



Legislative Assembly of Alberta

The 30th Legislature
First Session

Standing Committee
on
Private Bills and Private Members' Public Bills

Bill 203, An Act to Protect Public Health Care
Stakeholder Presentations

Tuesday, June 25, 2019
10 a.m.

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**Legislative Assembly of Alberta
The 30th Legislature
First Session**

Standing Committee on Private Bills and Private Members' Public Bills

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Standing Committee on Private Bills and Private Members' Public Bills

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Sandra Azocar, Executive Director

Parkland Institute.....PB-40
Ricardo Acuña, Executive Director

10 a.m.**Tuesday, June 25, 2019**

[Mr. Ellis in the chair]

The Chair: Okay. Good morning, everybody. I'd like to call this meeting of the Standing Committee on Private Bills and Private Members' Public Bills to order and welcome everyone in attendance.

My name is Mike Ellis. I'm the MLA for Calgary-West and chair of the committee. I'd like to ask members, staff, and guests at the table to introduce themselves for the record, starting to my right with the deputy chair.

Mr. Schow: Joseph Schow, MLA for Cardston-Siksika.

Mr. Neudorf: Nathan Neudorf, MLA for Lethbridge-East.

Mr. Sigurdson: R.J. Sigurdson, MLA, Highwood.

Mr. Horner: Nate Horner, MLA, Drumheller-Stettler.

Mr. Jeremy Nixon: Jeremy Nixon, MLA, Calgary-Klein.

Mr. Gotfried: Richard Gotfried, MLA, Calgary-Fish Creek.

Ms Sigurdson: Lori Sigurdson, Edmonton-Riverview.

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

Member Irwin: Good morning. Janis Irwin, Edmonton-Highlands-Norwood.

Mr. Nielsen: Good morning, everyone. Chris Nielsen, MLA for Edmonton-Decore.

Dr. Amato: Hi. Sarah Amato, research officer.

Dr. Massolin: Good morning. Philip Massolin, manager of research and committee services.

Mr. Kulicki: Good morning. Michael Kulicki, committee clerk.

The Chair: Fantastic. No teleconferencing, no substitutions.

I have a few housekeeping items to address. Please note that the microphones are operated by *Hansard*. Please set cellphones and other devices to silent for the duration of the meeting. Committee proceedings are live streamed on the Internet and broadcast on Alberta Assembly TV. The audio- and video stream and transcripts of the meeting can be accessed via the Legislative Assembly website.

Approval of the agenda. Are there any changes or additions to the agenda? Seeing none, would a member like to move that the agenda for the June 25, 2019, meeting of the Standing Committee on Private Bills and Private Members' Public Bills be approved as distributed? Mr. Neudorf. Any discussion on the motion?

Seeing none, all in favour? Any opposed? Okay. Thank you. The motion is carried.

Approval of the minutes. We have the draft minutes from our June 19, 2019, meeting. Are there any errors or omissions to note? Ms Pancholi.

Ms Pancholi: Thank you, Chair. Just a point of clarification. At the end of our last meeting – and the minutes reflect this, of course – the opposition members had indicated which three stakeholders we would be inviting. We discussed and agreed that the government members could provide their stakeholders by 4:30 of that day. I just recall that we didn't seem to get any notification of which

stakeholders the government members had chosen as well as who was invited. I didn't see any information about that come out after the meeting. I'm wondering if we can get clarification on that now. Which stakeholders were invited?

The Chair: Sure. I'm just trying to recall. One was the same as the opposition, which was the College of Physicians & Surgeons. The Alberta Medical Association was the second one, and was there a third one? That was it.

Ms Pancholi: Thank you for that.

The Chair: Yeah. You're welcome.

Okay. We'd like a member to move that the minutes of the June 19, 2019, meeting of the Standing Committee on Private Bills and Private Members' Public Bills be approved. Mr. Nielsen. Any discussion on the motion? All in favour? Any opposed? Thank you. The motion is carried.

Okay. Review of Bill 203, An Act to Protect Public Health Care, stakeholders presentation. Hon. members, at our last meeting, on Wednesday, June 19, the committee approved a motion to invite additional feedback from stakeholders during our review of Bill 203, An Act to Protect Public Health Care. For the record I'll note that the motion that was passed at our last meeting authorized the committee to invite oral presentations from the College of Physicians & Surgeons of Alberta, Friends of Medicare, and Public Interest Alberta. However, due to the inability of Public Interest Alberta to present in person or provide a written submission, the opposition caucus members requested on Wednesday afternoon that the Parkland Institute be invited to participate in this review instead of Public Interest Alberta. I asked that all committee members consider this request, and having received no objections by noon on Thursday, June 20, I allowed it.

Additionally, the motion that was passed at our last meeting requested the government caucus members to submit their list of stakeholders by 4:30 p.m. on June 19. The list that I received had two stakeholders: the Alberta Medical Association and the College of Physicians & Surgeons of Alberta. Since the opposition caucus members had also requested to hear from the College of Physicians & Surgeons, this meant that the invitation was extended to four stakeholders in total: Friends of Medicare, the Parkland Institute, the College of Physicians & Surgeons, and the Alberta Medical Association.

Before I turn to our guests that we have with us today, I'll note that the AMA and the College of Physicians & Surgeons indicated that they would be unable to present to us in person today, but they provided the committee with written submissions, which were received yesterday and posted to the committee's internal website.

Turning now to today's stakeholder presentations, could I ask Ms Azocar, the executive director of Friends of Medicare, and Mr. Ricardo Acuña, the executive director of the Parkland Institute, if you would now just join us at the table. You will each have five minutes to provide remarks on Bill 203. If it is acceptable to the committee and our guests, I would suggest that we hear from both presenters first, after which we will have up to 30 minutes of questions from the committee members.

Ms Pancholi: Is there any concern, Mr. Chair, with actually having, perhaps, one go first because they are different stakeholders? They are different organizations. It's 20 minutes total, if I'm correct – right? – for each stakeholder. Rather than blurring their feedback together, it would be great to hear from each stakeholder individually, ask the questions, and then we could move to the next one.

The Chair: Yeah. It's the will of the committee. Is anybody opposed to that? Just to be clear, it's to be a five-minute presentation and then 15 minutes each for questions. No, I'm not opposed to that. Sounds okay to me.

How about we start with Ms Azocar? Ma'am, if you'd like to begin, I will yield the floor to you. Thank you very much.

Friends of Medicare

Ms Azocar: Thank you so much. I want to start out by thanking the standing committee on private bills for allowing us to address you today and to speak on a very important issue that impacts every single Albertan, our health care system.

Friends of Medicare was founded in 1979 as a nonpartisan advocacy society, and it has since lobbied and advocated for the protection and expansion of our publicly funded and publicly delivered health care. Public health care is enshrined in the values of equity and fairness, the same values that guide and shape our advocacy. We're a coalition of many individuals and organizations, including physicians, patients, seniors' organizations, and cultural, faith, community, and labour groups.

Friends of Medicare holds that the primary objective of Alberta's health care policy should be to protect, promote, and restore the physical and mental well-being of residents of Alberta and to facilitate timely access to health services without financial and other barriers. We do not advocate for the status quo. Rather, we call for fundamental cultural changes in health care and the ensuing required changes to provincial policy to reflect the values of public health care, embrace clear provincial standards to improve access to care, and establish ways of assessing quality of care.

For the past two decades Alberta has seen a proliferation of for-profit clinics, which represent an increasing and serious threat to Albertans' health and pocketbooks, private clinics that continue to blatantly advertise queue-jumping for patients while charging membership fees of thousands of dollars. With the introduction of Bill 203, the protection of health care act, for the first time in this province we would see the political will to protect our public health care and to put an end to skirting the rule of law in Alberta.

With the proposed amendments to the Alberta Health Care Insurance Act, we would see a real and concrete commitment by the government to a single-tier public health care system that ensures access to necessary medical care based on need and not on the ability to pay, thus guaranteeing that Albertans' public health care will be protected from the forces of privatization that have chipped away at our public health care system for decades. It also contains a commitment from the government to prohibit two-tier medicine and extra billing, the provision of accelerated access, or queue-jumping, and private insurance in relation to insured services.

Currently for-profit clinics receive public funding for the insured services they provide, yet there's no transparency or accountability required for their operations. There has been no oversight or monitoring of clinic fees or practices, and accountability measures imposed by governments have been alarmingly inadequate when issues or concerns have been brought forth.

10:10

This act will specifically address block-billing fees, the fees charged by private clinics for people to access their services. As we have seen in the case of Copeman clinic and other concierge clinics, these clinics may be acting outside of the legalities of the Alberta Health Care Insurance Act by limiting their services to only individuals who can pay their membership fees, which are unaffordable for the vast majority of Albertans.

We the taxpayers subsidize these clinics by paying them to provide the services that are covered under our public health care system, yet we allow them to provide extra services at a profit. This flies in the face of the principles of medicare. Allowing concierge clinics was just another decision of previous governments to violate the principles of our public health system. It didn't have to be made, and it should be unmade. These clinics don't just violate the Canada Health Act occasionally; it is their entire business model, and that is a concern.

A rationale offered in support of private health care is that private, profit-based medical facilities will provide faster services. However, this rationale ignores the reality that the majority of Albertans can't afford private care and must rely on our public system. The claim is made that private-sector clinics will reduce public waiting times. However, this simplified view ignores the harsh reality that doctors are a limited resource. Doctors in the private sector are not available in the public sector. Canadians and Albertans know that if we did not have our current health care system in place, most could not afford care. Health care is a universal need that everyone in this province will use at some point in their lives, and we need to make sure that everyone has access when they need it. By creating a market system for health care, we are creating a two-tiered system.

Friends of Medicare is optimistic that Bill 203 will be allowed to be considered in this sitting of the Legislature. Bill 203 will serve to uphold and strengthen Albertans' commitment to equality that underpins our Canada Health Act and help to finally put a stop to the systemic erosion of our public health care.

Thank you so much.

The Chair: Ms Azocar, thank you so much for that presentation.

Committee members, we will have now up to 15 minutes to ask questions to our guest. I saw the first hand go up by Ms Pancholi. By all means, go first.

Ms Pancholi: You're used to that, right?

The Chair: Yeah. Thank you.

Ms Pancholi: Thank you, Ms Azocar, for your presentation. I think you provided us a great background for the challenges of these private, membership fee based clinics and the work that they do. I'm wondering if you could give us a little bit of background. These membership fees, or block billing, which I think is what the act refers to them as: can you give us an idea of how block billing impacts patients and perhaps the scope of how prevalent the use of block billing is?

Ms Azocar: In these private clinics?

Ms Pancholi: Yeah.

Ms Azocar: Well, all these concierge private clinics actually work from that model, that business model where they charge membership fees anywhere from \$3,000, \$4,000 the first year. Helios clinic, when the Vertes report, the queue-jumping report, was actually being undertaken, their fee was \$10,000 a year, so it ranges. The first year is always higher than the second year. They usually have executive membership programs that you can enter into. They also have kid programs, youth programs, student programs. It's all about what they can sell under these block fees, and what they offer under the block fees varies, again, by the ability of the clinics to have other allied health services that are included in the advertisements that these clinics put out.

The Chair: A supplemental?

Ms Pancholi: A supplemental. Thank you. In your experience and your understanding, would you say that these types of concierge clinics that charge membership fees have been a growing situation? Are there more than there used to be? How has that changed over the last bit of time?

Ms Azocar: It has definitely grown. We have seen a proliferation. I think, you know, historically you have to go back to the creation of Bill 11, the Health Care Protection Act. It was our Premier Klein's last attempt to create a third way. That basically set the stage for for-profit companies to come in and set up. There were thousands and thousands of Albertans who protested against that bill. We managed to get some safeguards in the following bills. Certainly, what we have right now does protect us to some degree, but the problem with the proliferation that we have seen in the last few years is that they've also been allowed to skirt the law by not really having any kind of oversight as to what exactly these fees are for or when they're paid. I know that when situations have come to the forefront, specifically, for example, the Copeman clinic, who, we found out through media reports, stopped allowing a group of executives to come to their clinic and their staff was encouraged not to accept them back, it became a concern that led to an audit that was supposed to have been done in the last couple of years. We have been concerned with the existence of these clinics and what they really represent and the impact that they have on our public health care system.

The Chair: Mr. Schow.

Mr. Schow: Thank you, Mr. Chair, and thank you, Sandra Azocar, for your presentation. I'm just trying to wrap my head around this a little bit. When we're looking at developing public policy, it's always about addressing a problem. Over the last four years we've seen some pretty significant problems, which include increased wait times across the province. We looked at things like open-heart surgery: wait times have increased by nearly 50 per cent, from about 15 weeks to 22 weeks. We've looked at cataract surgeries: they've increased 30 per cent. We've looked at, in particular, something that's coming up often in my constituency of Cardston-Siksika, which is hip replacement surgeries. Those wait times are up nearly 30 per cent.

In your presentation you're talking about avoiding a two-tier public health care system. If you had spent any time down in my neck of the woods – and maybe you have – you would recognize that there is a two-tier health care system. It's called Montana, and it's a necessity for some people because these wait times continue to go up. That's a problem for me because in addition to waiting for major surgeries, you have patients who are oftentimes being prescribed very strong medications, which can exacerbate the opioid problem that we have in this province. Really, my question to you is: given your presentation and even some of the pretty strong claims you made about acting outside of the legality of our province, can you explain to me how this bill, in your opinion, actually addresses the real problem, which is the cost of health care and wait times? I failed to see that in your presentation.

Ms Azocar: Actually, thank you so much for asking me. Five minutes doesn't actually let me speak accurately about some of the issues. You're right: that's when I talk about us not wanting to maintain the status quo. We need to find cultural changes within the way that we deliver health care in this province. Wait times is one of those issues that we have been talking about for a long time where we need to kind of have a really serious conversation about

what's causing the wait times. There are many factors that actually cause wait times, and we need to start calling it for what it is.

Right now, for example, in order for you to get onto a surgical list, you have to have diagnostic imaging done. Without diagnostic imaging, you can't get onto this wait-list. Right now one of the many privatized areas that we have in our health care system is diagnostic imaging, where people are encouraged to jump the queue and get in. So who's really controlling the wait times? Who's really controlling the bottleneck that we currently see? Cataract surgeries, ophthalmology, again, are one of those specialties. It's equivalent in the private market to diagnostic imaging.

We need to kind of have a serious conversation as to what programs can be put in. Should we be opening any more surgical beds that have been closed over the years? Should we be looking at reallocating services into rural communities, for example, where we have seen hospital ORs being closed down and where doctors are not allowed to follow their patients? There are all kinds of solutions that we can start looking at within the public system. Is it a capacity issue? Is it a supply issue? Is it a demand issue? All those solutions need to be found within the public system.

10:20

We're not saying that people should linger in wait times. We are not saying that people should have to be forced to be paying out of pocket for surgery. That wasn't the intent of our public health care system. We need to have a look at how we can better provide those services within the existing capacity of our public health care system. That's what we're calling for, for the government to actually take a serious look at how we can best improve wait times within our public system, either by reallocating resources, like I said, or by looking at the supply and demand.

The Chair: A supplemental, Mr. Schow?

Mr. Schow: Yeah. I'm just still failing to see how this Bill 203 makes any real, meaningful changes to the problem we have in health care. You know, I'm looking at some things and some comments made by the former Health minister about this kind of a bill that was to be introduced. I'm just trying to maybe even understand: why now? If this is such an important issue, specifically Bill 203, why is it now? Why was it not brought up four years ago? Now, I know that's not something you can specifically answer in that question, but it's more a broader question about the motive.

I think it is essential that in this province Albertans have access to excellent, world-class, quality health care, full stop. I think there isn't a person in this room who would disagree with that point, but the idea is how we get there, and I didn't see any of those measures put in place over the last four years. Now we see this, and, you know, we've already had comments back from stakeholders suggesting that the Alberta Health Care Insurance Act already bans extra billing. I appreciate, maybe, the spirit of what this bill is trying to do, but maybe you could help me, again, understand where the real changes are coming to our health care . . .

The Chair: Mr. Schow, let's let our guest answer.

Mr. Schow: Yeah.

Ms Azocar: You know, I'm not going to speak to any motives because I'm not privy to any of those motives. Our organization speaks on behalf of Albertans, and when it comes to public health care, whenever we see changes that will strengthen and expand our public health care, we become very excited. It doesn't matter when they're introduced or not introduced. Mr. Shandro has indicated that health care direction should not be determined by ideology or be

politicized because that's not what we're looking for. We're looking for, like you said, public solutions to a problem that has been long standing.

The existence of these private clinics is just one symptom. I think this bill will address all the other areas that I have briefly mentioned when it comes to diagnostic imaging, when it comes to privatization of our public health care system. I think it clarifies the intent of the laws that we currently have in place, it reinforces the laws that we currently have in place, and regardless of who's in government, it's something that as health care advocates we would support fully.

To me, you know, public policy shouldn't be directly determined by ideology, but we would add that it should also not be directed by corporate profits. We want to see a health care policy that's based on the values of equity and fairness, and any time that we can see that reflected in legislation and regulation and policy is something that we will applaud no matter who's in government.

The Chair: Thank you.

Member Irwin.

Member Irwin: Thank you, and thank you to Ms Azocar for being here today. I was obviously not sitting in government prior, but I would say that, as someone watching the previous government, protecting health care was a central part of their work. Of course, they introduced Bill 1 just prior to the writ being dropped.

My question for you, Ms Azocar. You know that one of the arguments for fees, building on this conversation around wait times, is that it does make care more timely. Do we see that this is actually the case? You noted in your comments that doctors are a limited resource and whatnot. Are Albertans actually waiting less time for services when health care providers charge for them?

Ms Azocar: Obviously, they do. But, I mean, if you're paying for that extra service, you're paying for that extra service.

What we're saying, though, is that it creates that inequality where these doctors that are being siphoned off into the private system are no longer available to those patients that are waiting in the public system. We have a limited resource of doctors and support staff, nursing, allied professionals that work within our public system. If you're serious about, for example, improving access to primary care, which is that preventative portion that these clinics claim to provide, then let's provide primary care to all Albertans, not just for those that can afford it.

You know, this set-up that we currently have in place is for those people that can actually buy those services, and that's not what we're all about as a society. If we're not equal when we're sick or when we're ill, then when can we be equal? Words have to mean something. When the Canada Health Act was introduced in 1984, we know for a fact that it provided that sense of equality, and it's as relevant today as it was in 1984. I think as a government or as legislators you guys have a responsibility to ensure that all Albertans have access to this very basic and most important need that we all have.

The Chair: A supplemental?

Member Irwin: Thank you. Have you heard from doctors, their concerns about this creeping inequality? You know, what sort of conversations have you had with some of the folks who are working directly on the front line?

Ms Azocar: We have physicians that are part of our organization, and that's one of the concerns that they do have, the fact that it does create that sense of inequality, you know, that it basically leaves the door open. What we have actually seen in Alberta is privatization

by legislative stealth. We tried to be aggressive. Over the years we have seen little bits of our public health care system being chipped away. We see seniors' care seriously privatized and home care, another area that's privatized. We have, through government . . . [A timer sounded] Is that me?

The Chair: Yeah. Ms Azocar, thank you so much. The 15 minutes flew by. Thank you so much for your time and answering the questions of the committee members.

We are now going to move on to Mr. Acuña. Did I pronounce that right?

Mr. Acuña: Oh. It's Acuña.

The Chair: Acuña. My apologies.

For his five-minute presentation, Mr. Acuña, go ahead.

Parkland Institute

Mr. Acuña: Thank you very much, committee members. Thank you for the invitation to present to you today some of our research. I'm the executive director of the Parkland Institute. We are a public policy research institute in the Faculty of Arts at the University of Alberta. All of our research meets the academic standards of the university: double blind, peer reviewed, and all of that.

I want to talk to you today about one particular report, which I'd already shared with the committee beforehand, called *Blurred Lines: Private Membership Clinics and Public Health Care*. This report came out in 2017. We set out to study private membership clinics in Alberta and see their relationship to public health care in Alberta and to the legislation around public health care in Alberta and federally. Our goal was to provide a comprehensive map of the various clinics in Alberta and check out their practices and actually do a full reading.

Unfortunately, we quickly discovered that there is no systematic inventory of membership-based medical clinics kept either at the provincial or national level. You can't go anywhere in a public registry and find a list of private, fee-based membership clinics. That fact we found concerning in and of itself, that there was no way to get information on where these clinics were operating. We had to rely instead on word of mouth and web searches to identify the clinics and their practices and on a number of audits conducted by Alberta Health into some of these clinics to determine if their billing practices and access policies violate the Canada Health Act. This was the purpose of the audit conducted over the years by Alberta Health.

As is often the case, when we did freedom of information requests, the responses were heavily redacted, in this case particularly because the clinics are considered private businesses and anything that was considered competitively sensitive or private business information was redacted from the audit. Despite that, we were able to pull together enough information to identify some serious concerns with the operations of the clinics and their relationship to the Canada Health Act and provincial legislation such as the Alberta Health Act and the Alberta Health Care Insurance Act. We also made some general recommendations for improving the situation going forward.

10:30

In general, the audits conducted that we looked at found that the clinics under scrutiny were found to be operating within the letter of the law. There were, however, serious scope problems with the audits, and they were structured in ways with limitations on scope. Their focus was on published policies of the clinics rather than on actual practices of the clinics and whether they were compliant or

not. We found it impossible to determine whether a clinic's actual practices and policies were compliant with either the letter of the law or, more importantly, the spirit of the law.

I'm going to touch just on some of the details that relate specifically to Bill 203 that we found as concerns. We were able to identify 10 private clinics in the province that charge some form of membership fee or block fee for services. These clinics all provide a broad menu of both insured and uninsured services to members, ranging from diagnostics to assessment to treatment and lifestyle, and also offer some form of enhanced access to service like 24-hour service, guaranteed appointments within 24 hours, or expedited test results through in-house labs.

Both federal and provincial legislation prohibit practitioners from charging patients directly for services insured under Alberta Health. One of you mentioned this in your questions. The clinics all state in disclaimers on their websites and literature that the fees only pertain to noninsured services offered and that all insured services are billed to Alberta Health, which deals with how they address the letter of the law.

The challenge is how you go about making that distinction in practice under the existing legislation. For example, if a clinic charges a \$5,000-a-year membership fee and with that fee you get access to a full suite of services, how exactly are they able to determine with any degree of certainty or verifiability that none of those funds are being used to cover the costs of providing insured services, especially as there is often no direct link made between the services that a patient actually uses throughout the year and the amount of the membership fee? If I pay my \$5,000 membership fee and only access \$3,000 of uninsured services over the course of the year, where does the other \$2,000 go, and how do we know for certain that it's not inevitably being used to at least partially offset the cost of providing insured services from the fees?

Unfortunately, none of the audits conducted delved that deeply into those types of specific accounting practices, choosing to rely instead on the clinic's public statements and assertions. The public also has no way of knowing how the funds are used as the information is protected from FOIP on the basis of business competitiveness. By preventing membership fees and block billing and demanding itemized billing for services, the provisions contained in Bill 203 would go some way to eliminating this blurred line and ensuring that the letter and spirit of the law are followed. However, it would need to be accompanied by clear investigation and audit protocols.

The Chair: Thank you, sir. Thank you for your presentation.

Mr. Sigurdson, you were first. If you wouldn't mind asking a question to our guest.

Mr. Sigurdson: Well, thank you so much, Ricardo Acuña, for doing your presentation. It's the same thing. I was one of the ones in the previous meeting that wanted to do these stakeholder meetings to try to get my head wrapped around this, because when I'm looking at this – and now we're getting the information – I'm just feeling a little conflicted on this. Just after reading this, I'm trying to get through, first of all, echoing what Member Joseph Schow had said before, how this improves our system, how this bill fixes that.

I mean, the AMA has said and clearly stated, "The protection and restrictions cited are, in our view, already in place." That was one of their quotes. As well, the AMA says, "The most important discussion to have is not about how to maintain the status quo, but rather how the public system needs to adapt to the evolving needs of Albertans and the challenges they face." This is where I'm kind of looking at it, and I kind of dove into that. You know, as far as

looking at it, we already have the Canada Health Act. We have the Alberta Health Care Insurance Act and the Health Care Protection Act, that also protects against queue-jumping already. So, to me, this looks like a lot of redundancy, just more red tape. I'm not sure how this improves the system.

As well, with that, like, looking at the time frame, in your review you had actually said, relating to the previous government, "Yet, based on its first two years in office, the government's record has been at times promising, but at other times hesitant and inconsistent." That was relating to the previous government. Now we're seeing this Bill 203. I guess my question is that, to me, it looks like everything this bill contains is already in place. This just seems like sheer redundancy to me when there are already protections against queue-jumping, everything that is already there. I'm just failing to see where this bill helps Albertans get a better system in place.

The Chair: Mr. Acuña.

Mr. Acuña: Sure. Yeah. The issue with that, though, as I just detailed on the fee base, is that there's actually no way to determine that. There's a broad range. There's a lack of definitions and a real lack of enforcement. Historically, when the results of these audits have come up, when problems have been raised, Alberta Health has just kicked the issue over to the College of Physicians & Surgeons instead of investigating and applying sanctions themselves. There is no clear delineation – and that's what this bill aims to provide, in my mind – on the provision of insured services under the membership fees, which is illegal, but because of a disclaimer on the website, regardless of how those are applied, they can skirt that provision.

All of these firms advertise publicly the ability to receive expedited services, expedited test results, and 24/7, 365-day-a-year access to physicians and physician services. These are all insured services. Not everybody in the health care system has access to those, only the people who pay the fees for these clinics. Again, they're skirting the letter of the law, but the actual practices are in contradiction to the spirit of the law. In my reading of Bill 203, what it provides is some certainty to make sure that these clinics operate within the letter and the spirit of the law, which I think is something that legislators would consider actually very important to have, health care providers operating within the letter and the spirit of the law and being able to monitor that and enforce that.

The Chair: Mr. Sigurdson, a brief supplemental, please.

Mr. Sigurdson: A brief supplemental. As just mentioned by the Friends of Medicare, under the Canada Health Act, which she said really strengthened the protections for – can you just comment whether these fees are permitted under the Canada Health Act?

Mr. Acuña: They're not explicitly permitted, and they're not explicitly prohibited. That's one of the problems. Clearer interpretation is needed of that legislation at a provincial level when it's put into practice. Yes, the fees are prohibited, but there are no enforcement mechanisms provincially to stop them from being charged. This would provide that certainty.

The Chair: Mr. Nielsen, you're next on the list.

Mr. Nielsen: Thank you, Mr. Chair. I just want to thank Mr. Acuña for the report that he's provided. It's very extensive, very detailed, and I appreciate it. It sounds like we have some grey areas here that need to be addressed with some of the several recommendations under section 5. You had brought up in those recommendations, in

fact, the closing of legislative loopholes. I might as well just directly ask this question. In your opinion, do you think that Bill 203 is a good step towards closing some of these loopholes?

Mr. Acuña: Absolutely. The definitions of membership fees and block fees, the requirement for a detailed accounting of how the fees are used to ensure that they're not being used to cover any insured services, and the definitions to ensure that there is no accelerated access or queue-jumping will go a long way to closing those loopholes. I would say that in our findings we would also recommend that they be accompanied by very strong oversight and enforcement from AHS and some sort of complaints-driven ombudsservice to ensure that the letter and spirit of the law are being respected.

The Chair: Mr. Nielsen, a supplemental.

Mr. Nielsen: Thank you. A quick follow-up. I think you've already segued into what would have been my follow-up around any other legislative loopholes that you think we should be addressing from the provincial perspective.

Mr. Acuña: Yeah. Again, it's exactly that. I think there need to be audits conducted regularly, not just on the stated policies on these clinics but on their actual billing practices, so forensic audits on a regular basis. There needs to be some sort of certification process so that the public can access at least a list of where the clinics are and what the audits have found on them. It's about transparency and reporting to ensure that the public can have confidence that all health care providers in the province are operating within the spirit and letter of the law.

Mr. Nielsen: Thank you.

The Chair: Thank you.
Mr. Gotfried.

Mr. Gotfried: Thank you, Mr. Chair, and thank you to our presenters today for their information. You know, I've sort of been looking through some of the information that we received from yourself as well. We have the Canada Health Act, we have the Health Professions Act, and we have the Health Care Insurance Act. We had some information provided to us by the College of Physicians & Surgeons with respect to this issue as well. From what I can see – again, we've had previous governments and the immediate past government looking at these issues and the challenges and the opportunities for better health care. Sadly, we have not seen an improvement in the delivery of health care over the past four years, but we're hopeful that in working with our medical professionals – our doctors, physicians, and surgeons, nurse practitioners, nurses, and other medical professionals – we can achieve that.

10:40

I'm looking through some of the information we received, and it is reflected by the College of Physicians & Surgeons that they "may charge Albertans privately for health services that are not included" in the schedule of medical benefits. You know, we work with our doctors, we trust our doctors, and we want to ensure that they can deliver their best services. They've reflected that they have to live by the standard of practice for their profession.

- Ensuring fees reasonably reflect professional and administrative costs
- Taking into account a patient's ability to pay
- Adequate notice and transparency about the fee

- Equal access for all with no promise or provision of preferential care.

I think that is key here. We want to make sure that everybody has equal access.

- The professional obligation to provide urgently required services regardless of whether or not payment is possible

There seem to be a lot of embedded protections in their profession and their oath, obviously, to provide services to ensure that all Albertans are addressed and covered and that there is adequate protection through these various acts and also with their standards of practice for those uninsured and insured services.

Can you tell us how that does not deliver adequate protection to Albertans with respect to what's very, very deeply embedded in current legislation and also embedded in the standards of practice and the professional behaviour we expect of all medical professionals?

Mr. Acuña: Sure. I've already spoken to the kinds of loopholes and skirting of the law around the Canada Health Act and the Alberta Health Care Insurance Act and how blurry those lines are. One of the problems with the code of conduct for the College of Physicians & Surgeons is that, one, not all of the health care providers at these clinics are physicians and surgeons, which is problematic because there are other operators that aren't covered by the code of conduct of the physicians and surgeons. Secondly, the accounting practices, the billing practices, the bookkeeping: all of these things are not the domain of the physicians themselves in these clinics but, rather, the domain of the accounting departments and the financial departments of these clinics.

I'll give you an example. The Copeman clinic, in a very small disclaimer, says that their physicians are able to operate within the bounds of their code of conduct and can offer services to anybody in the public without fee, whether they're members or not of the Copeman clinic. This is their public statement, right? In smaller print underneath they qualify that provision of services by saying that the provision of those services to the public is dependent on the physician's ability to accommodate them within their schedule and their obligations to the clinic. So, theoretically, these physicians could be providing services to the public at large without a membership fee. Practically, their obligation is to the clinic, and their schedules make that impossible. Two audits conducted in Alberta of the Copeman clinic right now and one in B.C. all found that the Copeman clinic has actually not once seen a single uninsured patient.

So, yes, the provisions are there within the code of conduct for the physicians. It's not the physicians that are the problem here, which is why we're suggesting that these oversight and enforcement protocols need to move to Alberta Health and not be constantly kicked over to the College of Physicians. It's not an ethical or a moral imperative; it's actually a political and legal imperative.

The Chair: A brief supplemental if you have one.

Mr. Gotfried: Just a brief one. You've used the term "skirting," and I'd like to understand. You're saying "skirting." These are regulations that have been in place for many years, enforced by Alberta Health Services and Alberta Health in the previous government and now under the purview of the current government. You're saying "skirting." I'm trying to understand, when we've got these assurances, we've got these health acts in place, we've got protections against this, you know, what this term "skirting" means. Is there a breach of legislation? We've got an opportunity here, obviously, with the existing legislation to enforce it. I guess I'm trying to understand: if it's skirting, then what were the actions of

previous governments to address that? I'm a little confused on what "skirting" means in terms of how we're going to address this concern, whether it's perception or reality.

Mr. Acuña: The way previous governments have dealt with this, as I said, is that they have kicked it over to the College of Physicians & Surgeons to deal with. The College of Physicians & Surgeons looks at the practice of the doctors, and they say that there's nothing wrong with it, or where there have been concerns, they've stated these concerns publicly, haven't enforced anything, and haven't fined anybody. Then what the clinics do is change the wording of the language on their websites so that what they advertise allows them to keep doing the same thing that was just identified as a concern, but now they've got legalese language on their website that allows them to skirt that.

The example I gave is that if somebody pays a \$5,000 membership fee to one of these clinics and receives a full suite of uninsured and insured services as a member, there is no guarantee and no way of providing evidence that some of that \$5,000 won't be used to cover the cost of providing insured services, which is illegal. The audits conducted haven't delved that deeply, and because it's the College of Physicians & Surgeons investigating rather than Alberta Health, nobody has actually been interested in looking at where that blurred line is. When I say "skirting," I mean that those are very opaque spaces where those clinics are operating in terms of: where exactly is the money being used? Is any of it being used to cover insured services? Is any of it being used to double-bill for testing, which is another issue that's been found in the past? I think it's a matter of clarifying so that those blurred lines are no longer blurred and then enforcing to ensure that those people that are blatantly breaking the law have sanctions placed on them.

The Chair: Mr. Horner, you're next on the speakers list, but be brief, please.

Mr. Horner: Okay. Thank you, Mr. Chair, and thank you to both of our presenters. I learned a lot. I guess that when I came here today, I was more thinking about lanes for legislation and how we would alter and get better outcomes for Albertans. It sounds like we're getting into kind of a legalese argument around skirting and potential loopholes. I'm just wondering: do you think it would be wise for this government to maybe prevent going in a direction where we don't know if the outcomes are better or worse? We know that the wait times have gone up. We know we're spending more. We're over 40 per cent of the Alberta budget. Do we want to limit the ability of government to change the technology? There are new procedures all the time . . .

The Chair: Mr. Horner, let's let our guest answer.

Mr. Horner: Okay.

Mr. Acuña: Very quickly, because I know we're pushing time here, what this bill does is that it eliminates block fees for addressing wait times. Yes, wait times need to be addressed. These private clinics are claiming to address wait times by charging people money for it, which is a contravention of both federal and provincial legislation on health. These private clinics also, on a fee-for-service basis, are drawing resources, lab time, physician resources away from the public system to cater to boutique health care for people that can afford to pay for it, which actually makes the situation worse. The model of these clinics, wraparound preventative health care, would tremendously help in the public system. Primary care networks were meant to do just that.

The Chair: Mr. Acuña, thank you so much for your presentation, and thank you, members, for asking the questions to our guests. We'll take a moment to allow our guests to leave the table before we do our deliberations here.

Ms Azocar, thank you so much for being here as well.

Deliberations on Bill 203. Hon. members, in accordance with the process accepted by the committee, we will now proceed to deliberations on Bill 203. At this time the committee must consider its observations, opinions, or recommendations with respect to Bill 203, including whether or not the bill should proceed. The committee's process allows for 60 minutes of deliberations on the bill. Although the committee may extend this time limit if there is a consensus among members that additional time is necessary, I would just note that this meeting is scheduled to end at noon. If the members are unable to finish their deliberations by this time, this meeting could be extended if there is consensus to go past noon. Alternatively, we would need to schedule another meeting, likely tomorrow evening from 6:15 until 7:15 p.m., so that the committee can meet its deadline to report to the Assembly on Thursday.

I'll now open the floor to discussion on the committee's recommendations with respect to Bill 203.

Okay. Sir, if you would like to get the clock started.

10:50

Mr. Schow: Mr. Chair, just a question. Is there anything outlined in terms of the operation? I know that Member Sigurdson had an issue with going back and forth. Member Horner asked the question first: are we going back and forth in deliberation, or are we going in order? Just to get input for this.

The Chair: Yeah. I think that from the process regarding questions, we were just taking whoever notified myself or the clerk. That was just the order that we were doing. I'm sorry that we ran out of time; I really am. During the first speakers list there were a number of people that didn't get an opportunity to speak as well. Regarding this, I think that, really, it's a debate amongst our members here. I think that going back and forth would certainly be appropriate.

I think we could start with Ms Pancholi. Go ahead.

Ms Pancholi: Thank you, Mr. Chair. Based on what we've heard today from the stakeholders from Friends of Medicare and from the Parkland Institute, I think it seems very evident that there is an issue here that needs to be addressed. I don't think anybody, certainly not the member who brought this private member's bill forward, is suggesting that this bill is going to fix all of the challenges we have in our health care system. That's certainly not what any of us are doing and engaging in when we are in our roles as legislators and as representatives in this House. We are certainly trying to address issues as we see them arise. There are a lot of challenges in our current system that need to be addressed: rural access to health care, wait times, queue-jumping. There's a whole slew of issues, and I don't think any government has an answer to fix all those problems. But what we are hearing today is that there is a specific issue here that needs to be addressed, that Bill 203 does address.

I think it speaks clearly to the fact that we had some good discussion here. I appreciated the questions around: what is skirting the law, and what is the law? What we're hearing is that there is some lack of clarity and grey area in the law. As somebody who has practised in law for a long time, that's very common. That is exactly why we have legislators. We continually review and consider the law and say: yeah; we have something in place. What we're hearing here, though, what I heard from the stakeholders was that there may be provisions currently in the Canada Health Act and the Alberta

Health Care Insurance Act, but there is some room for improvement because there is enforcement of those provisions. It's not clear. I think it was very important to hear, too, that while we know there are standards in place for our professionals, for the College of Physicians & Surgeons – and we've seen their input – what I think was a very excellent point that Mr. Acuña, from Parkland, made was about: those are not the people who are going to be enforcing the accounting mechanisms.

There are legitimate questions to be addressed here. That is our role. Our job is to continually suggest improvements to the laws and to hear feedback when we hear that there is an issue that needs to be addressed and if there are improvements we could make to the law. That's precisely what Bill 203 is intending to do. It's not going to be a cure-all for all our woes in the health care system. I don't think anybody is suggesting it will be. But, certainly, when we see an opportunity to improve the process, to improve our system, I believe it's our obligation to take that forward, and at the very least this is a committee to discuss, obviously, the bill. But, really, we know that the merits of the bill should be debated in the Legislative Assembly.

Therefore, I'd like to put forward a motion that this bill proceed to the House and to the Legislative Assembly, and I would seek some assistance from Parliamentary Counsel to actually draft that motion, but I'd like to make the motion now that this bill proceed to the House.

The Chair: So before we have a chance to . . .

Ms Pancholi: We can debate, and obviously that motion could – we could still discuss that. I imagine we'd still have deliberation on that motion.

The Chair: Okay. I guess the question is: are we in consensus to put forward a motion right now, or would we like further deliberation on this bill?

Ms Pancholi: Sorry. I'm not sure that I need to have consensus to make a motion. I can make a motion. I'm moving the motion.

The Chair: Okay. So you are moving the motion. Okay. He's going to put it onscreen.

Ms Pancholi: Sure. Thank you.

Mr. Schow: If I can just be clear, Mr. Chair. May I ask a question before we proceed?

The Chair: Yeah.

Mr. Schow: There is a motion on the floor, then, that we proceed with this. Any conversation moving forward would be geared towards whether or not to support this motion or just deliberate the bill?

The Chair: Yeah. I will read this motion, and then I guess we'll have discussions on the motion. Is that correct, sir?

Dr. Massolin: Yeah.

The Chair: Yeah. Discussions on the motion, which I think will give everybody an opportunity to discuss this even further, and then I will call for the vote. Okay? I'll read the motion as it stands right now, that

the Standing Committee on Private Bills and Private Members' Public Bills recommend that Bill 203, An Act to Protect Public Health Care, proceed.

Any discussion on the motion? I guess we can go to our speakers list at this point.

Mr. Neudorf.

Mr. Neudorf: Thank you very much, Chair. In regard to this motion the insured medical services are clearly identified in the scheduled medical benefits as outlined in the Alberta Health Care Insurance Act. Physicians may charge privately for health services that are not included in the schedule; for example, travel advice, immunizations, precare, as mentioned by the member from the Parkland Institute, especially when patients are uninsured. When charging privately, physicians must follow the CPSA's standard of practice on charging for uninsured services, which are based on core principles such as the patient's ability to pay, adequate notice and transparency, equal access for all, professional obligation to provide urgently required services regardless of whether or not the payment is possible.

The Chair: I'm just going to interject for a moment. Just remember that we're talking about the motion before us. Whatever you're doing, you tie it back to the motion.

Mr. Neudorf: That's right. Yes.

I don't think that Bill 203 clearly delineates that it actually increases access to insured services. In fact, I believe that what we heard from the members that spoke to us is that it actually limits access to uninsured services. It attempts to fix a problem that may or may not even exist, by the words of the people that actually shared here today.

I would speak against this motion because I don't think Bill 203 has clearly identified the actions that it's trying to solve.

The Chair: Thank you, sir.

Mr. Nielsen.

Mr. Nielsen: Thank you, Mr. Chair. Yeah, with our presenters today what I think we clearly heard was that there were some grey areas that are cause for concern. I know Mr. Acuña had said that through audits that they tried to conduct, through FOIP requests, they were not able to determine that the fees that were the block fees that were being paid were actually going to uninsured services. If we're putting public money to these clinics, we need to be certain that that money is actually going to what we're paying for. There's grey area there. I think, as we heard very clearly throughout the 29th Legislature, transparency is of high priority, and we don't seem to have that here.

I think that with this bill proceeding to the House, we're able to have those kinds of fulsome discussions. If there are concerns around possible wording that is currently in the bill, we have the ability to amend that through the process that we have within the House. I think that trying to potentially break the bill apart here is not our place. That is for the House to decide. It is for us to decide whether there is enough information that merits whether this bill should proceed, and I think we've very clearly seen that there's information there and that it should proceed.

I'm very happy to support this motion to proceed because as a House we need to determine that clarity and continue on a path that, as I said, members from the 29th Legislature were very clear on, that they want transparency.

The Chair: Just for clarification's sake, Mr. Nielsen and anybody else, however the committee decides, whether they vote to proceed or not proceed, this will go back to the House for further discussion.

Mr. Nixon, you're next.

11:00

Mr. Jeremy Nixon: Thank you. A couple of things that I heard that would cause some concern in regard to moving forward with this bill would be, and forgive me if I misquote: didn't delve that deeply; how do we know with certainty; impossible to determine if they are following the law; and they don't even know where all the clinics are. My concern with moving forward, based on Mr. Acuña's words there, is that even he recognizes that his research has been limited. We're talking about potentially limiting our flexibility on future planning for a \$22 billion a year service. We're also talking about potentially putting at risk an already limited supply of physicians and a system that's, you know, currently struggling.

I think that moving forward with this bill as it is is quite concerning, and certainly we will be recommending against it. I think that we need to allow for our Minister of Health to continue to review our health system and that we can't put forward a bill that's going to limit his ability to improve our health care system overall.

That's how I feel about it. It's unfortunate I didn't get to ask a few more questions, or a question today, because I had a few more, but I'm largely concerned about the supply of family physicians in Calgary right now and anything that we might do here that might limit access for my constituents and Alberta constituents to physicians.

The Chair: Okay. Thank you very much.
Ms Sigurdson.

Ms Sigurdson: Thank you so much. I guess I'm certainly wanting to speak in favour of this bill and speak in favour, and you assured, of it proceeding, of course, to the House. Certainly, you know, Alberta's health system has some challenges that we're all very well aware of, and our government did invest significantly, and I think improved significantly, health services in Alberta. Having had a unique experience over the last year to be extensively a patient in that system, not only from my own experience but certainly from my involvement with medical professionals, they noted to me many things had improved significantly since our government had been in power. I mean, we did inherit a system that had, I feel, you know, moved more to the American style of health care in our province. Certainly, we couldn't fix everything in four years, but this bill would keep us going in the right direction. I certainly feel that it would level the playing field.

These concierge clinics, you know, these extra-billing things, are not accessible to all Albertans, and I think that that is such a fundamental part of what we believe as Canadians, as Albertans, that public health care is for all people, and that's how it should be. Certainly, our presenters today, Ms Azocar and Mr. Acuña, articulated that well. We hear also that there are difficulties with enforcement, specifically from Mr. Acuña. The College of Physicians & Surgeons aren't necessarily, you know, challenging anyone who may be pushing the line on what is legal. Of course, the other piece is just that it keeps health care professionals out of the public system. Again, it is that two-tiered health care.

The answer isn't to make it even more pronounced, you know, so that some people get quicker services; the answer is to back up and make sure that everyone has access to those services. I just really encourage all my colleagues to not only think about themselves but about all of their constituents, people who may not have the income to have these concierge services. I really think that this bill would go a long way in supporting all Albertans regardless of income. We don't want to have a society that is for haves and have-nots, so I certainly stand very strongly in support of Bill 203.

Thank you.

The Chair: Thank you.
Mr. Schow.

Mr. Schow: Thank you, Mr. Chair. Looking at this bill and having heard the presenters today, I am certainly concerned about the direction that this bill proposes to take our province's health care system, especially given that it's coming from the members opposite, who effectively had the opportunity to introduce this kind of a bill over the past four years when they had control over the health care system. I'd be reticent to take any lessons from that party, especially given that it doesn't appear to have any real purpose or direction.

One has to look no further than the preamble to see a couple of lines that, simply, we can all agree with in here: "whereas Albertans cherish Alberta's publicly funded and publicly administered health care system" – that's a big thumbs up – "the government of Alberta is committed to the preservation of the principles of universality, comprehensiveness," et cetera; and "the government . . . is committed to the pursuit of excellence" in the health care system. I mean, these are basic principles. I don't see how anybody argues that.

Moving into the meat and the potatoes, if you will, of this bill, I'm just not seeing where it actually attempts to execute or fulfill the preamble. We're talking about access to health care. It's a very simple question: does this bill help it? At no point did I hear either of the presenters actually explain how this bill, Bill 203, is going to do that. So I would certainly be recommending against this bill.

With that in mind, I'd actually like to move an amendment, Mr. Chair, to this motion. Following the words "an act to protect public health care," it be followed by the word "not." Can you move that? Is that possible?

The Chair: I'm afraid that would negate the intent of the motion itself. It's not really an amendment. It just negates the intent. So I'm going to have to find that out of order.

Mr. Schow: Okay.

The Chair: Certainly, we'll have an opportunity to continue the discussion on this, and we will at some point have the ability to vote on this motion.

Mr. Schow: Can I, then, Mr. Chair, call that question and move a new motion?

The Chair: Well, you know, I think we have a couple more people on the speakers list. I'd like to give them an opportunity to speak. Then, obviously, we'll go from there, and we'll make the decision whether to call the question on the motion.

Mr. Schow: Am I limited to speaking on this again?

The Chair: No. You can speak on this again.

Mr. Schow: Okay. Thank you, Mr. Chair.

The Chair: Ms Pancholi.

Ms Pancholi: Thank you, Mr. Chair. I just want to go back again to the intent of the committee and what this motion is, which is to recommend that this bill go to the Assembly for debate. I think there are some, not all, valid arguments on the other side, where people have questions, and I think that is properly the role of us as members in the Assembly to debate it. I invite the members opposite to make the arguments that they've made today and to debate as they have today. I don't think that today's discussion or our role in this committee is to get into whether or not we actually support the bill

but whether or not we believe that there is a basis upon which to recommend that this bill go to the Assembly. You know, I aspire that we can keep that goal in mind.

This is not to defeat or support the actual bill itself. That's not the intent of this committee, and that's not the intent of this motion. The motion is really just about: do we recommend to the Assembly that they debate this bill? Of course, there will be lots of good discussion in the Assembly, where it should happen, around the merits of the bill and a lot of the issues that have been raised here today. I note, of course, that, you know, the previous private member's bills went speedily over to the Assembly because there was a belief that that should be debated in the Assembly. I think, again, that's our objective of this committee, to decide whether or not this should be recommended to the House.

Really, I take this with a grain of salt because I know that we all hear things differently, especially from stakeholders and from each other, but what I think we heard today were at least legitimate questions raised about there being an issue here, and we can debate in the Assembly whether or not the bill addresses those issues. I certainly did not take Mr. Acuña's statement to suggest that his research was limited. What he was saying was that his research was actually very fulsome but that there are barriers to getting the information that we need to know, that our public health dollars are being used properly. I think we know that's something that the members on the other side have a strong interest in, making sure that all of our public dollars are being used effectively.

You may still disagree with the actual content of the bill, but that's a matter for debate in the Assembly. I think that we should keep that in mind and not view this committee as a mini Assembly, where we are voting for or against bills. What our job is here is whether or not to recommend that this bill go to the Assembly properly for debate in the House, where our jobs are to do just that. I just would remind my colleagues that there will be opportunity if we go to the House to state what you're stating now and to raise those concerns and to question, in your view, the effectiveness or legitimacy of what's being proposed, but that forum for that debate is properly within the Assembly.

11:10

The Chair: Thank you.

Mr. Gotfried, you're next on the list.

Mr. Gotfried: Thank you, Mr. Chair. From what I've heard today, there's the preamble that we heard from the previous member about some of the key principles that are actually already embedded in our legislation between the Canada Health Act but also the Health Professions Act, Health Care Insurance Act. Those are embedded in there.

What we did see is a four-year opportunity to address supposed skirting or concerns around some of these insured or uninsured services and how those are brought forward. I think that our concern for all of us here, with respect to this bill and this motion, is how we can direct our attention to improving health care and to improving the outcomes of health care and not having what we've seen over the past four years, which is longer lineups, longer wait times for health care, and which, I would argue, are not being affected by what this bill is trying to achieve here. Again, the preamble sounds like it's existing legislation.

In light of that and in light of the fact that I would like us here at this committee and also in the Legislature to direct our attentions to the real job at hand, which is to provide a higher level of health care, shorter wait times, and better outcomes for Albertans, I will not be supporting this motion.

Thank you.

The Chair: Member Irwin.

Member Irwin: Thank you. I'd really just like to echo a lot of what my colleague from Edmonton-Whitemud just shared.

You know, we really do have an opportunity to bring this back to the House and have a more fulsome conversation. I do have to say that I find it a little bit troubling that it appears this government is trying to keep this bill from moving forward. Yet, we noted, of course, that the other two bills that we've discussed to this point moved fairly quickly back to the House. I would just urge the members of the committee to consider that and our role as legislators.

As MLA Pancholi noted, it's a real opportunity for members on both sides to debate the merits in the larger House. You know, we've got a lot of folks who've worked in the health care system on both sides of the House, who've had first-hand experience, and I think we could really have a robust debate.

I'd urge us to proceed with this motion.

The Chair: Okay.

Mr. Sigurdson.

Mr. Sigurdson: Yeah. I'm going to be speaking out against this motion, from what I've looked at, and I know that we have two stakeholders here today, but we still also have stakeholders that gave us additional information, including the AMA and the College of Physicians & Surgeons. Like I said before in my quotes here, "It is not clear to us what additional scope is being added that would serve Albertans."

Reading directly from the college of physicians, the CPSA's letter: "SOP is based on . . . core principles such as . . . equal access for all with no promise or provision of preferential care." I mean, the Alberta Health Care Insurance Act already builds on this. We have the Canada Health Act. This just looks like a bill that is redundant. We already have everything in place. So I would speak against this. I just can't support a bill where I think we already have everything in place here in Alberta, and it doesn't really improve our system at all. I don't see how.

The Chair: Any other speakers? I have nobody else on the list. Mr. Horner.

Mr. Horner: Yes. Thank you, Chair. I would just kind of echo what the Member for Highwood just said about the written submissions that were given to us. You know, from the Alberta Medical Association, their summary is, "We state . . . that Bill 203 does not appear to have practical implications for our . . . members. Perhaps it represents a perceived value in clearly restating what is currently in place."

For all the debate we've heard, I think that we would all agree that there are questions and there are issues. I have more questions than answers, and I fail to see how this bill answers any of them, so I would definitely not support this bill.

The Chair: Okay. Anybody else?

Okay. I'm going to read the motion as moved by Ms Pancholi, and then we will vote. Ms Pancholi moves that

the Standing Committee on Private Bills and Private Members' Public Bills recommend that Bill 203, An Act to Protect Public Health Care, proceed.

All in favour? All opposed? The motion is defeated.

Mr. Nielsen: A recorded vote, please, Chair.

The Chair: Yeah. During the recorded vote, for all those in favour – we'll go around the room – if you could just state your name,

obviously “MLA,” and your constituency, please. I guess we can start with Mr. Nielsen. All in favour?

Mr. Nielsen: Chris Nielsen, MLA for Edmonton-Decore. Yes.

Member Irwin: Janis Irwin, Edmonton-Highlands-Norwood. Yes.

Ms Pancholi: Rakhi Pancholi, MLA, Edmonton-Whitemud. Yes.

Ms Sigurdson: Lori Sigurdson, Edmonton-Riverview.

The Chair: Is there anybody else?

Seeing and hearing none, all those opposed? We'll start to my right.

Mr. Schow: Joseph Schow, MLA, Cardston-Siksika. Opposed.

Mr. Neudorf: Nathan Neudorf, MLA, Lethbridge-East. Opposed.

Mr. Sigurdson: R.J. Sigurdson, MLA, Highwood. Opposed.

Mr. Horner: Nate Horner, MLA, Drumheller-Stettler. Opposed.

Mr. Jeremy Nixon: Jeremy Nixon, MLA, Calgary-Klein. Opposed.

Mr. Gotfried: Richard Gotfried, MLA, Calgary-Fish Creek. Opposed.

Mr. Kulicki: Mr. Chair, if I may.

The Chair: Yep.

Mr. Kulicki: Total for the motion, 4; total against, 6.

The Chair: Okay.

That motion is defeated.

That being said, we'll have to go to the other motion. Is that correct, Mr. Clerk? Yes. We will now consider whether or not it will not proceed. Can we have a mover on that? I see Mr. Nixon. I'll get the clerk to put it up on the screen there, and I will read it and have further discussion.

Okay. Mr. Nixon is moving that
the Standing Committee on Private Bills and Private Members'
Public Bills recommend that Bill 203, An Act to Protect Public
Health Care, not proceed.

I'll open the floor to further discussion. Mr. Nielsen.

Mr. Nielsen: Well, thank you, Mr. Chair. I must say that I am very disappointed in what just occurred. Members of the government very clearly said that they had questions. Just that alone begs that this should have gone with a recommendation to proceed to the House for debate, for amendments. So I'm starting to see, unfortunately, a little bit of a trend here, where we see private members of the government side's bills proceeding and bills for private members of the opposition not. This is a little bit concerning considering, like I said, that throughout the 29th Legislature I heard about transparency, accountability, consulting, proper debate, yet here we are doing exactly the opposite. I would have thought that the current government coming in would have been very conscious of that, wanting to show Albertans that this is the best way to proceed forward, but I guess, as I've probably said in the House, too: second verse, same as the first.

I will not support this motion for it to not proceed. I think the House has to have a fulsome debate and maybe even should have considered asking for it to go to another committee for even further debate, where we could get those questions answered. I recommend that all members not support this motion.

The Chair: Thank you, Mr. Nielsen.

Is there anybody else? Mr. Gotfried.

Mr. Gotfried: Thank you, Mr. Chair. I'll be supporting this motion. There are a few things that probably are most at the forefront of my consideration here, and we did actually hear it from our presenters today. In reading some of our responses from the Alberta Medical Association, “Bill 203 does not make substantive changes to the Alberta Health Care Insurance Act. The protection and restrictions cited are, in our view, already in place.”

11:20

Further, we heard from one of our presenters today that the problem didn't appear to actually be in the regulations. It was in the I think the term was “skirting,” and he felt that they were – I think maybe the term used was “punted” or moved to the College of Physicians & Surgeons. If the regulations are already in place and this is a process issue we need to address with the ministry, that's fine. Then let's let the ministry do that, and let's even work with the ministry to do that with existing legislation. But if the legislation is already in existence and we need to move forward with that – and we had a government with a four-year opportunity to fix that, and they chose not to – then it's incumbent on us to move forward with that but not to move forward with another layer of legislation or this private member's bill, which actually does nothing to change the outcomes. That's what I'm focused on.

I will be supporting this motion here today, Mr. Chair. Thank you.

Ms Pancholi: It will come as no surprise that I will speak against this motion. Overall, I just want to say that I'm disappointed but not surprised that there continues to be a very undemocratic approach to the way this government is conducting itself, primarily because, again, just as we do not speak for all opposition members on our side, you do not speak for all government members on your side. The House is where each member has the opportunity to debate. This is not the purpose of this committee, to debate the merits of the bill. That's what the Assembly is about.

But we have seen, from the very short time that we have been in session, that this government continues to take approaches to stifle the views of individual members in particular but takes an undemocratic approach overall. Whether it's putting earplugs in to not listen when we're in the Assembly or not letting things even proceed to the Assembly to be heard, the approach from the government seems to be that you do not want to hear anything that you disagree with even if it's to give your own members an opportunity to speak to it. Again, to have a fulsome discussion – I have no doubt that if we went to the Assembly, we would hear very spirited comments from members on your side opposed to this bill, and that is where that is supposed to take place.

I just wanted to state one more time on the record that I think that, as my colleague from Edmonton-Decore indicated, there is an absolute trend going on here, not just within this committee but within the government as a whole. We know how this works, and I'm sure you're taking direction very clearly as to how you're supposed to be voting on these matters. I think we need to be very disappointed in the state of democracy if we can't even get things out of committee to be debated in the Assembly.

I just wanted to put that on the record. I think it's very clear that I do not stand in support of this motion, and I will be voting as such.

The Chair: Mr. Neudorf.

Mr. Neudorf: Thank you very much, Mr. Chair. I think, actually, we have gone through a full democratic process in regard to this bill

by allowing stakeholders to speak, allowing to have debate and discussion. That is actually the designed purpose of this committee, to make recommendations to and for after having that discussion.

Part of the Parkland Institute submission – there's a quote from there that I'd like to read right now. It says, "It must be noted that there are many benefits to this kind of integrated care." Speaking to which, we have the services provided by these businesses that provide insured and noninsured services. My problem with the submission of Bill 203 is that it just restates existing legislation and therefore becomes, in essence, red tape, which is a stated objective of our government, to try to reduce. It does not address access or wait times. It addresses fees that may or may not even be based on these insured or noninsured services. That is why I do not believe that Bill 203 needs to be recommended, and that's why I will support this motion for it not to proceed to the House.

Thank you.

The Chair: Anybody else? Okay.

Mr. Schow.

Mr. Schow: Yeah. Thank you, Mr. Chair. Just a couple of things. I think my position and stance on this bill are well documented, and I've already articulated that pretty clearly. But the members opposite continue to talk about disappointment. I think the real disappointment that I'm having with this committee is a lack of understanding from members opposite about what we actually do here. We are not recommending that this bill proceed to the floor of the Legislature or not. It will indeed proceed there. The procedure is that we determine whether we believe the bill should proceed. It will be reported on the floor of the Legislature. It'll then be asked for concurrence, and if there are those who do not concur, there will be 60 minutes of debate on that. So for the members opposite to sit here and express their disappointment I don't believe is well-founded. They can have that opinion if they like, but I think the real disappointment would be with the citizens of Alberta in the job performance of the members opposite, and for us to proceed with anything resembling their path over the last four years would be, I believe, disingenuous to the votes that they cast, over a million votes that they cast on April 16.

Now, I don't see any other people or don't know of anyone else looking to speak on this, so I do believe we could call this question. I will be voting in favour of this motion because I believe that this committee will report to the Legislature, and we will then have a conversation there. But to suggest that nothing will happen after this, that it will just die, is completely incorrect and false, and it's a misrepresentation of the purpose of this committee. Frankly, it's a disservice to Albertans that we now have that on record, when you were expressing things that are not correct about the process of this committee and the work that we do here. I encourage the members to be mindful of the things that they say here and be conscious of what they're elected to do in this committee.

With that said, Mr. Chair, I'd like to call the question.

The Chair: Question. Okay. I'll only ask this once, though. Does anybody have any further comments?

Seeing none, okay. The question. Mr. Nixon moves that the Standing Committee on Private Bills and Private Members' Public Bills recommend that Bill 203, An Act to Protect Public Health Care, not proceed.

All those in favour? All those opposed? The ayes have it.

Mr. Nielsen: Recorded vote, please.

The Chair: A recorded vote is requested. We'll go around the table starting with all those in favour. Say aye. Please note your name and the constituency which you represent. We'll start to my right.

Mr. Schow: Joseph Schow, Member for Cardston-Siksika. Aye.

Mr. Neudorf: Nathan Neudorf, Member for Lethbridge-East. Aye.

Mr. Sigurdson: R.J. Sigurdson, MLA for Highwood. Aye.

Mr. Horner: Nate Horner, MLA, Drumheller-Stettler. Aye.

Mr. Jeremy Nixon: Jeremy Nixon, MLA, Calgary-Klein. Aye.

Mr. Gotfried: Richard Gotfried, Calgary-Fish Creek. Aye.

The Chair: Is there anybody else?

Seeing none, all those opposed to the motion. We'll start to my left.

Mr. Nielsen: Chris Nielsen, MLA for Edmonton-Decore. No.

Member Irwin: Janis Irwin, Edmonton-Highlands-Norwood. No.

Ms Pancholi: Rakhi Pancholi, Edmonton-Whitemud. No.

Ms Sigurdson: Lori Sigurdson, Edmonton-Riverview. No.

Mr. Kulicki: Mr. Chair, I have six in favour and four opposed.

The Chair: Okay.

That motion has been passed. It is now carried.

Thank you very much.

In regard to any further recommendations or observations in the report that is eventually going to be put together by the staff, does anybody have any comments?

Mr. Nielsen: Sorry. I have one quick question. A deadline on a minority report submission?

The Chair: Noon on Thursday.

Mr. Nielsen: Thank you.

The Chair: Okay. Hon. members, now that the committee has finished its deliberations on Bill 203, I will just remind everyone that our deadline to report to the Assembly is Thursday. With this in mind, I wonder whether the committee might consider the following motion, that

the Standing Committee on Private Bills and Private Members' Public Bills direct research services to prepare a report regarding its review of Bill 203, An Act to Protect Public Health Care, in accordance with the committee's recommendations and authorize the chair to approve the committee's final report to the Assembly by noon on Thursday, June 27, 2019.

Would somebody like to move that?

11:30

Mr. Nielsen: So moved.

The Chair: Mr. Nielsen. Any discussions on that motion?

Seeing none, all in favour? Any opposed? Okay. Thank you.

That motion is carried.

Other business. Do members have any other business that they wish to bring forward?

Okay. Seeing none, the date of our next meeting. The date of the next meeting will be at the call of the chair, whenever another private member's bill is referred to this committee.

Adjournment. Would a member like to move that the meeting be adjourned?

Mr. Gotfried: So moved.

The Chair: Okay. Mr. Gotfried. Thank you very much. All in favour? Thank you. Anyone opposed? Nope. The motion is carried. Thank you very much, folks.

[The committee adjourned at 11:31 a.m.]

