

Title: Monday, June 21, 2004 HIA Review Committee

Date: 04/06/21

Time: 9:02 a.m.

[Mr. Jacobs in the chair]

The Chair: All right. We will call the meeting to order and welcome everyone here on this day, June 21.

Before we move to introductions, as you all know probably, there are two of our members who advised us last time that this date didn't work for them, so they will not be able to attend. We have another member who will be here I think shortly.

Before we move to introductions, let me just make you aware of a couple of things. Meeting materials were e-mailed to members' Legislature or Annex offices as well as to their constituency offices during the afternoon of Thursday, June 17, 2004. The only materials sent were the agenda for today's meeting, the minutes from the meeting of June 8, and the meeting notice. Members require the draft consultation guide from the last meeting, but if anyone doesn't have their copy, we have extra copies available here. Meeting transcripts from June 8, 2004, were sent out to all participants on Friday, June 11. Of course, today, depending on the agenda, I think we'll need to at least be here for lunch, because we do have lunch prepared, and I'm told that it's a special lunch.

Anyway, I welcome everyone here again this morning, staff and members. I will, starting with Mr. MacDonald, ask you to go around and introduce yourselves, members first and then staff.

[The following members introduced themselves: Mr. Broda, Mr. Goudreau, Mr. Jacobs, Mr. Lougheed, and Mr. MacDonald]

[The following departmental support staff introduced themselves: Ms Gallant, Ms Robillard, and Ms Versaavel]

Mrs. Sawchuk: Karen Sawchuk, committee clerk.

Mrs. Dacyshyn: Corinne Dacyshyn, committee clerk.

Ms Sorensen: Rhonda Sorensen, communications with the Clerk's office.

The Chair: Okay. Again welcome to everyone, and thank you for taking time on a beautiful summer day to attend this meeting.

You do have the agenda of today's meeting before you. I would like to ask your permission to add under Administrative Issues a discussion or questions on the follow-up items which you have before you and any other additions which you may have for the agenda. Any other items? Could I have, then, a motion to adopt the agenda as amended?

Mr. Goudreau: Mr. Chairman, I'll move the agenda as amended.

The Chair: Thank you. It's been moved by Hector that we adopt. All in favour, say aye.

Hon. Members: Aye.

The Chair: Opposed, say no. Okay.

You also have received a copy of the minutes of June 8. They were circulated. Are there any questions, corrections, or discussion on the minutes of June 8? A motion to adopt?

Mr. Broda: So moved.

The Chair: Mr. Broda has moved that we adopt. All in favour, say aye.

Hon. Members: Aye.

The Chair: Opposed, say no. Carried.

Okay. Moving along, before we get to Rhonda's comments on administrative issues, are there questions or comments on any of the table items: disclosure of health information, the question raised by Mr. MacDonald, terms of reference, scope? Do any of the table officers have comments on any of these items? I assume, then, that the items answer your questions.

Mr. MacDonald: Mr. Chairman, at this time I would just like to say that I appreciate this information, but I would like to have an opportunity to have a look at it before I make any further comments. Thank you.

The Chair: I understand. Very good. So at some point later or at another time we would certainly entertain any questions you may have, Mr. MacDonald.

Mr. MacDonald: Okay. Thank you.

The Chair: Any other questions, comments?

I guess I'll just probably say it now rather than wait for the first person to ask the question. Given the debate the last few days concerning the possible change of election times and given the discussion that the committee has already had on the report – you know, should we not get it done by November or should we get it done, et cetera? – a fall date of election would of course present an interesting challenge to us. The advice I've received from the minister of health is that we carry on and do our work as expeditiously as possible, and inasmuch as no one knows for sure exactly what the procedure will be, I would suggest that we as a committee carry on and proceed with our work as best we can.

So unless there are questions or comments on that, I'm going to ask Rhonda to discuss the next items on your agenda, which are advertising and other related items.

Ms Sorensen: Okay. The date for advertising can be set. I need one week's advance time basically. If the draft consultation guide is in fact approved today, then we can advertise as early as next week if that's the wish of the committee. At the same time we can send out a news release, and right now I have somebody working on the web site so that we can post all of the stuff onto a specific web site for HIA. That's about all I have to say on that.

The Chair: Questions?

Rhonda, assuming that we approve the document today, your suggestion would be to get this released by next week.

Ms Sorensen: Yes, along with a news release going out at the same time.

The Chair: Okay. Let's go to the other items then. We may be through by 10 o'clock the way we're going here. The closing date.

Ms Sorensen: I believe Karen or Corinne will be addressing the rest.

The Chair: Okay.

Mrs. Sawchuk: Mr. Chairman, I think we were sort of aiming that Friday, August 6, would be the closing date that would be posted in the ad for people to get their submissions in. That also gives enough time for Health and Wellness staff to go over the submissions and be

prepared to report back to the committee before the dates that we already have established in August. That's it.

9:10

The Chair: So that basically gives people approximately four to five weeks to respond. It's not a great time of the year to respond.

Mr. Goudreau: Mr. Chairman, certainly, in light of our discussions at the last meeting and, you know, with a lot of committees maybe taking a small break for holidays, I really think it's going to be imperative that we do a good job of advertising, just to make people aware that this is happening. I think we're going to have to make a special effort to assure ourselves that Albertans and the various groups that are involved in health care and health information are aware that this is happening so that they have that opportunity. If we make a special effort to do that, I think we might be able to avoid some criticism in the future.

The Chair: We will have some discussion on that as we go forward, so thank you, Hector. That's a good point. As we talk more in detail about that, if we don't get it covered, please raise it again.

Mr. Goudreau: Thank you.

The Chair: Okay. Closing dates.

The stakeholders list. You have in your papers this morning a document, Stakeholder Distribution List for Select Health Information Act Review Committee. Catarina, do you want to take this and talk about the list, and while you're there, we might as well talk about notice and cover the question Hector raised also. I think you're prepared with that one, so let's have that discussion, please.

Ms Versaevel: Thank you. The stakeholder listing includes initially the list of organizations that Alberta Health and Wellness through communications communicates with. So there you'll see all of the health organizations – the Alberta Council on Aging, the Dental Hygienists' Association, the Alberta Health Record Association, Alberta Union of Provincial Employees – a broad range of organizations that are communicated with on major health initiatives.

So rather than just give you the name of the organization, what happened here is that the distribution listing was photocopied, which is why you've ended up with the mailing address as well. As you glance through that initial listing, you'll see all types of organizations – speech language pathologists, Workers' Compensation Board, provincial health authorities of Alberta – a wide variety of organizations that are concerned with health matters.

The second list is of the health authorities, so all of the CEOs of the various health authorities and chairs of the boards are also attached.

In addition, when we did the orientation for the committee, Wendy mentioned the EHR Data Stewardship Committee, and we would propose as well to include the members of that committee. Some of those names on the EHR Data Stewardship Committee are repeated here because some of the members are from health authorities, but we would propose that that committee, because of the impact of EHR on the review, be included. The listing we provided at the last meeting that we tabled on the listing of the private-sector health entities that we have had ad hoc meetings with over the years: we would propose that those entities also be included as part of the distribution.

The distribution also would include the other government departments that have health information in their custody or under their control for various programs and services, but that distribution

occurs through the deputy ministers. The information of course will come back here. It just has a different routing, we are given to understand, but that distribution also would occur.

A question, one that we've done some preliminary thinking on for your consideration, is the distribution to individual practitioners throughout the province. For example, there are 5,434 medical practitioners in Alberta, 3,141 allied practitioners, for a total of about 8,700. So those are generally people in the medical community. There are, in addition, individual pharmacists and individual pharmacies, and the question then is: should the committee's consultation guide be distributed to each individual health provider throughout the province?

In considering that question for your discussion, we had a few informal conversations. What we know is that it is probably more effective to advertise very well in the media, in the newsletters that go to physicians, for example, to do proper links with web sites with the Alberta Medical Association, as an example, or with the RxA than to send consultation guides to individual health providers, that from other experience with communication that is not the most effective way, and recognizing that the various organizations in the distribution listing will make commentary on behalf of their provider group, there will always be – and very fine it is as well – individual practitioners who are going to comment.

Those individual practitioners, if the advertising is done well, will be able to find the consultation guide and the background materials. But we did not put the listing of all of the providers as part of the package. Rather, we would recommend a strategy where we use existing links through those organizations to connect with their individual providers.

So that's the commentary on the stakeholders.

Mr. Lougheed: People have probably submitted as individuals all sorts of comments and concerns as the legislation was coming forward and subsequent to that. Maybe that isn't tracked or there's no database of those individuals, but can they be sent some kind of information about the review? If they had concerns before, they can address them again, or maybe they have been addressed or whatever.

Ms Versaevel: When the Health Information Act was tabled in the House and then passed, indeed there were comments that were provided that were received by the department, and those comments generally came from the organizations that are on the listing. There were numbers of individuals, not many, who did comment, and we did maintain a list of all of the submissions. Not letters. For example, if a letter was sent making a comment and it was answered, those weren't tracked, but we can take a look at the database and see what, if any, individuals or organizations – I'm very confident that all the organizations are here, but we can double-check and make sure, in response to your suggestion, that from the database we connect back with people who made comments in the first instance.

The Chair: Before we proceed, I'd like to note that Mr. Lukaszuk has entered and is now involved. Thomas, we are on item 4 on the agenda.

Mr. Lukaszuk: Thank you, Mr. Chairman.

The Chair: So regarding Catarina's comments about the health practitioners, the numbers that are out there, the strategy, does the committee have further questions or comments?

9:20

Mr. Goudreau: Mr. Chairman, I'm just wondering if we will be

reaching all the people that we'd like to see or at least to notify. I don't feel that we should be distributing the guide to all Albertans, but by the same token we've got to make sure that they're aware that the guide is on-line or available somewhere.

It seems that this last year when we've done the Agricultural Operation Practices Amendment Act and the changes that way, our municipalities have come back to us and said, you know: "We had heard indirectly that it was happening. We weren't sure that it was happening," or, you know, "We found out after the fact that it did happen." We are at times being criticized, not that we kept it away from them but that they felt that they didn't have ample opportunity to respond. I'm thinking specifically again of our municipalities and specifically, maybe, about all the ambulance providers and those kinds of things.

I guess I'm wrestling with how much detail and how many people and organizations. I recognize that the municipalities have their association, but I'm just visualizing that by the time Mr. Hayden, for instance, gets the information, puts it on his link and notifies the municipalities, the municipalities wait a week or two or three before they have their meeting, all of a sudden the summer is gone, and they'll feel maybe a little bit more rushed. So I'm just wondering if we shouldn't go directly to the municipalities first and say, you know: certainly this is available for you.

The Chair: Okay. Thank you very much, Hector.

Mr. Lukaszuk: Mr. Goudreau raises a good point, but as far as I'm recalling, we will be placing ads in all the papers in the province; right? If that is true, you know, that's a customary way in our province of notifying individuals of most anything. Elections are notified that way, substitutional services for courts are notified that way. So if we're putting ads and substantive ads in all the daily papers, I don't think anyone could form a meritorious argument saying that they were not aware or had no means by which to find out that this review is taking place.

The Chair: Thank you, Thomas.

Mr. Broda: Looking through the list here, Catarina – I don't know; maybe I've missed it. The Health Facilities Review Committee should get a copy of this too.

Ms Versaevel: Yes, and they should be there.

Mr. Broda: I didn't see it in here.

Ms Versaevel: Then it's an omission. Absolutely. Thank you.

Mr. Broda: Yeah. Okay.

The Chair: All right. Any other comments?

Catarina, do you want to respond to the issues that have been raised by the members on extensive lists? Hector has raised, you know, a valid point regarding: how extensive do we need to go here? Thomas has suggested that if we do it through newspapers, most people should be able to realize.

I think it's important that Albertans know we're doing a review. Many of them will probably not have serious interest in the review, but those who do should definitely know that there is a review going on so that they have an opportunity to respond. You know, I certainly have empathy for Hector's point that at the end of the day there are always some that either we didn't give them enough time or they didn't know about it.

So do you have additional comments on these items, Catarina?

Ms Versaevel: The advertising in the dailies and the weeklies. For most organizations and most individuals that likely would draw their attention to the fact that this review is taking place. Individual Albertans and organizations who are concerned with the Health Information Act will be aware that this review is occurring because they have been interested in this piece of legislation. They know in correspondence that has gone back to them that there is a review or there will be a review underway. So I think individuals who are interested in this issue and have suggestions to contribute will be able to have ample opportunity through the dailies and the weeklies, through the web sites, and through their provider organizations to be aware of this review.

To send additional information or to send information directed to municipalities as a result of the ambulance review, perhaps a focused letter rather than a general letter given that particular issue, could be done and might be a very good idea to do. It's a very specific issue. It's a scope issue, and a letter could be crafted to that effect to draw attention to the web site, which I think is what you're after.

Mr. Goudreau: That's right.

The Chair: I would also make the point, Hector, that regarding the rural AAMD and C and AUMA, the urban, do they not send out newsletters to their members on a regular basis? So if we give them this information, they would probably, hopefully, include it in their newsletters which go out to their members.

Mr. Goudreau: I was more so concerned about the timing of all of this happening. Certainly, if we submitted a letter, then they'll get it at the same time as their membership organization, for instance, or their parent organization. I agree with the fact that information eventually funnels down, but it's a timing issue.

The Chair: So given our challenge, do you have a recommendation, or do you just want to make it as an awareness item?

Mr. Goudreau: Well, I like what Catarina has indicated in the sense that I think we just need to send them a small note saying: it is on the web, and certainly the guide is there; if you're interested, please follow through. I don't think it needs to be any more extensive than that.

The Chair: Okay. Thank you.

Catarina also raised the point of the number of health practitioners. There was a question as to whether to go to each one or whether to do it sort of through a web site, hoping that they would pick up that there is a review and, if interested, would go into the web site and get the information, versus sending each one of them a copy of the report. Does the committee have any questions or comments on that aspect?

Mr. Broda: No. I think, Mr. Chair, that if you look at the ad that you have here, there's mention of the web site in two different places, so anybody that's really wanting to do that will be able to. I think it's sufficient. You could flood the market with a whole bunch of applications, and then somebody will say: you missed me. So I think you're getting the key people right now that are involved in the system itself and how it's working or not working and can identify it. With the web site it should be sufficient, I would think, if we do proper advertising provincially.

The Chair: Thank you.

Further comments, Catarina or Wendy?

Mr. MacDonald: Please, for information purposes. The Alberta Long Term Care Association: would that be an umbrella group for all long-term care facilities in the province? That's everyone; right?

Ms Versaevel: Yes, it is.

Mr. MacDonald: Okay. Thank you.

The Chair: Further comments, David?

Mr. Broda: Yeah, maybe I will comment on that. In your question their associates are also members that are private members. Like, say, extended care: they all belong to the Long Term Care Association. So it covers the whole broad spectrum.

The Chair: Any other comments or information on the administrative issues regarding lists and advertising, Catarina or Wendy? The reporting back? Any of those items you want to discuss at this point?

Ms Versaevel: No. I think that's fine.

The Chair: I'm trying to make this meeting last a little longer.

9:30

Mrs. Sawchuk: Mr. Chairman, the one sort of issue that the committee has to deal with is reporting to the committee on the submissions received. One of the things that the FOIP review committee encountered was that the majority of the submissions received were very lengthy; in a lot of cases they were hundreds of pages long. I think that in the first two meetings the committee wanted to see whole submissions when they came in, and then they found it very prohibitive. It was a lot of paperwork.

So what happened was the committee agreed to have the technical support team work on summaries of the submissions, covering the key issues that were presented in the submissions to the committee. I guess that that's one of the things because, of course, Health and Wellness are going to be the ones working on the submissions once they come through our offices, and they sort of have to have a bit of lead time to know how they're going to deal with these submissions, whether the committee wants to receive the submissions in full. We always had the submissions available with us every meeting, the whole works, but for the most part it was either a one- or two-page summary. So the committee should make a decision in that respect.

The Chair: Thank you, Karen. Good point. I'm glad you raised it.

So we certainly would be pleased to have comments from the committee. Do you want everything verbatim as it's received, or are you okay with a summary? Let's have your comments.

Mr. Loughheed: A summary of the longer submissions, and if they're short and to the point, then, fine, give them direct.

The Chair: Thomas?

Mr. Lukaszuk: Thank you. In my previous involvement on similar committees it was the practice that the submissions be summarized and the long versions be available, so if any member of the committee wants to find out from which submission certain summary was deferred, he or she can ask for the long version of it. But otherwise I anticipate that the submissions will be very voluminous, and I don't believe any members will be in a position to decipher all that and

actually be able to encapsulate all of it into any coherent summary. So having the staff do that and then make the long versions available to us upon request would be a more practical way of doing it.

The Chair: Thank you. I appreciate your mentioning the availability of the original document to any member who wants to have that because that brings, you know, fairness and consistency to the discussion. Good point.

Mr. Goudreau: I guess, Mr. Chairman, that we're presuming we're going to be receiving maybe hundreds of submissions. I suppose that if we were to receive a few dozen submissions or only 50 submissions, then maybe we could have a look at all of them. Otherwise, certainly if the numbers go up, I would agree that we should have summaries.

The Chair: Okay. Thank you.

Mrs. Dacyshyn: I guess, Mr. Chairman, that in that regard we do need to know today what your decision is because over the summer, as we receive the submissions between now and August 6, we will need to know what you want us to do. We'll send you packages of 10 or 20 summaries or 10 or 20 submissions. We kind of need to know that now before your meetings in August so that you know what kind of paperwork you'll be receiving and we know what to send you.

The Chair: Thank you.

Someone tell me again how many submissions we received under the FOIP review.

Mrs. Sawchuk: Mr. Chairman, I believe that with our first round of advertising it was broken down a little bit differently. We had done advertising, requested submissions. There were just over 200, I believe; 238 is the number that's sticking in my head. Then we released a preliminary report, and after that report was released, we received about another 180. With the exception of one or two that were one- or two-page letters, all of them were at least dozens of pages long. They were very large submissions. Most of them were cerlox-bound or in binders. Big.

The Chair: Thank you.

We don't know how many submissions we will receive, but it's certainly possible we could receive 200 or 150 or 300 or whatever. I think Corinne makes an interesting point: the staff do need to know today what our direction is. If committee members are happy with a summary plus request access to any document you want, that's a direction we should either agree with or . . .

Mr. Broda: I'd like to make a motion that

we get a summary and that the longer version be made available to any individual of the committee who would want to see that information.

The Chair: Thank you, David. So accepted, your motion.

Questions or discussion on the motion? Hearing none, all in favour, please say aye.

Hon. Members: Aye.

The Chair: Opposed, please say no. Okay. It's carried.

Going back for just a moment: Catarina, are you okay with the discussion?

Ms Versaevel: Yes, absolutely.

The Chair: Corinne, your question was covered?

Mrs. Dacyshyn: Yes. Thank you.

The Chair: Okay. On the distribution poster: did everybody see the poster? Do we have any comments on the poster as far as how you want to use that?

Ms Sorensen: It's essentially exactly the same as the advertisement that will be going into the newspapers only this version is in colour. The newspaper ads will be in black and white. It can be distributed however you see fit.

The Chair: Sort of a catchy little poster.

Mr. Lukaszuk: Well, I didn't expect you to say that because I was about to say – and this is not to criticize anyone who designed this; it's true of any government advertising – that very often a blank page in the paper would be more effective than some of our advertising.

If you're trying to get someone's attention and make sure that this doesn't blend with the doctor's wall in the clinic, this would not be my poster of choice. I don't find it to be very attention grabbing, but maybe that's just me, or maybe it's early in the morning.

The Chair: Thank you, Thomas. Other discussion?
So, Thomas, is it colours that concerns you?

Mr. Lukaszuk: I just find it, Mr. Chairman, not to be very attention grabbing, but maybe it's just my personal taste.

The Chair: Well, okay. That's fair. We always appreciate honesty. I still like it.

Do other committee members have comments on, you know, the poster itself and its effectiveness? I mean, probably we could change it if the committee wants to.

Rhonda, the point was made that one of our members doesn't think it would catch attention in a doctor's office.

Ms Sorensen: I guess that if the member has any suggestions on how to, we can certainly design it any way you like.

Mr. Lukaszuk: All of a sudden I like it.

The Chair: Let's be up front here. If we can do it better, we'll do it better. I think Rhonda is okay with that.

Ms Sorensen: I do agree with Thomas that there is a lot of information on there, and that does detract from its attention-grabbing qualities. However, I think the information that's on there is fairly critical.

The Chair: Rhonda, a question: is there any way to change the heading here that would grab people's attention? The committee needs to consider distribution of this poster. Where do you want it to go? Do you want it in your offices? Do you want it in doctors' offices? Where do you want it? Wherever we put it, it seems to me that we want Albertans to at least glance that we're reviewing the act. Then, if they have further interest, certainly some more information is there.

So, Thomas, if we could make it more attention getting, would you be happier with that?

9:40

Mr. Lukaszuk: I'm happy as is, but that was my point: would you stop by and look at it and know just by glancing at it what it is all about?

The Chair: Okay. Thank you.

Ms Versaevel: Just a comment, not having seen the poster. The intent from the minutes of the last meeting is that the poster would be available in physician offices and provider site offices. Based on experience with the Health Information Act and posters that we did for the Health Information Act explaining to the public what the Health Information Act was about, those posters were used very seldom, if they were used at all, by physician offices or within pharmacies. To mail the posters to provider sites, those 8,000 practitioners that we were speaking of in addition to the pharmacists and pharmacies, as a way to advertise the review, it is questionable how many providers would put such a poster on their wall.

Secondly, the review in terms of the feedback is to take place within five weeks' time. Physicians in particular receive a great deal of material and a great deal of information from all types of sources. It's a similar conversation, I guess, to the one we had about sending the consultation guide to each physician's office. To send a poster to each physician site might not be the most useful thing to do. It would likely remain somewhere for a number of weeks and would not have the intended impact.

If indeed the committee chose to have this poster distributed to provider sites, again we would need to have what is being reviewed revised a bit to reflect the revisions that were made to the terms of reference at the last meeting. But, with respect, we would question distributing a poster to all provider sites.

The Chair: Thank you.

Rhonda, we haven't printed 10,000 of these yet, have we?

Ms Sorensen: No. We printed as many as are here today.

Mr. Broda: At the top, where it says "review of the Health Information Act," basically why not have on top of that, "it's your chance." This way here it says review health information, and "How to participate" is at the bottom. Saying "it's your chance" might be an eye-catcher. Right? What do you guys think?

The Chair: Thank you, David.

Comments? Mr. MacDonald.

Mr. MacDonald: Yes, Mr. Chairman. Nowhere here do I see where there's the use of the word "public," and I think that's important. So many of this government's consultations go on behind closed doors that I would like to see the word "public," as to read "public review of the Health Information Act."

I'm with Mr. Broda. We should be welcoming submissions.

I would like to see the Deputy Chair's name at the bottom as well.

The Chair: Okay. So noted. Thank you.

Mr. MacDonald: Thanks.

The Chair: I'm still not clear here about what the committee's direction is as to where to put these posters once we get them agreed on as to the format. Do you want them to go to your offices? Do you want them to go to regional hospitals?

Mr. Goudreau: Initially when we had talked about it a few weeks ago, I think, it was my intent that they be posted wherever Albertans were receiving medical treatments or access to medical support of some sort.

I'm also wondering about the 8,000 in terms of total practitioners. I'm just wondering if Catarina can help me. How many of those doctors work together in a particular clinic? You know, if we can group them, then certainly rather than talking 8,000, we might be talking 4,000 or 5,000 or a substantial reduction in total numbers.

Ms Versaevel: The distribution listing that we have for practitioners doesn't do that, meaning it doesn't group them by clinic. They are individual practitioners. As I understand it – I'm not in communications or in the area that actually does the listing for practitioners – I don't think it occurs that way. I'll check that out for you, but I don't think so. I'm not sure. I appreciate what you're saying: that would reduce the numbers.

The Chair: Thank you.
Thomas.

Mr. Lukaszuk: Thank you, Mr. Chairman. I do appreciate the point – and it is a valid one – that most physicians are inundated with correspondence from many sources, pharmaceutical companies, and receive posters probably on a daily basis. I would agree that most physicians, a large majority of them, probably would not bother putting up a poster on a wall. From those who would, there probably will be very little uptake from patients relevant to participating in this process.

Having said that, notwithstanding this, I think we still have the fiduciary duty to do what we can to make all Albertans aware of this process. Now, if they choose not to participate or if their doctors choose not to use the posters, then that choice is theirs. But at least we have fulfilled our duty to make everyone aware of it, and that's a duty that's incumbent upon us.

The Chair: Thank you, Thomas. Good point.

Okay. I think we are agreed that we want to explore every option of making sure Albertans have knowledge of the review. Rhonda, I don't know; when you started this, how many of these did you – I mean, we have to consider budget constraints, effectiveness, et cetera. So could you comment on 10,000 of these or 8,000 or 5,000 or cost and your views on effectiveness as a communications person?

Ms Sorensen: Actually, I do have to agree with Catarina in that given the time limitations that we're under, this might not be the most effective tool. However, we can make it available on the web site and, like she was saying, in a very direct letter make stakeholders aware that posters are available on the web site or they can order them through us. The actual cost of this poster at this point has been no cost to the committee. It's been my time alone, and no printing costs have been incurred yet.

The one question I do have, if you'll allow me . . .

The Chair: I will.

Ms Sorensen: With the changes that we're discussing on the poster, because it is a replica of the ad, do you want these changes also to be made in the newspaper advertising?

The Chair: Okay. I'm seeing some nods in the affirmative. I'm seeing some blanks. Any other comments on the question, the last part of the question?

Mr. Broda: I think it should be included in your web site and in whatever information you're going to send out to all the stakeholders, but I think your newspaper advertising is still going to be the largest. To make a whole pile of these and, sure, being distributed but not used – I don't think this is where people are going to be looking. They're going to see it at a doctor's; they're not going to jot things down. But they get their paper, they get it at home, and they'll sit down and read it. I think that's going to be the most effective marketing tool that you have, your newspaper. We could print 10,000 of these, and I'm sure that you'd be lucky if 500 are being used.

So I think the paper is there. You have it at home. You can sit down, and you can start doing what you have to do with it. Those would be my comments.

The Chair: It's just been pointed out to me that when we did our budgeting, we did not include a budget number for the posters. So if the committee decides to use the posters extensively, that would be an addition to the budget.

We've already heard discussion about the effectiveness relative to putting one in every doctor's office or clinic, and I'm trying to balance that with the committee's desire to make sure that Albertans do have every opportunity to be aware of the review. One suggestion was to go on a web site, which I think Catarina has already covered. Her plan is to go on a web site. We could do the poster, or, you know, the information will be on the web site; that's for sure.

9:50

Mr. Goudreau: Well, Mr. Chairman, I think I'm the one that brought up the poster idea quite some time ago as well. With the discussions that we've had this morning and the understanding that our practitioners may be a more extensive list of people who would get a direct letter, I would be prepared to pull back on the suggestion of having the poster, making sure, though, that they would get an individual letter pointing out that this is all available on the Net.

The Chair: So the letter would go to who, Hector?

Mr. Goudreau: Well, maybe all our practitioners. Was that my understanding, Catarina?

Ms Versaevel: The letter idea that we were talking about was in relation to municipalities and the ambulance review with respect to the physicians, using physicians as an example. Pharmacists are also very critical from the health provider point of view; the same type of comment would apply.

For the medical practitioners, they would know of this review, as would all Albertans, through the print media. They also, though, through their provider organizations have newsletters. This ad could go into those newsletters, for example. The ways in which providers hear of what's going on is often through their provider organizations like the RxA or the Alberta College of Pharmacists. So to ensure that we use their communications vehicles is probably the most effective way, since they communicate with their providers all the time.

No, I wasn't intending to imply a letter to each practitioner.

The Chair: Thank you, Catarina.

A further comment, Hector? Are you okay?

Mr. Goudreau: Yeah. Fine.

The Chair: Is there desire on the part of the committee to perhaps

print some posters and, for example, to give perhaps each MLA constituency office two or three posters to use in their offices if they so desire? Is there any value in that suggestion? In other words, would you put it up in your office, or would you be just like the doctors and not put it up?

Mr. Lougheed: I don't think it would be very much different from the doctors' offices or any other. The discussion is just going around here. It's unlikely to find a spot in my office. I can tell you that there is a minimal amount of space for such things there anyway.

It seems to me that we could let the people who are the experts in this area optimize the expenditure of the dollars. If it's impractical to send to every doctor's office, then we had better put it in their professional literature that they get from their associations. Let's do that and make the best use of the dollars based on what those people who have studied it more than probably most of us in this room know about advertising and those kinds of things.

The Chair: Thank you, Rob.

Do Rob's comments reflect the views of other members of the committee, or are there other views?

Rhonda, would you please explain to me now where we're at on this item.

Ms Sorensen: I will certainly try. It's my understanding that the committee has agreed that the poster is not an effective tool, which I agree with. It is my understanding that I will go ahead and make the revisions to the actual advertisement. If you wish to see that via e-mail again before it goes out, that's fine, but I was still planning to send the advertisement out next week.

The Chair: All right. Thank you very much.

Committee members, first of all, are you okay with Rhonda's summary of where we're at at this point? The poster will not be used beyond what it's been used for today. The advertising that she's proposing will try to capture the suggestions you've made. Do you need to see that again before she puts that out, or are you confident in allowing her to go ahead with that? The committee is not planning another meeting until August. We could, of course, copy you in your offices with that and then wait till you all get back to us.

Ms Sorensen: Corinne and I were just discussing it. I can make the revisions today before you adjourn.

The Chair: Are you sure?

Ms Sorensen: Yes. As well, we can still make the poster available on the web site should physicians or whoever decide that they do want to download a copy.

The Chair: Good idea.

I still have in the back of my mind the possibility that there might be one or two people in a clinic or in a hospital where people go regularly that might see this that might not otherwise have seen it. So if it's available on the web site, I think that's good.

With her suggestion that she could have it done for today, hopefully before we get through, and you could look at it then, is everybody okay with that? Okay. We will proceed on that basis.

Have we covered item 4 to everyone's satisfaction? Corinne, did you have an additional comment?

Mrs. Dacyshyn: No, I didn't.

The Chair: Okay. So has item 4 on the agenda been covered to everyone's satisfaction? The administrative staff: you've received the direction you need? Yes, Roseanne.

Ms Gallant: Thank you, Mr. Chair. I would make one comment on the follow-up item that I provided on the privacy impact assessment that Mr. Lukaszuk had asked about. I'm still in consultation with a custodian for their permission to provide a completed one. What I provided today was our actual annotated template and guide so that at least you would have an idea of what our template looks like and what we require to be completed by a custodian when they submit a privacy impact assessment. I'll proceed to try and get you a completed one as promised.

Thanks.

Mr. Lukaszuk: Thank you very much.

The Chair: Okay. I'm going to suggest a 10-minute break here before we proceed on to item 5. So we will break for a few moments.

[The committee adjourned from 9:58 a.m. to 10:20 a.m.]

The Chair: Okay. We will call the committee back to order. We are now at item 5 on your agenda. I would like to ask Catarina and the technical . . . Oh, excuse me. David, yes.

Mr. Broda: Sorry, Mr. Chair. I'd like to have one question. When we have all this information out to the public and submissions are made, are we going to have or have we set dates – and I'd apologize if I don't remember – for public oral presentations? Those are still going to happen as well; are they?

The Chair: Corinne, can you remember where we're at on that one? Would you respond to that one, please?

Mrs. Dacyshyn: Sure. Although the dates aren't in front of me, yes, we did. What the committee decided at the last meeting was that we would receive submissions from the time the advertising went out, which will be next week now you've decided, to the deadline date advertised of August 6. The committee is meeting the week after that, two dates, to review the written submissions as well as the two weeks following that in August to decide whom they would like to meet with based on the number of requests received. Then in September the committee will hear the oral presentations. Again, that's based on the requests received by people wanting to make submissions.

Mr. Broda: Okay. Have we identified the deadline for submissions for oral presentations? Because we've put a deadline for written submissions, should we have a deadline for submissions to present oral presentations? You may not have that many, but you should have a deadline so that it doesn't drag out till November.

Mrs. Dacyshyn: My thought on that, Mr. Chairman, was that once the advertising went out and we started to receive written submissions, a lot of times groups will present a written submission and ask in that letter to make an oral presentation to the committee about their written submission. Now, that may not be always how it is, but in my head that was how I thought it would go, that once the advertising went out – and we have the month of July and part of August – people would start to call us and ask if they could make a presentation, with the same deadline date as advertised, August 6.

The Chair: Okay. So we'll take it as we go.

Mrs. Dacyshyn: See how it goes.

The Chair: The committee could put whatever deadline or whatever dates they wanted on oral presentations, David.

Mr. Broda: Okay. So I would agree with what Corinne is saying. We've got the written ones, and anybody, whether they submit a written one, could write to you and say: we'd like to do an oral presentation. So maybe not set a deadline on that one.

The Chair: Then you will come at the next meeting with any such presentations, and the committee could consider that.

Mr. Broda: Sure.

Mrs. Dacyshyn: That's right.

Mr. Broda: Okay.

The Chair: I recall that in the FOIP review we did discuss many of those on a sort of as-is individual basis, and the committee made a decision as to how they wanted to proceed.

Mrs. Dacyshyn: That's correct.

Mr. Broda: Okay. Thank you, Mr. Chair, and I apologize for jumping ahead here.

The Chair: Thank you, David, for the question.

So to go with the consultation guide, I'm going to ask Catarina and the technical staff to proceed with that discussion, please.

Ms Versaevel: Thank you. How we thought we would approach the review of the consultation guide, with your agreement, is on a part-by-part basis, not page by page but take your comments part by part and then make note of the revisions.

The Chair: Does everyone have a copy of the guide? Are we okay with that? It is under tab 5 in your binder. Let's just make sure everybody is onside with this before we proceed. Is yours there, Hector, or is it absent?

Mr. Goudreau: Under tab 5 all I've got are the terms of reference.

Mrs. Dacyshyn: It's not likely to be under tab 5 today. We did not resend it out. You have it from last week. It hasn't changed from last week to this week, so wherever it was in your binder last week is the one we're using. If you need a copy, we have extras here.

The Chair: That's right.

Mr. Goudreau: This is the one?

Mrs. Dacyshyn: Yeah. That's right.

The Chair: All right. I think everyone does now have a copy, so we'll proceed, please, Catarina.

Ms Versaevel: Thank you. At the meeting of June 1,* the last committee meeting, we did a review of the report highlighting its purpose, why the approach that we have was taken, so I'm assuming

that we don't need to go over that again in terms of the background. I think we did that at the last meeting. So when we spoke this morning with the chair, we felt it to be an appropriate approach, with your agreement, to go through this part by part and take your requests for revisions. With your agreement, then, I'll just proceed.

Page 3. We did discuss at the June 1* meeting that there needed to be changes to that page. Corinne has provided that to us, so we will just make those changes so that the listing is proper. I don't think we need further discussion on that.

Page 4 is the introduction. This, then, will be the first part to take your comments on. I would like to make one comment, and I'd like to suggest an addition. Since this was drafted, we are now aware that the Ontario Health Information Protection Act has received royal assent, and a date for proclamation has been noted. So with that we feel that it's appropriate, with your permission, in the fourth paragraph to just make reference to Ontario and that their legislation has received royal assent, just a very straightforward sentence.

Hon. Members: Agreed.

Ms Versaevel: Thank you.

The Chair: Concerns?

I think we have silent consent, Catarina.

Ms Versaevel: All right.

Then the background section starting on page 5 to page 6. Any requests for revisions to the background section of the document?

The Chair: I have one question if the committee does not. Catarina, could you again explain the effects of PIPEDA, the federal legislation, on our review and how those are going to tie in?

Ms Versaevel: Yes. The impact of the federal privacy law will be experienced by this committee because of the pan-Canadian health information privacy and confidentiality framework and the fact that the terms of reference indicate that the committee will be ensuring that the recommended amendments to the Health Information Act address the harmonized rules to be adopted by the ministers of health that are in the framework.

Practically, what the impact on the committee will be – I expect that within the next two to three weeks we will have a pan-Canadian framework document available for consultation. We would then propose to already have for the committee, because some of this work has been done, an analysis of the Health Information Act as it exists today and the framework, meaning: what proposed provisions in the framework differ from the Health Information Act? So we've already begun to do that work, and we're not anticipating that as part of the consultation people are going to have to analyze the framework.

The important thing is that the committee as part of its terms of reference has to ensure that whatever amendments you recommend address the provisions that are in the privacy and confidentiality framework. So I expect that that work would happen within the committee probably at the August or September meeting.

The Chair: Are we obligated to harmonize our recommendations with the pan-Canadian recommendations?

Ms Versaevel: I believe that the committee's perspective, as I understood it at the June 1* meeting, is that the committee wanted this wording in the terms of reference changed so that it said "will address," "will review," "will consider" but that the committee was

*See p. HR-79, right col., para. 17, line 4.

not comfortable with the word that was there before, which was “reflect,” which would have communicated to the committee that they would have to incorporate a framework rule that the committee may have some question with, and did not wish to constrain their analysis and their deliberation. So it’s my understanding that that’s why the committee requested the change from “reflect,” which was in the original terms of reference, to “address.”

The Chair: Could you comment, please, Catarina, on what you think “address” will mean in terms of the committee’s assessment of the pan-Canadian?

Ms Versaevel: What I would anticipate that would mean is that when the committee reviews the analysis of the proposed framework provisions with the existing Health Information Act rules, they would need to consider – let’s use the example of consent, and when we get to that section in the consultation guide again, you’ll recall that I highlighted in that section that the federal privacy law has been interpreted by the federal government to require implied informed consent and that our Health Information Act does not require consent for use and disclosure for care and treatment purposes. However, our Health Information Act requires that our providers, custodians of health information, use the least amount based on need to know as well as accommodate other rules that restrict the free flow of information.

10:30

When we get to the analysis of this framework at the committee table, again using consent as an example, the committee would need to deliberate on proceeding with an implied informed consent as part of the debate, which is what the federal privacy law speaks to, whether there is sufficient argument to review the current existing consent provision within the Health Information Act. So addressed, to my mind, that would mean looking at what, for example, does the framework rule say, what does the Health Information Act say, to address the difference and to make a determination as to whether you would recommend whatever is in the framework provision, which we’re not in a position to speak to yet, as compared to what’s in HIA, whether the committee would recommend the framework provision or not.

The Chair: Thank you for that explanation.

Ms Versaevel: Sorry; that was a long explanation.

The Chair: But I understand it better.
I have another question from David.

Mr. Broda: Thanks. Catarina, this may not be relevant because every province has their own jurisdiction or whatever they have, but when we see here Manitoba, Saskatchewan, and now Ontario passing their own laws, how are they going to apply to the pan-Canadian?

Ms Versaevel: They have the same challenge as Alberta does. They, too, would be in a position of needing to review their existing legislation and to consider through their legislative process and through their public consultation whether they would be in a position to adopt those rules. It’s one thing at an official policy level to say that, yes, we are committed to work toward adopting the rules, but those rules, as you know, are not set in that way. They’re set by the Legislature. So each jurisdiction has a similar challenge in front of them.

Mr. Broda: Okay. A second question, if I may, Mr. Chair. In this case, then, if we disagree with some of the pan-Canadian that we don’t think applies here, do we have the ability to say, “No, we want ours to stay the way it is,” or does it have to conform with some of the legislation that comes under the pan-Canadian one?

Ms Versaevel: It is my understanding – and that’s all I can speak to because we’re still in the development process with the pan-Canadian health information privacy and confidentiality framework – that different departments of health across this country as a result of the work on the framework are saying, “We will consult with our stakeholders on these areas,” and the ministers will make a determination as to whether they wish to proceed to adopt those types of rules. But, again, it is the Legislature and the jurisdiction’s legislative review process that will determine what provisions end up in a piece of legislation.

Mr. Broda: Thank you.

Ms Robillard: I’d just like to point out for the committee that in order to be consistent with the amendment in the terms of reference, we need to amend the second last bullet under the background.

Ms Versaevel: Yes. That’s right, because it still reflects the old terms of reference, not the change that we made in the terms of reference on June 1.* This document was also tabled on June 1.*

The Chair: So would that be a wordage change from “reflect” to “address” that you’re proposing?

Ms Versaevel: That’s correct. “Reflect” is changed to “address.”

The Chair: I assume that everyone agrees with that. Okay.
Thank you for pointing that out, Wendy.
David, did we get your questions answered?

Mr. Broda: Yes, you did. Thank you.

The Chair: Other questions?
All right. Let’s proceed.

Ms Versaevel: Now we’re on part 1, the Purposes, Definitions and Scope, starting on page 7. As discussed at the beginning, we’re doing this part by part, so any comments, revisions requested from page 7 to page 11.

The Chair: Catarina, in the paragraph on page 8, middle of the page, the provincial steering committee report of June 1998: collection, use, and disclosure, public and private sectors. Could you elaborate on the challenge that’s before us on public versus private and the protection of information, especially from the point of view of public versus private?

Ms Versaevel: Yes. The Health Information Act currently applies primarily to the publicly funded health sector including pharmacists and pharmacies regardless of how they are funded. The committee that is referenced here that provided the policy advice on the Health Information Act did recommend that there should be a level playing field, that the rules should apply whether information was in the hands of a publicly funded health provider or a privately funded health sector entity, for example.

The legislation was introduced and then proclaimed in April of 2001, but at the time of introduction a decision was made to have it

*See p. HR-79, right col., para. 17, line 4.

apply only to the publicly funded health sector as well as to pharmacists and pharmacies, pending the consideration of the federal privacy law that we've been talking about, recognizing that the FOIP legislation was very new for jurisdictions, so they needed to have time. The impact on the committee is in the terms of reference again of the committee, where the committee has to, given section 109 of the act, consider reviewing extending the application of the act to private-sector health entities. That's part of the mandate, having the backdrop in the original recommendation from the steering committee.

So the impact and I think how it will be experienced by the committee is that the private-sector health entities, that ad hoc listing, distribution listing of companies and organizations that we've been meeting with, will likely make recommendations to the committee saying: here is the impact of extending this legislation to us as a private company.

The Chair: Thank you very much.

We have a question from Thomas.

Mr. Lukaszuk: Thank you, Mr. Chairman. Not a question, but I'd like to point out something that I believe to be an error. On page 10, on the question relevant to, "Should personal health information contained in employee health file be part of the scope of the Health Information Act?" if you look at the paragraph below, I believe the second sentence reads, "WCB is funded by employees and employers and reports to the Minister of Human Resources and Employment." That's an error. WCB is not funded by employees but by employers only, so you may want to remove that "employees" part.

Ms Versaevel: Thank you. That's taken from a document that exists, so we will check that through to the source as well. Thank you very much.

Mr. Lukaszuk: The following paragraph contradicts it, so I'm not sure that it's not an error.

The Chair: Thank you, Thomas. Do you have an additional question?

Mr. Lukaszuk: No. That's all. Thank you.

The Chair: Catarina, on the subject of ambulance operators, that focus is going to be changed with the change to putting ambulances under the health authorities. You know, on that one, was that an automatic recommendation then? How will we approach that change?

Ms Versaevel: The explanation of what's happening with ambulance operators is on page 8 and then a question on page 9. Are you questioning whether the question is relevant?

10:40

The Chair: Well, I think the question is relevant. I was just putting it out there for discussion, if there is any, because I know it's going to be an item that's going to be a change for consideration of the committee.

Ms Versaevel: What we've attempted to do in this draft for your consideration is to just put the point out there, and the implication is there, and it certainly impacts the issue of scope.

The Chair: Does the committee feel that the questions that are asked in this section are appropriate and reflect the concerns that need to be raised without leading or presupposing answers? Everybody

seems okay with your questions, Catarina, so you obviously did a good job.

Any other questions on this section? We do have a question.

Mr. Lukaszuk: Just one question. On page 11 the last question asks about nonrecorded information. Would it be of benefit to our readers to put in a blurb on what the status quo is versus what has been suggested?

Ms Versaevel: In the document right now we explain that the scope is for recorded information only. That is the status, that the act only applies to recorded health information, and then it introduces some of the considerations if one were to go with nonrecorded. Would you help me, please, as to what might be of assistance there?

Mr. Lukaszuk: I'm wondering. In order to be able to answer this question – there is no definition or there is no rationale or discussion underneath that particular question – you have to refer, then, back to the definition, I guess.

Ms Versaevel: It's above.

Mr. Lukaszuk: Okay. I'm sorry. It proceeds from the previous question. Fair enough.

Ms Versaevel: Mostly what happens is that the question follows the content, and that's what this one does.

Mr. Lukaszuk: Okay. I'm sorry. It makes sense.

The Chair: Thank you, Thomas.

Other questions, comments? Let's proceed.

Ms Versaevel: That takes us, then, to part 2 on page 12, and it's a one-page part. Any comments or requests for revisions there?

Mr. MacDonald: Mr. Chairman, I have a question at this time, and I realize you went over this with I think Dr. Pannu at the last meeting. In regard to an individual who is hospitalized in this province, what are the standards for gaining access to any and all information on that individual from the hospital on the drug therapy that was used while that individual was hospitalized?

Ms Versaevel: I'll ask Wendy to comment, and perhaps Roseanne, because of the involvement in the discussion last time, wants to add more comments.

Ms Robillard: The act provides an individual with the right to access their health information. Should they request information after discharge or something, they would be entitled to receive a copy of that information. I presume that also while they're in hospital, they would receive it informally. There would be discussion about changing their medication. They might not, however, receive a full list of their medications. However, I assume again that if they asked for that, they would be provided that, even in absence of the legislation.

The Chair: Go ahead, Mr. MacDonald.

Mr. MacDonald: Mr. Chairman, thank you. Regardless of whether this information exists in written form or in an electronic form, currently a person in this province has the right to that information?

Ms Robillard: Absolutely, the right to access information. As we've already stated, it is recorded. Whether that's in an electronic system or in a paper-based system, it is recorded. It is available, and they would have access to it.

Mr. MacDonald: And that not only includes from the treating physician or the operating surgeon but also the pharmacist that's employed at, in this case, the hospital?

Ms Robillard: Yes.

Mr. MacDonald: So there are no barriers to that individual receiving that information?

Ms Robillard: None that I can think of.

Ms Gallant: Well, in regard to barriers there would only be the exceptions that would come into play; for instance, if the physician or the custodian felt that it was endangering to their own health or to the safety of others. I mean, if those exceptions did not apply, then yes, access is to be provided to those individuals.

Mr. MacDonald: Those exceptions, Ms Gallant: are they mandatory or discretionary?

Ms Gallant: There are some in each category, actually: some that are discretionary and some that are mandatory. We could look into the act specifically if you wanted to review those sections.

Mr. MacDonald: Perhaps we will. We'll see how many people come forward with any concerns or complaints that they may have had in accessing their health information and see how this is working for people.

The Chair: Thank you, Mr. MacDonald.

Ms Versaevel: Indeed, just following on that, that's why there is a question in there whether the exceptions, both discretionary and mandatory, as Roseanne has indicated, are indeed appropriate and if not, to please give suggestions for improvement. So it is an important question, for sure, for people to comment on.

Mr. MacDonald: Who would – if I could, please, Mr. Chairman – make the decision to exempt information from an individual? Would it be a health information act officer that would be employed?

Ms Versaevel: A custodian and/or their affiliate.

Mr. MacDonald: And there would be a specific agent employed by the custodian?

Ms Versaevel: Yes. The affiliate would be an employee or an agent of the custodian, yes.

Ms Gallant: Yes, and that would be correct. Then, of course, it's always the affiliate of the custodian. The custodian has the final decision. So certainly with physicians usually they review those decisions prior to the final decision being made to either provide access or not to the individual. Then if the individual is unhappy, if, for instance, the custodian has declined access based on one of the exceptions in the act, they are informed of that, and then they have the ability to lodge a request for the commissioner to review that request. In fact, we have had a number of requests of that nature and

a couple of orders with regard to individuals asking the commissioner to review that decision made by the custodian.

Mr. MacDonald: But the treating physician has the right to veto the release of information. Is that what you just told me?

Ms Gallant: Only based on his discretion under the exceptions of the act. He doesn't have the right to veto if he can't find an exception under the act by which to withhold information. So if he believes it's, you know, going to be harmful to their own health or safety or to someone else's health or safety, then he may decline to provide access. Indeed, in psychiatric conditions sometimes the custodians will invoke that exception. But, in fact, in one of the very first orders we had under the act with the Alberta Mental Health Board, the commissioner overturned that decision, and access was granted to the individual.

Mr. MacDonald: Okay. But in the case of a hospital, an operating theatre, a treating physician or an operating surgeon, they have the discretionary right with our Health Information Act to withhold information that the patient may request?

Ms Gallant: Based only on the exceptions listed in the act.

Mr. MacDonald: Okay. Thanks.

Ms Versaevel: I think it's very important to emphasize that the individual's right to access their own health information is a very basic and a very important right. So as Roseanne has been explaining, those exceptions, both discretionary and mandatory, are limited exceptions because the right is to one's own information. But not to carry the conversation further, I just want to reinforce that the emphasis isn't on the discretionary ability to veto; the emphasis is on the right of access to their own information.

10:50

Mr. MacDonald: For the record, which sections are those?

Ms Versaevel: Those sections are section 11(1) of the Health Information Act and were part of the orientation material we discussed.

The Chair: Okay. Catarina, could I just refer the committee to the second question on page 12?

Ms Versaevel: You may.

The Chair: I'm wondering if the question is appropriate or if it's a little bit confusing. As I read it: "Are the exceptions both discretionary and mandatory individuals information about themselves appropriate?" It seems a little bit unclear.

Ms Versaevel: There's a word missing in there. Yeah, I noted that too.

The Chair: Okay.

Ms Versaevel: Yes. Thank you. We'll fix that.

The Chair: So the question I think people want to know is: what will the question be?

Ms Versaevel: Well, the question – and I agree that it needs to be

clarified – is whether the exceptions that are in the legislation, exceptions for limiting or the right to refuse access to your own information, whether those exceptions, both discretionary and mandatory, are appropriate.

The Chair: Okay.

Ms Versaevel: So it just needs to be better worded; I agree.

The Chair: All right. Thank you very much.
Other questions or comments on part 2?

Mr. Goudreau: Just a quick comment, Mr. Chairman. We refer again to the Health Information Act, and certainly I would hope, just as a reminder, that we put a notice at the front as to how to access that Health Information Act.

The Chair: Yes.

Mr. Goudreau: I think it's not on the document at this stage. Just to make sure.

Ms Versaevel: Yes, and we noted that, indeed, from the June 1* discussion, that that needs to occur. It's not clear now; agreed.

The Chair: Thank you, Hector.
Okay. Let's go to part 3 then.

Ms Versaevel: Part 3 is on pages 13 and 14. Again, any comments, revisions, or additions you would like?

Mr. Goudreau: Mr. Chairman, maybe it's my misunderstanding of the second question. Am I to understand that it's custodians being permitted to collect information about their own individual families directly?

Ms Versaevel: No. It's custodians being permitted to collect information about the individuals.

Mr. Goudreau: Whose family? His family or the individual's family?

Ms Versaevel: Yes, I see why there could be confusion there. You could read it that it's the custodian's family, but it's the individual who is the subject of the health information. Again, we'll clarify that.

Mr. Goudreau: Yeah. Because a custodian could go out and say: well, I want to know the health status of my great-uncle, and I'm going to dig it up because I've got a right to it.

Ms Versaevel: Yeah. That eventuality could occur, but that's not what this is speaking to. We'll clarify that, yes.

The Chair: Thank you, Hector.

Catarina, on content, third bullet on page 13. When I read this, I immediately put a circle around "reasonable grounds." I would just like some background from you on what reasonable grounds are and who determines it. It seems to me that it's a comment that would invite discussion.

Ms Versaevel: Yes. Any time you refer to the word "reasonable," which we have in the act in several instances, it does invite discus-

sion. So on this discussion I'll ask Wendy and Roseanne to contribute.

Ms Robillard: In some circumstances individuals might not be able to provide information, and it would be up to a custodian to determine that. Somebody who was maybe under the influence of drugs or alcohol might not really know, so they might need to do it indirectly. For somebody who did have capacity, then it would be up to the custodian to ascertain that and to decide whether the collection from the individual was appropriate or whether, in fact, they also would want to supplement that collection by approaching, say, a family member who was accompanying the individual or somebody who would know.

Ms Gallant: Yes. I would agree with Wendy's assessment. In addition, sometimes language can be a barrier. So in an instance where we have difficulty in interpretation, then it gives them the opportunity to discuss with the family, who may have a better command of the language.

The Chair: Okay. Thank you.

I recently heard a reformed drug addict speak. He made the point that when he was still addicted to drugs, he didn't agree that anybody was more reasonable than him. So, you know, he would have thought that no matter whether his family decided he was not making reasonable decisions or not. The other example might be someone who is advancing in years, and they may think they still are quite capable of making decisions when, on the other hand, it may be questionable.

On this point, Thomas?

Mr. Lukaszuk: On this point, Mr. Chairman. I would just like to throw some caution into the wind. I'm not sure if we want to get into details and discuss the definitions of "reasonable" prior to receiving submissions. We may be prejudicing the outcome of this review.

The Chair: Yeah, I agree, but for my own information I just wanted the comments from Catarina and Wendy, if they had any.

Ms Versaevel: I think, in addition to the comments made by Wendy and Roseanne, the reference to "reasonable" is in the legislation, not only in this instance. There are reasonable steps, reasonable in the circumstances. As part of the premise of the Health Information Act there is an exercise of discretion that the provider makes and has to make those judgments.

The Chair: All right. We also have a question from Mr. MacDonald.

Mr. MacDonald: Yes, Mr. Chairman. I'm not going to tell the committee a story, but I had the opportunity of reading an American daily newspaper recently. I was reading the obit page, and I was amazed and interested to read that the cause of death in many of the individual obituaries was not stated. It was quite an interesting part of America. There was a large migration from the Midwest to this region in the Pacific Northwest after the Second World War. These people had settled down, raised families, and had passed away, some of them at advanced ages.

What rules do we have in this Health Information Act now to prevent insurance companies from using the obituaries? Let's say that I was to pass away in the next two or three years from cancer, for instance, and that my father had passed away in the '70s from the

*See p. HR-79, right col., para. 17, line 4.

same disease and my grandfather had passed away in the '40s from the same disease. An insurance company could look at that information through a database that's assembled from the obit pages of major daily papers and deny one of my children a life insurance policy in their 20s because: "Hey, look. Three generations of your family have had this disease, and you're too high a risk." Is there any protection in this act from that sort of analysis from, let's say, a life insurance company?

Ms Versaevel: I'll give two general comments, and again I'll ask Wendy and Roseanne to comment.

Mr. MacDonald: I think we will eventually see in this jurisdiction more of that, more of the fact that we will not recognize in the obit exactly what we died from.

Ms Versaevel: The Health Information Act does not apply to insurance companies. There are a few provisions that apply to any person, but the custodian community, so to speak, does not include insurers. That, indeed, is one of the questions for the committee to deliberate, in terms of whether insurers operating in Alberta should become part of the scope potentially of the Health Information Act, meaning that's an aspect of the question of including private-sector health entities.

The second general comment is that you're raising the issue of genetic information, I think, embedded within your question. This consultation guide does put that issue forward as one that requires further discussion. This pan-Canadian framework that we've been discussing also looks specifically at genetic information. Since the Health Information Act was proclaimed, genetic information and technology, by way of access and manipulation of information, has also increased. But in general terms the act does not speak directly to what you're referencing.

Again, Roseanne, Wendy, your more specific comments?

11:00

Ms Robillard: I have nothing to add.

The Chair: Roseanne?

Ms Gallant: No. I have nothing to add to that either.

The Chair: I'm sure we're going to hear more about this point.

Mr. Lukaszuk: Just by way of comment, you know, I'm not sure how realistic or far fetched that fear would be. But this committee just a few minutes ago decided that the best way to proliferate information to the public is by putting an ad in the newspaper; hence, that's how we're advertising this process. If one puts the cause of his family member's death in an obituary and then is worried about that information being used publicly, I see that as a bit of a conflict. If you worry, don't put it in the ad in the first place, and if you do, then you do it at your own peril. This is, as we just agreed, the best way of proliferating it, so it's up for anybody's use.

The Chair: Thank you, Thomas.

Any more questions on part 3?

Let's proceed to the next section.

Ms Versaevel: Part 4 speaks to the use of health information, and it's addressed on pages 15 and 16. Any suggestions for revisions or comments here on the use of information?

The Chair: Custodians. The questions are outlined: expansion to include other government departments, local bodies, et cetera. Any questions or comments from the committee on the appropriateness of the questions, the content?

Mr. Goudreau: Just a typo on the fourth question on page 16: "Should the listing of authorized uses [be] expanded."

The Chair: Yeah. Okay. So noted.

Ms Versaevel: Yes. Thank you.

That takes us, then, to part 5, which speaks to the disclosure of health information, on pages 17 until 21.

The Chair: Questions regarding consent, a fairly important subject of the review.

Ms Versaevel: Yes. As we spoke of at the June 1* meeting, this section highlights those areas that we are aware have raised questions. That's why those are profiled here, again not to lead the responses – we know those issues are there – but to provide focused debate.

The Chair: So it's reasonable to assume that we will no doubt receive comments on this section.

Mr. Goudreau: Mr. Chairman, last time I think there was confusion from this committee on the triplicate prescription program and what that meant, and I'm just wondering if we need to explain that just a little bit better.

Ms Versaevel: To explain what it is.

Mr. Goudreau: That's right, yeah.

Ms Versaevel: Yes, we can do that. We can put in a sentence or two explaining what the program is. You're quite correct.

Mr. Goudreau: Good. Thank you.

The Chair: Thank you, Hector.

We don't want to go faster than the committee wants to go, but if you're ready, we'll move on. Mr. MacDonald.

Mr. MacDonald: Yes, Mr. Chairman. In light of our previous discussion I wonder if it's not possible to revisit the stakeholder distribution list for a second at this time. Or would you like to do that at New Business?

The Chair: I'm sorry, Mr. MacDonald. I was listening to other advice, so I guess I didn't hear the question.

Mr. MacDonald: Mr. Chairman, I have been looking at the stakeholder distribution list for the Select Health Information Act Review Committee. We had a discussion on this earlier this morning. In light of our just concluded discussion in regard to the life insurance industry and the fact that the health information legislation private-sector group distribution list that was provided to us at the last meeting – I was just reviewing it, and there are members from the insurance industry represented there. Should we not have them on our stakeholder distribution list for the committee now?

*See p. HR-79, right col., para. 17, line 4.

The Chair: A question to the committee. A comment, Catarina?

Ms Versaevel: The ad hoc distribution, the listing of private-sector health entities, which includes insurers and other health sector entities, we were recommending this morning be part of the distribution list. We just did not repeat the listing since you already had the listing in your package from the June 1* meeting. But on the cover sheet of what was handed out, it notes adding that list of the ad hoc private sector health entities to the distribution listing.

Mr. MacDonald: Okay. So they will be part of this process.

Ms Versaevel: It would be included. Yes. Correct.

Mr. MacDonald: Excellent. Thank you.

Ms Versaevel: You're welcome.

The Chair: So are you okay with that, Mr. MacDonald?

Mr. MacDonald: Oh, yes. Thank you.

The Chair: On page 17, the second question: "Are the discretionary disclosures without consent (subject to overriding principles) as listed in the Act reasonable and appropriate? Should these permitted disclosers be restricted in any way?" So your comment is regarding . . .

Ms Versaevel: There's a typo there. Yes, we've seen that. Thank you. I like it, though, as "disclosers," but it should be "disclosures."

The Chair: Any other questions on this section, part 5?

Ms Versaevel: Then we're on part 6, Duties and Powers of Custodians Relating to Health Information, which is on pages 22 and 23 of this document.

The Chair: The only note I made here was that I think the privacy impact assessments were an interesting part of this discussion. Do we have reason to believe that this will be an area of concern among those who respond?

Ms Versaevel: It's hard to know. I think the privacy impact assessments as a tool to mitigate or to prevent violations of privacy have been recognized within the health community, and there's been a lot of work with the health community to assist different practitioners to do PIAs as appropriate. From a work point of view for the commissioner's office it's time intensive because of its critical nature. It's hard to know.

What do you think, Roseanne?

Ms Gallant: Yes. I would tend to agree with those comments. In fact, although at the very beginning when the legislation was new, we found that custodians talked a lot about administrative burden, the fact that these were mandatory and that they needed to be submitted. However, in one of our recent cases with a physician who had a theft of computer equipment, he was very relieved that he had done his privacy impact assessment. When he had completed it, he had chosen, through that threat risk assessment, to save all of his data to the server rather than to his individual PCs. So although he lost his computer equipment – I mean, he was out his hardware – he did not have a breach of health information. He had indicated, when we investigated, that had he not done a privacy impact assessment, he may not have come to the same conclusions.

I think that as the legislation is aging and custodians are becoming

more familiar, they can see the business benefit of conducting the privacy impact assessment. Certainly, I would agree. I'm not really sure if that would be an issue that would come forward about, you know, why we have to do this still and what benefit it is to me. I'm hopeful that they are seeing that now.

11:10

The Chair: Okay. Thank you.

David.

Mr. Broda: Thank you, Chair. I might be reading this wrong, but I'm looking on page 23, under Data Matching, where you say, "Custodians are further restricted in that they may not collect health information for data matching." How does this affect, say, a DNA that may be performed through a police service or whomever? If you can't have any data matching, how would it affect that segment of the operation?

Ms Versaevel: Wendy, maybe you'd like to reply to that.

Ms Robillard: If I understand the question, you're asking: if the police get a DNA sample, what's the value of the sample if they don't match it against something?

Mr. Broda: Exactly.

Ms Robillard: I don't have a real good understanding of how that works today, but I believe they match against their own samples in many cases. They have a sample at a crime scene, and they match with a sample that they take from an individual. So they don't actually link to health information; they link to information within their own organization. However, I'm no expert on that.

Ms Versaevel: I am not either.

Mr. Broda: Okay. I'm just kind of curious because, you know, it may have some implications. I don't know if it does or not.

Ms Versaevel: And it potentially will link to the debate about disclosures within the police context.

Mr. Broda: Right.

The Chair: Thomas.

Mr. Lukaszuk: Yes. For information, as things are right now, investigating bodies such as law enforcement officers, peace officers, when they have a DNA sample, cannot match our general database in the health system to see if they have a match?

Ms Robillard: Well, there are two points here. One is that I don't believe there is a general database in Health about DNA. There isn't one today.

Mr. Lukaszuk: Let's not say DNA. Let's say a blood sample, something that we do have on a database.

Ms Robillard: Okay. Right. If the police want to access health information, they have some avenues under the provisions in section 35 whereby they can access health information, one of which might be a subpoena, a warrant, that type of information, but there are some others as well that may come into play. So if they have an

*See p. HR-79, right col., para. 17, line 4.

authority under the legislation to access the information, it can be disclosed to them. Barring that, they can obtain consent.

The Chair: You okay with that, Thomas?

Mr. Lukaszuk: Thank you. Yes.

The Chair: All right.

Seeing no more questions, let's proceed.

Ms Versaevel: To page 24, part 7, which deals with the commissioner section. It is very short. We're not anticipating that there will be a lot of commentary on the commissioner provisions in the Health Information Act. But the approach with this guide, as you know, is to reflect each part of the act. So in case someone does have questions, comments – and they may be there – then this is to just direct people's attention to that part of the act.

The Chair: Thank you.

A question perhaps to Roseanne. To this point has the commissioner had some questions regarding the application of the act or the effect of the act on Albertans?

Ms Gallant: Sorry, Mr. Chair. From the obligations and rights and powers given to him under the act? Do I understand your question correctly? Is he concerned with that?

The Chair: No. Have Albertans actually petitioned the commissioner to review a decision or to change a decision?

Ms Gallant: Oh. Yes, certainly. Yes, he's conducted a number of orders, and of course our mediators have a caseload. In fact, Noela, I believe, in her latest statistics to the committee provided a commentary on the number of reviews.

The Chair: That's right. I forgot about that. Thank you.

Ms Gallant: Sure. You're welcome.

The Chair: Other concerns or questions with part 7?

Moving right along, then, to the next section, part 8, General Provisions. A question from Thomas.

Mr. Lukaszuk: Just to point out that in the first question there's a typo.

Ms Versaevel: In the first question on page 25?

Mr. Lukaszuk: On page 25, yes: to "Is the list of."

Ms Versaevel: Yes. Thank you.

So the general provisions take us to the end of page 26.

The Chair: Did you have a comment, Mr. MacDonald?

Mr. MacDonald: I was just, Mr. Chairman, relieved that this is still in this colour and that it's not in blue and orange.

The Chair: We'll get to that one in just a minute; okay? Let's finish up the other first.

Go ahead, Catarina.

Ms Versaevel: I didn't hear any comments under general provisions, so I was moving on. Is that acceptable?

The Chair: Okay.

Ms Versaevel: On page 27, when this document is finalized, the health information regulation should be shown as a separate page rather than like a subheading. It's speaking to the regulation, which is attached to the act, and the provisions that we've commented on throughout the consultation guide flow into the regulation because the regulation reflects the act. So in this instance we've just highlighted what the regulation is about. Do you have any suggestions for improvement? Any comments?

The Chair: Moving to the conclusion then, Catarina.

Ms Versaevel: I have received suggestions for revisions to the conclusion from Corinne and Karen, which we will make. They make it very clear, as we have been requested to do, where the Health Information Act can be downloaded from, and we'll make sure that that's up front and at the back.

The Chair: Thank you very much, Catarina and Wendy and Roseanne, for excellent explanations.

Mr. Goudreau: Mr. Chairman, I'm just wondering if we shouldn't conclude with an overarching question or comment as to whether we have missed anything and that any additional comments would be welcome aside from the actual questions that are listed there.

Ms Versaevel: We do state that up front. Unless you wish that repeated, that point is made in the upfront part of the document.

The Chair: So that is on what page?

Ms Versaevel: That point is made on page 4.

The Chair: In the second last paragraph. Would you like a special colour or something for that, Hector, so that it's set apart?

Mr. Goudreau: Maybe as a highlight. I don't know.

Ms Versaevel: All right. We'll look at that for sure.

The Chair: Thank you, Hector.

Other questions on the document itself? If not, I do need a motion on the document that we would adopt the consultation guide as, I guess, corrected or revised, whichever word you would like to use. Is that a motion, Rob?

Mr. Loughheed: Sure.

The Chair: Okay. Mr. Loughheed has moved that we adopt the consultation guide as corrected. There were some changes, corrections.

Mr. Broda: Just a comment before we vote on this. Were we going to put something in here that oral submissions would also be entertained, or should it even appear in here?

Mrs. Dacyshyn: We haven't done that in any of the advertising so far, but I'm not saying that it couldn't be.

11:20

The Chair: So if we don't put it in, then it's implied that if someone wants to do an oral presentation, they will make it known to us.

Mrs. Dacyshyn: That would be my understanding. That's how it worked with the FOIP committee.

Mr. Broda: Leave it then. I just wanted to bring it up again.

The Chair: Okay.

Rob, on the motion, what words do you want there? Do you want "corrected," "revised"?

Mr. Lougheed: I guess "revised."

The Chair: Okay. All right. We have the motion to adopt as revised. On the question on that motion from Rob Lougheed, all in favour, say aye.

Hon. Members: Aye.

The Chair: Opposed, say no. Done.

Okay. We're ready to go out with it now, and I thank the committee for your comments and consideration.

Now to get back to this one. Rhonda, would you like to speak to this latest information you've given us?

Ms Sorensen: Sure. Thank you, Mr. Chairman. As we discussed, I've incorporated the changes that have been requested. Again, this is a colour version that's a lot bigger than the black-and-white ad that is going to go into the newspapers. I understand that there was some discussion about colour, which we should clear up, because from a communications perspective you should have consistency throughout everything so that you build an identity with this review, if there are other colours that are affiliated with the Health Information Act.

Ms Versaevel: I was mentioning during the break that because there was so much communication that occurred when the Health Information Act was introduced and as policies and procedures manuals have been developed and posters done for physicians' offices, we hired a communications company to recommend a colour, a look for the Health Information Act. I was just asking during the break whether a different colour was intentional or whether from a communications point of view it would be good for the provider community, who has received communications materials on HIA, to recognize the linkage with other communications materials that they've received, because we do have a colour and a bit of a logo that we've had designed for the Health Information Act.

Ms Sorensen: That's excellent. I think that from a communications perspective it's imperative that those colours be carried through, so perhaps afterwards I could get the exact colours.

Ms Versaevel: Sure.

The Chair: Rhonda, are there additional comments?

Ms Sorensen: I think that's it unless anybody else has additional revisions.

The Chair: Are you okay, then, with this latest document, considering the comments?

Rhonda is going to work with the comments. Are you clear what they want you to do now?

Ms Sorensen: I hope so.

Mr. Broda: I'd just like to say that this looks a lot better, Chair, than before. It kind of gives out that it is important, that it is a public review. It identifies it as such. We talked about posters. I would suggest that every MLA's office receive one so that we could put it into our MLA office. We do have our constituents that come in, and it also jogs our minds that this is going on.

The Chair: You're okay with that – are you not? – for every office to receive at least one copy, and they can use it if they want to.

Okay. Other questions or comments to Rhonda on the ad, on the poster? Yes, Mr. MacDonald.

Mr. MacDonald: Yes, Mr. Chairman. I realize that we've been through this before, but when we are considering that the deadline for submissions is going to be the 6th of August and the fact that it will probably be another week before I get this document in our constituency office, in light of the fact that it is 60 days' notification for review in the act, if the commissioner, if someone wanted to pursue that route, I think the timeline here is a little squeezed and we may not get the feedback that we want.

Thank you.

The Chair: Okay. Point made: timing.

Could somebody clarify? Does the act say that we need to give 60 days for this?

Mr. MacDonald: No, Mr. Chairman, but if I were to make a submission to the commissioner for a review, there's a 60-day time frame in there.

The Chair: Okay.

Well, on timeliness, Catarina, do you want to comment? I think we've talked about this before, but maybe you have some additional comments on our timing here.

Ms Versaevel: I don't really have additional comments. The conversation held by the committee on June 1* looked at the pros and cons of the timing, whether to lengthen it, whether to shorten it, and what the implications were and which stakeholders would be responding and which would not. I don't have additional commentary other than to make the point, I guess, that the stakeholders who will likely be making submissions on the Health Information Act review are already working on making submissions to the review. Likely there will be good response for the committee, but that does not deny that there may be some groups who would appreciate more time.

I don't have additional points, though, to what you discussed at the last meeting.

The Chair: Thank you, Catarina.

Karen, did you have some comments to make here?

Mrs. Sawchuk: Thank you, Mr. Chairman. One of the interesting points is that I've had a number of calls over the last two weeks from a number of stakeholders that have been involved in the process. They've been watching the Assembly web site and keeping track of our meeting dates and accessing the transcripts from the meetings. They are already prepared to send their submissions in. We've just sort of been asking them to wait until we had a better idea of what our timelines were going to be like and to make sure everybody was ready to go so that nothing got lost in the shuffle. So there have been a number of parties contacting our office already.

*See p. HR-79, right col., para. 17, line 4.

Ms Versaevel: The other point that Wendy has just made comment to me on, which we did talk about at the June 1* meeting, was that there would be an opportunity in the fall to engage in a second round of discussions with people if that was required. That is in the critical path, and that seemed to assure people as well at the last discussion.

The Chair: Thank you. So it would be seem, Mr. MacDonald, that we did anticipate the points you made at our previous meeting, and they're valid. We don't want to deny any Albertan the opportunity to respond to this. If some come in or make it known that they can't make it by the deadline, the committee has the option in their critical path of extending or taking it in the second go-round.

Is the committee okay with the timelines then? August 6 would be the deadline for response. Is that right?

Mrs. Sawchuk: Right.

The Chair: You're now receiving a letter that's going to go out under the chair's signature. I would invite your perusal and comments. This will go out to all interested stakeholders.

Mr. Goudreau: Mr. Chairman, in your first three bullets you don't have to repeat the word "to" because you've got it in your main sentence.

The Chair: So you'd like different verbiage there?

Mr. Goudreau: No, no. I'm just suggesting that "the review Committee will consult with Albertans to" and then you start again with "to."

The Chair: So noted.

Mr. Broda: Could I make a comment? In the letter it says, "This summer, an all-party Committee review of the Health Information Act (HIA) will take place." It has started already, is taking place. A question may come: when will it be?

The Chair: Okay.

Mr. Broda: "Is taking place?"

The Chair: We can do that. Underway or whatever. Okay. Thank you for the suggestion.
Anything else?

11:30

Ms Versaevel: We were just having a discussion here in terms of the schedule for the review process, a draft report, and a final report. When we reviewed the critical path in discussion, we weren't discussing a draft and a final report because of the timelines.

Mrs. Sawchuk: Mr. Chairman, a draft report has to be prepared to go to the committee. It doesn't necessarily mean that it's going to be sent out again.

Ms Versaevel: That's the point we're just clarifying.

Mrs. Sawchuk: Yes. The draft will be put before the committee. Whether they choose to circulate that yet again or just to take it forward in final form will be up to the committee at that point.

Ms Versaevel: That's what we're clarifying. Thank you.

The Chair: You're okay with that? Okay.
So do I have agreement on the letter as corrected?

Mr. Broda: So moved.

The Chair: All right. All in favour, say aye.

Hon. Members: Aye.

The Chair: Opposed, please say no. Thank you.

We're moving down, I guess, to item 6 on the agenda, Other Business. So the question to the members is: are there any other items you would like to discuss today? Are there any items you would like clarification on? Does everyone understand the plan from this point?

Yes, Mr. MacDonald.

Mr. MacDonald: Yes, Mr. Chairman. I received this morning the disclosure of health information outside Alberta, a question I originally raised on June 1, 2004. I have a follow-up question in regard to this matter at this time.

With our Health Information Act here, since this became law in 2000 we've had some unfortunate tragic events as a result of international terrorism, and we've had some rather strong legislation from not only our federal government but also the American government in the PATRIOT Act in America and our own public security legislation here. What strength does our Health Information Act have to protect the health information of citizens in light of not only the legislation federally but also in America now that we are contemplating a lot of exchange of information cross-border and cross-jurisdictional? What implications do those laws have for our own Health Information Act here?

Ms Versaevel: I have noted your question and appreciate its significance and its relevance and would ask that we return with a response to your question.

Mr. MacDonald: Okay. I will be anxious to learn what you find out. Thank you.

The Chair: Thank you, Mr. MacDonald.

Other questions or comments from the committee? Okay.
Staff, are there any items we need to clarify as far as the next steps?

Ms Versaevel: I need to clarify one thing, my error, in particular since the comments are put in *Hansard*. I have kept referring to the June 1 meeting. It was not June 1; it was June 8. Just so you all know I was not at a meeting without you on June 1.*

The Chair: So noted. Thank you very much.

Mr. Broda: We just wanted to see when you'd recognize that.

Ms Versaevel: I did it on my own, actually.

The Chair: So, Rhonda, you're okay on communication?

Ms Sorensen: I believe so.

*See pages HR-70, HR-71, HR-74, HR-75, HR-76, HR-78, and HR-79.

The Chair: And you're clear?

Ms Sorensen: I hope so.

The Chair: Thank you for your good work.
Karen, Corinne, have we missed something?

Mrs. Sawchuk: No. Not to my knowledge.

Mrs. Dacyshyn: I don't believe so, Mr. Chairman. No.

The Chair: Are you sure?

Mrs. Sawchuk: I think so.

The Chair: It won't do you any good to write a note tomorrow.
Wendy? Catarina?

Okay. Lunch is here. Because you are such an efficient committee and the reports from the staff were so excellent, we are way ahead of schedule. I really think that's in part due to the good background work that's been done by Catarina and her people and the explanations that have been forthcoming. So we thank you for that.

Lunch is ready. We would certainly invite you to eat before you leave today, but unless there are further questions, I would accept a motion to adjourn. Thomas. All in favour, please say aye. Opposed?

Oh. The next meeting is August 10; is that right? We have tentative dates of the 10th and 12th if we need them. If you are as efficient as you were today, we may not need them. It depends how many submissions we get.

Thank you very much. We are adjourned to lunch.

[The committee adjourned at 11:36 a.m.]