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| Alberta | 27e  | 1re   | Remarques préliminaires à l'étude des crédits  | 13 mai 2008 | M. Ron Liepert | Ministre de la Santé et du Bien-être | PC |

**Mr. Liepert:** Well, thank you, Mr. Chair, and my pleasure to be presenting the estimates for the Department of Health and Wellness tonight. I should make all members aware at the outset that I am currently a product of the health system because I have been having this back situation, so if I don’t get up quite as quickly and if I have to lean on the table as I speak, it’s not because I’m inattentive; it’s because sitting is rather agonizing these days.

Before we begin, I would like to introduce officials that are accompanying me here tonight. We have Paddy Meade, our deputy minister, to my right. Martin Chamberlain is acting assistant deputy minister of corporate operations, and Charlene Wong is acting executive director of finance and administration. It should be noted that after the election when the new cabinet was appointed, the deputy minister of Executive Council chose to find two new deputy ministers out of our executive team. That’s why we have a couple of acting assistant deputies at this time, but I think it speaks well for the talent that exists in our department.

Our work in the year ahead will be guided, as all departments are, by the mandate given by our Premier. In my mandate letter the primary responsibilities of our department are to increase access to the health system and improve the efficiency and effectiveness of service delivery, and what I’ve said since the appointment is that everything we do will be built around the pillars of accessibility and sustainability and around patient care.

We introduced a health action plan about a month ago now, and that plan outlined a wide range of initiatives that we intend to accomplish and achieve over a three-, six-, and nine-month time frame. The reason those were chosen is that there are some initiatives that can happen rather quickly, there are others that are going to take longer to accomplish, and others that will probably actually lead into budget ’09-10 and the legislative session of a year from now. Together these initiatives will help us create a health system that better meets the needs of Albertans.

An example of one of the initiatives that we’ll be taking immediately will be the introduction of a patient navigator to help Albertans quickly and easily access programs and services that are required. We also intend to continue to expand the role of pharmacists to include preventing and managing chronic diseases. Through these and other steps we hope to build a system that is focused on the patient and not on the system, a system, as I said earlier, that’s accessible, efficient, and sustainable.

In addition to work stemming from the ministry’s mandate, Health and Wellness will continue its efforts in a number of critical areas. Addressing workforce shortages, improving infection prevention and control, and increasing access to long-term care are a few examples of the ongoing and important work of our department.

The 2008-2009 budget provides for our immediate and future-focused efforts as well as ongoing work. This year the ministry’s budget increased by $1.1 billion. That’s an incredible amount of money when you think that probably in our estimates in Committee of Supply in this session a lot of our departments don’t even come close to $1.1 billion in total expenditures let alone the increase in one year. It’s a 9.1 per cent increase and brings health spending in this province to $13.2 billion.

Out of that $13.2 billion health authorities receive the largest proportion, about 54 per cent. This year authorities will receive $7.1 billion, or an increase of $524 million. The increases range from 6 per cent to 8.7 per cent for our two largest health authorities, and I’d like to emphasize that every health authority in the province is receiving at least a funding increase of 6 per cent. Each authority is being provided with more dollars in the coming year, hopefully with the sufficient funding to address inflation and population growth. Government’s funding allocation is designed to be fair and equitable. To achieve this objective, a number of factors are considered when determining each region’s funding, factors like the number of elderly in the area.

It’s true that Capital health received $110 million more than the Calgary health region this year. I’d like to explain that just a little bit. Capital health serves a much larger population from outside its regional boundaries than does Calgary. It is estimated that Capital health’s net cost for providing services to non-residents in the current year will be $162 million more than Calgary. In addition, the Capital region has a larger population of seniors and disadvantaged, all of whom tend to have greater health care needs.

Each region’s needs are considered in a similar way to ensure that government provided appropriate funding. In turn we expect the regions to work within their funding allocations and undertake initiatives that will reduce their costs and improve productivity. I’d also like to note that funding to the authorities has increased every year since 1999-2000, and it has more than doubled in that time period.

There is no provision in this budget for health authority deficits. Audited financial statements are due by June 30. At that time we’ll know if an authority has a deficit position. If that’s the case, health authorities are required by legislation to submit a three-year deficit elimination plan.

I’d like to move on briefly to physician services. This accounts for the second-largest portion of our budget, at 19 per cent. In ’08- 09 two and a half billion dollars is budgeted for physician services. As most members are aware, we are currently in the negotiation stage under the eight-year trilateral agreement. The dollars are renegotiated and expired at the end of March, and we’re currently into that right now. This budget also includes an increase of $20 million for salaries and benefits for medical residents, funding for the Alberta international medical graduate program, and funding for the postgraduate medical education program. We’ll continue to work with other ministries through the health workforce action plan to address our province’s shortage of physicians and other health professionals.

Infrastructure is another major component of the budget, accounting for more than 9 per cent. This year $1.2 billion is provided for new and previously approved capital projects. This includes $109 million for capital maintenance and renewal costs. I don’t have time to detail some of the major projects, but they include the cancer corridor in Lethbridge, Red Deer, and Grande Prairie; 600 new and 200 replacement long-term care beds; and also significant dollars in the Northern Lights region under the Radke report.

We also in this budget have $749 million for supplementary health benefits. This includes everything from prescription drugs to ground ambulance services and other benefits such as prosthetics and orthotics.

It should be noted that in the past 25 years total drug spending in Alberta has increased three times faster than either physician or hospital spending and six times faster than Alberta government revenue. We will be introducing a pharmaceutical strategy as part of our three- to six-month plan.

We’ve got a number of initiatives on protection, promotion, and prevention, and I’d be happy to discuss those during the estimates. I won’t go into a lot of the other numbers. We can talk about those as we proceed through the evening.

I guess I’d just like to conclude by saying that I expect this to be a busy year for Health and Wellness. We’ve promised action, and our business plans reflect meeting that action.

I do want to conclude by saying that this portfolio is incredibly complex. I’ve had a short period of time to grasp as much of it as I possibly can. I want to ensure, however, that members’ questions are answered thoroughly. If I’m not able to answer them tonight, we will provide written answers to any member’s questions within, I would say, the next two weeks. With that, Mr. Chairman, I’d be happy to hear comments and take questions.