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| ***Province*** | ***Législature*** | ***Session*** | ***Type de discours*** | ***Date du discours*** | ***Locuteur*** | ***Fonction du locuteur*** | ***Parti politique*** |
| Alberta | 26e | 1re | Remarques préliminaires à l'étude des crédits | 11 mai 2005 | Mme Iris Evans | Ministre de la Santé et du Bien-être | PC |

**Mrs. Evans:** Thank you very much, Mr. Chairman. I want to introduce first of all members of staff that are in the gallery. They are here to make sure that we take down all the questions and that we provide written responses and clear responses to members of the Assembly: Deputy Minister Paddy Meade; assistant deputy ministers Annette Trimbee, Janet Skinner, and Bruce Perry; CEO of AADAC, Murray Finnerty; Peter Hegholz, the director of finance; Christine Shandro; and then, obviously, from my staff Mark Kastner, Michael DeBolt, and Alyssa Haunholter. Christine Powell is here to observe.

Mr. Speaker, I’d like to give a few general messages on the 2005-06 budget, and I’d like to condense some of my remarks, respectful of the fact that the hon. members opposite would obviously like to have an opportunity, a chance, or ask questions.

The budget this year for health is $8.9 billion, an increase of $707 million, or 8.6 per cent, over last year. Our nine regional health authorities and the Cancer Board and Mental Health Board will directly receive over 60 per cent of the total budget increase for enhanced base operating funding to provide accessible care to all Albertans. This will bring funding to the health authorities to over $5.6 billion this year, up $572 million so that they can continue providing health services and expand access. Within this amount is $10 million to increase the number of nursing hours for patients in long-term care facilities.

Over $1.7 billion will be spent on physician services, an increase of $173 million. Of this physician services budget, $30 million has been earmarked for hiring up to 150 new physicians, bringing the total number of physicians in Albertans to 5,775.

Almost $60 million has been assigned to primary care initiatives throughout the province, with a 25 per cent increase in funding for the Cancer Board, which is an increase of almost $48 million, to accommodate the high cost of many cancer drugs and high-quality patient care.

Over the next three years we’ll spend $25 million on a mental health innovation fund targeting particularly mental health issues for children and youth. The Mental Health Board will also receive almost $2 million over last year’s budget for province-wide services, including forensic psychiatry and tele-mental health.

Five hundred and sixty million dollars in capital financing has been allocated for the first year of a three-year $1.6 billion capital plan for health facilities and equipment. This includes funding for the completion of the Alberta Children’s hospital in Calgary and the Alberta Heart Institute in Edmonton.

The government has also committed support for two new capital projects, the Calgary south hospital project and the health sciences ambulatory learning centre project in Edmonton, a joint project with Alberta Advanced Education. The Calgary south hospital project and the health sciences ambulatory learning centre project will each exceed $500 million.

There’s an increase of $72 million for ministry-sponsored nongroup health benefits, ensuring that Albertans not covered under a group plan, primarily seniors, continue to have access to supplementary health services, including prescription drug costs.

AADAC will receive $74 million under this year’s budget, an increase of $8 million from last year. Four point two million dollars will be used to establish two new youth residential detoxification and treatment programs to help young Albertans break addictions to drugs and alcohol.

While the Health and Wellness budget itself is $8.9 billion, when you include health-related spending by other ministries, the government’s total spending on health will exceed $9.5 billion this year.

Mr. Speaker, just an interesting fact is that while we spend over $500 million for drugs in Health and Wellness, the total bill for drugs in the province of Alberta paid for by government exceeds $1 billion, so it’s certainly a very significant expense.

Altogether, Health and Wellness spends 37 per cent of the government’s total expenses this year.

Recent accomplishments. I’d like to just highlight, Mr. Speaker, that the Health Symposium provided opportunities for all of the health providers throughout the province to attend and to learn together about the fact that there are no single solutions on health care. Improvements must be patient focused, evidence based. Solutions must meet our own society’s expectations and values. An attitude of openness is necessary for new possibilities. Change in health care systems should be evolutionary and entrepreneurial.

Collaboration among professionals is vital. Quality care is achieved when health teams learn together and act accordingly, and change must be focused on what will work and what will make a positive difference to the health of the population.

Other recent accomplishments which will signal the way for the work that we’ll do this year include the Alberta hip and knee replacement pilot project, officially launched April 8. Systems improvements for 2004-05 funding will include a reduction in the time it takes to see an orthopedic specialist and an increased number of hip and knee surgeries.

Funding from last year’s budget for the provincial stroke strategy was announced at the beginning of last month and will mean that in all parts of the province Albertans will receive leading-edge stroke mitigation clinical services. It also means that the number of strokes will hopefully be reduced in our province.

We’ve established an Ambulance Governance Advisory Council to determine a conclusive cost for transfer of services to health regions and to provide recommendations on any future governance or ambulance issues.

The ministry is also developing new continuing care health standards. As we have discussed over the last few days, these standards in draft form were redrafted last December and continue to be amended. We will consider input from all Members of the

Legislative Assembly as we evolve and look forward to what the Albertans across Alberta will say in the review. The MLAs from Calgary-Foothills and Lacombe-Ponoka will be conducting that review to end at the end of August.

The priority this year, the target, will be to make sure that Albertans are healthy and that they have the best health and wellness records of anybody in the country. To provide support for this, we’ll provide leadership and collaborate with partners on a number of fronts. The ministry will dedicate its efforts towards the three core businesses: advocating and providing education for healthy living, providing quality health and wellness services, and leading and participating in continuous improvement in the health system. In addition to our ongoing activities, we will be looking ahead to strengthening the public health risk management capacities as well as health system innovation.

As we develop Alberta’s third way in health, which means improving the care system and making a good system even better, I want to reassure colleagues that publicly funded, basic medicare services will continue to be provided according to all the principles of the Canada Health Act, and no Albertan will be denied services in the province of Alberta based on need.

Our immediate government priorities, reinforced by the symposium, will continue to be: promoting wellness, particularly for children and youth; advancing new standards in long-term care; advancing primary care supports; realizing improvements in mental health service delivery; and making electronic health records a robust reality by 2008. With other ministries, such as the Ministry of Education, the curriculum for physical activity will be introduced over this next year so that we will learn and the learner will learn at the very early stages of life how to maintain good health.

Our primary care initiatives will be established. At least 12 will be operational by this summer, and throughout Alberta where those are located, there will be 24/7 access for people who need health care at any time of the day. I believe, Mr. Chairman, that that will reduce the heavy imposition on emergency departments, who have at times been clogged with many important issues but definitely not always urgent.

Our priorities include promotion and prevention, expanding our community care, improving access, and watching and working on how we manage the growing cost of emerging technologies and pharmaceuticals. We’ll work on health workforce recruitment and retention and continue to strengthen cross-ministry initiatives. We will be mindful of growth and the changing demographics and note, Mr. Chairman, that currently 10 per cent of Albertans are 65 years of age or over, and this percentage is expected to increase to 13 per cent by 2016 and 20 per cent by 2030.

Other challenges include the cost of emerging technologies and pharmaceuticals, workforce shortages, expectations for health service quality and increased health spending, public health risks, aboriginal health needs, mental health challenges, and addiction issues.

Mr. Chairman, according to the 2004 Alberta Health survey, 89 per cent of Albertans were satisfied with the way health services are provided; 74 per cent of Albertans indicated satisfaction with the health system in Alberta. While our system continues to receive high marks, we know that we must continue to improve and renew our system. The priorities in the months ahead will include the initiatives that have not been accomplished yet in the Mazankowski report, and we will work to emphasize wellness and strength in our collaboration.

Mr. Chairman, I look forward to answering the questions from the members opposite and from any Member of the Legislative Assembly and look forward, as well, to sending written responses to those that we’re not able to answer entirely today.

Thank you.