more depth into a question that my colleague Dr. Metz raised with regard to 7.2 in the estimates document, which is around Indigenous health, seeing a 30 per cent cut to Indigenous health at a time where, my colleague rightfully pointed out, First Nations' mortality rates among newborns are nearly double that of non First Nations' status Albertans. The most recent numbers that we have on the government of Alberta portal are for 2022, which say 9.33 for First Nations and 5.1 for a mortality rate. We used to have this information in both the business plan as well as the annual reports. I know that when this was moved over to the portal, we were told that it was going to be timely and effective, but you know we're more than two years out from this data. I think it would be important to have an updated number for us, through you, Madam Chair, as it relates specifically to line item 7.2.

Also, the life expectancy for those who are First Nations is, again, about a year old. The data is 62.8 years and for those who are non First Nations, 81.8 years, something that, I think, this government and all of us as members of the Assembly should be open and accountable and transparent about and also investing to make sure that we close that gap and that we ensure that everyone who is born here has access to the right health care and the right opportunities to live a happy and full life.

It is very concerning to me that 7.2 is seeing this 30 per cent cut to the real number. Of course, we know that Indigenous Albertans are some of the fastest growing demographics within the Alberta population growth and inflation measure, so it should have gone up at least by the provincial average of population growth and inflation of about 6 per cent, and instead it's seeing a 30 per cent cut. If we actually wanted to close that gap around life expectancy and infant mortality, I would expect that we would put our budget where those values lie. Through you, Madam Chair, I'm very concerned about this cut. It feels cold, callous, and cruel. The fact that the government has moved away from reporting any kind of targets or benchmarks in their business plan I think as well shows that this isn't a priority for the current government. I'd be happy to be told otherwise, but tell me what you're measuring, and I'll tell you if you value it. You know, other areas within the business plan have benchmarks for measure, and in the section that relates to Indigenous health outcomes, they are not reported or even identified what the targets are.

3:40

The Chair: Thank you so much.

Over to the minister for her response.

Member LaGrange: Thank you, Madam Chair and to the member for the questions. On the individual that was mentioned, this is an employment matter, and we don't talk about employment matters here. I also want to remind the members opposite that this matter is being investigated by the Auditor General as well as hon. Raymond E. Wyant, the former Chief Judge of the provincial court of Manitoba. Our government is very firm in our belief that concerns related to procurement processes must be reviewed and investigated thoroughly to identify any potential wrongdoing or procurement process deficiencies, and I along with the Premier and all of my colleagues am really looking forward to seeing the findings of the Auditor General and the external third-party review in this matter.

When we go on to Indigenous health, this is of absolute extreme concern to myself and to our government. It is the reason why we have for the first time ever in the Department of Health an assistant deputy minister of Health assigned to make sure that we are in fact dealing with issues that are prevalent. The member opposite is correct in saying that the health outcomes of Indigenous people are not to the same degree as they are for the rest of the population. We need to do better in terms of making sure that the issues that affect them are in fact being dealt with in a timely fashion. It is also part of the Indigenous MAPS. That was an engagement that was done where there were many recommendations put forward that we are working our way through and making sure that we're dealing with each and every one of those recommendations.

I'd now like to turn it over to Lisa Higgerty, who is the ADM of Indigenous health in my department and doing just a phenomenal job. Lisa, if you could speak to some of the pieces that the member opposite was talking about.

Ms Higgerty: Good afternoon. Thank you for including me in the discussion today. I'm Lisa Higgerty. I'm the new assistant deputy minister of Indigenous health. I'd first like to point out that this is actually the first time that Indigenous health has been included as a line item for the budget. We were included under primary care before or rural health, so we're actually our own individual line item, which is historic for Indigenous health. It's the first time we've been included. I'm very proud as an Indigenous person to be the one that has pushed forward with the minister on this, and I appreciate her work on this.

I'll first speak to the health spending question. I know it appears like we actually had a decrease in budget, but we actually are in the budget, so I want to point that out first. We had one-time funding for the innovation fund and navigators, and we've rolled that out. We're waiting to see feedback on it. We have navigators across the province that are actually sitting in community and providing services from a community lens and from an Indigenous lens for the first time ever in health. We are continuing to look and evaluate

and see how those programs are working, and we'll revisit it again once those contracts are up. Those are three-year contracts that will roll out. They've just rolled out this year, some of them.

The innovation fund: we've had three calls for that, and the last of that funding just goes out the end of this year. So all of the funding that you're seeing is brand new funding that we've never had before. I feel that we have an opportunity in Indigenous health to really make a difference for that. We're trying to work on this internally. There's an investment in Indigenous health in every division: in primary care; there's one in rural health; there are also some in the workforce, all of those pieces. We're looking to compile it so that we have a grander number for people to really see how much we've invested in Indigenous health. It's just hard to track it. So when you see that number in Indigenous health, it's just that one small piece, and there's way more spent right across in the Health department. That's something we're working on to compile.

I've talked a little bit about what we spent. Including funding for health initiatives for First Nations, Métis nations, we did approximately $30 million last year. In that, Métis nations received $1 million, the Métis settlements were $660,000, and then we did general funding to other organizations just over $22 million. We funded a great deal of project setters that'll take three years to roll out the funding. It wasn't one-year funding.

Thank you.

The Chair: Thank you so much.

We'll now move back over to the government side. I understand that Member McDougall, you are up first.

Mr. McDougall: Can I ask for shared time?

Member LaGrange: Yes, please.

Mr. McDougall: Thank you.

I'd like to go back over the question that I asked in the first session and you didn't have time to answer. Just to go over that again, my concern is the surgery delays, obviously a big discussion for today. I understand that the wait times have been reduced through the Alberta surgical initiative in Budget 2025. It's making a strategic investment to reduce wait times further. One of these investments is highlighted on page 108 of the fiscal plan with $243 million over three years invested for the medical device reprocessing upgrade program. I would just like to know more about this investment and how it worked to impact Alberta's surgical capacity. Can the minister through the chair please explain how many additional dollars are going to go into the medical device upgrade program? Can the minister explain which facilities these funds are going to go towards exactly, how this will affect the performance of front-line health care professionals, and overall how this will impact Alberta's surgical capacity?

Member LaGrange: Thank you for the question. At this point in time I'm going to turn it over to my deputy minister to answer that question and give you a really fulsome answer. Thank you.

Mr. McDougall: Thank you.

Mr. Hedley: Thank you, Minister, and thank you for the question, through the chair.

Budget 2025 allocates $243 million in total funding, including a $59 million increase in new funding for upgrading medical device reprocessing departments. That enhances surgical capacity by ensuring timely, efficient, and safe sterilization of medical instruments.

Mr. McDougall: Can you elaborate a bit on how this will affect the performance of front-line health care professionals in a surgical capacity?

Mr. Hedley: You bet. The funding will continue to renovate the medical device reprocessing departments in nine hospitals, including one in Foothills medical centre, Westlock health centre, Northern Lights regional hospital centre, Sturgeon community hospital, Royal Alexandra hospital, Alberta Children's hospital, Drumheller health centre, Grey Nuns community hospital, and the Misericordia community hospital. The new funding will renovate the MDR, or medical device reprocessing, departments in six additional facilities, including Walter Mackenzie Health Science Centre at the University of Alberta, the Kaye Edmonton Clinic, the Mazankowski Alberta Heart Institute, Rockyview general hospital, the Cross Cancer Institute, and the Barrhead health centre.

Mr. McDougall: Thank you.

Okay. Focusing on acute care, as noted already, the emergency department and surgical wait times are pressing concerns for many of us. I also know that front-line professionals regularly experience burnout. Budget 2025 contains a number of measures to address these issues, but I want to hone in on acute care specifically. Page 109 of the main estimates document shows that 2025-26 is almost $8 billion. That is up from $7.6 billion in the previous year's forecast. This is a considerable increase, and I would like to know more about how this will reduce wait times and burnout among health care professionals. Through the chair, can the minister describe what the increased investment being made through Budget 2025 will go towards?

Member LaGrange: Absolutely. Happy to answer that. Budget 2025 includes $4.6 billion for acute care operations in '25-26 because we recognize the importance of investing in the health care system to reduce wait times, complete more surgeries, and get Albertans the health care services they need when and where they need them. It's the reason why we are upgrading the MDRs, as was indicated from the previous question. Without that sterilization of those equipment pieces that surgeons need, we can't expand surgery. Everything has to work together to make the system better. That's the rationale for increasing the funding.

3:50

Mr. McDougall: Okay. I guess I can cede my time to – no?

The Chair: There's no ceding time.

Mr. McDougall: There's no ceding time. That's great.

The Chair: Keep asking questions please, member.

Mr. McDougall: All right. I have lots of questions, so that's great.

While health care is a provincial responsibility, the federal government has an important role in the Canadian health care system. It provides funding to the provinces for the provision of health care if the provinces meet certain conditions set by the federal government. Of course, I always have a problem with the conditions set by the federal government. I'm always one that would like to argue that I'd rather have tax points transferred over to the province rather than have the federal government interfere in an area of provincial jurisdiction. But we all know why that doesn't happen. Through this provision this is one way of equalizing payments throughout the country, another way Alberta subsidizes the rest of the country.

I saw on page 116 of the main estimates that there's an increase in transfers from the government of Canada and the Canada Health Act. I see around $293 million in 2024 and approximately $399 million in 2025 for direct health transfers. I also see an increase in health transfer from approximately $6.1 billion to roughly $6.5 billion from 2024 to 2025. Can the minister please describe what programs both federal transfers are going towards?

Member LaGrange: Absolutely. Happy to answer that. I'm going to turn it over to my CFO, Christine Sewell, who's going to delve into the details that you're looking for.

Ms Sewell: Thank you, Minister. The $6.5 billion is the net consolidated estimate for the Canada health transfer. The department receives long-term funding for health care from the federal government to support the principles of the Canada Health Act. Transfers are allocated on an equal per capita cash allocation to provide comparable treatment for all Canadians, regardless of where they live.

Mr. McDougall: Yeah. Is the increase of both direct federal transfers and the Canada Health transfer enough to properly provide health care to Albertans?

Ms Sewell: Thank you. The increase of $400 million is a result of the increase in Alberta's percentage share of the national population and the total entitlement for the Canada health transfer because of a revised estimate of national nominal GDP growth. When compared to the Budget 2024 allocation for '25-26, the revised CHT revenue is lower in each year of the forecasted period due to a combination of Alberta's lower than anticipated population share and lower national GDP growth. This means that both the national CHT envelope and Alberta's share of it are lower than forecast at the time of Budget '24. Alberta and the other jurisdictions continue to call on the federal government to increase the share of health funding.

Mr. McDougall: Thank you.

To the minister through the chair, in your opinion how can the federal government better help the government of Alberta provide health care to Albertans?

Member LaGrange: Well, I think there are many ways that the federal government could better help provide health care to Albertans. One way is certainly to increase the funding. As I've indicated before, we're spending, you know, roughly about $28 billion in health care in Alberta and we only get roughly about $6.5 billion from the health care transfer. It's just over 23.3 per cent of the overall funding. So that's one way.

Having very fruitful conversations, as I indicated earlier this morning, we have been able to sign three bilateral agreements, but again those are short-term agreements. Where's the long-term funding that supports those programs ongoing? Again, we have to look at those types of items.

When we look at opportunities to work together, the pharmacare is an ideal one and the dental care program is really looking at, you know: what are the programs that we have in Alberta? How can we enhance those programs, really having those consultations happen before programs are announced and then also making sure that there's long-term sustainability of those programs? I think there are many opportunities.

I know that as the new chair of the council of ministers of health for Canada I'm looking forward to having those conversations with my colleagues across Canada as well as with the federal Minister of Health, probably postelection because, of course, it seems that we're going into an election very, very soon. I think there are lots of opportunities, and I look forward to having those conversations with my federal counterparts and other ministers of health from across Canada.

Mr. McDougall: Thank you very much. Given that there are only 30 seconds left, I won't have time to finish a question, let alone get an answer, so I'll cede my time.

The Chair: All right. I see that Member Boitchenko has joined us. Member, please introduce yourself for the record.

Mr. Boitchenko: MLA Boitchenko, from Drayton Valley-Devon. Thank you, Madam Chair.

The Chair: All right. The Official Opposition for shared or block.

Ms Hoffman: Thank you very much. Would the minister be open to sharing as was just done?

Member LaGrange: No. I prefer block. Thank you.

Ms Hoffman: I'm just going to reiterate that the hiring practices: I did speak to one individual, but it was about the department as a whole specifically as it relates to procurement and the staffing within that office. I think that the minister or one of the many officials that are here to support this discussion could probably give us a response, I think, all of us knowing that we have an open and transparent hiring process in the government of Alberta, especially in the department that is the largest line item for the province as a whole.

I also want to say that I appreciate the ADM highlighting that this is a new line item, but it is reported as an actual line item in the current fiscal year as well. The government's own documents show that there's a reduction to the amount that's being invested in Indigenous health. While there may be changes in how the accounting is being done, these are the documents that the minister and department have presented to us, and it shows a 30 per cent cut. That, I think, is concerning. The fact that we do in the business plan for outcome 1 have measurable targets, but we don't for outcomes 2 or 3, that relate specifically to First Nations, Métis, and Inuit people, I think is an area for growth in preparation for next year's budget. Let's leave it as that. I do think that if these identified areas, two of the three outcomes which speak specifically to Indigenous health, are a priority, we should be reporting publicly in a timely way on those targets.

I will also just note in response to one of the earlier questions around the Auditor General's review that the DynaLife review has been ongoing for about a year and a half now. It was reported recently that we might get a copy of that DynaLife report submitted to the Legislature over the summer, which means it won't be tabled until the House returns at the end of October. A two-year turnaround for an Auditor General's report on something of that nature I think is not sufficient.

I am going to touch now a bit on primary care, specifically as it relates to the cuts in the budget line items. Community-based health services is seeing a reduction, as is primary care. I will say it's primary care funding to PCNs – here we go – item 5, page 109. Primary care sees a real cut of 6.4 per cent overall when inflation and population growth are taken into account; a 10.2 per cent cut to PCNs, which will have definitely a negative consequence for those who are trying to access allied health and other supports within a primary care environment; and a 3.8 per cent cut to community-based health promotion and prevention programs.

I can't help but draw a connection between a legal case that was just recently decided around a $24.7 billion tobacco settlement, meaning that this money will be passed on to the provinces. There are certainly a number of areas where the government could see increased spending to address the goals that I think we have as a shared society with this additional revenue that should be coming to the province to support patients, like right-to-life lung cancer screening, COPD diagnosis and treatment, respiratory care, but also tobacco prevention and cessation programs. I'm excited that, perhaps through you, Madam Chair, to the minister, we might be able to hear from public health on some of the initiatives that relate to tobacco prevention given this additional revenue that is set to come to provinces. We have more than 10 per cent of the national population now in Alberta, so probably $2.4 billion dollars that can be focused on making sure that we reduce the negative consequences of tobacco use on Albertans.

Specifically for those who already are at risk, I would like to know about the lung cancer screening programs that have been in place for many years now. The funding, I believe, is set to expire at the end of this fiscal. I'd like an update on what we're doing to actually ensure lung cancer screening for those who are at risk, what we're doing for those who have a COPD diagnosis to ensure that they are diagnosed as quickly as possible and get adequate treatment as well as respiratory care.

4:00

Those are some of the new areas I'd like highlighted in this portion of consideration. I will have much more to say around primary care as it relates to family physicians and other allied health professionals in the next speaking rotation. Again, I'm asking for clarity on HR practices within the department, asking for clarity on why there aren't any specific targets in the business plan for Indigenous health outcomes, and then specific feedback on the tobacco settlement.

The Chair: Thank you.

Member LaGrange: Thank you for the questions. There's a lot there. We'll try and get through all of them as quickly as possible. Procurement and optimization is something that we announced very early on in November 2023 under the refocusing. We recently just announced shared services, and this is really about streamlining processes and making sure that we have procurement and optimization and shared services for all the four pillars of health care.

I'll remind everybody of the pillars. They are Recovery Alberta, which was Mental Health and Addiction, Primary Care Alberta, as well as assisted living Alberta, which used to be called continuing care, and of course Acute Care Alberta.

I'm going to turn over to my deputy, Darren Hedley, to answer on the HR issue.

Mr. Hedley: Thank you, Minister. Through you, Chair, to the member, in terms of hiring practices within Alberta Health, it follows the same practices as all departments follow as set by the guidelines of the Public Service Commission and follows any collective agreements that have been made. We stick to those practices, and I think those are well documented.

Member LaGrange: Thank you, Darren.

I'll move on to the next question, which involved Indigenous health. I believe the ADM Lisa Higgerty did a really good job of answering that question. What I'll add to it is that really we're looking at $45 million invested over three years. I know that also we're doing so many things that are innovative and creative.

I'll speak to the fact that Chief Cody Thomas in the Enoch Nation had indicated that they are looking at having the first chartered surgical facility in all of Canada on Indigenous land. That is just something that is really innovative, creative, and meets the needs of the people in their communities. Looking forward to seeing that move forward in the near future.

When we talk about primary care, in fact the decrease that you indicated is a $23 million decrease related to the one-time carry-forward of the working together bilateral agreement. The '25-26 year will be the last year of the working together bilateral federal agreement. Alberta will work to renew this agreement with the federal government.

I spoke to this earlier, when I was asked the question about: what can the federal government do to better support health care in provinces? One of the things they can do is actually provide long-term funding so that it isn't just grant funding that we get as a one-off, so that we can actually develop programs and have them sustained into the long term, again, working very closely with us on those.

There were a number of items the member spoke about, one being DynaLife. If she could point to where it's located in the budget, I would really like to see that because I don't see it mentioned in the budget whatsoever. We'll continue to work on that.

When I look at all of the great things that are happening as part of refocusing, I have to really say that what we're seeing is an improvement in the strategic planning for the different elements that are out there.

I would like to ask that our new CEO of Acute Care Alberta, Dr. Chris Eagle, perhaps come and share some of his thoughts on what he's already experiencing as the potential for improved health care through his oversight of Acute Care Alberta.

Dr. Eagle: Thank you.

Thank you, Madam Chair. My name is Dr. Chris Eagle. I'm the interim CEO of Acute Care Alberta. I've been in the health care business for 51 years in Alberta, most of it in acute care. For many years when I was CEO of AHS, I felt that the focus on acute care was less than it ought to be. I felt that hospitals in Alberta were not tracking to the level that Ontario hospitals were, that we weren't innovative. So when the opportunity came along to be part of a new organization, Acute Care Alberta, to address those types of innovative issues we can do in acute care, I took that opportunity.

The opportunity in front of us is quite large. We have a lot of work to do on emergency department access, a lot of work to do with the people who are in our hospitals. We have a lot of work to do with surgical wait times, cancer wait times, and the ability to have a specific plan, a specific agency to oversee . . .

The Chair: Thank you so much, Dr. Eagle.

Let me keep track of where we were. We go back to this side now, and Peter Singh is speaking.

Please proceed, Member.

Mr. Singh: Thank you, Madam Chair. I request for shared time if it's okay with the minister.

Member LaGrange: Yes.

Mr. Singh: Thank you, Minister. My questions are on the Arthur J.E. Child comprehensive cancer centre. According to page 99 of the fiscal plan $3.6 billion over three years is allocated for health care programs and infrastructure in Alberta. I read that is 14 per cent of the total capital plan funding. It goes on to say that funding is budgeted for various project phases. I want to specifically ask

about cancer investments within this funding as, unfortunately, this is something that affects many Albertans.

To that point, the Arthur J.E. Child comprehensive cancer centre project in Calgary is open, and I was able to take a tour of this amazing, fantastic facility. I join parents, families, and loved ones across the province in saying that we hope we never have to access it, but we are thankful it is there. I wish nobody would ever have to deal with the realities of childhood cancer; however, for those facing a heartbreaking cancer diagnosis, the province is taking steps forward in caring for children with cancer in our province. I hope that it will hopefully provide parents with so much peace of mind as possible, knowing that their child is receiving the most comprehensive care.

Looking at the capital plan now, I would like to know if Budget 2025 is addressing this important cancer centre. Would the minister please share with this committee if there are any capital investments that will go towards the Arthur J.E. Child cancer centre?

Member LaGrange: Thank you for the great question. I know what it's like. I was 15 years old when my father died of cancer, after his second bout of cancer, and I lost a younger sister at the age of 29 to cancer. I myself, as I indicated earlier this morning, have had eye cancer in 2012 and continue to have that monitored. So I know how important it is. I know how important it is to every family out there. I don't think there is one person in Alberta or probably around the world that hasn't been touched by cancer in one form or another within their own families. So it's very personal for people.

What we are looking at is $25 million remaining in the project budget, which is primarily targeted towards payment for furniture and equipment as well as it includes a small contingency if any emergent need arises. It is a beautiful facility, but it is only a facility, an empty building, unless we have the great men and women who work there, like the health care professionals that are in the Arthur J.E. Child cancer centre and, in fact, in every health care facility we have across this province, who do God's work each and every day to save lives. We have to give them tremendous credit for all of the great work they're doing.

Really appreciate all the wonderful work that's happening there. It is exciting to open a new facility. It is state of the art. It's one of a kind. I think you have another question that I'll be able to expand on all the great attributes of this wonderful facility and the great people that work there.

4:10

Mr. Singh: Thanks for the answer, Minister. Can the minister please describe how significant the Arthur J.E. Child comprehensive cancer centre is to Alberta's health care system?

Member LaGrange: It is extremely significant. It is, as I said earlier, one of a kind. It is an investment of $1.4 billion. It's state of the art. It opened in October 2024, and it enables Albertans access to comprehensive cancer care services in a world-class facility. The centre opened for both in-patient and outpatient services in November 2024. The Arthur Child is home to leading cancer researchers and medical teams, with 1.3 million square feet dedicated to groundbreaking research, care, and education, enhancing cancer treatment and improving outcomes for the 1 in 2 Albertans who will face cancer in their lifetime.

The facility's architectural design prioritizes natural light and views to nature as well as amenities for patients and their families. This reflects government's commitment to modern health care, prioritizing the holistic well-being of patients navigating the cancer centre. I've heard from patients and family members who have already been at the Arthur Child, and they say it's night and day from their previous experiences. It is a wonderful facility. It's unfortunate that you have to be there if you have a reason to be there, but it is a wonderful facility to be at.

The centre offers in-patient and outpatient services, including 100 patient exam rooms, 160 in-patient unit beds, 90 chemotherapy chairs, increased space for clinical trials, 12 radiation treatment vaults with three additional shelled for future growth, 1,650 stalls of underground parking, clinical and operational support services, and research laboratories.

The Arthur Child is fully operational. As of early February 100 of the 160 in-patient beds are occupied, over 50 of the 90 chemotherapy treatment spaces are open, and all clinical areas are open and being utilized with room for growth as needed. A new clinical trial space will also be opening later this year, and the launch of additional programs will be informed and guided by patient and clinical needs. Staff recruitment for the centre has been strong across all domains, with many new and replacement positions being filled, and there's aggressive recruitment continuing for all open positions, including medical staff, with additional interviews scheduled for oncologists and hospital positions.

Again, it's a wonderful facility doing great work. We're looking forward to seeing all of the wonderful things that are going to happen in that particular facility and right across Alberta in cancer care. Of course, we also have now the mobile lung cancer screening program that we announced earlier this year. We're making strides in getting that up and running as well as many other initiatives across the province.

Mr. Singh: Thanks for the answers, Minister.

Through you, Chair, my next set of questions are on the diagnostic imaging enhancement program. Calgary-East constituents and Albertans have told me that a significant bottleneck to them receiving health care is prompt and accurate diagnosis for their conditions.

I see that page 108 of the fiscal plan includes $168 million in new funding over the next three years towards the diagnostic imaging enhancement program. I would like to focus this question on this program, including how it functions, how this investment through Budget 2025 will improve working conditions for front-line health care professionals, and how it will impact diagnostic wait times. Can the minister please explain how the diagnostic imaging enhancement program functions?

Thank you.

Member LaGrange: I will turn it over to Leann Wagner, who is going to speak to this particular item. Thank you.

Ms Wagner: Good afternoon. Through the chair thank you for the question. The diagnostic imaging enhancements program is aimed to modernize and expand Alberta's diagnostic capabilities, addressing the growing demand for timely and accurate diagnoses. Budget 2025 includes $168 million over three years for a total funding of $226 million to replace end-of-life DI equipment in the growing demand for DI services, improve access, increase capacity, and align with our mandate to enhance health care delivery across Alberta.

Mr. Singh: Thanks for the answer. How will this improve front-line health care professionals' working conditions, and how will the diagnostic imaging enhancement program reduce diagnostic wait times?

Ms Wagner: Thank you. The diagnostic imaging enhancement program will replace outdated equipment and install advanced DI technologies, ensuring that health care providers have access to the

tools necessary for early disease detection and more efficient patient care. The initiative aims to address the growing demand for DI imaging, including, CT and MRI scanners as well as other technologies.

Alberta ranks among the lowest nationally for the number of CT and MRI machines per million population and scan rates per 1,000 population. This investment . . .

The Chair: I'm sorry. That's our time.

I do want to turn it over to Jackie Armstrong-Homeniuk for an introduction as she has joined us.

Ms Armstrong-Homeniuk: Hi. Good afternoon, everyone. I'm Jackie Armstrong-Homeniuk, the MLA for Fort Saskatchewan-Vegreville, and I'm happy to be here this afternoon.

The Chair: Thank you so much, member.

Back over to the Official Opposition. Go ahead, member.

Ms Sigurdson: Well, thank you, Madam Chair. I just have a few questions for the minister. I'm going to refer to page 109 of the estimates, line item 6, population and public health, 6.3 particularly: protection, prevention, and wellness.

The report for the persons in care act falls in this area, and the 2023-24 report indicated that there were hundreds of reports of abuse and hundreds of investigations that were founded, that it had tripled in the number of founded cases of abuse. Abuse included physical, emotional, sexual, and neglect, meaning failure to provide the necessities of life, so there was a dramatic increase. Of course, these are very vulnerable people, because these are people in care. The vast majority are in the continuing care system in Alberta. We know that three clients died after service providers failed to adequately assess and monitor the seniors' medical conditions. For example, service providers failed to help a resident eat, resulting in significant weight loss and hospitalization.

Seniors reported they felt unheard, ignored, disrespected, degraded, and helpless. The founded allegations, as I said, had tripled from the previous year, and I'm just wanting the minister to address this. Why is there such a dramatic increase? What is missing, obviously, in the continuing care system that under your watch there would be such a significant increase? I know that the minister changed the legislation about a year ago regarding the minimum daily hours, therefore going against her own government's report from the family-based continuing care review, where there were 42 recommendations and stakeholders from across the spectrum. Certainly, us in the NDP found that report to be very valuable, and we were pleased the government had done that.

But, of course, sadly, the recommendations are being ignored, and now there is actually no minimum daily hours of care in continuing care facilities whereas that was one of the significant recommendations in that report. That's quite disturbing, and seniors in our province are not being supported. I'd like the minister to address this.

I'd also like to talk about the Health Advocate, and that is line item 1.4 on the same page, 109. The Health Advocate is supposed to be also supporting seniors, and that was made very clear by the UCP government when they eliminated that office previously. However, this is only about health, so there's nothing about financial issues for seniors; there's nothing about social service issues, which were what the seniors advocate always did. The minister at the time said that, of course, everything will be covered under the Health Advocate. However, I do have the report in front of me, and there's absolutely nothing about those issues. This report, which is the most recent report, is not from last year. It's from 2022-2023. I'm wondering, through you, Madam Chair, why there is no current report from the Health Advocate.

Quite frankly, the report is very thin. There's hardly any information in this at all. Especially since I've just cited all this significant founded abuse in these investigations that have been carried out, you would think that the Health Advocate would also be highlighting this, but we are seeing nothing about that. So I would like the minister to address those issues.

4:20

We certainly know that – I mean, I think the Health Advocate could have a very significant role and make a big difference. I know that as minister myself, when we did have the office of the Seniors Advocate, I met on a quarterly basis with her, and she certainly talked about her work with stakeholders and brought recommendations to me in the best interests of seniors in our province. It was a very helpful situation, and I'm just wondering if the minister meets on a quarterly basis with the Health Advocate. Of course, I'll ask the same question to the minister of seniors.

Ms Pitt: Madam chair, point of order.

Mr. Lunty: Point of order.

The Chair: I see that there's a point of order that's been called. I'm not sure which of you because you're kind of at the same time.

Mr. Lunty: Well, thank you, Madam Chair. I believe this is a point of order 23(b). I don't believe that the document that the member opposite is referencing is part of this current budget, so I would certainly argue that this is out of scope. She's also made several references herself to asking the seniors minister, so I would be interested to listen to the seniors minister answer her questions on that file. I'm not sure that the Health minister should have to do so. This is a point of order 23(b).

Thank you very much, Madam Chair.

The Chair: Thank you so much, Member.

Please proceed.

Ms Pancholi: Thank you, Madam Chair. The member clearly identified line item 1.4 in the estimates of the Health department. She made it clear that her questions were about the Health Advocate. She used the example of the Seniors Advocate as an explanation as to how she felt the role of the Health Advocate could operate. She was very clear that the questions were related directly to the estimate documents that are right before this committee right now. This is not a point of order, Madam Chair.

The Chair: Thank you so much, members.

You know, I'm just going to leave it to the minister's side whether she wants to address it. Please continue. Yeah, go ahead.

Ms Sigurdson: All right. Thank you. I was going to ask the minister, then: also from this report of the Health Advocate, it does indicate that one of the goals is to be connected with stakeholders. Of course, as was made very clear, Madam Chair, this Health Advocate was to care about seniors issues also. It indicates that the Health Advocate has met with stakeholders. So I'm just wondering: who in the seniors population, which stakeholders has the Health Advocate met with? Who is she getting information from as she reports to the minister?

The Chair: Thank you so much, Member.

Minister.

Member LaGrange: Thank you for the question, and of course I'm happy to provide as much information as I possibly can on this. The Health Advocate office provides support to the independent investigative body that reports to the Minister of Health and works to provide a central intake of health care complaints and resolve citizen concerns with the health system and issues that impact seniors.

The Health Advocate and this investigative body: the reason there were increased numbers was because there were backlogs. In fact, there was an issue identified because we didn't have enough staff. We hired 17 additional staff that reduced a backlog that existed well into the time that the members opposite were in government. There was a 10-year backlog of complaints. This is unacceptable – unacceptable – a 10-year backlog of complaints in the Department of Health that needed to be addressed. So we hired 17 additional staff to address those complaints. I'm happy to report that we addressed 85 per cent of that backlog, and we are continuing to make inroads in that. It's the reason why the numbers are that much higher because, in fact, we're doing our job in making sure that we're addressing backlogged complaints in a timely fashion and addressing new complaints.

We're looking at making sure that we have a streamlined process where someone who has a complaint can come to our department, that they will in fact get an answer. They will have a timely response. They will have a timely investigation into those issues. I can't imagine anyone having to wait 10 years. Even during the members opposite – when they were in government for four of those 10 years, that they did not deal with those backlogs, it's shocking to me, Madam Chair.

That is why we have committed to making sure that the Health Advocate and the investigative body that supports that work is properly resourced and has the people it needs to do thorough investigations where they're needed because seniors are so important. As I indicated earlier this morning, we know that 1 in 7 Albertans right now are 65 years of age and older. That will actually be 1 in 5 within the next 20 years.

We also know that seniors are vulnerable and that they are in situations sometimes where they can be taken advantage of, and we don't want that happening. That's why we increased the staffing for that department. I'm proud of the work that has been done. I'm proud of the fact that we have been able to, as I said earlier, reduce that backlog by 85 per cent. That means there's still 15 per cent of a backlog we need to deal with, but of course that is something that will happen very quickly here.

I'll now turn it over to my senior associate minister Leann Wagner to add further context.

Ms Wagner: Thank you for the question. Speaking to the Health Advocate, she and her office meet on a regular basis with a variety of stakeholders, including seniors groups, both local, regional, and provincial, cultural groups, and other partners, including the Health Quality Council. She is building relationships with each of the new agencies to establish how we best handle complaints and to improve the patient experience. Lately she's been working very closely with immigrant communities given some concerns about how health care is being provided to refugee communities who come into our hospitals and into primary care clinics.

The advocate's office accepts all phone calls. No one is turned away regardless of their need. When someone calls, regardless of the issue, if it's a housing issue or it's an income support issue, she and her team will respond and direct them to the right place. Sometimes that means they help them reach out to our partners in other ministries and into other advocate offices. If it's a health care issue, she will work with our partners to try to resolve that issue either through helping the patient advocate for themselves, supporting case management, trying to understand why a particular policy or rule might be applied to a particular patient.

Further, the advocate's office has expanded its services. It now has a dedicated advocate specific to Indigenous communities. All calls, if the patient wishes or the Albertan wishes, can be directed towards our Indigenous . . .

The Chair: Thank you so much.

I see that our member Eric Bouchard has joined us.

Member, would you please introduce yourself for the record?

Mr. Bouchard: Absolutely. Thank you, Chair. I'm Eric Bouchard, MLA for Calgary-Lougheed.

The Chair: Thank you so much and welcome.

Now we'll move over to the government side, and I see that MLA Johnson is next.

Mrs. Johnson: Thank you, Madam Chair, and through you to the minister, I'd like to address a subject that is very important to me, both personally and professionally, and that is midwifery. I was so pleased to be able to ask our minister some questions on this just recently in the House. I'd like to go to that subject again, if I may, and ask some questions regarding the budget and midwifery.

I was very pleased to see Budget 2025 is recognizing the important contribution that our midwives make to our province. As highlighted on page 19 of the strategic plan, the government is committing $8 million to develop and implement Alberta's midwifery strategy, which I understand was developed with the Alberta Association of Midwives. Midwives have a role in primary health care in providing services to Albertans.

Per the strategic plan increasing access to maternal care through the midwifery strategy will reduce pressure on hospitals and improve access to maternity care in rural and remote areas. I represent some of those rural and remote areas in Alberta. This is another reason this is very important to me and to the constituents that I'm representing in Lacombe-Ponoka.

I have three questions regarding this, which I'll present all together here. Would the minister please update this committee on what Alberta Health's vision is for the future of midwifery and what funding will be allocated for that vision? Second, how can the ministry work to better integrate midwives into rural care teams? The final question regarding this would be: with the changes being made to primary care, how does the refocus impact midwifery?

4:30

I'll leave that one aside, and I will go to one that I think is important to myself but also to the minister as it is in her hometown: the Red Deer interim cath lab, another very exciting development for central Alberta especially. We've heard some talk about this today, talk about it being in Lethbridge and in Red Deer and how important this is. I'm excited to see this as a budget line.

Our province's geography is so often an asset; however, when it comes to health care delivery, it is often an impediment to efficient service delivery. For instance, I understand that, in many cases, people from central and southern Alberta, as I referenced, need to use services of hospitals in Calgary, causing health care workers there to feel overloaded by that workload. This is also not a beneficial situation for patients who live outside Calgary. Due to this, I noted an investment made on page 108 of the fiscal plan for an interim cardiac catheterization lab at the Red Deer regional hospital centre to the sum of $22 million over three years. I'd like to ask about this investment through Budget 2025 and how it will

impact patients both in Red Deer and in the wider health care system.

First, would the minister please tell this committee how the interim cardiac catheterization lab will impact patient services in Red Deer? I noticed that the hospital project there is ongoing, and it's very exciting to see that. When I'm in Red Deer, I drive by. It makes me very proud to be a central Albertan first and to be part of the government that is initiating this and seeing this through and exciting to see that this cath lab is going to be part of that project. So perhaps how that will impact the patient services there.

Second, how will the interim cardiac catheterization lab impact the wider health care system? As we said, there are constituents not just from Red Deer but that are coming from all over. Right now Red Deer has to go to Calgary, they have to go to Edmonton, to these broader centres. I hear in my office on a regular basis that this impacts them for their time. It's often an entire day away from work. They have to drive. They have to pay for the gas. Sometimes it takes a couple of days; they may have to have a hotel room. It's impacting them in many ways. So to see this come to Red Deer is very good for them, and again it's going to take pressure off Calgary and Edmonton. How would the wider health care system be impacted by that?

My final question: for how long will this interim cardiac catheterization lab be in place? Being that its interim – of course, we're hoping it's going to be long term. If you could give us some timelines around that, that would be great.

I'll hear your answers on midwifery and then the Red Deer catheterization lab. I look forward to hearing from the minister. Thank you, through the chair.

Member LaGrange: Thank you so much. Both great questions with lots to unpack in both of them. I'll start with the midwifery program. Alberta Health spends $30 million annually on midwifery services. That is included in the base operating funding to AHS. The additional dollars that we're talking about are developing a midwifery strategy to strengthen the program, the workforce, and to provide Albertans with more access to maternal health services, particularly in rural, remote, and Indigenous communities. The commitment is over three years. Really looking forward to developing a strong strategy.

They were actually in my office. The Association of Midwives were in my office yesterday. Best meeting I've ever had. They brought a brand new baby that was born in January. I was able to cuddle babies. People who know me know that I'm a baby person, having had seven children and now having eight grandchildren. That is my happy place. It was great talking to them. They are very proud of the work that they're doing. They know that there are some challenges that they have to face in terms of the workforce, growing that workforce. So looking forward to working with them to make sure that we are able to break down those barriers that they sometimes face in working together in team. They love to work together in team, and they are very excited about the possibilities.

Primary Care Alberta is the new provincial health agency that oversees the governance, co-ordination, and delivery of primary health care across the province to improve access to care and reduce pressures on hospitals, and the provincial midwifery services team will continue to provide support to midwives and midwifery practices throughout the transfer to the PCA. They're very excited about coming under the Primary Care Alberta pillar because they really see themselves as being an integral part of that primary care team, particularly when you are in rural, remote locations, where you often don't have a primary care practitioner that can follow you through your whole journey, your pregnancy journey, pre- and postnatal.

I think there are many exciting opportunities that we're seeing. The midwifery staff appointments, privileges, issues and concerns, resolutions, and billing will transfer to Primary Care Alberta. Again, lots of exciting opportunities. I could go on and on this one, but I'm also super excited about the Red Deer interim cath lab. As you know, through the redevelopment of the Red Deer hospital, which is a $1.8 billion facility upgrade to Red Deer hospital, which was long overdue and which the NDP actually had taken off the capital plan and we had to put back on the capital plan. I'm really proud of our government and the work that we've done in making sure that it got back onto the capital plan.

The hospital interim cardiac catheterization labs: the interim part is needed because we won't have the two full cath labs until the hospital project is finished, the complete project, which we anticipate being 2030. We know that people are dying because we don't have these services available closer to home in Red Deer. In fact, anyone who suffers a cardiac event of a serious nature has to be transferred out to either Calgary or Edmonton. We know that time is muscle when it comes to cardiac events, and so the Red Deer hospital interim cath lab addresses a significant service gap for residents of central Alberta, who currently must travel, as I said, to Calgary or Edmonton for urgent cardiac care. This travel not only adds stress and delay but can be life threatening for patients with severe cardiac conditions where time to treatment is critical.

I can share with you a story, and I believe there are many who have stories. A relative of mine suffered two heart attacks within the ambulance en route to Calgary for further service. The interim lab will provide essential services such as angiography and percutaneous coronary interventions – I apologize for not saying those properly – directly at the Red Deer regional hospital, thus drastically reducing travel time and enhancing patient outcomes. Currently most of the patients do go to Calgary or Edmonton.

The project is strategically aligned with our health goals. The project design is under way. Construction is anticipated to start in 2025. This is actually in collaboration with the foundation, the Red Deer health foundation, and they are in fact providing the capital for this. We are working with them to make sure that it progresses on time. Our commitment will be to ensure that the cash flow is there.

The Chair: Thank you so much, Minister. I've had a few of the members reach out to me asking for a health break. Minister, I wanted to check in with you to see how you're feeling.

Member LaGrange: I could use a break if everyone else is agreeable to one.

The Chair: Okay. I'm checking around the table.

Ms Hoffman: I don't consent. We have so many questions to ask. I'm sorry.

The Chair: So what are we going to do here?

Ms Hoffman: I'm going to ask some questions.

The Chair: Let's do this. Minister, if you want to take a break, then you can leave the room and take a break. But you can go ahead and ask questions if you like.

Ms Hoffman: Sure. And the officials can respond?

The Chair: Sure. Whatever the minister decides.

Ms Hoffman: Sure.

The Chair: Minister, did you want to speak to that?

Member LaGrange: You know what? For myself I'm happy to stay, but I know that the other members that are here – obviously, you know, it's very unusual. I've heard other officials comment that in their 20 years in estimates they've never seen an opportunity being denied for people to have a break, but if the members opposite feel they need to continue on, I'm happy to continue on alongside them.

Ms Pitt: Madam Chair?

The Chair: Please go ahead.

Ms Pitt: Can I make a motion that we take a 10-minute bathroom break?

Ms Pancholi: I'm sorry. No. That's not the way this works.

Ms Pitt: I made a motion to the chair.

4:40

Ms Pancholi: You know that's not the way this works. Do you know that? You are the Deputy Speaker. You should know that.

Ms Pitt: Oh, am I the Deputy Speaker right now?

Ms Pancholi: I don't know. You aren't acting like one now. No.

Ms Pitt: Oh, I'm not?

Ms Pancholi: No, you're not.

Ms Pitt: I made a motion. Let's see what the chair says.

The Chair: So I've just sought counsel, and what I've been told is that if the government chooses to give up their time, then we can have an official break. You don't have to be here the whole time. You can just go and take your break. I think this morning what we did is we decided to take an official break, and all of the members on the government side and the minister's team did take a break. For now, if you guys want to take a break, then by all means you can take a break.

Minister, the Official Opposition wants to continue asking questions. So if there's an opportunity for your members behind you, if your team wants to continue answering questions for you, then perhaps we can go that way so that the government members don't lose their time. But it's really up to you. I'm just chairing.

Ms Hoffman: Thanks. Ready?

The Chair: Minister, are you fine if we continue?

Ms Pitt: We'll take a break in five minutes.

The Chair: That's up to the members to decide.

Member LaGrange: Okay. I just want to get the will of the . . .

Ms Hoffman: Madam Chair?

The Chair: Sorry, let's see what the minister says. Hold on.

Ms Hoffman: Madam Chair?

The Chair: The minister is speaking right now.

Please proceed, Minister.

Member LaGrange: The will of the room is to my understanding that the opposition, the NDP, would like not to take a break, and I believe on the government's side that – are you going to take an organized break and reduce the amount by five minutes? Is that correct? Okay.

So my understanding, Chair, is that the government side would like to reduce their time by five minutes and take a break at some point in time.

The Chair: Are you guys okay with that?

Mr. McDougall: Yeah.

The Chair: Yeah? Okay. We're going to proceed with the members, and then the next round we'll take it off the end. Okay? Does that work for everybody?

All right, please proceed. Go ahead, Member.

Ms Hoffman: Sorry, I just have so many questions, and this absolutely has happened previously. So I'm just going to keep going through my questions.

We're going to focus on acute care in this rotation. Item 2.1 in the estimates shows that the government underspent in the current fiscal year by $119 million on acute care. Some factors potentially attributing to that are the regular closures of emergency departments, especially in rural Alberta. Right now if you are in the Bow Island area in southeastern Alberta, your emergency department isn't open today. Will the minister please share the total number of hours that emergency departments were closed in the current fiscal year and what projections or targets she has to reduce that number for the upcoming fiscal year?

This again relates to line item 2.1. I have 36 pages here of just headlines of AHS news releases about closed emergency departments. There are approximately eight of them per page. Almost 290 media notices went out about emergency department closures just in the current fiscal year. As was mentioned with the most recent one, Bow Island, which is closed today, people are being advised to travel an additional 57 kilometres to the next closest open emergency department.

I certainly hope that the minister's family member who was on the highway did make it. That is concerning to hear about anyone having heart attack while they're on the highway, receiving medical care. I don't want that for anybody else in Alberta either.

My extrapolation with these, just going off these headlines and that the vast majority of them are 48-hour closures, would be about 14,000 hours of closed emergency departments over the last year alone. I would be very grateful to have an accurate number provided through you, Madam Chair, either by the minister or any of the officials in the back who are able to respond.

And again, these are just AHS closures. I'm not sure if Covenant has experienced any, but it would be great to have that information provided, too, Madam Chair, through you, of course, because our goal is to make sure that everyone in the province of Alberta has access to the care that they need although I do know that the Coronation emergency department is listed here. Anyway. That rolled-up number of how many emergency department hours have been closed would be especially helpful.

I do also want to touch on the Calgary cancer centre, as was mentioned by a previous member in questioning. When I was there recently for a tour – yeah, I'm just so happy to see that it's gone forward. I know that the current government did cancel a number of other capital projects that we had under way, including the Edmonton lab, the Edmonton hospital, the children's mental health hospital in Edmonton as well. But it's

certainly good news that the Calgary cancer centre did not get cancelled, that it is open.

However, my understanding is that the only increase in beds at the Calgary cancer centre are to off-set closures of cancer beds in other hospitals in the Calgary zone, so I would like an accurate number of how many Calgary cancer beds are open now for that zone and how many were open before the opening of the new Calgary cancer centre. There is a great deal of space there that could be used to accommodate the growing health needs of folks in Calgary and southern Alberta who are in desperate need of cancer care. Yeah. It's a fantastic building. It has the potential to be world class if we see the proper investment through equipment and staff to make sure that it is properly used to its fullest capacity.

Those are probably the two main things I wanted to touch on in acute care.

I will briefly touch on EMS. I saw the minister's announcement earlier this week around buying more capital as it relates to the line item 10.6 in the estimates. We certainly did invest in capital and specifically getting power stretchers in ambulances and upgrading the fleet, partially because the number one reason for sick leave among paramedics in the time when I was minister was back injury. I'm grateful that that is no longer the number one reason for people being on sick leave and that we've actually also gotten to gender parity in terms of employment, according to the Health Sciences Association who represents the vast majority of those paramedics, because of the reduced need to be able to lift somebody.

However, the number one reason for sick leave now is mental injury, and knowing that the government repealed legislation around presumptive coverage for first responders is concerning to me. I understand that it is something that's being negotiated at some tables through this round of bargaining, but I believe that if the government wanted to take the budget seriously, they would have reduced the amount of sick time by ensuring those who have mental injury see proper staffing levels.

Two questions about acute care and one about EMS, Madam Chair.

Member LaGrange: Well, thank you for the questions. In regard to closures of hospitals, we never want to see any hospitals close. I know it's something that we're very attuned to. I can share that 90 per cent of the closures have been due to physicians not being available, and these are not scheduled physician absences which, you know, happen through holidays, those types of things. These are unscheduled. We are very aware. We're working to make sure that we do have the right people in the right times, the right practitioners that will keep our hospitals open.

It's why we have the primary care compensation model as well as the new funding for the ARP to make sure that our hospitalists are available as well. We're taking every action possible to make sure that we do keep our hospitals open. It's critically important, particularly in rural communities, remote communities, to have those facilities open, so we're making sure that we have a strong recruitment and retention program. All of the work that we're doing with the College of Physicians & Surgeons also is to streamline their processes, to bring more doctors to the province, to keep the great ones that we have, to also streamline the assessment processes when they come in.

As I indicated earlier, we've gone from roughly about 10,600 physicians in the province when I first started in June of 2023. We're now at over 12,200, and that number is growing. I'm really happy to see that because, again, we need more practitioners to keep our facilities open.

I'd now like to call on Patrick Dumelie, who is the CEO of Covenant Health, to share some of the exciting things that they're doing to ensure that our rural facilities and our hospitals stay open. Patrick, if I can call on you to share your thoughts in this area.

Mr. Dumelie: Thank you for the invitation, Minister. I'm Patrick Dumelie, CEO of Covenant Health, Covenant Care, Covenant Living. We operate some 27 facilities across the province and have been doing so since before Alberta was a province, so a 160-year tradition of doing that for Albertans.

4:50

I'm happy to say, to hon. Sarah Hoffman's question, that in recent memory Covenant has not had to close any emergency departments, and that's largely due to the resources that we're receiving for rural recruitment and retention initiatives. We've had huge success as a result of both the resources that have been provided to us but also the partnership we have with AHS and the Department of Health. Our focus is really in alignment with what's been happening provincially, but also in our own unique Covenant way we've been able to dramatically change the landscape for Covenant facilities and the communities that we serve.

I'm happy to say that we have a 42 per cent reduction in vacancies in rural Alberta over the last year, which has caused us to be able to reduce our overtime significantly. We're at the point where I'm told that by the end of March we'll have one agency nurse that is actually filling a part-time or full-time line in all of Covenant rural. We still rely on agency nurses for casual, and oftentimes if there is extra pressure from other facilities around us closing, we'll have to rely on agency nurses, but huge progress has been achieved through all of our sites. The strategy that's aligned with government is really to first focus on retention. I'm happy to say that Covenant has among one of the lowest turnover ratios not only in the province but probably in Canada.

We also focus on models of care. We've been able to deploy people to their best and fullest benefit, relying on all of our health practitioners to work to their best benefit. We've had huge success on the grow your own and recruitment, especially with domestic IENs, domestic foreign-trained professionals. We put in a program that helps them transition from their existing skill level to a skill level that would meet, you know, other nurses and health care professionals in the province. Huge, huge gains in that regard.

Beyond that, I'd say that some of the secret to not closing emergency departments is the relationship that we maintain with our medical staff. We're extremely grateful for our leaders and our medical staff who, you know, when we do have a challenge due to someone being unavailable to attend the emergency, have really stepped up. We are grateful for all of their efforts in ensuring that all of our communities get the necessary emergency services that they require and deserve.

The Chair: Thank you so much.

That's our time.

Ms Pitt: Madam Chair?

The Chair: Yes.

Ms Pitt: Given that the NDP seem to lack some compassion in providing a bio break for our minister and her team, I'd like to propose that we use some of our time for just that.

The Chair: We did that this morning, Member.

What I'd propose is that we take the five-minute break now and, as we did earlier today, we take some of the government member time, five minutes, to allow everyone in the room to be able to have

a bio break. So if we could set that five-minute timer now, let's break.

Thanks, everyone.

[The committee adjourned from 4:53 p.m. to 4:58 p.m.]

The Chair: All right, everyone. Thank you for coming back.

Now we're going to the government side. Who is the member that's up next? Who is speaking next on behalf of the government side? Is it Brandon? Brandon is next? Okay. I'll give you a second to get settled, and then if you could decide whether it's going to be shared or block time. This is going to be the five minutes.

Mr. Lunty: I'll just share time.

The Chair: Share it with the minister?

Mr. Lunty: If that's all right with the minister.

The Chair: Minister, Brandon has asked for shared time because it's only a five-minute segment this time due to the break.

Member LaGrange: Yes, please.

The Chair: Okay. Please proceed.

Mr. Lunty: Okay. Well, thank you Madam Chair. Five minutes shared. Got it. Sounds good.

Through the chair, to the minister: I would like to actually talk about something that the members opposite raised in their last set of questions, and that was the EMS capital investment. I think that's a really important commitment. The emergency medical services, EMS, in general is such a big part of our health care system. I know that, you know, people always talk to me in my office about the importance that these workers play in our community.

Madam Chair, if you might indulge me one very specific shout-out, my brother is a primary care paramedic, so I want to thank him for his service to our community. As you might expect, I get an earful on these issues.

I would like to dig down, through the chair, on the vehicle capital investment. Would the minister outline how any additional dollars are being invested in the EMS vehicle capital program through Budget 2025?

Member LaGrange: Yes. We're actually adding $60 million, so we are making sure – it's $40 million invested over three years, but the $60 million total was with the additional dollars that we had previously allocated is my understanding. That was the announcement we made the other day. We are adding $57 million to the overall operational funding for EMS. The capital is going to be used to repair and/or purchase new vehicles. That'll facilitate approximately 140 vehicles that may be acquired with the additional $40 million. Again, that's up and above what we've already committed in previous years and will go a long way to ensuring that they have the proper equipment to do the work that they're required to do. It's so essential for what we ask our EMS to do on a day-to-day basis.

Mr. Lunty: Absolutely. Obviously, I've seen it first-hand a little bit. Through the chair, Minister, are you able to sort of put forward, you know, if this might help to reduce emergency medical services response times at all? Also, through the chair, do you have a sense about how many vehicles we might be expected to add with these additional funds?

Member LaGrange: I believe it's 140 with the additional funds and then looking also to make sure that the ones that we do have are in good repair, et cetera.

Overall, we are spending $789 million. That is budgeted for emergency health services to increase capacity and address the Alberta emergency services advisory committee and Alberta Emergency Health Services Dispatch Review recommendations. We're going to make sure that we're able to impact those as much as possible.

When we look at Budget '25-26, this is an increase overall. It will continue to work closely with our EHS, EMS partners to find ways to reduce wait times even further to continue the momentum of the past number of months, initiatives that aim to improve flow through the emergency department and reduce the length of stays in emergency room departments. We want to make sure those ambulances are on the road, not stagnating or being held at a hospital. We want to make sure we try and do that 45-minute off-load time period and adhere to it.

We've got dedicated allied health resources, including physiotherapy, occupational therapy, pharmacy, and social work positions that were put in place across the zones, with over 80 per cent allied health and pharmacy positions recruited. Again, this is something that will help support EMS. The expansion of the emergency physician liaison role to help support triage decision-making and expedite care will not be proceeding due to ongoing physician workforce challenges, and zones continue to regularly review demand as well as available resources and augment where required. For example, central zone has created a surge escalation process that triggers calling in an additional emergency department physician when department wait times require extra resourcing, and adding support is dependent on physician availability. Again, we're looking to make sure we're getting the right people at the right time in those spots so that triage can happen quickly.

The Chair: Thank you, Minister.

Over to the Official Opposition.

Ms Hoffman: Thanks. I'm going to have all of my next round of questions related to population and public health, which is line 6 in the budget estimates document. We didn't have a chance earlier to get a response from anyone in public health or the minister as it relates to the tobacco settlement of $24.7 billion. I would hope that maybe they can answer that, as it does relate to population and public health in this area.

5:05

I'm going to touch a bit on immunizations. Again, it isn't recorded through targets in the budget any longer, but there is a dashboard that you can access on the website. I would have printed it off, but you can't print it off. I'm going to talk about first the MMR dose, two by age two. This, again, relates to immunization support, 6.2 in the budget. There are a number of areas, including the High Level area, the county of Forty Mile, and the Taber MD where MMR immunizations, two doses by age two, which is the medically recommended standard, are incredibly low. For example, in High Level only 10.5 per cent of children aged two had both their MMR immunizations.

These are also the areas where I highlighted earlier that acute care hospitals are regularly being closed, in rural Alberta, Madam Chair. To make sure that we can keep as many children out of emergency departments and off the highway when they're in crisis, I am hoping that we can get some information about public health, about how they're going to change some of their strategies around immunization support and public health in particular, perhaps the

office of the chief medical officer of health, to ensure that we address these incredibly low immunization rates.

I'll also touch on HPV. Again, recommended two doses by age of 13. If you're a male, only 60 per cent of Alberta men have achieved that marker, and for women, 61 per cent. Again, lowest rates in south zone and north zone for those. So, again, targeted public outreach initiatives as it relates to immunization support.

This also relates to performance metric 3(a) in the business plan. Where you can't have an immunization to prevent syphilis, you can for a number of other sexually transmitted infections. The syphilis rate, particularly congenital syphilis, is very concerning to me and I'm sure many Albertans, seeing that congenital syphilis rate in 2019 was 87 and now it's 121.6. It did peak the year before, but we'll see where it was for actually 2024 when the next year's budget or annual report comes out.

These initiatives can absolutely be prevented. For the recollection of everybody, congenital syphilis is deadly, and babies have died in Alberta because of congenital syphilis. This is something that is completely preventable when pregnant people get maternal care in a timely way, including the full range of sexually transmitted infection testing that is needed. These are often people who are engaging in sex for survival and contracting infections, getting pregnant, and sometimes it's even resulted in the death of a newborn child here in Alberta, something that you hear about in developing countries and, sadly, here.

So I would love some information, through you, Madam Chair, as it relates to population and public health for immunizations, for STI rates, and what we are doing with this budget to make sure that we actually address that and these targeted areas where immunization rates are especially concerning, what we're going to do to ensure that we can get the best information out to families for them to still make their own decisions but with as much information and evidence as possible to enable them to support their children in having long and healthy lives. It would be great to have an opportunity to hear from public health, as this is an area that I wanted to flag for future investment and consideration as it relates to this budget item 6 once again.

The tobacco question once again, if it was lost: how are we going to use our portion of that $24.7 billion? Hopefully, it will be to expand and make permanent cancer screening and tobacco prevention programs.

Thank you very much, Madam Chair.

The Chair: Thank you, Member.

Member LaGrange: Thank you for the questions. You are right; there has been a recent tobacco lawsuit that has been settled. I'm going to turn it over to Christine to provide you details as we know them.

Ms Sewell: Thank you, Minister. On March 6 the Chief Justice Geoffrey Morawetz of the Ontario supreme court delivered the sanctioning against the company creditors arrangement plan. It was finalizing a $32.5 billion settlement to resolve health care cost recovery claims. As part of the ruling provinces and territories are allocated $24.7 billion, with Alberta receiving a percentage share 12.6272 per cent, which equates to approximately $3.1 billion.

The payments are structured with an initial upfront payment, with provinces and territories combined all allocated $6.2 billion, so Alberta's proportionate share of 12.6272 equates to approximately $783 million, and then it'll follow annual distributions for the remaining balance. Those annual payments will depend on tobacco companies' future financial performance, specifically their future net after-tax income during a contribution period, which is anticipated to extend beyond 20 years. The plan implementation date hasn't been confirmed, but it's anticipated that payments would commence once the plan implementation date is finalized. There are several preconditions that have to be met before the plan implementation date, including signing of releases and other required documents, to fully implement the CCA plan and the sanction order. That process may take several months and could extend into the end of the year.

Member LaGrange: Thank you, Christine, for that answer.

When we get to public health and particularly the discussion around vaccines, of course, everyone knows that post-COVID there has been vaccine hesitancy not just in Alberta, not just in Canada, but globally we're seeing vaccine hesitancy. Of course, we in Alberta have committed to making sure that we provide parents and guardians with the information they need to make the best decisions for their children, their families, and part of that is also making sure that we have a strong public health and disease prevention component to our health care system.

For '25-26 it is $153.8 million allocated for immunization programs to prevent measles and other vaccine-preventable diseases. We also have $8.3 million invested in sexually transmitted and blood-borne infection prevention, with a focus on syphilis prevention. We're also looking to modernize public health legislation to improve emergency preparedness and disease response. We will have more to say as to where public health fits into our refocusing as we move further along the continuum of refocusing the health care system.

When we look at the sexually transmitted diseases, the member opposite is absolutely right in saying that there have been huge increases. Alberta is currently experiencing an outbreak of syphilis, with rates that have not been seen since 1948. In 2021 infectious syphilis rates were 17 times higher than that in 2024. This can be for many reasons, including but not limited to the fact that we are actually doing more disease testing, that, in fact, we are able to diagnose quicker, better, but we're also seeing increased rates that are affiliated with some vulnerable populations and the practices that they're involved in.

In terms of Alberta Health we're providing $7 million annually to six organizations across the province for STBBI prevention, testing, and treatment and to support wrap-around services for people in vulnerable situations who are diagnosed with these infections. These are Alberta Health Services and community-based organizations that work to improve health, reduce barriers to sexually transmitted and blood-borne infection testing and treatment, and increase access to prenatal syphilis screening, because it is really serious, particularly when young ones are affected by it.

Another $3.2 million annually is funding that has been provided for syphilis outbreak response, including enhanced outreach activities with street-involved and vulnerable individuals in Edmonton, to enhance awareness, access to testing and treatment, and facilitate prenatal screening, funding to AHS for a prenatal syphilis outbreak response project throughout Alberta to enhance prenatal infectious and congenital syphilis cases management, including testing, treatment, and follow-up serology to prevent further transmission of syphilis in the community.

The Chair: Thank you so much, Minister.

I see that we are having to move now to the government side. Member McDougall, it's your turn.

Mr. McDougall: Thank you very much. To the minister, through the chair: I'd like to discuss developments related to health

information and technology. Lines 9 to 9.2 on page 110 of the estimates relate to information technology, while line 10.2 is about external information systems development. I understand that health card modernization will be in the works or is under way, and I would like to get a bit more information about that process. Would the minister please share with this committee the progress made and dedicated dollars that her department is spending to ensure the progress of the health card? When can Albertans expect the health card project to be completed, and what measures are being taken to ensure the proper privacy protection measures are taken?

5:15

Technology is of course changing very quickly, and there are a lot of options and, I think, a lot of areas where we can cut costs in health care if we use, you know, the technology. This is one element that, of course, has been talked about and not only that; increased the efficiency and convenience to patients and Albertans.

The second element of key objective 2.4 on page 78 of the business plan, about strengthening and modernizing the health care system for Albertans and health care providers, aims to accomplish this through the integration, interoperability, and use of information technology to support effective care delivery across the province. I understand that there are instances where the health providers are connected to the same digital repositories, and when a person needs to be pulled from different facilities or areas of care, that slows down the ability of practitioners to diagnose and care for their patients.

This has a personal resonance with me, personally. I remember a couple of years ago in the hospital where my mother was, and as they were moving off to bring her to do an MRI, I happened to mention, as she was being wheeled down the hall, to the nurse: you're aware that my mother has some stents? Of course, they didn't. It's amazing that – this goes back a couple of years ago, but how is it that the hospital was not aware that my mother had stents before she'd go in and what the stents were made out of?

Of course, that ended up causing a delay of 14 days in the hospital while they investigated what the material of the stents was. My mother was in the hospital for 14 days waiting for the answer to this question based on some information that should have been shared and should have been available and wasn't. You know, what's the cost of a bed for 14 days? As soon as they found out the answer, which was titanium and therefore she could take the MRI, she got it done, and then she was out that same day, so 14 days of hospital time wasted because information wasn't available. I think there's a lot of opportunity to delay this type of thing.

My question is: what can the minister tell us about how the department will be consolidating health information? Will there be any collaboration with the Ministry of Technology and Innovation to explore AI and large language models to further the use of this type of technology?

Of course, whenever we talk about shared information and especially health information and access, we get into the questions of privacy and who should have access and who shouldn't have access to the information. What assurances can be made to Albertans that their data is safe and secure amidst the growing concerns of cyberattacks and privacy in online spaces?

I did neglect to ask about shared time today, so I'm now into a block, I guess.

The Chair: Sure. But you can only speak for a maximum of five minutes, so you've got 36 seconds.

Mr. McDougall: Okay. Anyway, what assurance can be made to Albertans that their data is safe and secure amidst the growing concerns of cyberattacks and privacy in these online spaces? I guess, you know, as a follow-up, is there an intent or what is the time frame that – because we've heard a lot about these multiple databases that are floating around within health systems and within Alberta. When do we actually think that we can get into a situation where all this information will be consolidated into one place?

The Chair: Thank you, Member.

To the minister.

Member LaGrange: Thank you. Great questions. This is something that we just want to reassure every Albertan that we do take the privacy of health information very, very seriously. It is something that is always at the forefront of any decision that we make. I think most Albertans would be surprised to know that, while we have roughly about 4.6 million or 4.7 million people in the province, we actually have more than 5 million health care cards and numbers out there. I know as a mother of seven I was always carrying around these ratty pieces of paper. I'm glad that we're looking seriously.

I know it's been discussed many times to have a new health care card, and working with red tape reduction as well as Technology and Innovation, we are looking to make, hopefully, an announcement very soon on a modernized card. We are the only province in all of Canada that still has a paper card, so we need to take care of that.

I think, also, people in Alberta would be shocked to know that when an ambulance picks them up, they have no access to your file. We have changed legislation so that, in fact, ambulances can have access, paramedics can have access to health care information so they can make life-saving decisions for the people that they're working with. We need the right practitioner to have the information that is necessary for them to provide quality service for the patients.

I'm now going to turn it over to Leann Wagner to discuss all of the areas that we're working on and what we have earmarked, which is $23.1 million, to move that health care card forward, and then all the other questions that you asked.

Ms Wagner: Thank you very much for the questions. Through the chair, I'm pleased to respond. We can expect an announcement, as the minister said, in the coming year with further details on our changes to the health card. We hope to release the new health cards, particularly the physical ones, the integrated driver's licence, in '26-27, with full implementation completed by '31-32. This will allow for a full five-year cycle for all Albertans to choose either the integrated card or a mobile card or a single health card. Our goal is that there will be additional security features put on the card to ensure that there are not fraudulent uses, which is one of our core objectives by moving to the new style of card.

You asked questions about integration of information and the sharing of information, and of course the example you provided is one of many we hear and have heard in the past from patients who are frustrated that their information is not being shared. I'm pleased to report that this is a core objective of the department in terms of IT. We have made significant enhancements to both Alberta Netcare, which is the single health record, and connect care, which was fully implemented at the end of last year, and other community electronic medical records to ensure that information can travel from the primary care office or from the specialist clinic to connect care and through to Netcare so that when someone comes to an emergency room, the patient's record can be fully brought up and they can see whatever information is in Netcare which has been shared by the primary care provider. The example you provided of

your mother: hopefully, that is not happening anymore in Alberta as a result of the significant investments made by government into connect care and Netcare.

We are also implementing electronic order entry to enable providers to order lab tests and make referrals for specialist care electronically. Enhancements into Alberta Netcare will allow direct access to information from connect care, and both connect care and Alberta Netcare have been designed to keep health information safe and comply with the Alberta Health Care Insurance Act.

You asked about collaborating with Technology and Innovation. We work closely with them on all of our technology projects and benefit significantly from their talent, resources, and infrastructure.

Finally, you asked about cybersecurity, which is a significant concern for ourselves and our partners in service Alberta and Technology and Innovation. I'm pleased to report that $15 million was allocated to implement enhancements to cybersecurity inside AHS, which is important, and we continue to design all of our systems with strict security measures and to ensure that they comply with the Alberta Health Care Insurance Act. We want to safeguard the privacy and security of that data for the benefit of Albertans.

The Chair: Thank you so much.

Now, we move to the Official Opposition.

Ms Hoffman: Thanks. I'm going to use this block to discuss revenue, actually, in the estimates document, page 116. Revenue is basically the top third of the page. The transfers from the government of Canada were $77 million more than budgeted for this current fiscal year, and we are budgeting another $29 million for the next fiscal year. I would love the government to provide some of the rationale that went into setting those projections for the upcoming year, but also I would like the government to explain why they were off by $77 million on this year's transfer amounts.

5:25

Also, there is an item around investment income, and it's projected to be almost exactly what our investment income is in the current fiscal year. Through you, Madam Chair, the fiscal climate right now is far from stable, so that $90 million, I anticipate, might not come to fruition. What contingency plans do we have? Through you, can we get clarification on where that investment is currently housed? What investments we are discussing: again, this is page 116 of the government estimates.

The one that I think probably would cause the most concern for folks – there are two line items here. Other premiums, fees, and licences: the current year's budget was $610 million. The government's next year's budget says $673 million. I would love for the minister to fully, transparently demonstrate that there is no initiative to bring back health care premiums under her government. This is a significant increase under premiums, fees, and licences. I think people right now are in an affordability crisis, and they want a budget from the government that's focused on their own affordability and making sure that their access is improved and that their costs are not increasing. I would love for the minister to fully answer the question: is the government of Alberta considering bringing back any type of health care premium in this budget or any subsequent budgets under the current government administration?

Then the next one is other revenue, and this is a huge increase. Again, forecast versus budget for the current fiscal year off by $181 million and a projection of another $397 million. That is a massive increase in what is simply called other revenue. That isn't revenue currently from government transfers or internal transfers. It says that it isn't about premiums, fees, or licences. I think some clarity for all Albertans about this, an additional almost $400 million that the government is expecting to get through other revenue, would be helpful.

Then I am going to take just a couple of minutes here to discuss primary care and what is the most recent news, which is the gap in the number of people who want to do their residency here in Alberta for family medicine versus the number of spots we have. We haven't seen this many vacancies in residency positions in 20 years. There is a 17.5 per cent vacancy rate after the first round of matching, and the national average is only 9.3. This appears to be further evidence that the family doctors that we all desperately need, I know in my riding as well as everyone else's riding around this table, aren't choosing to come to Alberta to do their residency at the same levels that they would have previously. This is a big concern. Again, this is the first round of matching. I know that there will be subsequent rounds, but we should be an employer of choice, and people should have confidence in their government and want to be coming here to fill these positions. We're not anywhere close to the national average.

We know that strong public health care begins with strong primary care. The government has made some really positive announcements, but the budget doesn't reflect that same commitment to primary care as the announcements that have been coming forward. Having answers about contingency plans should we not meet our vacancy rates being filled for those resident physicians who do provide important front-line care, both in acute-care and primary care settings, either as hospitalists or those for the most part being placed in primary care, either through PCNs or other clinics: this would be useful information, Madam Chair.

The Chair: Thank you so much.

To the minister.

Member LaGrange: Thank you. I'm going to start with that last question first.

I feel it's really important to clarify misinformation that's out there. To be clear, we are expanding our medical schools, and we filled more residency spots this year in round 1 than ever before. The concern about unfilled seats in the CARMS process is exaggerated and distorted. This year 413 of the possible 449 seats were filled in the first round of the matching process, which is an improvement from both 2022 and 2023. We also saw improvement last year, going from 368 filled seats in 2023 to 386 filled seats in the first round of 2024 prior to increasing available seats from 417 to 449 in 2025. So we're actually increasing the number of seats overall for residency, which is a great thing.

Obviously, you can see that residents are in fact choosing Alberta. The fact is that in family medicine specifically, unfilled seats in Alberta after the first round are 11 per cent of the total nationally, about the same per capita as the national average and down sharply from 16 per cent in 2023. I'm happy to report that we are in fact seeing more students that want to come to Alberta. I know PARA, which is the association for medical residents, are wanting to correct this misinformation as well.

I also know that, regarding the University of Calgary, it's important to note that the U of C increased its number of family medicine seats from 88 to 104 in 2025. The increase accounts for most of the increase in unfilled seats from the low level of last year.

It's not surprising that there is some lag in uptake as all jurisdictions are challenged to attract residents into family medicine. But as you can see, we are making progress, and we are confident that most or all of the unfilled seats will be filled in the second round. Last year we filled all but one family medicine seat in round 2. There's no reason to think that we won't be able to do

that this year. There's also a postmatch process to fill seats with any remaining eligible candidates.

Happy to clear the misinformation that's out there, and I'm glad the member opposite gave me the opportunity to do that.

Moving on to the other question from page 116 in terms of the $77 million dollars of additional revenue. That is attributed to the national strategy for drugs for rare diseases as well as the Pan-Canadian drug system sustainability, those two line items together. The rare drugs one is $54 million; the Pan-Canadian drug system sustainability is 22.94, which adds up to approximately $77 million. We also have the working together to improve health care for Canadians, which is an additional $25.86 million. This is again the ability for us to work together with the federal government on that rare disease and drugs bilateral agreement that has produced that additional increase.

I think I will move on to the next item, which is the $673.9 million in the net consolidated estimate for other revenues, fees and licenses, that revenue from patients for health care services provided at rates set by the Minister of Health and collected by ACA individuals. This is really individuals that are getting services through our health care system, the Workers' Compensation Board, federal and provincial governments, and other parties. It's a $63.1 million increase, mainly related to higher numbers of out-of-province and out-of-country patients and increased hospitalization and accommodation fees. That is what that is attributed to.

The next item is the $578 million in net consolidated estimate for other revenue. When the member opposite asked about the increase of $264.3 million, primarily it's for intergovernmental transfers. This is due to the transition service agreements from the Acute Care agency and Recovery Alberta which provide clinical and corporate support from ACA to RA, so from Acute Care agency to Recovery Alberta, to boost its capacity through the compassionate intervention initiative, which is a $280.5 million increase, primarily from ACA own-sourced revenue mainly related to external recoveries. It is an increase also for the department of $33.2 million for the updated projection of aggregate assessment, nonmotor vehicle recoverables.

I'd turn it over to Christine, but I don't have . . .

5:35

The Chair: To Member Singh, please confirm block or shared.

Mr. Singh: Shared time if it's okay with the minister.

Member LaGrange: Yes, please.

Mr. Singh: Thank you, Madam Chair. Nurses across Alberta are looking for continuing education, and I am given to understand this is evidenced by a large uptake in nurses applying to become nurse practitioners and LPNs becoming RNs. Continuing education strengthens the skill of nurses, gives better career satisfaction, which makes for a better patient experience. Line item 8.1 on page 110 is about program support, with approximately $17 million allocated in Budget 2025. Would the minister please explain if this funding is going towards continuing education and nurse bridging programs to continue to strengthen our health workforce?

Member LaGrange: Thank you so much. The Alberta registered nurses educational trust is funded $500,000 for 2025, which will support over 200 LPNs and RPNs for continuing education. Additionally, the ARNET also manages an RN endowment that funded 1,440 applications in their last fiscal year to September 30, 2024, to the sum of $550,000 for education such as events, conferences, specialty nursing certificates, and degree-level studies. We know that continuing education for LPNs and RNs and then on to nurse practitioners is very important. We're going to continue to make sure that they have the supports that they need.

We will also make sure that we're working with the Internationally Educated Nurses Association. We've got a nurse navigator program which provides an online navigation platform, in-person support for IENs seeking licensure and employment in Alberta. That is funded to $493,760 in year 1 of the program, which was '23-24, with the remainder of the program to be implemented over the next two years, '24-25 and '25-26, with an additional $0.3 million in '25-26 targeted to support the program implementation.

I think we've got a lot of programs that we're looking to help with as well. Budget 2025 provides $8.9 million to support the rural health professions action plan, the RPAP program, including a bursary for internationally educated nurses program, the BIEN, where eligible students may receive up to $30,000 to assist with bringing programs and living expenses in exchange for a commitment to work in rural Alberta as their choice upon completing their education. Again, it's: how do we incentivize nurses to come to Alberta and work in some of our rural, remote communities and into our other areas and then to keep them?

Nurses who are furthering their education can also apply for bursaries through the Northern Alberta Development Council. This program provides up to $7,000 per year for a two-year maximum and is nonrepayable if nurses agree to live and work in northern Alberta for a set period.

Again, lots of opportunities for nurses to take enhancements and improvements, and of course we want to make sure that they have the skills and the resources to make them successful in Alberta.

Mr. Singh: Thanks for the answer, Minister.

Are there any other line items the minister can point to that demonstrate a commitment to empowering nurses to build on their skills?

Member LaGrange: Well, as I said earlier, besides all of those programs that I just mentioned, we also have the nurse practitioner program. I indicated this morning that through the new working to scope for nurse practitioners, where they can have independent practices, we're seeing a great interest in nurses to advance, and for the nurse practitioner program the 50 spots that were available at the University of Alberta last year: they had over 1,000 nurses apply for those positions. So, again, how do we expand those positions? We're in discussions with our postsecondaries to make sure that we can meet the need and demand that's out there and the interest of students, RNs that are interested in moving forward and becoming nurse practitioners. Lots of opportunities even in the health care aide – often health care aides go on to get their nursing. We want to make sure that that is available as well as internationally trained nurses that want to come here and perhaps need some upgrading before they're able to enter the workforce. That continues on an ongoing basis.

Mr. Singh: Thank you, Minister, through the chair. My next questions are on private nurses. Looking at the main estimates document, I see that, according to line item 2.1 on page 109, acute care's budget is at almost $8 billion in the '25-26 estimate. According to the description, this includes hospital-based acute in-patient services to provide necessary treatment for disease or severe episodes of illness or injury. Part of that provision of services is ensuring hospitals have the staff to provide those services.

With that said, I would like to ask about new initiatives to attract nurses into the field and bring private nurses into the public system. Would the minister please outline any investments or programs that will incentivize private nurses back into the public system?

Member LaGrange: Thank you for the question. I know we saw reliance on agency nursing, private nurses expand dramatically through COVID. I know it was a point of discussion in one of my very first meetings with ministers of health from across Canada, because it more than doubled. If I remember off the top of my head, it was well over 1.5 million hours that it had expanded to. It was not sustainable. We need to make sure that we have nurses here, but we do know that there's also areas where we do have to turn to private nursing or agency nursing to provide service.

As you heard from Patrick Dumelie, the CEO of Covenant Health, they've been able to drastically reduce their reliance on agency nursing, and that is down to, I believe, one now in the very near future throughout all of their rural, remote locations.

I will now turn it over to Sean Chilton, who is with Alberta Health Services, to provide the perspective from Alberta Health Services.

Mr. Chilton: Thank you, Madam Chair, Minister, and members of the Assembly. I really appreciate the opportunity to be here today. My name is Sean Chilton, and I'm the senior vice president for clinical operations.

We've spent a lot of time, energy, and effort in trying to address the nursing gap specifically in our rural areas, where, as we heard earlier, we are seeing service disruptions. Just to give a bit of a sense, we have seen a significant reduction in the number and the use of agency nurses within our AHS facilities. This time last year, we had over 2,100 placements for nurse practitioners in our rural facilities. They were a critical part, unfortunately, of trying to maintain and keep our facilities open, and were really important in trying to avoid those service disruptions and the closures that were spoken about previously.

Today, we have over half that, and compared to the same time period, we are now down to about 1,031 placements, which is about 132 actual individuals that are providing that support for us, down from 415 individuals that were doing the same thing last year, so fairly significant efforts to improve that.

From an AHS perspective, we remain committed to building training capacity in our rural communities. We have been working really closely with our postsecondary partners to develop local education and training opportunities. Just to give a couple of examples: we've been working with the University of Calgary in both Wainwright and in Drayton Valley, where we're trying to grow registered nurses that are able to learn in those communities, and we know from experience that they're more likely to stay in those communities once their training is complete.

As has been spoken to already, a significant investment in the recruitment of internationally educated nurses. As of January 2, 2025, we've hired approximately 637 internationally educated nurses, and they have been a significant support in ensuring that we're able to keep our facilities open and to minimize disruption as much as possible.

We're also doing some work on our health care aide training programs. That allows us to actually train uncertified health care aides while they're on the job and while they're working so that they can still earn but at the same time can get the required education to support them into the future. We continue to work with our rural communities across the province. Working with the communities specifically and our municipal partners is critical to our success.

5:45

The Chair: Thank you so much.

Now I guess we're going back to the Official Opposition. Please proceed, Member.

Dr. Metz: Thank you very much. I'm very happy to see that there is more funding towards nurse practitioners, but I am concerned that the way this is being done is not moving towards the future of where our health care system needs to be. We're funding nurse practitioners to work in the current old-style system, where they are a lone provider or they could join up with other members. This is at the same time that PCN funding is being cut when we want to expand teams to provide more care to patients. So nurse practitioners are being pushed into old-style practice with old-style ways of funding. I'm wondering if there is anything in the budget to help nurse practitioners work as part of teams, and I do not mean just joining with physicians but working with a wide array of team members.

Second, chartered surgical facilities, as predicted, are pulling resources from hospitals and increasing wait times for critical surgeries such as cancer care. Cancer wait times are increasing. This was thoroughly analyzed in very well-done research using provincial data, and the report was presented to the former CEO that this government recently fired after she highlighted this as being one of the issues when she was discussing issues about the potentially bloated contracts to the very same chartered surgical facilities that were leading to this increase in surgery wait times, like for cancer. Can the minister please tell Albertans how this government can justify continuing down a path of putting more money into chartered surgical facilities when they're known to be more expensive and to cause increased wait times for other critical surgery that Albertans need? How can the government continue to push the blame onto AHS when expansion of the chartered surgical facilities is right here in the business plan, that AHS must abide by, and, furthermore, continue to blame AHS when government already announced their role in initiatives for procuring poor-quality PPE?

With regard to workforce we know that anaesthesiologists are in very short supply, and I'm wondering how many anaesthesiologists are supporting our hospitals. Particularly, what is the FTE of these anaesthesiologists, and how many are working in chartered surgical facilities? Working in the hospital is much harder work. You make less money. You may see a wide variety of disorders and the work may be very interesting, but these days it's more and more challenging. One of the critical things we need anaesthesiologists for is to be on call and cover evenings and weekends so that when you go in there with your blocked coronary artery and need perhaps even emergency surgery – although a lot is done with angioplasty, you may need an anaesthesiologist. So I'm wondering what the workforce numbers are as we are supporting this part of our workforce through the budget.

Now, just going back to the Health estimates document specifically, in 2024 we were told that the minister made a commitment to Albertans to reduce wait times. I'm wondering what the timeline actually is on that. It seems to be a bit on a geological scale. We're getting a lot of promises, but since taking control of the health system, the chaos created has really just led to longer wait times, worse emergency services, and inadequate staffing to meet population growth. We see that in their business plan. Key objective 1 on page 77 focuses on wait times and improvements to primary care. The only wait time performance metric is the ED wait times and EMS response times. Other wait times disappeared from the public dashboards although we know from other sources that they're getting worse. The only goal in the business plan was to do better than the year before, and still this government failed. The time to beat was 6.3 hours for the time to see a physician in an emergency department. That's the average time, but it went to . . .

The Chair: Thank you so much, Member.

We'll head to the minister for her response.

Member LaGrange: Thank you for those questions. I want to correct some misinformation in terms of what the member from the opposition asked in terms of nurse practitioners. Nurse practitioners are really working in team-based care. In the PCNs, the current PCNs, we do have 58 nurse practitioners already working within team-based care. The ability for nurse practitioners to work to full scope to have independent practice is merely an opportunity for them to do what some of them really want to do, which is provide longitudinal family care to patients that they see.

They want to have that relationship with their patients and their families. That is very much wanting to be done in-team. I hear from nurse practitioners and from doctors who have nurse practitioners within their clinics that they're valuable members of the team. In fact, the vast majority of the 46 currently practising nurse practitioners that have independent practice – they're independent panels, I should say – are working within family clinics. They're working with doctors, and they're working with other allied health care professionals.

That's only going to expand, because that is the whole emphasis of the new primary care agency that has developed, Primary Care Alberta. It's to focus on that team-based care, and that is about breaking down barriers. We're also looking at a new way to reinvent primary care networks. We know that some work really well across the province, but we also know that some don't work as well. So how do we provide standardization across the province to meet the local needs of the community? That is through very strong primary care networks that utilize the skill sets of everyone that's in that team. We've actually increased funding to primary care networks – I just don't have it in front of me at the moment, but I will find that number – to $260 million for the '25-26 year. Thank you, Emily, for providing me that number.

Again, Primary Care Alberta is working on making sure that the modernizing Alberta's primary care system engagement that took place, those recommendations that came forward are in fact enacted and worked upon. I'm happy to say we're making great progress in that area, and an integral part of that is having nurse practitioners as part of the team overall.

When we look at chartered surgical facilities, again, I highlight the fact that when the NDP were in office, they utilized chartered surgical facilities through all the years that they were in office. At that time there were roughly about 40,000 surgeries. They actually grew from 39,720 in 2016-2017 to 2018-2019, to 40,170. While we continue to see progress in utilizing those services, we're making sure that others have access to chartered surgical facilities because those are publicly funded surgeries.

We need to deal with the backlogs that have occurred. Particularly through COVID, there were backlogs that occurred. As I indicated earlier, we're going to be hitting a record number 310,000 surgeries, but we know that isn't enough, because we still have backlogs. That means roughly over 60 per cent of surgeries are being done in clinically approved times. We need to get to 100 per cent. We need all hands on deck to make sure that that happens. That is through our acute-care facilities as well as utilizing chartered surgical facilities and making sure that we get good value for dollar at all facilities as well.

Alberta Health Services is aggressively recruiting for anaesthesiologists nationally and internationally using a variety of targeted recruitment and retention strategies. As of May 27, 2024, there are 588 anaesthesiologists working in AHS facilities. That's an increase of 118, or 25 per cent, since July 13 of 2023. AHS is also recruiting for an additional 77 anaesthesiology positions across the province, with 36 of those positions at various stages of the hiring and assessment process. I also can say that utilizing the anaesthesia team that has been initiated across the province is also showing great success.

When we look at cancer care, AHS is . . .

5:55

The Chair: Thank you so much. We'll head to the government side, to Member Johnson.

Mrs. Johnson: Thank you, Madam Chair, and through you to the minister, thank you for your time this evening again. If it's okay, may I do some shared time?

Member LaGrange: Yes, please.

Mrs. Johnson: All right. We have heard a lot about nurse practitioners tonight or this evening already, and I couldn't be more delighted about that. I just met with a nurse practitioner in my office – I think it was just last week – and it was very inspiring in that we are meeting a demand with great skill, and it's great to see. This nurse practitioner, of course, is in rural Alberta and building up his practice and doing a great job at that. It was a very constructive meeting and exciting to hear.

It took him seven years after his bachelor of nursing degree to get his practical – sorry. Yeah; nurse practitioner. I guess like a master's program. He did that because he was working full-time, so it took him seven years to work through it. To me, that says there are lots of options out there to get the skills we need to the places we need them. That's exciting to me, that we're presenting options in all the right places.

As demand for health care professionals continues to grow, I'd like to highlight this innovative program for nurse practitioners. Through the program the government is making it possible for them to provide autonomous patient care either through their own practices, as is this constituent of mine, or within existing primary care settings in various areas.

The plan seems to be working. Performance indicator 2(a) on page 79 of the business plan shows 997 registered nurse practitioners in Alberta in 2024, up from 887 in 2023. The strategic plan indicates an investment of $20 million towards the nurse practitioner primary care program. Through the chair, would the minister inform the committee what funding is allotted to building up this nurse practitioner primary care model?

Member LaGrange: I'm happy to. I can tell you that when I attended the Nurse Practitioner Association annual event, and it was an event with nurse practitioners from across Canada, there was a buzz in the room because we had just announced the program. They were super excited. We are the first ones in Canada to really go in this direction, so there was a lot of excitement.

In September of 2024 Alberta Health launched the nurse practitioner primary care program, which provides public funding for primary care services, adding much-needed capacity to Alberta's primary care system. Alberta Health is also providing the Nurse Practitioner Association of Alberta a $2 million grant over the next three years to help implement the compensation model and recruit nurse practitioners to participate and provide supports as they work to set up their own practices. For '24-25 nurse practitioners approved under the nurse practitioner PCP are forecasted to utilize roughly about $6 million of the $15 million budgeted in '24-25. The total budget for the NPPCP is $25 million for the '24-25 year. This is made up of $5 million of provincial funding, $20 million of Canadian health transfer payment funding for team-based care.

The $25 million budget includes compensation incentive payments excluding the panel management support program and mentorship program, capped at $0.5 million, to be drawn from the CHT, which is the Canada health transfer funding. By March 31, 2025, it's anticipated that approximately $6 million will be spent on the nurse practitioner PCP, and the total forecast for '25-26 year is approximately $17 million. The compensation for the 46 nurse practitioners practising is anticipated to be approximately $11.7 million, and the remaining 12 nurse practitioners that plan to start their practice in '25-26 year are expected to take up approximately $2.9 million of the current budget.

Hopefully, that answers your question.

Mrs. Johnson: Very much. Through the chair, thank you to the minister for that.

I'll move on from nurse practitioners but stay in the nursing theme since that seems to be what we're talking about the last half hour to an hour here. As a former registered nurse I appreciate this so much.

For nursing, hiring, and supports the health workforce is an integral part of our public health system to deliver services and help Albertans. Nurses play a critical role in the health care experience for all of us. I see Budget 2025 has funding items that strengthen our health human resources. From what I see in the fiscal plan, there are several line items detailing investments that are aimed at strengthening our health human resources. These are line 2.1 on page 109 of the estimates document, which deals with acute care; line items 8.1 and 8.6 on page 110 of the estimates document, which deal with program support and accommodation standards and licensing; and line item 10.7, which entails rural community initiatives. Through the chair, would the minister please tell this committee what funding is allocated to hiring more nurses through Budget 2025?

Member LaGrange: Thank you. Just before I get on to that, I forgot to mention that on our website Find a Doc nurse practitioners are listed as an option there as well. We want to make sure that anyone who needs a primary care home can access a primary care home. I just didn't want to forget to mention that.

Funding allocated to hiring more nurses through Budget 2025: there are significant investments in nursing recruitment and supports for domestic and international nurses to increase workforce capacity. There are bursary programs that support internationally educated nurses with bridging education and navigation supports to obtain licensure and employment, continuous.

Nursing education bursaries enable nurses working in rural areas to receive preceptorship compensation for supporting students during their practice education, supporting retention and development of the nurse workforce for the transitional graduate program that enables hiring of graduates into supernumerary positions while they complete their education and prepare for licensure examination. These are all additional supports that we're putting in place and will continue into the '25-26 year.

Mrs. Johnson: Thank you, Minister, through the chair.

Then could the minister tell this committee how many nurses we've added to the health system this past year? Maybe I'll add: if we know how many of those went to rural areas.

Member LaGrange: Right now, as of December 31, 2024, the number of registered nurses, the licensed practical nurses, and registered psychiatric nurses increased to 68,250. This includes an increase of 1,900 registered nurses over the last year to a total of 46,704 able to enter into the workforce. I don't have the number in front of me on how many are rural, but I do know that a large number of them have been recruited to the rural, remote locations. I do know – and I had failed to mention on the nurse practitioners – that of the nurse practitioners nine had indicated working in Indigenous communities and rural, remote locations. That's good news for our rural, remote locations as well.

Mrs. Johnson: Again, thank you, through the chair to the minister, for that answer.

And if I may add, too: the nurse practitioner that I met with I believe is on Find a Doc and has received many patients through that website, so that is being very successfully used in his practice, and the team that he works with is just so supportive in meeting the needs in Blackfalds. It's been very successful.

To move on, on this same note here, what program supports are dedicated to licensure and reducing the burden on nurses who are wanting to enter the profession or Alberta nurses who are renewing their licences?

Member LaGrange: Thank you for that. I want to give a huge shout-out to the College of Registered Nurses of Alberta because since 2023 they've really, you know, stepped up and made sure that they streamlined their processes. They enabled a short-term pathway for international nurses with Canadian-equivalent education to achieve registered nurse licensure. Some of these nurses are already working in the system as licensed practical nurses and have obtained this qualification. This change has significantly reduced the time burden on the nurse applicants so that they are eligible to enter the workforce more quickly.

We also know that there's a line item in contract negotiations. We know we have a tentative deal with the union of nurses in Alberta that also speaks to providing for student nurses to enter into the workforce. That is exciting, and I'm looking forward to seeing how that progresses through the ratification process. We've worked really hard with our nursing unions to make sure that we are doing everything we can to support the nurses we currently have because we have excellent nurses in this province.

6:05

The Chair: Thank you, Minister.

Over to the Official Opposition.

Ms Hoffman: Thank you, Madam Chair. I think this will probably be my last full block, so I just want to start by saying that the words around primary care are certainly lovely words; the budget is not so lovely. The fact that there are nearly a million Albertans without access to a family doctor and that the government is not increasing that line item to address that need is irresponsible and dangerous.

This physician compensation development: we're seeing innovative things happening in neighbouring provinces, like – yeah – earlier this week the minister in British Columbia announced that she will no longer be requiring any kind of additional examinations for people who are recent graduates of medical schools in the United States, making it a very clear path for them to come here and fill those spots. We do have the highest rate of family medicine vacancies that we've ever had for residents in this province. I appreciate the spin, Madam Chair, but physician compensation and development, primary care: these line items in the budget are not being met under the current talking points that we are receiving here today in estimates.

We asked very specific questions about what, you know, simple math probably says was 14,000 hours of closed emergency departments in rural Alberta. If you're in Bow Island today, you can't go to the emergency room. Hinton, Fort Macleod, Smoky Lake, Sylvan Lake, Lac La Biche: the list goes on, Madam Chair. It is shameful and irresponsible for the government to sit back and

pretend that if they do rebranding exercises, everything will magically get better. I have had many people say to me: how much is the government actually spending on changing the logos and changing the names on the side of ambulances or on buildings instead of investing in front-line care? Why is it that the government seems more focused on covering up the corrupt care scandal?

We asked many very specific questions here that feed directly into this budget, a budget that the outgoing Infrastructure minister refused to stay in cabinet when it was presented, saying that there is very clear . . .

Mr. Lunty: Point of order.

The Chair: A point of order has been called.
Please proceed, Member.

Mr. Lunty: Well, thank you, Madam Chair. This is clearly 23(b), discussing matters other than what's under discussion. To the best of my knowledge we are not talking to the Minister of Infrastructure right now, so clearly the member who was trying to make reference to ministers of Infrastructure, either current or former, is not relevant to these discussions. This is clearly a point of order, a little bit of grandstanding, if I might add, at the end of our meeting, and this is 23(b).

Thank you very much, Madam Chair.

The Chair: Thank you so much, Member.
Go ahead.

Ms Pancholi: Thank you, Madam Chair. Speaking of a grandstanding.

Clearly, the member mentioned that she was talking about the budget, and if I do recall correctly, that is what the purpose of these estimates are, to discuss the budget. Certainly, it would be unusual for any chair to prohibit a member from referencing any other member of cabinet while debating the budget that is before this committee right now. It's clearly not a point of order. I understand the member might not like to have reference to the member of cabinet leaving their government, but at the end of the day the member was clearly asking about the budget and calling into question why even the government's own cabinet members can't support it.

The Chair: All right. I'm just going to leave it up to the minister to choose whether or not she would like to address that.

Ms Hoffman: The very clear fact that the departing Infrastructure minister stated very clearly in his letter that this was about consistent inconsistencies, the fact there is potential corruption across multiple ministries puts the very budget into question. When asked to clarify the HR practices around hiring one of the people at the heart of this, we a couple of times got talked around in circles and no specific clarity. How can we have confidence in this minister to deliver a budget, that we are considering here today, when we don't have sufficient funding in areas that directly impact patient care but we do see significant increases to things like strategic corporate support, especially when last year there were so many sole-source contracts both given to American companies to own Canadian information health records . . .

Mr. Singh: Point of order.

The Chair: A point of order has been called.
Please proceed, Member.

Mr. Singh: Thank you, Madam Chair. The point of order is under Standing Order 23(c), the member "persists in needless repetition." This question regarding procurement has been raised in this committee, like, four times, and I think the minister answered this question at great length here. The committee has convened for the purpose of considering the ministry's budget, including estimates, fiscal plan, and business plan. The matter has been previously raised by the same member, and we do not need to hear it again as it is unnecessary repetition. The question has been answered, and although the response did not meet the satisfaction of the member, a repetition of the same question would mean a similar answer, which would waste the time of this committee.

Thank you, Madam Chair.

The Chair: Thank you, Member.
Official Opposition, please proceed.

Ms Pancholi: Thank you, Madam Chair. Speaking of needless repetition, I've heard that member raise that same point of order in a number of committees now, reading off a script.

I will say that simply because the government members don't like to hear the questions related to procurement, they cannot proscribe the privilege of the members of asking those questions in this committee. The member has clearly linked it. It's clearly linked to the budget. It's clearly linked to the documents that are before this committee for consideration. This is not a point of order.

The Chair: What I'll say about this is: Member, if you could kindly move towards the questions, that would be very much appreciated and would avoid so much controversy. As we're nearing the end, everyone is tired, getting a little punchy, probably hungry, maybe need to go to the washroom again. I'm not sure. But if we could, you know, move things along in a positive way, I think that everyone would appreciate that.

Thank you.

Ms Hoffman: Thank you, Madam Chair. Through you, I would love positive contributions in the budget to address these huge areas of concern, especially acute care and primary care and, honestly, one's ability to have confidence in the budget documents as presented when some very simple questions have been asked that haven't been answered. Perhaps the minister will in this last chance.

For example, the question was asked around the increase in capacity for cancer care beds in the Calgary zone. Is it net neutral to what it was before the new Calgary cancer centre opened, which is what's been reported to me, that other beds have been closed in other hospitals for the small increase that we've seen at the new Calgary cancer centre, or are we actually going to see any initiatives in this budget to increase capacity and actually meet the needs of Albertans? My colleague the Member for Edmonton-Whitemud, Rakhi Pancholi, represented a constituent who died before he got to see an oncologist. These are the types of questions that we should be answering in this budget debate, how we are actually going to grow capacity, how we're going to make sure that we meet the needs of today and tomorrow, and the government is failing in significant ways.

As I mentioned at the very beginning of this meeting, if we just accounted for population growth and inflation in this area and in social services, it would be more than three-quarters of a billion more in this budget. The government has failed to do that. They are only going to download more pressures and more crises onto Alberta families, making their health outcomes worse and their expenses greater.

Madam Chair, I asked for a specific commitment that there was no ponderance of bringing in health care premiums, and the minister refused to answer that question. I asked about specific strategies and goals and targets so that we don't have 14,000 hours of closed emergency departments in the province of Alberta again, and we didn't get answers. So I'm very hopeful that, in this last five minutes of exchange, the minister may answer some of those questions that I think so many Albertans are asking us to raise on their behalf, and I'm sure it's not just members of the NDP but all members of this House.

The Chair: Thank you so much, Member.

We'll head over to the minister for her response.

Member LaGrange: Thank you, Madam Chair, and thank you to the member for the questions. I believe we have provided very fulsome answers to the questions that have been asked throughout all six hours of these estimates. You know, the fact that we continue to answer these questions – I'm happy to provide further information, even though I continue to hear misinformation and fearmongering coming from the opposition members.

Where the primary care questions are concerned, in terms of Primary Care Alberta and the funding that we've provided to them, the members opposite failed to recognize the significant increases that we've provided to the primary care compensation model. For family physicians we are seeing a great response to that new funding model, which will attract and retain doctors as an integral part of the primary care compensation team.

6:15

They fail to recognize the response that I gave to the question on medical residency. They once again repeated misinformation when I clearly answered that question before.

For family doctors the fact that the overall compensation for all doctors in the province is now $7 billion, an increase from just a couple of years ago when it was only at $5.2 billion, means that we're investing significantly in our health care workforce. Not just doctors, but we also mentioned already about the nurse practitioner program. We also mentioned the increase in numbers of nurses, and we also increased the numbers of health care aides. These are all value-added health care professionals that will increase our overall service to Albertans and make sure that we have the right people at the right places providing the right capacity of care.

You know, when the member opposite talks about cancer care, AHS has aggressively recruited oncologists and other front-line cancer care professionals. Between September 1, 2023, and August 31, 2024, they successfully hired 10.9 full-time oncologists and 5.11 hospitalists, and we have 15 full-time oncologists and seven hospitalists starting in the near future. I believe many of those have already started. There has been a total of 202 FTEs, full-time equivalents, hired across Cancer Care Alberta, excluding casuals, between September 1, 2023, and August 31, 2024, significant gains, and that has only continued because that is a priority, to make sure that we get those surgeries and those diagnoses and those individuals getting the care that they need at the time that they need it. We will continue to do that. Just because the members opposite don't like the answers that they are receiving doesn't mean that we haven't provided quality, fulsome answers.

The member opposite asked about the branding. It's important that we have branding to signify the new pillars that we have so that people can associate it with the functions that they're performing as well as the ability to easily recognize these services. I will now turn it over to Matt Hebert, who can answer the costing of the branding. We have been making sure that we are very frugal in everything that we're doing in terms of making sure that the refocusing actually provides more services and more dollars directly to the front lines.

Matt, if you could answer the question on the branding, please.

Mr. Hebert: Certainly, Minister.

Matt Hebert, assistant deputy minister responsible for refocusing. As the minister said, Alberta Health procured a vendor to support with the work to develop the branding and to develop visual identities for the four provincial Health agencies, ensuring that they each had a unique identity while maintaining integration across those four brands. That work was procured, so a vendor was selected through a public procurement process. The value of the branding is $1.6 million, and as you can see, that branding is now publicly available and is supported by a number of other factors that relate to the public communications and internal change management and communications work that's currently under way.

Member LaGrange: Thank you.

It's very important for our agencies to make sure that people can, as I say, easily recognize them and make sure that . . .

The Chair: Thank you so much.

We'll now move over to the government side. Member Lunty.

Mr. Lunty: All right. Thank you, Madam Chair. If it pleases the minister to do shared time.

Member LaGrange: Yes, please.

Mr. Lunty: Sounds good. Thank you.

Through the chair, I'd like to talk a little bit about urgent care centres. I'm glad I get a chance to ask about this. I know that the city of Beaumont, of course in my riding, took the time to do a pretty thorough needs assessment, and they went out and talked to quite a few members of their community. This was an issue that came up locally in the Beaumont community, so I'm glad I get a chance to bring some of this forward. I understand that a significant portion of hospital staff's time is spent dealing with patients who are there for nonurgent and lower acuity issues like the flu or broken bones, cuts, and other ailments. Often patients feel there is nowhere else to go to address these issues, which adds to longer wait times and thus worse patient care.

I see on page 108 of the fiscal plan there is an increase in funding for urgent care centres, with $15 million over two years. I would like to ask about the role these urgent care centres play in Alberta's health care system and what this investment will go towards. Through the chair, would the minister please outline the role of urgent care centres in Alberta's health care system?

Member LaGrange: I'm happy to. You're absolutely right. Urgent care centres bridge the gap between primary care and emergency departments. These centres provide timely care for unscheduled patients with unexpected but non life-threatening conditions. The urgent care centres that we currently have in place really do provide an integral additional service to meeting the needs of Albertans.

Budget 2025 includes $15 million in planning funding over two years, $5 million in '25-26 and $10 million in '26-27, to explore the potential to develop several new urgent care centres in areas with the highest unmet needs in Alberta. Urgent care centres are less expensive and faster to build than hospitals and are an important component in the continuum of care in many communities. Hospitals require roughly about a decade to realize while urgent care centres can be built in three to four years at a fraction of the cost of a hospital. How do we meet the needs of a growing population and get those facilities up and running? When you think

in terms of a decade, that is way too long to wait for a new facility. Everyone would recall that the one in south Edmonton came in at a cost of roughly about $4.9 billion for a 400-bed hospital. We need urgent care centres up and running as quickly as possible.

Mr. Lunty: Yeah. Great. Thank you, Minister. You did a great job highlighting some of the advantages that we could see through these urgent care centres. I appreciate you providing that information.

I would like to ask about another additional investment, this one with the University of Alberta brain centre and the neuro ICU. I understand that Albertans with brain and spinal conditions rely on specialized services at the University of Alberta. In fact, I recently found out that the brain centre is one of two dedicated brain and spine centres in all of Canada. Page 108 of the fiscal plan highlights a $51 million investment over three years towards the U of A brain centre's neurosciences intensive care unit. This is an important investment made through Budget 2025. I'd like to know more about how these funds will impact capacity and world-class care right here in Alberta. Through the chair, would the minister describe what improvements are occurring in the University of Alberta's neurosciences intensive care unit, and how will these upgrades improve patient care and reduce wait times?

Member LaGrange: Thank you for that question. Before I get to that one, I failed to mention where we're looking to put the planned urgent care centres. I just want everybody to know that the locations we've looked at and are targeting are: west Edmonton; south Edmonton; WestView, which is Stony Plain; Spruce Grove; east Calgary; Lethbridge; Medicine Hat; Cold Lake; and Fort McMurray. I just thought people would want to know that before I move on to the next question.

You're absolutely right. The brain centre, the neuro ICU is really revolutionary. This investment supports the design and construction of the neurosciences intensive care unit at the Walter C. Mackenzie Health Sciences Centre at the University of Alberta hospital. The project scope will more than double the neuro ICU bed capacity. Currently the bed capacity is 11; it's going to double to 24, with new single-patient rooms and adjoining computed tomography suite. The project also includes the development of 18 new in-patient beds.

How will it improve patient care and reduce wait times? The current neuro ICU at the Walter Mackenzie centre has several deficiencies, including outdated infrastructure, layouts that no longer meet patient demand or current IPC standards, and current space that is functionally and operationally challenging for patients, family, and staff. This project will increase the neuro ICU capacity and improve family and patient experiences. It's really about making sure that we are providing those services to those individuals that are in that situation that really meet their needs. Right now they're not meeting the needs, so giving them the opportunity to be in an improved space – I've been there. I've seen it. They are doing amazing work, and they're going to do even more amazing work with this improved capacity.

6:25

Mr. Lunty: Thank you, Minister. Yeah. It sounds like an important investment, indeed.

I'm going to switch gears a little bit. It's an important topic, and it touches on some of the previous conversations on, you know, attracting and retaining medical professionals. I'd like to talk about international medical professionals. I grew up in rural Alberta, and I always wondered why the majority of my doctors were from South Africa. They were great; they were amazing, amazing physicians. We were so happy to have them in rural Alberta. Of course, as I grew older, that made me start to wonder: are there ways to expand that? Why can't we see more successes like that? So I'm glad I get a chance to sort of ask a question on this.

Actually, I recall reading an article last year which suggested there was an increase to the number of doctors compared to the same time last year at about 4.5 per cent. Some of these physicians, of course, are likely trained internationally and are now working in our system here, likely thanks at least in part to our bridging programs. Line item 3.3 on page 109 of the estimates documents highlights a $458 million investment for physician education and recruitment. I'd like to ask through the chair, as always: would the minister please explain how much of this funding is dedicated to international medical graduates and bridging programs from this budget?

Member LaGrange: Absolutely. Thank you. Each year the government of Alberta provides funding to the University of Alberta and the University of Calgary to support physician education and training. This funding helps ensure that the right number and mix of physicians and surgeons are available to meet the province's workforce needs, including approximately 450 new residency positions for both Canadian medical graduates and international medical graduates.

The Alberta international medical graduate, the AIMG, program provides opportunities for qualified IMGs who are Alberta residents to apply for designated medical residency positions in Alberta's medical schools. The program is funded at $2.3 million for the '25-26 year. To further support IMGs, the College of Physicians & Surgeons of Alberta launched an accelerated licensure pathway for IMGs whose education and training meet Canadian standards. This pilot program, the first of its kind in Canada, aims to expedite the IMG recruitment process by waiving certain requirements, reducing red tape, and lowering the costs for IMGs. That's one of the areas I really heard from our IMGs that we needed to address.

As of March 2024 the CPSA has expanded the list of eligible sponsors for practice readiness assessments. Now individuals, private medical clinics, businesses, municipalities, and other legally recognized entities can sponsor IMGs, further increasing accessibility to licensure. Prior to this, it was only AHS that could do that.

Additionally, the government has launched the rural and remote family medicine resident physician bursary pilot program, designed to support family medicine residents interested in practising in rural Alberta.

I'm hearing that all of the things that we're doing – it's a combined effort to make sure that we have the ability to have more IMGs enter into the province, to make sure that they're trained properly and also able to meet the growing demands of our excellent health care system in Alberta.

The Chair: Thank you so much, Minister. I wish we had more time to hear all of your answers because there's just so much work that your team has been doing.

Thank you so much to the government caucus for your questions today.

The last 30 seconds belong to the Official Opposition. Please proceed, Member.

Ms Hoffman: Thanks. I'll just read in a couple of things that it would be great to get answers in writing before we're asked to vote on the budget. How will the tobacco lawsuit $783 million be allocated? What are the plans to stop sole-source contracting? What's the actual FTE count for physicians and nurses? We have a

number registered that was reported but not the FTEs. The Calgary cancer bed number? How much money in this . . .

The Chair: Thank you so much, Member.

I apologize for the interruption, but I must advise the committee that the time allotted for consideration of the ministry's estimates has concluded. I'd like to remind committee members that we are scheduled to meet tomorrow, March 13th, at 9 a.m. to consider the estimates of the Ministry of Public Safety and Emergency Services.

Thank you, everyone. The meeting is adjourned. Enjoy your evening.

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

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