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| ***Province*** | ***Législature*** | ***Session*** | ***Type de discours*** | ***Date du discours*** | ***Locuteur*** | ***Fonction du locuteur*** | ***Parti politique*** |
| Alberta | 27e | 5e | Remarques préliminaires à l'étude des crédits | 7 mars 2012 | M. Fred Horne | Ministre de la Santé et du Bien-être | PC |

**Mr. Horne:** Well, thank you very much, Mr. Chair. I certainly appreciate the opportunity to make a few opening remarks and then, of course, look forward to the main purpose of this exercise, to answer the questions of my colleagues opposite and in the government caucus as well.

Mr. Chair, the 2012-13 Health and Wellness budget will make investments in people and communities. It reflects our government’s commitment to making fundamental services in our health system work better. It will give Albertans more access to the health system close to home, will support greater services in mental health and addictions, and will enhance home care so that seniors can stay in their own homes, where they’ll maintain their independence and are, of course, most comfortable.

Mr. Chair, there are many priorities outlined in the budget that is before the House at this time for Alberta Health and Wellness. As I said, it focuses on services that meet local community needs, promote wellness and supports, and also enable Albertans in the choices they make for themselves and their families as we all strive together to achieve better health. The proposed budget makes three key strategic investments – primary health care, addictions and mental health services, and continuing care – and I’ll talk more about each of them a bit later.

Total spending in 2012-13 will be $16 billion, an increase of $1.2 billion, or 7.9 per cent, from 2011-12. This includes $15.9 billion in operating expenses and $118 million in capital equipment grants, amortization, and vaccine usage. The largest part of the budget, $10.2 billion, or 64 per cent, will be allocated to Alberta Health Services to deliver health care to Albertans.

Alberta Health Services will also be receiving an additional $0.3 billion, or 2 per cent of our budget, for operating costs at the south health campus in Calgary and at the Edmonton clinic south, both due to open later this year, and $3.4 billion, or 22 per cent of our budget, will go towards physician compensation and development. As you know, I recently announced a one-year funding increase for physicians in our province that will go into effect on April 1. There will be a primary care network per capita funding increase of $12 per patient from $50 to $62. Fee-for-service and alternate relationship plans will increase by 2 per cent. The total increase in support for physicians resulting from these changes will be $93 million, Mr. Chair.

We will also extend funding for all other programs and benefits currently in effect until March 31, 2013. We anticipate that our ministry will be able to find the additional $93 million in our 2012-13 budget. We’ll look at demand-driven programs that may come in lower than we had estimated, and we will reduce discretionary spending as much as possible. The ministry will evaluate its financial position in late 2012, and in the event we cannot fund the additional $93 million, we will discuss options for Treasury Board as well as any other discussions that may be necessary in the event a long-term agreement is reached.

One billion dollars, or 6 per cent, of our budget will go toward drugs and supplemental health benefits for Albertans, including pharmaceutical assistance, cancer therapy drugs, specialized high-cost drugs, ground ambulance, prosthetics, and orthotics. The remaining $1.1 billion, or 6 per cent, of our budget is spent on everything else we do, from vaccination programs and tissue and blood services to healthy living programs and cancer research.

Looking at Alberta Health Services, they will receive $10.2 billion in base operating funding for front-line health services, which is a $578 million, or 6 per cent, increase. Mr. Chair, 2012-13 marks the third year of a five-year funding commitment that will see Alberta Health Services receive 6 per cent base operating increases in each of the first three years and 4.5 per cent increases in years 4 and 5. This is the first long-term stable health funding arrangement of its kind in Canada. Two hundred thirty-two million dollars will also be provided to Alberta Health Services for operating costs at the south health campus in Calgary and $35 million for operating costs at Edmonton clinic south. The funding reflects a commitment made to Albertans last year that when the south Calgary hospital and all other new facilities are ready to come on stream, the operating funds will be there in stages as they are needed.

As I said, one of our top priorities is increasing Albertans’ access to primary health care. Improving primary health care is about providing more front-door options for Albertans so they can make that first point of contact with the health system. Through this proposed budget we’re investing in people and in programs that will mean more ways to go through that front door. We will provide $75 million for projects that will strengthen primary health care throughout Alberta. Funds will be used for a range of innovative health care approaches such as enhancing our very successful primary care networks or adding more community-based primary health care providers.

In addition, Alberta Health Services will be using $15 million of its existing budget to establish three pilot family care clinics that will be operational by April 1. They will address local community needs through teams of health providers working under one roof to provide individual and family-focused care. Family care clinics will include an emphasis on wellness, addictions, mental health, and chronic disease prevention and management. We’ll be announcing more details on these pilots very soon.

Another way we will improve primary health care is to enhance the role of our pharmacists. Starting July 1, Albertans will be able to go to their local pharmacist for prescription renewals. The change means Albertans will have more access to the health care system, more timely access to medications, and more convenience. Pharmacists will be finally recognized, Mr. Chair, as a full part of Alberta’s health care team by working to the full extent of their education, skill, and experience. We will spend $20 million to compensate pharmacists for this service and enable them to continue their collaboration with physicians in delivering care of the highest quality.

Investments in pharmaceutical programs will come from savings by negotiating better prices for generic drugs. To help pharmacists in Alberta’s remote communities expand their services and adjust to the lower generic drug prices, $5.3 million will be available in 2012-13 as part of a new three-year, $16 million remote pharmacy access grant.

Mr. Chair, a second priority for our ministry is to build healthy communities by increasing access to addictions and mental health services. I announced details about this $25 million investment on Monday. Initiatives include increasing access to psychology and other counselling services in primary care networks, expanding addiction and mental health capacity in our schools, investing in housing supports and homeless initiatives, and providing support for complex needs in the community and at facilities through Alberta Hospital Edmonton.

Our third priority relates to continuing care. We will invest $25 million in enhanced home care and rehabilitation services so seniors can stay in their own homes longer and avoid premature or unnecessary admissions to continuing care facilities and, most especially, our hospitals. To help seniors maintain their good health, we will also invest $7 million in subsidized chiropractic services for seniors, effective July 1.

To conclude, Mr. Chair, this budget supports our goal of more community-based care. It will give Albertans more and better access to the health system close to home. It will support greater access to mental health and addiction services. It will enhance home care so seniors can stay in their own homes, where they will continue to maintain their independence and where they are most comfortable.

Thank you very much, Mr. Chair. I look forward to the questions from my colleagues.