

Legislative Assembly of Alberta

Title: **Wednesday, June 10, 1992**
Date: 92/06/10

2:30 p.m.

[Mr. Speaker in the Chair]

head: **Prayers**

MR. SPEAKER: Let us pray.

We give thanks to God for the rich heritage of this province as found in our people.

We pray that native-born Albertans and those who have come from other places may continue to work together to preserve and enlarge the precious heritage called Alberta.

Amen.

head: **Reading and Receiving Petitions**

MRS. B. LAING: Mr. Speaker, I respectfully request that the petition I presented in the Assembly yesterday be now read.

CLERK:

The petition of the undersigned residents of the Province of Alberta shows that the Mobile Home Sites Tenancies Act neither affords tenants of mobile home sites reasonable security of tenure nor adequately protects them from a number of abuses and unfair practices.

Wherefore your petitioners humbly pray that Your Honourable Assembly may be pleased to amend the Mobile Home Sites Tenancies Act in such a manner that the interests of tenants of mobile home sites and their landlords are more equitably balanced.

head: **Presenting Reports by Standing and Special Committees**

MR. SPEAKER: Calgary-Foothills.

MRS. BLACK: Thank you, Mr. Speaker. The Private Bills Committee has had under consideration certain Bills and reports the following. The committee recommends to the Assembly that the following Bills be proceeded with: Bill Pr. 1, the Cynthia Lynne Rankin Adoption Act; Bill Pr. 2, the First Canadian Casualty Insurance Corporation Act; Bill Pr. 3, the Carmelite Nuns of Western Canada Act; Bill Pr. 4, the Caritas Health Group Act; Bill Pr. 5, the Lee Justin Littlechild Adoption Act; Bill Pr. 7, the Medicine Hat Community Foundation Act; Bill Pr. 8, the Calgary Municipal Heritage Properties Authority Amendment Act, 1992; Bill Pr. 10, the St. Mary's Hospital, Trochu Amendment Act, 1992; Bill Pr. 12, the Calgary Foundation Amendment Act, 1992; Bill Pr. 14, the Carolyn Debra Peacock Adoption Act; and Bill Pr. 15, the Victory Bible College Act.

The committee further recommends to the Assembly that Bill Pr. 6, the Rocky Mountain College Act, proceed with some amendments.

The committee further recommends to the Assembly that the following Bills not be proceeded with: Bill Pr. 11, the Frederick James Harris Adoption Act, and Bill Pr. 13, the Den Tobias Deane Adoption Act.

MR. SPEAKER: Having heard the report, those in favour of concurrence please say aye.

HON. MEMBERS: Aye.

MR. SPEAKER: Opposed, please say no. Carried.

head: **Introduction of Bills**

MR. SPEAKER: The Member for Edmonton-Avonmore, followed by Westlock-Sturgeon.

Bill 318

Widows' Pension Amendment Act

MS M. LAING: Thank you, Mr. Speaker. I beg leave to introduce Bill 318, being the Widows' Pension Amendment Act.

It would act to correct the injustice suffered by people who have never been married or who are divorced.

[Leave granted; Bill 318 read a first time]

MR. SPEAKER: The Member for Westlock-Sturgeon.

Bill 254

Water Transfer Control Act

MR. TAYLOR: Thank you, Mr. Speaker. I request leave to introduce Bill 254, being the Water Transfer Control Act.

This Bill recognizes water as a precious and limited resource and requires public hearings and approval from the Minister of the Environment before any water is transferred out of a provincial drainage basin into another Canadian drainage basin. Transfer of water outside Canada is banned entirely.

[Leave granted; Bill 254 read a first time]

MR. SPEAKER: The Member for Westlock-Sturgeon.

Bill 269

Alberta Hail and Crop Insurance Amendment Act

MR. TAYLOR: Thank you, Mr. Speaker. I request leave to introduce Bill 269 being the Alberta Hail and Crop Insurance Amendment Act.

This Bill provides for a 14-day period during which the owner or possessor of assets that have been seized under the Act can submit an objection as is already the case in other avenues under the Seizures Act.

[Leave granted; Bill 269 read a first time]

head: **Tabling Returns and Reports**

MS BETKOWSKI: Mr. Speaker, I want to table with the Assembly a copy of the letter and the attachments which were sent on May 29 to hospital board chairmen, health service agencies, and health professional organizations.

MR. GOGO: Mr. Speaker, I'm pleased to table today annual reports of another four of the 27 postsecondary institutions: Alberta College of Art, Lakeland College, Lethbridge Community College, and Red Deer College.

MRS. MIROSH: Mr. Speaker, I'm pleased today to table the report of the Task Force on the Recognition of Foreign Qualifications.

I'd like to take a moment to thank a number of departments who participated in this report, and I'd like to thank the Hon. Elaine McCoy, the Hon. Doug Main, my friend here Mr. Zarusky, chairman of culture and multiculturalism, and Norm Weiss.

Thank you.

Speaker's Ruling Referring to a Member by Name

MR. SPEAKER: Order please, hon. member. In the Chamber in formal session we refer to the ministers by their departments and the members by their constituencies.

head: Introduction of Special Guests

MR. PAYNE: Mr. Speaker, it's a genuine pleasure for me today to introduce to you and to the other members of the Assembly 52 students from the Haultain Memorial elementary school in the Calgary-Fish Creek constituency. They're accompanied today by four teachers, Mrs. Prasad, Mr. Garrett, Mrs. Keele, and Mrs. VanBussel, and five parents, Mrs. Rohl, Mr. Nielsen, Mrs. Denis, Mrs. Menzel, and Mrs. Rowland. I would ask our special guests to rise in the public gallery and be greeted warmly by the members of the Assembly.

MR. SCHUMACHER: Mr. Speaker, I wish to draw to the attention of hon. members the presence in your gallery of Dr. Sein Win and Mr. U Bo Hla Tint, Burmese democratic representatives. I had the pleasure of visiting with them for a short time earlier this day. I would ask that they rise and receive the cordial welcome of the Assembly.

MR. MAIN: Mr. Speaker, we have another important visitor from abroad with us today also sitting in your gallery. I have the privilege to introduce His Excellency Geza Entz, who is the political secretary of state responsible for Hungarians abroad for the Republic of Hungary. Mr. Entz has led a distinguished career including serving as the political secretary of state in the office of the Prime Minister as well as conducting research at the Hungarian Academy of Sciences, and he was recently appointed the president of the institute responsible for Hungarians abroad. Of course, Alberta and Hungary have very strong relations. While in Alberta Mr. Entz will hold discussions with various officials on resources, scientific expertise, and also interests in Hungary. Today His Excellency is accompanied by Mr. Bela Balaz, who is the honorary consul for Hungary based in Calgary. I would ask His Excellency to stand now and receive the traditional warm welcome of this Legislative Assembly.

2:40

MRS. McCLELLAN: Mr. Speaker, it is my distinct pleasure today to introduce to you and through you to members of the Assembly a group of students from New Brigden school in Chinook constituency. I had the pleasure today of having lunch with these students, a picnic on the grounds, and catching up on news from home. Accompanying the students is their teacher Miss Lorie Jensen, parents Deb Hoffmann, Joan Jorgenson, Marg Brockmann, Juanita Wagstaff, and their bus driver, Mr. Herron. Our guests are seated in the members' gallery, and I would ask them to rise and receive the very warm welcome of this Assembly.

MR. SPEAKER: Edmonton-Highlands, followed by Calgary-McCall.

MS BARRETT: Thank you, Mr. Speaker. It's my pleasure to introduce today to members of the Assembly some 50 senior citizens seated in the public gallery. They're from Edmonton and the Stony Plain area. They joined the Official Opposition New Democrat caucus at a picnic lunch today which we held in honour of seniors' week. I'd ask them now to rise and be recognized by all members of the Assembly.

MR. NELSON: Mr. Speaker, I'd like to introduce a number of guests that are with us today from various parts of the province who have been here assisting the functioning of the Alberta Alcohol and Drug Abuse Commission in their roles as commissioners: Marlene Maertens-Poole from Fort McMurray, Cathy Smith from Medicine Hat, Jan McAdam from Calgary, Allen Dietz from Galahad, Saran Ahluwalia from Cold Lake, Len Blumenthal from New Sarepta and Edmonton, and Terry Lind from Edmonton. If they would rise and receive the welcome of the Assembly.

MR. TRYNCHY: Mr. Speaker, I'm getting some mixed signals. On my sheet it says that I'm to introduce my guests after question period, but I see them sitting in the gallery, so maybe I'll do it now. There are 23 grade 6 students here from the David Ovans elementary school in Sangudo. They're accompanied by their teacher Lonnie Stewardson; their principal, Ray Golinsky; parents Mrs. Ruby Wilkinson, Mrs. Bonnie Vandersteen, Mrs. Helen Bilobroka, Mrs. Donna Erickson, and Mrs. Joanne Victor. They're seated in the members gallery. I'd ask them to rise and receive the warm welcome of the Assembly.

head: Oral Question Period NovAtel Communications Ltd.

MS BARRETT: Mr. Speaker, Albertans continue to be outraged at the loss of more than \$566 million given this government's mishandling of the whole NovAtel mess, but the story's not over. Today the Official Opposition learned that NovAtel in 1990 lent an American company called Cellular Information Systems \$60 million in U.S. funds which they used not to develop cellular networks in the United States, which is where the company is, but instead to pay down a bank loan. Alberta tax dollars were used to pay down an American company's bank loan in the United States. [interjections] That's right. I'm assuming that the minister of telecommunications knows that CIS never paid its loan to NovAtel, that its interest since then comes to more than \$7 million U.S. I'd like to ask the minister: isn't it true that Albertans are now going to be stuck with another \$60 million bill because of this minister's mess?

MR. STEWART: No, Mr. Speaker. The situation is that this particular company is one of two that as of today the management committee advised me are in default out of the 75 or 76 loans that are outstanding. As you know, there is a principal amount of approximately \$300 million that is currently owing on the systems side of the business. That has been assessed to determine whatever losses or potential losses may be involved and indeed a further discount given in order to be absolutely certain that the amount of \$216 million, which we made public, is in fact the bottom line with respect to any potential losses. So the answer to the hon. member's question is no.

MS BARRETT: So the minister is admitting that the \$216 million that he said was safe is now shot, Mr. Speaker. That's what he's really saying.

Mr. Speaker, at the time that NovAtel negotiated the loan, NovAtel knew that CIS was already in debt for \$93 million and was showing net losses of \$21 million on its books. How can the minister justify NovAtel having gone ahead and loaned this company \$60 million U.S. knowing those facts?

MR. STEWART: Mr. Speaker, to start off with, the hon. member's conclusion with respect to the \$216 million being at risk is absolutely the opposite that I answered. I indicated that there was

a total of \$300 million principal amount outstanding on these loans, that through a total assessment of all of those outstanding loans, taking into account the two that I mentioned that are currently in default and then a further discount of any potential for a further loss, we arrived at the figure, through the management committee, of \$216 million. Indeed, we would believe and the advice to us is that we will likely recover more than the \$216 million. That amount is put out there as a conservative estimate with respect to this situation.

With respect to this particular loan, Mr. Speaker, it's one that was granted a few years ago by the NovAtel board. At that point in time, the NovAtel board was operating under the parameters that they would provide, as indeed other people within the industry were providing, financing for the purchase of cellular systems within the United States. They also provided certain working capital for start-up costs that were associated with that purchase. So that's the basis upon which they were operating.

We look forward to all of these details, all matters pertaining to these particular loans going to the Auditor General and having a full review, which the management committee has committed to do.

MS BARRETT: Well, Mr. Speaker, if this minister wants to spend money in Georgia or Texas, he should be using Georgians' or Texans' money, and he should be running in the U.S.A. and not here in Canada. Our tax dollars have been totally squandered. I'd like to know how this minister can justify having authorized NovAtel to use Alberta tax dollars to be spent on an American company to pay down an American bank loan. How can he justify that to the Alberta taxpayers?

MR. STEWART: Mr. Speaker, I think that all of us are concerned about any loan that may be in default, and that's why the Auditor General is in fact going to review all of these matters. These parameters were set by the NovAtel board some time ago. Since the management committee came in to place in January of 1991, they've embarked upon a full review. They have found a couple of instances where there were defaults which indeed have been worked out to some satisfaction. Those particular loans are currently under review, under workout by the management committee, and indeed, as I said, all losses that are potential from all of this have already been taken into account in the estimates.

MR. SPEAKER: Second main question.

MS BARRETT: It's the proverbial lemonade stand, Mr. Speaker.

I'd like to designate the second question to the Member for Edmonton-Calder.

Day Care System

MS MJOLSNESS: Mr. Speaker, the unfortunate incident in which a young girl died as a result of an accident at a day care centre and the actions of the Minister of Family and Social Services with respect to day care are causing grave concern among parents who question whether this government is fulfilling its duties in ensuring that their children are receiving quality child care. I would like to file documents that indicate that this minister intervened to lower day care standards, intervened to prevent a day care from being closed that was clearly breaking and violating regulations, got rid of an official who attempted to enforce regulations, and has refused to provide information about day care centres to parents. I'd like to ask the Minister of Family and Social Services: can

this minister explain why he has taken these actions which are clearly not in the best interests of children and their parents?

2:50

MR. OLDRING: Well, Mr. Speaker, again, as is so often the way, a tremendous amount of misinformation is being provided by the Member for Edmonton-Calder. Now, I recognize that the member is trying to come to the defence of an NDP candidate down in Calgary, but I'm not going to discuss a personnel matter in this Legislative Assembly. [interjections] They seem to have difficulty coming to grips with the facts. They ask for them, then they whimper.

These are the facts. We have a day care program in Alberta that is second to none in Canada. We have a day care program . . . [interjections]

Speaker's Ruling Decorum

MR. SPEAKER: Thank you, hon. minister.

Hon. members, just cool it for a while. [interjections] Order. [interjection] Order. Edmonton-Kingsway, I know you're quite vocal today. I think I've now counted about nine different interjections. Perhaps you could turn the volume down just a touch.

Hon. minister, in answering the question, please.

Day Care System (continued)

MR. OLDRING: Thank you, Mr. Speaker. I always appreciate the opportunity to be able to talk about our day care programs in Alberta and the reforms that we've brought in in recent years. I was about to say that we've taken a good day care system, and the member knows that in recent years we've gone through, first of all, an exhaustive consultative process. We worked with parents across this province. I heard from some 3,000 parents prior to putting together the most recent day care reforms, I heard from advocacy groups, I heard from day care operators: an exhaustive process of consultation with Albertans. Maybe the members opposite don't put a lot of emphasis on consultation, but this minister does.

As a result of that consultation, we brought forward some changes. We increased the standards. We added training requirements that weren't there. We improved the child/staff ratios, Mr. Speaker. I'm very, very pleased with the results of that. We took existing dollars. We focused them on low-income families, in particular single mothers . . .

MR. SPEAKER: Thank you, hon. minister.

Now we come to the first supplementary.

MS MJOLSNESS: Mr. Speaker, we have a child that has died, and I'm questioning the minister's conduct. The child who died in Edmonton last week was in a group of children older than herself, so the child/staff ratio permitted far more children per worker than if she had been in a group of children her own age. Given that a news letter from the Day Care Society of Alberta, which I have just filed, brags about how this society of commercial day care operators influenced this minister to lower proposed day care standards to allow mixed grouping and fewer staff, among a lot of other things, I'd like to ask the minister: can this minister explain why he places the interests of commercial day care operators over the best interests of the children?

MR. OLDRING: Again, Mr. Speaker, absolutely wrong. Again I can only reiterate that the process that I have gone through is a process of consultation with parents first and foremost. I know again that the members opposite don't seem to feel that parents have a significant role to play in this, but we believe very much that parents are a big component in making sure that day care is appropriate for their children. We're prepared to work in partnership with them. I've done it in the past. It was parents and Albertans that helped me to determine the policies and regulations that we brought forward. The member knows that right now it's a committee composed totally of parents that is making the final decisions as it relates to our latest policy regulations.

MS MJOLSNES: Well, Mr. Speaker, this minister cannot hide behind a parent committee. We're talking about the actions that he has taken.

Mr. Speaker, the department is currently conducting an investigation into the death of Cindy White. However, the department is in conflict of interest because it may be at fault for some of the things that have happened in terms of enforcing the regulations. Given that it is absolutely crucial that a proper investigation be done, I would like to ask the minister: will the minister now commit to putting in place an independent investigation not only of the day care but of the internal operation of the department, and will he make the findings public?

MR. OLDRING: Mr. Speaker, for the member to suggest that we're hiding behind a parents' committee - is the member suggesting that we shouldn't listen to parents? Surely not. Surely she must recognize that parents care about their children and that parents should have some say in how day cares are being regulated.

MR. McEACHERN: Answer the question.

MR. SPEAKER: Order, hon. Member for Edmonton-Kingsway.

MR. OLDRING: Mr. Speaker, to come back to the comment that the member made, let me say a couple of things. First of all, there is an independent investigation. The medical examiner is looking at it right now, and that report will be made public. Again, I have confidence in the ability of our workers. We had very senior people down there investigating the circumstances that are there. I just think it's very unfortunate that that member and that party would take an incident like this and try to exploit it on a political basis.

MS BARRETT: They asked us to.

Speaker's Ruling Decorum

MR. SPEAKER: Order. [interjections] Order, hon. members. Take your place, minister.

Hon. members, this is not a game of trying to shout down somebody else.

MS BARRETT: Mr. Speaker, they asked us.

MR. SPEAKER: Order please, hon. member.

MS BARRETT: The Whites asked us.

MR. SPEAKER: Order please, hon. member.

MS BARRETT: You shouldn't be able to say stuff like that. You should be ashamed of yourself.

MR. SPEAKER: Order please.

Calgary-North West, on behalf of the Liberal Party.

NovAtel Communications Ltd. (continued)

MR. BRUSEKER: Thank you, Mr. Speaker. I was pleased to hear the Minister of Technology, Research and Telecommunications announce today finally that he's been briefed since yesterday and now acknowledges that not just systems financing loans but operating loans were granted to General Cellular Corporation. It's now abundantly clear why Northern Telecom and Telexel said that they were not going to take the \$300 million loan portfolio despite the government writing off \$84 million, because it's clear that NovAtel was using it to prop up failing companies like General Cellular Corporation. My question to the minister. On July 31, 1991, NovAtel swapped \$78 million for \$33 million in cash, a promissory note for \$12 million, and shares worth the grand sum of \$4,000. Since the government already had control of NovAtel, could the minister please tell the House why he would allow NovAtel to write off \$33 million in one fell swoop on this one company?

MR. STEWART: Mr. Speaker, I'm glad of the opportunity to actually respond to the hon. member's question and in so doing to also respond in part to the leader of the Liberal Party, who raised a specific question on this specific corporation yesterday. My response at that time to the hon. leader was a general response to a specific concern and a specific reference.

In fact, the situation is, and there's no doubt about the fact, that moneys were advanced in an extraordinary way to General Cellular Corporation for the purpose of a workout relative to the loan at that time. The company was facing bankruptcy. If the company had gone into bankruptcy, the types of losses would have been quite substantial. Inasmuch as there was a buyer on the horizon for the company, it was felt by the management committee, with outside advice from international experts, that they should in fact advance certain moneys to enable the workout of that loan to take place. As a result, instead of the loss of \$78 million, as the hon. member indicates, the losses that were ultimately written off and already taken into account were in the neighbourhood of \$30 million.

3:00

MR. BRUSEKER: Mr. Speaker, on March 31 in the quarterly financial reports for this corporation, the auditors note:

The Company [has no] enforceable commitment for future financing . . . [raising] substantial doubt as to the Company's ability to continue as a going concern.

So my supplementary question to the minister is: since the \$12 million promissory note is an unsecured note, will the minister admit that that \$12 million in fact should probably be added to the total on top of the \$566 million we've already lost?

MR. STEWART: Mr. Speaker, I'm not going to speculate on that. I will say, as I've said before, that all matters pertaining to the systems financing loans and any and all of the particulars that relate to that will be in the hands of the Auditor General with specific instructions from our management committee to review those and to confirm the assessment that they made, which indeed has been confirmed by third-party experts in the cellular field who do believe that in fact the portfolio represents now an asset for the

taxpayers of Alberta and will be recovered in due time. All assessments with respect to potential losses have to the very best of the ability of the management committee and others been taken to fully establish that that is a firm figure.

MR. BRUSEKER: I guess when you read between the lines it means that he really has no idea what's going on.

My supplementary question is: since we now know that there's at least one corporation, this General Cellular, that has received extra financing for operations, will the minister tell the House if there are any other U.S. telecommunications firms that have received operations financing like this? If so, how much money have we got out there?

MR. STEWART: Well, Mr. Speaker, I've indicated the basis upon which General Cellular Corporation received those funds, and as I say, it was a matter to prevent a bankruptcy and to make the best possible realization for the taxpayers under the circumstances in that troubled loan. The general parameters with respect to the financing of the cellular companies in the United States were established in 1988 by the NovAtel board, and they really included the basis of providing financing to purchase the cellular systems, as well as providing some working capital for start-up purposes and establishing the company to a point where indeed the agreement could be realized upon by NovAtel. That's the basis that was established. It was a norm in the industry, and the competitors were obviously doing the same sort of thing, some even with a different and preferential basis of financing. That was the basis of financing, and those are the parameters that were established back in 1988 by the NovAtel board. [interjection]

MR. SPEAKER: Calgary-Glenmore, not Edmonton-Kingsway.

Immigrant Employment Qualifications

MRS. MIROSH: Mr. Speaker, I'd like to apologize. I'll now thank the minister responsible for Labour, women's issues, and human rights for organizing the launching of the Bridging the Gap task force on foreign qualifications today. I'd also like to refer to the Minister of Culture and Multiculturalism, the Chair of the Multiculturalism Commission, the Minister of Career Development and Employment, responsible for immigration, and the Solicitor General, responsible for professions and occupations.

Mr. Speaker, this report is truly an innovative and unique partnership, and I'd like to ask the Minister of Labour, who initiated this report, to outline this education equivalency and what it means for Albertans and new immigrants.

MS McCOY: Mr. Speaker, what we have proposed to do is to establish a foreign qualifications information and assessment centre and, within government, a standards development and information unit that will in fact authenticate and evaluate foreign academic credentials, issue certificates of equivalency comparing foreign academic credentials to Alberta ones, and provide an information and referral service about qualifications and accreditation procedures for all trades and professions in Alberta. This will be a service that will be provided by a nonprofit corporation that is run by an independent board of directors and supported by the able assistance of the Professions and Occupations Bureau, headed by the Member for Calgary-Glenmore and the Solicitor General. It is truly a partnership between many departments of the government, for which I also am thankful, and those in the community, both in the professions and occupations and trades and those in immigrant communities.

MRS. MIROSH: Well, Mr. Speaker, there has been a great deal of concern expressed by immigrants who feel that they are still being discriminated against by professional associations. Could the minister outline what the Human Rights Commission will be doing in working with the Professions and Occupations Bureau to help these people qualify between the distinction of this education equivalency centre and the human rights issues?

MS McCOY: Mr. Speaker, I think the essential point to remember is that those professional and occupational associations which are licensing bodies will continue to be the decision-making authorities on whether a person gets a licence to practise in Alberta. The equivalency centre in no way interferes with those decisions to issue licences to practise. However, what it will do is establish the equivalencies. As an example, if a person gets a high school education elsewhere than Alberta, outside the country, this centre will be able to give a certificate saying that that is equivalent to whatever number of years of education there would be in Alberta. So it is a certificate which establishes the equivalencies between foreign qualifications and Alberta qualifications. Let me reiterate: the decision on whether one has a licence to practise remains with the professional and occupational associations that have those now.

MR. SPEAKER: Edmonton-Avonmore, followed by Edmonton-Whitemud.

Widows' Pension Act

MS M. LAING: Thank you, Mr. Speaker. My questions are to the Minister of Family and Social Services. The report of the meetings held by the Seniors' Advisory Council in 1991 notes, and I quote, that

almost all the questions and comments relating to income support were about the need for the Alberta Widows' Pension Program to expand coverage to divorced and single people.

To the minister: will he now respond to the needs of single and divorced people excluded from the coverage by amending the Widows' Pension Act?

MR. OLDRING: Mr. Speaker, we respond to that need today through our supports for independence program.

MS M. LAING: Well, let's try another tack, Mr. Speaker. My question is to the minister responsible for women and for human rights. The Widows' Pension Act clearly violates the Individual's Rights Protection Act, which includes marital status as a protected category, and condemns many, many people, the majority of whom are women who have either spent their lives caring for children or working in low paying jobs traditionally done by women, to ending their lives in conditions of poverty. Will the minister now recognize the serious injustice inherent in the Widows' Pension Act by committing to amending the Act to bring it in line with the Individual's Rights Protection Act so that assistance is given on the basis of need rather than marital status?

MS McCOY: Mr. Speaker, some two years ago now, I think, the government undertook a review of the issue of pensions with particular emphasis on women who are receiving pensions. In the meantime, the minister responsible for Seniors has launched an extensive series of discussions across Alberta with seniors and I believe is touching upon a number of economic issues as they impact on seniors. We are waiting for the conclusion of that process, because we think that the discussions should dovetail. When we have the report, we will have more to report.

MR. SPEAKER: Edmonton-Whitemud.

NovAtel Communications Ltd.

(continued)

MR. WICKMAN: Thank you, Mr. Speaker. The minister responsible for telecommunications has assured us that the systems financing loans provided by Alberta taxpayers is fully secure, but evidence points otherwise. Contrary to what we heard in the response to the Member for Calgary-North West, another recent case is that of Newmark & Lewis, a bankrupt TV and appliance retailer with \$517,000 in NovAtel debts. To the minister responsible for telecommunications: can the minister explain how a TV shop, not a communications company, in Hicksville, New York, could be given Alberta taxpayers' money?

3:10

MR. STEWART: Well, Mr. Speaker, if the hon. member would be pleased to give me some information about the situation, I'd be glad to look into it and report back.

MR. WICKMAN: Mr. Speaker, we'll be pleased to provide him with a listing of the bankruptcy file that is appropriate to that company.

Would the minister, then, under the circumstances that he is not familiar with any details of this particular department, respond in this House to the information when given to him at a later date and not simply refer it to the Auditor?

MR. STEWART: Well, Mr. Speaker, I think the process that has been established with the Auditor General is a very responsible, independent process, and quite frankly all aspects of the NovAtel matter should be referred to that Auditor General. I think the taxpayers of Alberta want those answers and should get those answers and should get them soon. I support that process, and I think that's the appropriate course to follow.

MR. SPEAKER: Smoky River.

Secondary Roads Paving

MR. PASZKOWSKI: Thank you, Mr. Speaker. Just two days ago during the estimates of the Minister of Transportation and Utilities the Member for West Yellowhead referred to an Alberta graveled road as nothing more than a cow trail. I have here an article that indicates that the Saskatchewan government will be reverting paved roads back to graveled roads. Since both the opposition parties have publicly stated that they oppose the program for paving our secondary roads in Alberta, is our minister considering any such action? [interjections]

MR. ADAIR: Mr. Speaker, I didn't hear the tail end of that question, but my answer is: no, we are not considering converting paved roads back to graveled roads in this province.

MR. PASZKOWSKI: My supplementary is also to the Minister of Transportation and Utilities. Is he aware of this program, and how many miles are involved in this unique Saskatchewan program? Is our minister firm in maintaining our secondary paving program?

MR. ADAIR: Mr. Speaker, when it comes to the secondary program, which was certainly misrepresented by a good number of the members of the press at the time it was announced – and I look up to see if there's anybody there – we indicated at that time

that we were going to pave the balance of the secondary highway system. There were about 4,300 kilometres that were already paved in the 20 years leading up to that, and we accelerated that program to ensure that over the next 10 years we would complete that. We have moved from 42 percent to 55 percent as of this past year, and that's reasonably good progress under the terms and conditions of the dollars that are available.

On the article relative to the Saskatchewan reversion, if I can call it that, back to gravel, there are a thousand kilometres that they estimate will be reverted. I think the term is: they will no longer be rehabilitated; they'll be allowed to revert back to gravel. That also has a condition on it relating to the fact that the 180 vehicles per day or less will be the ones that they're talking about. We don't intend to do that here.

Clean Air Strategy

REV. ROBERTS: Mr. Speaker, it's quite timely that just as world leaders are meeting at the Earth Summit in Rio, the ministers of Energy and the Environment should announce here the government's response to the very progressive report on the Clean Air Strategy for Alberta. It is quite ironic that while the Canadian delegation in Rio is signing a convention to freeze greenhouse gas emissions at 1990 levels, the Minister of Energy here has failed to lay out tangible thresholds or limits on pollutants emanating from sources in Alberta. Given that there are now several effective mechanisms for achieving clean air targets, including traditional regulatory instruments, such as fines and penalties, and creative economic instruments, such as tradable permits, why have the Minister of Energy and this government failed to take responsible action in establishing clear, tangible limits on point source emissions for his own air quality management in Alberta?

MR. ORMAN: Well, thanks for asking. Mr. Speaker, yesterday we announced some of the priority goals and objectives from the Clean Air Strategy for Alberta, from that organization. We have a unanimous report signed by all of the participant stakeholders, including the Alberta Environmental Network, the Coal Association, the Electric Utilities Planning Council, municipalities, the Canadian Petroleum Association, and a variety of stakeholders in the Clean Air Strategy for Alberta. It was our purpose to ask all of the stakeholders to sit down and come to terms with the challenges of setting objectives for clean air. They sent to us a recommendation that is contained in this document. Over the last number of months we have drawn forward out of this document the recommendations given to us. So if the hon. member is asking about whether there should be limits or whether there should be targets, then I suggest that he talk to the stakeholders that sent the report. The report in this document . . .

MR. SPEAKER: Thank you, hon. minister. We'll hear about your report in the supplementary, I'm sure.

Supplementary.

REV. ROBERTS: Well, Mr. Speaker, the biggest stakeholders, it seems to me, are the people of Alberta, represented by government action in this province, which has failed to take the responsibility of setting limits. Alberta puts more pollutants in the air per capita than any other province in the country, and this does not ensure a healthy future for our children.

As well as the failure to be more active and definitive on targets and limits on emissions, Albertans and the stakeholders are also still waiting for legislative action on energy efficiency, Mr. Speaker. Why has the Minister of Energy failed on that score to

introduce legislation to establish minimum energy efficiency standards for all energy-using equipment, including the testing of automobiles and other vehicle emissions?

MR. ORMAN: Well, Mr. Speaker, I don't know who the hon. member speaks for. Not Albertans, because the people who speak for Albertans participated in the clean air strategy, and our government is responding in a very effective way with regard to their recommendations.

On the specific point the hon. member is referring to, if he read the release yesterday, he would know that the hon. Minister of Labour is presently looking at legislation to deal with the matters the hon. member has referred to. This is not going to be a short-term, grab-a-headline process, Mr. Speaker. It's going to be long term; it's going to be thoughtful. It's going to be in place for a long time in this province, and it's going to include the people that are affected. If the hon. member does not agree with this process, then he is not representing the views of Albertans.

MR. SPEAKER: Calgary-Mountain View.

Ski Kananaskis Inc.

MR. HAWKESWORTH: Thank you, Mr. Speaker. I understand that people from Ski Kananaskis, the operator of the Nakiska ski hill, recently met with the minister of tourism. Despite signing a 15-year lease on terms that were highly favourable to the operators, Ski Kananaskis has apparently not made their lease payments to the Alberta government for the last two ski seasons. This has meant a revenue loss to taxpayers of somewhere around \$160,000 to \$170,000. I'd like to ask the minister of tourism whether Ski Kananaskis is contemplating turning the keys over to the province if they don't get a further bailout from this government.

MR. SPARROW: You would have to ask the proponents, Mr. Speaker.

MR. HAWKESWORTH: Well, I would hope that the minister would know what's going on out there.

I find it hard to understand that Ski Kananaskis might not be able to make a profit. They don't have any capital costs. They had a sweetheart deal on their lease. They had an \$800,000 bailout from this government a few years ago. If they can't make a profit, they've got a big management problem or a ski hill that should never have been built there in the first place. I'd like to ask the minister of tourism whether the government will compound the problem at that hill by sinking more money into Nakiska by building housing there. Or will he simply tell Ski Kananaskis to meet its lease obligations and get on with it?

3:20

MR. SPARROW: Mr. Speaker, they have a lease. It's been renewed. They know their obligations as a business. It isn't a favourable lease. I think the minister, my predecessor, did an excellent job in negotiating a very good, long-term lease, and if they can't fulfill the lease obligations, they have business decisions to make.

The preamble to his question, though, is misleading information, Mr. Speaker, in that some accusations are quite unfair.

MR. SPEAKER: The Member for Westlock-Sturgeon, followed by Wainwright.

Young Sex Offenders

MR. TAYLOR: Thank you, Mr. Speaker. The Solicitor General likes to talk tough about young offenders, but at the same time he's blocking them from treatment that might keep them from repeating. One young sex offender sat in custody, for instance, in Calgary for months without treatment. My question to the Solicitor General is: why can't this government work out a system to help or cure our sick young sex offenders before they get into worse problems?

DR. WEST: We are, Mr. Speaker.

MR. TAYLOR: Mr. Speaker, the Solicitor General is blowing air again.

The judge in this young man's Calgary case, for example, ordered specific treatment for him, yet the Solicitor General, the one that says, "We are," instead of following the order is spending tax money now trying to fight the order. Explain that if you will.

DR. WEST: Mr. Speaker, there is a degree of sub judice in this case as it may rest before the courts, but let me just answer directly that in this case you're on very sensitive ground with the young individual and the family that's been involved here. The division is not attempting to have the youth placed in a group home funded by the department. In fact, it is attempting to see a period of custody ordered by the court that would allow us to address the needs of this individual. The nature of the youth's offences and his current family situation do not allow the youth's residency in the family home, that you are trying to allude that we are escaping. Subsequently, the family is currently arranging alternative living arrangements for the youth with the Department of Family and Social Services.

I'm not in a position at this time to indicate anything further, but we are doing all that we can in this very sensitive situation to find help for this young individual.

MR. SPEAKER: Wainwright.

Young Hunters Licensing

MR. FISCHER: Thank you, Mr. Speaker. My question is to the Minister of Forestry, Lands and Wildlife concerning the youth hunter licences. First, I'd like to commend the minister and his department for initiating a program that encourages young people in the sport of hunting and which encourages youth training before obtaining a big game hunting licence. However, it has been brought to my attention that a young hunter in the Wainwright area who qualifies can buy a big game licence from a Wainwright licensing outlet for \$22. If he goes to the Vermilion office, he can purchase this same licence for \$5. Given that there is a 40- to 50-mile drive between the two towns, could the minister explain this unfairness?

MR. FJORBOTTEN: Mr. Speaker, first of all, we had a lot of discussions over the last year with hunters and also with the Fish and Game Association, and their recommendation to us was that we look at a reduced licence fee for young hunters and thereby encourage more young people to hunt. So we did that. We came out with a \$5 wildlife certificate and a \$5 licence fee, and we decided at that time to distribute those licences through our regional offices and not through the district offices. The reason we did that, first of all, was to save some \$10,000 that could be saved in the process with the printing costs, but most importantly it was to have a trial run in our regional offices with our staff and

make absolutely sure that we cleared away any problems there were with the issuing of those licences. That's why there is a higher cost, I suppose, if you're in a district office over a regional office.

MR. FISCHER: Mr. Speaker, then could I ask the minister: if this proves to be successful, are we going to change it so that we don't have to drive that far to save our \$17?

MR. FJORDBOTTEN: Mr. Speaker, it's our intention after the first year of operation that once we get all the glitches out of it, then of course we would make it available through our licensed vendor system, as other licences. Since the Member for Wainwright raised it, I'll have some more discussion with the Fish and Game Association, and if it's creating a hardship for young hunters, we'll review it.

MR. SPEAKER: West Yellowhead.

Gravel Mining in Peers Area

MR. DOYLE: Thank you, Mr. Speaker. The department of transport has just finished removing gravel from the banks of the McLeod River near the town of Peers to supply some road improvements. The removal occurred despite the serious concerns of many of the residents downstream from the site, with no public hearings or consultation. As well, officials of the minister's department have admitted that they have found gravel just as cheap at other sites. I wonder if the minister could tell us why the department refused to listen to the concerns of local residents and stuck with the location on the riverbank when it could have simply chosen a less contentious and more environmentally sensitive area.

MR. ADAIR: Mr. Speaker, that question, in a sense, was haywire. Let me just correct some things. There was consultation on November 22, 1988, between the water resources division, the Transportation and Utilities people, and the local landowners. That's the consultation that took place. At that time we had water resources review it. They issued a permit in 1991 for removing that gravel, and the design at that time was also put in place by the water resources people. The contract that's presently under way will be finished on June 10; that's today. The cleanup will be finished by Friday.

MR. DOYLE: Mr. Speaker, I hope there is a cleanup. I was looking at the mess yesterday.

This is only the first part of a two-part project. In 1993 a spot farther upstream is to be excavated for its gravel. Will the minister guarantee that the second excavation will not occur until a thorough and extensive consultation has taken place with the residents of the area and their concerns have been addressed?

MR. ADAIR: Well, Mr. Speaker, two things need to be pointed out. It's my responsibility to get gravel as reasonably priced as possible for the province of Alberta on behalf of the people of Alberta. If we apply to the Department of the Environment through their water resources division and they then do the plan and put it in place, we are at that point doing what we have suggested we need to do, which is to follow the rules and regulations.

I won't give you that commitment that we won't remove gravel next year. We need it. [interjections] You guys just keep going on. I don't know how you ever listen to answers.

Two things come out of that: the obvious need for the gravel and the insurance that we're doing it according to the rules. That, in fact, has taken place.

MR. DOYLE: They got no representation from Peers.

MR. SPEAKER: Order please. You don't have another question. Thank you.

The time for question period has expired.

Point of Order Imputing Motives

MR. SPEAKER: Point of order, Edmonton-Highlands.

MS BARRETT: Thank you, Mr. Speaker. I would cite Standing Order 23, subsections (h) and (i): (h) being when a member "makes allegations against another member" and (i) being "imputes false or unavowed motives to another member."

The minister for . . .

MR. SPEAKER: Hon. Deputy Government House Leader, would you inquire whether the Minister of Family and Social Services is there so he might return to the Chamber because of this point of order.

The House will just sit for a while.

MS BARRETT: Thank you.

head: Orders of the Day

MR. SPEAKER: Might we revert briefly to Introduction of Special Guests?

HON. MEMBERS: Agreed.

MR. SPEAKER: Thank you.

head: Introduction of Special Guests 3:30 (reversion)

MR. TRYNCHY: Mr. Speaker, it's my pleasure to introduce to you and to the members here some 23 grade 6 students from the David Ovans elementary school in Sangudo. They're here on a visit, and I met with them earlier. They've watched question period. They're accompanied by their teacher Lonnie Stewardson; their principal, Ray Golinsky; parents Mrs. Ruby Wilkinson, Mrs. Bonnie Vandersteen, Mrs. Helen Bilobroka, Mrs. Donna Erickson, and Mrs. Joanne Victor. They're seated in the members' gallery, and I'd ask them to rise and receive the warm welcome of the Assembly.

MR. SPEAKER: The Member for Edmonton-Beverly.

MR. EWASIUK: Thank you, Mr. Speaker. My guests have left the Assembly now.

MR. CHIVERS: Mr. Speaker, these are my guests. I'd like to introduce to you and to the Assembly three members of the Strathcona seniors' drop-in centre who are present in the gallery this afternoon. Would the members please join with me in giving them a warm welcome to the House?

Point of Order Imputing Motives (continued)

MR. SPEAKER: Edmonton-Highlands.

MS BARRETT: Thank you, Mr. Speaker. For the benefit of the Minister of Family and Social Services, I should restate that I'm citing Standing Order 23(h) and (i): (h) refers to making "allegations against another member," and (i), of course, imputing "false or unavowed motives to another member."

Mr. Speaker, I want to make this absolutely clear. The parents – that is, Pam and Brian White – called me yesterday. I didn't call them; they called me and said that they liked the idea of reversing the ratio back to 5 to 1 for toddlers in day cares instead of 6 to 1. They said further to me that they wished for me and my colleagues, particularly the Member for Edmonton-Calder, to raise the issue again and particularly with respect to the investigation. They want the report made public.

Mr. Speaker, at the beginning of his first response the minister said to the Member for Edmonton-Calder that she was only raising this matter because of something to do with a candidate in Calgary. The minister owes this Assembly and the White family an apology on that count. I was in touch with them again today, by the way, so the minister should understand fully that there was no motivation other than being sensitive to the needs and the requests of these parents.

AN HON. MEMBER: Oh, give us a break. [interjections]

Speaker's Ruling Interrupting a Member

MR. SPEAKER: Excuse me, hon. Member for Edmonton-Highlands. Order. [interjections] Order in all parts of the House, please. Standing Order 13 is manifestly clear: no interruption "except to raise a point of order." So we're not playing the game of question period right now. We're trying to be able to listen to what's happening on this purported point of order. Again, given the sensitivity of the issue, it behooves the House to listen to it in silence.

Edmonton-Highlands.

Point of Order Imputing Motives (continued)

MS BARRETT: I couldn't agree more, Mr. Speaker. When some issues come up in the House, one expects political wrangling. In the case of the death of a two-and-a-half-year-old girl resulting from an injury at a playground at a day care and at the request of the parents whose child was killed, I think it wrong for the minister to suggest that there is political motivation in the Official Opposition asking questions about the nature of the investigation that would be conducted.

Finally, Mr. Speaker, I would point out that I personally have now received half a dozen calls from parents whose children have had incidents in day cares. They want it raised, and I believe it's a provincewide issue.

I request the minister to withdraw the allegations that the New Democrats are doing something to the effect that he said in his third response, using this terrible incident in a political way and referring to the political motivation of a Calgary candidate. Neither could be further from the truth.

MR. OLDRING: Mr. Speaker, in reference to the Calgary worker, I was merely stating the facts. In the reference to the Whites, I too spoke to Mrs. White two days ago and indicated to Mrs. White that if there is something that she would like to see done, or if there's something that we could do as government, please let me know. If the member had some suggestions, I would have been happy to have heard about them first thing this morning or

yesterday or the day before. In terms of the report, if Mrs. White is in agreement, I'd be happy to make the report public.

MR. SPEAKER: Thank you. The Chair rules that the matter is solved. Thank you.

head: **Committee of Supply**

[Mr. Schumacher in the Chair]

head: **Main Estimates 1992-93**

Health

MR. CHAIRMAN: The Committee of Supply has been designated this afternoon by the Leader of the Official Opposition to revisit the estimates of the Department of Health. We are somewhat short of time today because according to Standing Orders the Chair must interrupt proceedings at 5:15 to conclude the 25 days spent on the main estimates. So without any further ado, the hon. Minister of Health.

MS BETKOWSKI: Mr. Chairman, I thought I might first go through some of the answers to the questions that were raised last time that I wasn't able to answer and then provide as much time as possible for the other comments or questions that may flow.

First of all, the Member for Edmonton-Highlands had four questions. Let me go through them quickly. If there are any I miss, by the way, we'll check the *Hansard* and respond formally to the member. The first was with respect to the interocular lens implant under the health care insurance plan. I think the question was: is the procedure different from others in that payment and subsequent recovery from health care insurance is the responsibility of the patient? The answer is yes. Physician services for interocular lens implants are insured when they are medically required. Physicians currently have the option of submitting claims directly to the plan for payment to be made to themselves, or they can request payment directly from the patient and provide the patient with a claim form. All practitioners have this option for any insured for services that are provided.

Regardless of whether or not the procedure performed is medically required, patients are financially responsible for facility fees which may be charged over and above if the procedure is performed in a clinic. Procedures performed in a hospital, which also involves a waiting period, are not charged any kind of facility fee. Patients not choosing to wait may use the private clinics and have their surgery done, often more quickly though not always.

We are considering recommendations from our Advisory Committee on the Utilization of Medical Services about the registration, accreditation, and approval of ambulatory care. That's the whole ambulatory care policy which has been distributed to the AMA, the College of Physicians and Surgeons, the Healthcare Association, and the health units. Right now with respect to the lens itself there is an inequity with respect to how they're paid for, one which I hope to be correcting shortly by policy change.

The use of generic drugs within the health sector was a question. Rising drug costs are obviously a concern and a major contributor in terms of the driver of technology to the cost of health care. Accordingly, we're working towards taking better advantage of the competition that is created in the marketplace by generic drugs. We are in the midst of identifying an interchangeable drug products list through the drug benefit plan and anticipate its completion early next year.

Although patent protection may delay the entry of some new generic products – in other words, the federal legislation – it's important to weigh the recent federal endorsement of the policy in

view of its overall effects in the marketplace. Consideration has to be given to our own health care system as well as the impact on research and economic development in our own province. I think there are many issues other than just encouraging generic usage, which we are attempting to do. There's also the balance of ensuring research is still conducted. Frankly, a major part of the R and D in Canada – in fact, a somewhat surprising part of R and D in Canada – is attributable to the major drug companies. So we don't want to lose the R and D component that they're already doing, yet we want to balance health costs at the same time. I think the two are ones that we as a province must look at.

Are small rural hospitals required to purchase special coolers for biomedical wastes? Yes, we are requiring that. Frankly, it's a lot less expensive than making operative the . . .

3:40

MS BARRETT: Excuse me. Can you turn up the sound? Thanks.

MS BETKOWSKI: Special coolers to hold biomedical wastes: it's far less expensive to have coolers, if you like, and weekly or biweekly pickup of the waste into a central authority than it is to make operative all of the incinerators which have been closed down because of the clean air regulations under the Department of the Environment. So in answer to the question, yes. Is additional funding coming? Yes, we are providing additional funding on the capital side.

The Electric Energy Marketing Agency may be increasing their utility costs. We feel that the 4 percent this year is very generous especially given where inflation is, so we will not be providing any additional for utility costs for the hospitals.

The Member for Edmonton-Gold Bar had 32 questions. I won't go through the answers to all of them, but there are I think some that were quite consistent with questions which others had raised, and I thought I'd do a few of those as well.

The whole issue of promoting towards community versus institutional health is one that really is the impetus behind our role statement process. I know that we would probably all, including myself, like to have additional money in order to promote community alternatives. What we're really trying to do is ensure that community alternatives become a way of doing things, a first consideration as opposed to institutional all the time. I believe the only way we are going to get the system itself, given the dominance on the institutional side, is to force, if you like, the community involvement through keeping the dollars flat. That's part of the whole reason for doing the plan as we are. I believe it's going to effect a lot of change because we'll see, I think, that community means of delivering a service that we want to deliver will be a far less expensive alternative than what we are currently doing in the institutional sector. If we can't force that, I'm not convinced that we'll get it, and if we only add on to effect the change, I don't think we can afford the reform. So the whole purpose of it is to get more community work being done as we deliver services for Albertans.

Another question the member had was with respect to the rural physician action plan. In '91-2 the action plan co-ordinating committee has concentrated efforts on developing the rural rotation program for medical students and residents; the continuing medical education program for rural practitioners, which gives them access to continuing education; the student loan revision program, to encourage them to locate out; and the rural locum program, which spells off a physician who is practising in a rural setting. For '92-3 the co-ordinating committee is going to focus on developing the enrichment program for rural physicians, a pilot project for a

visiting specialist program, as well as encouraging residents who intend to go into rural practice to take additional training to prepare them for rural practice.

Our rural physician action plan is not intended as a quick-fix solution. The issues relating to recruitment and retention of rural physicians are complex, and it'll take at least three to five years to get the full impact of it. We believe it would have a major effect on the distribution of physician manpower in Alberta. In the last year we've been pleased with the amount of interest and enthusiasm that's been shown not only by medical students but practitioners in Edmonton and Calgary and some of the larger centres in looking at what services they might be able to provide in the more rural settings. Stakeholder groups involved in the rural action plan have shown their enthusiasm and dedication in developing some initiatives in working with Alberta Health.

With respect to immigrant doctors, which was also part of the question, I hope that you've seen now the report of the task force on recognition of foreign qualifications which was released today. It has a good section on foreign trained physicians.

Out-of-province costs for substance abuse treatment. We certainly haven't closed the door on out-of-province treatments. What we have said is that we need to ensure that options within Alberta and within Canada are exhausted before treatment in the U.S. is contemplated. That is the purpose of the committee, though its purpose is certainly not to prevent it absolutely.

Ambulance Services. The Member for Edmonton-Gold Bar asked about the medical director's position. The emergency medical technician regulation, which is part of the Health Disciplines Act, prescribes presently that the emergency medical technicians must work under the medical control of a physician. That will not change with the proclamation of the Ambulance Services Act.

If I may, the northern Alberta children's hospital. Children's mental health was the concern. There are no immediate plans under way to make one of the regional hospitals in northern Alberta a satellite of the children's health care centre, the new name. However, planning continues for the consolidation of a hospital-based pediatric program and service in Edmonton under the umbrella of the Edmonton Region Health Facilities Planning Council. The planning structure being utilized will be evaluated as a model for future program and service considerations.

I am optimistic, frankly, Mr. Chairman, that efforts will begin shortly to develop a provincial plan for children's health services whereby the children's health centre in Edmonton and the Alberta Children's hospital in Calgary will start looking at a pediatric services plan across the province. It will also ensure that the roles of the urban hospitals and the regional and rural hospitals are being met in meeting health needs for children. It's an area in which we could do a far better job provincially, and I'm looking forward to progress in that regard.

I'll just close off with a few of the other questions that were raised by some of the other members, including the Member for Drayton Valley who asked the question about health care premiums: would they meet the objective of 50 percent recovery of those non-senior-related expenditures in the health care plan? The answer is yes.

Is there an appeal mechanism for the case mix index in long-term care? The answer is no. The resident classification process is an annual one. Many long-term care facilities require and desire stable system funding, and the classification process reflects that principle. More frequent classification would lead to more funding changes, both increases and decreases. I would remind the Member for Drayton Valley that the steering committee which yearly reviews the costs of the case mix index and the adjustments

that have to be made is done by Alberta Health in association with the Alberta Healthcare Association, the Alberta Long Term Care Association, and representatives from facilities across the province.

The Member for Red Deer-North had a question with respect to thermal temporomandibular joint replacements, affectionately known as TMJs. The Alberta health care insurance plan still provides benefits for surgical procedures performed by dentists and considered to be medically required under the Canada Health Act. Only the nonsurgical TMJ services were deinsured.

The Member for Calgary-Mountain View asked some questions about funding for chronic long-term care facilities. I would point out that they have increased each year over the past several, and in fact 4 percent was added to the grants in '92-93. As well, dollars were added to deal with increases in residence acuity.

The member had a question with respect to the treatment and therapy program for women suffering from endometriosis currently offered by Dr. Redwine in Oregon. I am pleased to tell him that laparoscopic excision for endometriosis is performed by several physicians in Alberta, and a controlled study on the technique is under way at the Foothills hospital.

New cancer procedures and therapies are developed by the scientific community and tested using clinical trials. Drugs are licensed by Health and Welfare Canada after a review process. Procedures are not licensed in Canada. So the choice to fund a procedure is one that Alberta Health relies on medical opinions through published articles and expert opinion in deciding when a procedure or therapy is beyond the research stage. A technology assessment unit is being formed in Alberta Health this year to work with the Department of Technology, Research and Telecommunications, Alberta Research Council, and to co-ordinate with the Canadian co-ordinating office on technology assessment, which the health ministers have been working hard to get established in Ottawa and is now getting under way.

I think that covers it. The rest of the questions that were raised I will respond to formally, but I thought it might get everybody's memory thinking towards Health estimates and back to where we were a couple of weeks ago.

Thanks, Mr. Chairman.

3:50

MR. CHAIRMAN: The hon. Member for Edmonton-Highlands.

MS BARRETT: Thank you, Mr. Chairman, and thanks, Doug, for helping out there.

I'm really glad that we were able to bring this department back. As the minister's papers which were distributed today note, almost exactly one-third of the government spending now is in health care. It is the most important department. It's the one that virtually every Canadian will identify as being the most critical in terms of making sure it's saved. It separates us from our big neighbours to the south. Every Canadian loves medicare, so I appreciate the opportunity to get into a further dialogue.

I'm going to tell you at the outset that what I did was bring up a whole bunch of other stuff that I want to talk about that is unrelated to the stuff that I raised two weeks ago. I would like to start, though, by thanking the minister for some of the answers that she was able to provide. I will congratulate her at the time that she is able to correct the inequity that goes now with the interocular lens implant following cataract surgery. I think that any way to correct it would be a good way so that people don't feel that they're being discriminated against, and I thank her for taking the matter seriously.

I think she said that the generic drug review will be done by the end of next year. Did I get it right? Yes; okay. I understand her

claim about wanting to ensure that the research and development that goes with brand name drug production is maintained. I'd like to point out that I think there is a big ideological campaign going on right now and has been for several years. The generic drug manufacturers have given me so many statistics I almost can't handle it. What they point out is that when brand name drug manufacturers only had seven-year brand protection, they were still doing a lot of R and D, and also as the generic manufacturers grow in size, they have the further economy of scale that will enable them to conduct further R and D. So I want to caution the minister not to buy into the federal agreement on extending the drug patent extension one more time. I really think it's not needed. I know that the minister really believes in the long-term viability of our health care system, and I believe that she will do the right thing when it comes to promotion of generic drugs within the system. I just encourage her to remind her colleagues that the federal government has caved in on a few issues like the GST, and I think the drug protection extension is another cave-in issue, so be warned.

Thank you on the biomedical waste coolers issue. I'm very happy that the additional funding to offset those costs will be coming. Probably in the long run it is better if you're equipped with the appropriate equipment instead of using any old leftover freezer. She's absolutely right that in terms of transportation of biomedical waste, it's way more cost efficient to accumulate it in a safe type of freezer and deal with it on a more periodic basis.

The smaller hospitals with which I've spoken say that the increase that they're facing in power rates will not be offset by the 4 percent global increase that they're getting in their funding this year, and that's going to be made worse, I think, because of the minister's plan for flat funding over the next four to five years.

A government member had raised the issue of case mix index appeal. I had too, I should say. I'm not asking for studies to be done; I don't believe in studies ad infinitum, but I do wonder if her officials have determined that the cost of maybe doing a semiannual review upon request would be so great as to offset the benefit of doing it. In other words, if after a six-month period a hospital comes and says, "Our case mix has changed dramatically, and these are the reasons," just allowing that review and perhaps the additional funding or the decrease in funding. I see the problem right away is that hospitals are not likely to come if their case mix has resulted in decreased costs to them, and they are likely to come for appeal if they have increased. On the other hand, there may be legitimate reasons for this. I'm not suggesting a big bureaucratic system, but I'd be interested in knowing, I guess, the arguments, aside from the ones that I'm speculating, that led the minister to say that the assessment must be done on an annual basis.

It's interesting to listen to development on the rural physician action plan. I'd like to suggest to the minister; I don't know if this is incorporated in her study, but is she looking also at the role for nurse practitioners in this plan? Okay; I get a glimpse of something here. Because it seems to me that if we start licensing nurse practitioners, they can make a really useful contribution to the diagnostic component of the medical community. They are certainly cost efficient. Remember that in the whole context of rural physicians, the issue ultimately is going to be, I believe, one of concentric circles of care so that the primary care is the closest to home, but as we need to get more and more technical in our diagnostic and treatment abilities, we're going to be looking at circuits of people going through communities, probably on salary. I think it's desirable, but I also think it's inevitable. If physicians are not willing to buy into that, I really believe that Alberta could be a leader in pursuing a designation of nurse practitioners. I

know Saskatchewan now is actively looking at this because it's been found so useful in other areas.

I should tell you just as an aside. I don't know the official title of the designation in Britain, but my two-year experience with the British medical system was that while it's definitely gone two-tiered – whew, like you wouldn't believe – they have a category of nurses that do a lot of diagnosis, and they're just fine. I mean, I cut my finger recently, and I had to go to a clinic. I went to a clinic, the nurse looked at me and said, “The doctor's going to come in.” Now, it was the nurse that taped me up again, okay, not the doctor. I mean, he's in a clinic. He's on salary. You know, you're not getting billed \$27 for this as you would have if I had gone to a private doctor.

MS BETKOWSKI: Or she.

MS BARRETT: Or she; sorry. From one feminist to another I apologize. Or she.

The point is that the nurse probably could have done the entire diagnosis. Nice guy, the doctor, but I would have felt totally confident with having the nurse do the whole thing, which if I had injured myself at work would have happened in any event, right? So, there you go.

I'd like to move on to some of the new stuff that I've brought on, and I wonder, Mr. Chairman, if you'd be able to at some point give me an indication if I'm getting within five minutes or so of my time. I'll try not to push that much. Thank you.

I'd like to ask the minister what she's going to do about private labs. As you know, the mandate for the Provincial Lab – I've got it in writing and I left it at home by the computer – has really been redefined. They are being told more and more to focus on co-ordinating efforts, yet they deliver a more cost-efficient service than private labs. I would like to know what the minister is planning to do to rein in the private labs: first of all, the proliferation of them; secondly, the proliferation of the services that they currently do; and thirdly, what they propose to do. I'm deeply concerned that this private, for-profit motivation is moving much more seriously into the health care delivery system than is healthy either for Alberta taxpayers or for the system itself.

4:00

I'm not certain that my notes are all in order, so I'm going to jump around, but I certainly don't expect the minister to respond today. I hope she'll understand.

She will recall that I spoke a few weeks ago in question period following the release of a CUPE study about downsizing and privatizing in hospitals throughout Alberta. I'll just give another example of problems that I have recently encountered. Now, this is prior to the merging of the Camsell and the Royal Alex boards. At the Charles Camsell they've cut 20 positions in housekeeping over the last five years. That is a lot of positions. Now the merger is going to require that they have to cut an additional 5 percent in every department. Why on earth is that when the merger is about administration, not about delivery of health care services? How can they possibly be asked to do this? We're talking again about frontline workers throughout the hospital system. I don't mind if you ask administration to cut down its costs and even by a lot more than 5 percent, because mergers should give you the economy of scale that you look for, but for heaven's sake, if you've already cut 20 positions in one hospital – and their case mix hasn't changed and their utilization rate hasn't changed – why on earth would they have to cut them even further?

The other thing that those workers are looking at, which I find really disturbing, is that they're being asked, if they don't want to cut 5 percent in every department, to work 10 days but only be paid for nine. Well, at first glance you may think that's going to save the tax system money, but in the long run if you reduce the ability for people to consume – in other words, spend their dollars locally in Alberta and enhance the velocity of the circulation of money – you're actually stimulating recessionary activity, not growth activity. I would suggest that it would be a backwards move.

Now I'd like to suggest that there's another area of problem in health care service delivery. I can photocopy this later; I confess it's a bit messy right now. I refer to a directive from Alberta Health. Its number is D-263, and it's talking about price-based funding. It says,

Effective April 1, 1990, facilities will be paid a conditional grant at the following rates per approved paid-hour, which includes salaries, premiums and benefits.

I met, for example, a recreation assistant. This would also apply for physiotherapy assistants or occupational therapy assistants. They were saying that effective April 1, 1990, they would be paying \$13.01. That's to include all premiums, benefits, et cetera. Well, right now that figure is more like \$14.60, yet the worker is only getting \$9.64 an hour. The difference is being eaten up by administration. I believe administration, particularly in the privately run – they call them contract nursing homes, don't they, the ones on a for-profit basis? – are trying to eat up more of the salary and benefit money in administration to enhance their profit profile. If I am right, I disagree with that and want the minister to know that the workers are really unhappy about that. Remember, we have a majority of private, for-profit nursing care and long-term care in Alberta. The minority are done by volunteer boards.

Mr. Chairman, there's so much here. I think I'm going to close in just a moment. I have a couple of things to bring to the minister's attention. Maybe I'll photocopy this stuff for her as well. There are a number of long-term care facilities that are suffering from cutbacks, and the result is having a direct effect on patient care. I won't name them actually; I'd rather not, but in a few minutes I'll go and photocopy this stuff and send it to the minister.

I would like to conclude this set of comments on a subject that is very near and dear to my heart, I suppose you could say. I lived with my sister while she was undergoing nursing training, and I have another sister who's an LPN. So for years, long before I became the New Democrat health spokesperson, I've been at home and had lots of people coming home telling me stories about things. Did the minister have an opportunity last week to listen to the CBC radio program called Nurses? I'll photocopy the transcript.

I'm really happy with CBC. On Friday I sent them cash in the mail and I said, “Hurry: by any means, please dub, whatever,” and I sent them more than twice what I knew they would charge for the transcript. The good people did phone me and said they could fax it to me. I will photocopy this for the minister and her staff; it was extremely interesting. I'm just trying to find the area that I highlighted.

This hour-long discussion on *Ideas* relates to a film that a woman called Laura Sky has produced. It's called *The Right to Care*, and she discussed issues relating to the Americanization of nursing practices in Canada. Apparently only six would go on film with her. A lot of them were shy to talk, but she did get six, and what she talked about – now, this is particularly true in Ontario, but I believe it's going to come here, if it's not already

here – was that American companies at a health trade show say to the government or to the hospital management board:

Look . . . We'll loan you money at a good rate on the condition that we have your supply contracts, on the condition that we also give you management consulting services.

What they're doing is promoting their computers and their softwares and then their management systems into the Canadian health care system because they know that they can make money here. In one instance one nurse says:

Ten million dollars for an American company to come in and sell us a computer system, when we could have gone Canadian for a substantially lower amount.

Now, even if I were not ideologically predisposed towards buying Canadian and buying Albertan, there's a deeper problem that results from the Americanization of our management system in the hospital system, and that is that our terms of reference are changing. For example, nursing directors aren't known as head nurses anymore; charge nurses aren't known as charge nurses. Everything is now getting a corporate name to it, and in one instance when you want to bring a patient in to be admitted, you have to call reservations, okay? You know, as if it's a hotel or something. The nurses who were on this show really believe that they're being pushed away from hands-on treatment and forced into 'bureaucratise,' and as a result when the hands-on treatment isn't there, patients don't heal as well and often suffer what amounts to negligence. The nurses are running like mad just to keep up.

There are some very interesting stories in here, which I won't get into, but I'm going to quote one paragraph here. This is from Laura Sky herself, who's the author. She's talking about the largest hospital in North America, the Toronto Hospital Corporation.

Mr. Chairman, how much time do I have left?

MR. CHAIRMAN: You have approximately 12 . . .

MS BARRETT: Twelve? Okay, it'll only take another two minutes or so. I quote:

At that hospital a number of years ago, the then vice president of nursing was replaced by the president of a corporation in the States that's called the Center for Nursing Case Management. The president for the Center for Nursing Case Management, now the vice president of nursing services at the Toronto Hospital Corporation, brought with her another principal of the same company. What does that mean? That means that all nursing management systems and all nursing, research, and education systems are controlled by two major principals from an American nursing corporation. It means that the software systems, the patient streaming systems, the patient monitoring systems that were developed in the States for American hospitals are now being used in our largest hospital.

I'll just read one small additional paragraph.

The vice president of nursing for the Toronto Hospital Corporation can and has decided that, for example, two nurses from every unit in her hospital have to attend a nursing education seminar organized and put on by the Center for Nursing Case Management probably at one of Toronto's major hotels. What they teach is American-style hospital management.

Mr. Chairman, I could go on forever about this. The point is that American-style hospital management has not been successful. As the minister knows, they spend a lot more of their GNP than we do in Canada, and we've still got everybody covered and they've got 37 million people who are not covered.

For the purposes of *Hansard*, I will refer to this document. It has an official title by the author called Medical Management. It's copyright 1991 CBC, and I'll make it available.

In conclusion, obviously the minister could get my drift. I want her assurances that she will do everything she can to make sure that this intrusion of American-style management does not get across the Alberta borders. I think it's a serious problem.

I thank the minister for agreeing to reappear before us today and look forward to her responses to my and other people's comments.

4:10

MR. CHAIRMAN: The hon. Member for Edmonton-Gold Bar.

MRS. HEWES: Thank you, Mr. Chairman, and thank you to the minister for the responses to the questions I asked so far. I had, as I indicated last time, to leave off. I didn't have a chance to ask all the questions that I wanted to, so here come another 30 questions.

Mr. Chairman, I do want to comment first, however, on the document that the minister circulated today, and I thank her for that. I've had the letters that the Member for Edmonton-Highlands circulated before, so I'm glad to see the minister's explanation and hear what's going on.

Mr. Chairman, I have suggested on a number of occasions that the minister speaks to reform but in fact the department was backing in. That's the terminology I've used, and the minister herself has almost verified that today. I've given the minister credit for being not only very intelligent but very clever in what is happening here. That is that the constraints that have been put on the health care system through reduced resources have forced a kind of collaboration to start to emerge, so that sometimes when you do something that is painful, the results aren't all bad. The results of those constraints have been that a number of our institutions have had to look at the turf wars, the lines and the boundaries around their empires, and have had to think carefully about whether or not those lines have meant that they haven't served their constituencies as well as they can.

So I'm grateful to the minister. I don't know whether that was intentional, and I guess that really doesn't matter at this point in time, but here we have a good document. I've just flipped through it, but it does describe the kinds of things that I've been talking about and have been supporting in this province for some years. I'm grateful, and I'm glad to see it.

Mr. Chairman, I totally support the notion of rationalization of our system, and I recognize the problems that attend that through some form of regional system. I also support the minister's contention that it needs to be done through a collaborative process, that it can't be imposed and enforced from the top down, that it has to be a bottom-up one. That has always been my position and my belief. I also recognize the extraordinary demographic and geographic differences that we have in the province so that what maintains in one part of Alberta may not be right for another. I would like to ask the minister a few questions about that, because I think there are some comments in here – and I recognize that there are a number of workshops to be held very shortly, so we won't have too much time to get worried before I hope some of these will be revealed, but there are a number of things in the document that I think would cause some concern.

I would like to ask the minister: within this – and I acknowledge that she's saying we're going to have flat spending. Now, I assume flat spending is a euphemism for a freeze. I have contemplated this as well, thinking what I would do were I in those circumstances and have wondered if in fact the spending curve may not be able to be flat but may have to have a gradual increase in order to accommodate both systems until plan B takes over. I don't know, Madam Minister, if that's clear, but I think you get a sense of what I mean; that is, we're going to have to

keep the present medical institutional system going until we have the other system in place and operational and the financial benefits can accrue to us: whether or not we've looked at that potential, whether a flat financial system will in fact cause shortfall beyond what can be accommodated. I have asked the minister before, Mr. Chairman, what indicators we use in the department to tell us if we've pushed too far; that is, if the constraints have been too great. I wonder if the minister, then, has a research plan in place to monitor these effects, if there is some accompanying plan that will show us month to month as we go along whether or not the flat constraint has gone too far, because I think we've got to be very careful that we maintain that balance whether we check waiting lists, layoff, bed closures, whatever.

I wonder if the minister would also undertake to give us regular reports on how this reform plan is working. I think it's important that there is some sort of collective acknowledgement.

The minister talks about a reallocation of dollars. I acknowledge that, but perhaps we could have some information about where funding is anticipated to be increased and where those changes are going to occur, how the reallocation will be done: if it's going to happen simultaneously, if there'll be sufficient warning to our institutions and our community organizations.

The minister says that if there's no fundamental change in the collaborative approach by November, the government will have no choice but to consider other more prescriptive options. Now that's kind of a deadline. That's a target, but it's also a deadline. I would hope the minister can define "fundamental change," if not here at least at those June workshops and subsequently, so that stakeholders know exactly what's expected of them, and perhaps also explain what "prescriptive options" are. If action of any kind is going to be taken in November, I think not only the stakeholders but the public have to know.

Mr. Chairman, the guiding principles. I've no disagreement with the vision or the guiding principles. The last one, partnerships, is an interesting one, and I'd like to ask the minister: are we partners over here? Does the minister consider that members in the opposition parties in this House are also partners in this process? I would hope so. I think that the political partnership is also an important one to include in our thinking at the very outset of trying to put this program in place.

Mr. Chairman, I want to go to some of the questions that I wasn't able to cover when I spoke before on this estimate.

The new family violence initiatives. The minister has now committed \$450,000 in new funds. Perhaps we can hear a bit more about where the money is targeted. If this department already provides treatment through the community mental health clinics for both victims and perpetrators of family violence who suffer from mental illness, is this money targeted through there, and if so how? And perhaps some stats on how many families are currently being served and what is anticipated in additional service.

Once again, Mr. Chairman, I don't recall that the minister has responded directly to my question about the \$3,000-a-month ceiling on special-needs clients. I understand that is under review. Of course I'd like to see some sort of appeal mechanism. I'd like to see that one speeded up, because I think we can. There will be tremendous human savings as well as dollar savings if we can change some of those restraints. I don't have any problems with upper limits, but I think we need to have either an appeal or some sort of other formula that kicks in when economically it's an advantage as well as an advantage to the family and yet the \$3,000 is not quite enough.

4:20

Mr. Chairman, Health Unit Grants. I'm sorry to see that this increase is down to 3.6 percent. I had hoped that with our new emphasis on prevention our health units would be getting a considerable increase. I don't think the minister has commented on that.

Mental Health Services. I want to go back to that one again. Mr. Chairman, I was disappointed in the document that came out. I'm glad to see it in a sense because it does lay out a plan, but I don't believe it puts any time lines on what we need to do. Our mental health services in this province are, I believe, deficient, and we have not, it seems to me, been very creative or innovative in how we've dealt with it. Whether we're talking about community mental health clinics, whether we're talking about care and support for people who have had mental illness, whether we're talking about adolescent suicide, we don't seem to be dealing with it in a comprehensive fashion. I know the minister has the document that shows the direction we're going, but I haven't yet seen any sort of comprehensive move towards action in that regard. Now, there are references to mental health in the new plan, but again it doesn't seem to have any real dates or real life to it at this point in time. Mental health is always a poor relative, and I don't believe we're going to have a healthy economy unless we have people who are not only physically healthy but mentally healthy in our communities.

I would also like to ask about the suicide program. We've got a large increase this year. Are there going to be new initiatives? Is it going to be dealing with some of the things that the Cawsey report indicated to us?

Mental Health Clinics. Here we had a cut last year and an increase this year. I don't understand those kinds of shifts, and I wonder if the minister has taken into consideration those regions that have a considerable increase in demand, if money is being shifted to where the greatest need is demonstrated.

The Premier's Council on the Status of Persons with Disabilities. We haven't any firm time lines on when those recommendations are going to be put into place. Where is the department at in terms of providing quick response, life skills, and training individuals? I support regional autonomy and case managers to help lessen the confusion for the mentally ill in accessing services, as that report has asked.

I'd like to ask the minister what happened to the \$1 million for children's mental health; that was in '91-92. Where did that go and how was it spent?

I'd like to know what happened to the crisis unit. We've asked repeatedly in the House about that and why it has not been funded, why there's no commitment to new community care initiatives. For instance, the Spady Centre for alcoholics is being allowed to close during the days. I fail to understand the efficiency of that kind of a move.

Mr. Chairman, Extended Community Care Programs, vote 6.3. We were all saddened last year by the mental health worker who died as a result of an accident. I want to commend the minister for taking action on that very quickly, but the action didn't really look at the causes of that incident in addition to the effect. I think the attempts to protect staff have been good, but I'd like to know if at the same time the minister is prepared to look at the things in our communities that are missing for people who have had mental illness, that result in those kinds of tragedies.

Mr. Chairman, the continued move to deinstitutionalize mental health patients where we know there are insufficient community supports often leads to these individuals running into trouble with our law enforcement and judicial systems. I don't see that cutting

back on supports to community agencies where there are people who are desperately in need of support systems is going to save us any money in the long run.

The John Howard Society tells us there are approximately 250,000 mentally ill in Canada and a third are presently in prison for criminal activity. I don't know whether the department has really carefully looked at the potential to treat people while they are institutionalized. Mr. Chairman, CMHA figures that as many as 70 percent of released mental health patients end up back in institutions, while others end up in court and jails. They estimate that the number of prisoners with some form of mental illness is 25 percent. I'd like to know if the minister's department is in collaboration with the Solicitor General in dealing with that very evident and demonstrable problem.

Scaling down the mental hospital institutions in our province: we've watched the changes at Alberta Hospital Edmonton, Ponoka, and Claresholm. Perhaps some elaboration on any down the road plans related to the new document that we got today would be helpful in that regard.

Every effort, I believe, should be made to integrate mentally ill people into community living, but not until we have a total environment where we can accommodate them safely. It's unrealistic and damaging to expect that those who are totally disabled by the severity of their illness can have success or quality in their life and situations that don't provide them with the supports they need: supervision, nursing care, and help in taking their necessary medications. Mr. Chairman, I don't think that the mental health report *Future Directions for Mental Health Services* really helped us a great deal. I don't see it moving beyond what we knew 20 years ago.

Mr. Chairman, just in concluding, I'd like to ask the minister if she will give us an assessment of how well the HPI is working. I supported this initiative. I think there were some bugs in it, some problems to begin with, and I would like to know if those have been cleared up, if in fact our institutions are somehow more satisfied with the way it's working or if there are more changes coming down the road.

Finally, just once again I'd like to thank the minister for this reform package. I'm glad to see now that we're not backing in; we're going in head first. I look forward to the workshops, as do other members of my caucus. To the minister, I take it that we could be included in some of those workshops, that they won't be exclusive to an invitational list, or at least that the information in them could become public so that we may know what transpires in the workshops. I also would expect the minister to tell us and tell the key stakeholders and the public what those indicators are that will help the ministry to decide: what about November, what about enforced changes in the regionalization and the rationalization that I anticipate will take place in the province?

Thank you, Mr. Chairman.

4:30

MR. CHAIRMAN: Thank you.

The hon. Member for Edmonton-Calder.

MS MJOLSNESS: Thank you, Mr. Chairman. I just want to make a few comments about access to health care for low-income working families. This morning I met with a few people that had been involved in creating this document, *Working Hard, Living Lean*. I'm sure the minister's familiar with this particular report. It's very important that working low-income families do have access to health care. Currently many families are having to either remain on social assistance because they don't have coverage, or in fact they are really struggling to try and pay for health care

premiums and also prescriptions if they need them. In many cases, I was told this morning, parents just aren't taking their children to the doctor because they know they can't afford the prescription drugs that the doctor may in fact require.

They also pointed out, Mr. Chairman, that it's a lot cheaper in the long term to provide benefits, prescription benefits for example, to a child that is sick for one week than to have to hospitalize that child. So it just makes sense that benefits like these are made available to low-income working families. Currently if you're on social assistance, you do have access to dental care, vision care, and coverage for prescription drugs, but certainly if you're working and you're low income, these benefits disappear. I know that in the *Supports for Independence* report there was a recommendation made at the time the report came out, and I'll just quote from it. It says:

Clients who would normally leave the program upon obtaining employment may become eligible for a new benefit to cover transitional health costs such as prescription drugs . . . Clients leaving the program will also be informed of the Alberta Health Care premium waiver and subsidized premium options, but will be responsible for obtaining this themselves.

To date, Mr. Chairman, the real concern is that nothing has been done to provide this particular benefit package or initiative to low-income working families.

Now, we do know that Alberta is only one out of two provinces, I think, that charges people premiums in the first place. I do know that the minister has exempted certain low-income families from paying the premium, but the cutoff is so low that very few people even qualify. The point was made this morning that what the exemption limit should be tied to is, in fact, if the family is living in poverty.

Also, I would like to point out to the minister that it was not only recommended or promised, if you like, in the supports for independence program; it was also an issue in the recent report put out by the Alberta Advisory Council on Women's Issues when they talk about health care. Again, I'd like to quote from this report, Mr. Chairman. On page 67 it says,

In Alberta, high health care premiums and lack of subsidized dental care are powerful disincentives to leave the welfare system.

So it's clearly an obstacle, and I think it needs to be addressed.

I was talking to an ECSS worker within the supports for independence program. They were telling me that one of the major concerns that they had in terms of people coming in and looking for employment or making them employment-ready was the fact that they had such bad teeth. This is a real concern amongst the ECSS workers. So again I would just like to ask the minister if she could update in terms of when we'll see this actually come to be. I know we're dealing with perhaps two departments here. I'm not sure if it is clearly her mandate or if it's the Minister of Family and Social Services' mandate to bring this about, but I would really appreciate an update.

Thank you.

MR. CHAIRMAN: The hon. Member for Edmonton-Avonmore.

MS M. LAING: Thank you, Mr. Chairman. I would just make a few comments. To follow up the comments from the Member for Edmonton-Calder, I would take note of the fact that in regard to the widows' pension, which I raised today, people who are low-income recipients of the widows' pension, as a result of being eligible for the widows' pension, are then eligible for benefits under health care, under medicare. This kind of aid is denied people who have never married or who are divorced, because they are excluded from the widows' pension. The widows' pension plan has implications beyond the pension itself in terms of the

supports and the benefits that flow from other departments. I'm wondering if the minister would look into the low-income people in that 55 to 64 age range who, because of marital status, are not eligible for the widows' pension.

I would then like to raise the issue of the task force report, which we received today, on foreign credentials. I would recognize that foreign qualifications would have some implications for health care, inasmuch as we've certainly heard much from doctors who have been unable to practise in this province. Given that the recommendations seem to be very helpful, there are, however, no dollars to back up the implementation of the recommendations, which include an information centre as well as an advisory committee. I'm wondering how the minister will be responding to the recommendations of the foreign qualifications report.

Another issue that I would raise at this time is the issue of licensing of midwives. Although we were promised the legislation some time ago, it has not yet come forward, and we know there is a whole process that then has to go into place once there has been designation. The research indicates a significant saving in midwife-assisted births, and our calculation is that it could save as much as 4.3 million health care dollars in the province in a year. So I'm wondering if the minister will be dealing with the issue of designation and licensing and putting in place the services of midwives, because I think it will no doubt improve the quality of care at the same time that health care dollars are reduced. We know, in addition, that midwifery and the availability of midwives reduce the incidence of premature birth and low birth weight babies. Again a significant saving, then, for health care in terms of the provision of service to premature babies and low birth weight babies as well as the long-term consequences of premature birth and low birth weight.

Another question I would have to ask the minister is in regard to funding for abortion outside of hospitals. Given that there are a number of hospital boards that do not provide for abortions being performed in the hospitals themselves, this means a serious lack of a service to women in certain areas of the province and an additional cost to travel from their areas to either a hospital which will provide the service or to a clinic. I'm wondering if the minister, in order to really honour the intent of the Canada Health Act, will provide full funding for abortions outside of hospitals.

Another issue that I would like to raise is the issue of the cuts in health unit funding, in particular as it pertains to infants and mothers. I'm particularly concerned about the early release of mothers from hospitals. I think this probably isn't in the estimates as much as in practice. The monitoring and support of mothers released early after giving birth is extremely important. I have information that in 1991 a program for early release in fact could not continue because of the lack of health care dollars to the health units.

It is absolutely crucial if there is going to be early release of mothers that there be monitoring and support in the home for such activities as breast-feeding. The research from around the world has finally figured out that breast-feeding is a very important health care issue and that children who are breast-fed have many advantages, yet we hear of mothers who are released on an early release program who are not monitored and cared for and give up breast-feeding at a very early age, the majority within weeks of being released, because of the lack of support. There needs to be monitoring for infections, the babies' or the mothers' infections, a failure to thrive. The bonding issues can be addressed. Depression may be picked up – I think we see sometimes the very serious consequences of not addressing the issue of postpartum

depression – as well as helping new mothers understand child care and child development and to aid in the nutrition of the mothers.

4:40

In vote 6 we are addressing mental health services. Although we have additional funds directed to violence in the family, I would hope that the minister and the Interdepartmental Committee on Family Violence recognize that wife battering is not a mental health issue. It is a criminal matter, and it is a forensic issue that is more properly dealt with by the Solicitor General's department. I would hope that mental health dollars are not going to the treatment of batterers, inasmuch as mental health dollars must go to the children who have either been witnesses or targets of that battering or that abuse, be it emotional or sexual abuse within the home, as well as to support services for the mothers. We know that these children and these mothers often suffer from depression, which can lead to withdrawal, suicide attempts and suicide, or aggression and aggressive acting out in the schools and in society against other children or other people. I say that if we're going to have a primary concern in the area of violence in the family, it must be targeted to supporting mothers and their children, and let the Solicitor General deal with the batterer because in fact that is the proper division of labour.

I have concerns when I hear about waiting lists for mental health or substance and alcohol abuse services. People in crisis can best benefit from an intervention at the time of crisis. Being put on a waiting list may mean that the situation deteriorates or the persons do not return for help.

Another area of concern is the attention that needs to be paid to mental health issues when people are involved in the health care system even in regard to physical health care. There are many studies that show that even for people going in for things like surgery, there is early release if there is psychological care and services provided. I think it may initially take some extra dollars, but in the long run I believe we would save, if my memory serves me correctly, up to a third in terms of the stay in hospitals.

The Member for Edmonton-Gold Bar has raised the issue of the mental health status of inmates in prisons; 25 percent of prisoners are suffering from mental illness. I think it's important to recognize that jailing and repeated jailing and a commitment to punitive measures will not alter their behaviour, nor does it address the needs that bring them into the system and the kinds of skills they need to develop if they are in fact going to survive.

I have a note here which I cannot believe may be true, so I will ask the minister about it. The note says that at the Royal Alexandra hospital, therapeutic abortion coverage no longer covers local anesthetics. I guess I have concerns about what is going on in regard to the availability of abortion.

Thank you.

REV. ROBERTS: Mr. Chairman, I thought with some time available here I might lob a few puffball questions over to the minister on a few issues in areas where – I don't want to get into the details of them, but they seem to be general areas of issues or concerns which I haven't heard discussed recently. I would appreciate not only some update but perhaps some discussion or debate on them.

There are some six salient issues. The first one actually begins with some congratulations, not only to this minister but to all the health ministers throughout Canada, on the agreement around the Barer-Stoddart report of last fall. If there were some champagne glasses to raise and to tinkle in celebration of the minister signing aboard that report, I think it should have been done. I was certainly privately celebrating the results of that, although I

haven't yet heard what the impact has been on Alberta and Alberta's medical schools. I know of the difficult discussions around the two medical schools, both the one in Calgary and in Edmonton, and the number of physicians which continue to be graduating into the field. My understanding is that it was fine for a lot of the ministers to sign aboard the Barer-Stoddart, but it was really only going to affect British Columbia's and Ontario's medical supply. But I'm sure that with the 10 percent reduction in the number of physicians over time, it's going to have impact upon the deans of the medical schools in this province. Whatever the impact is, I just want to reiterate that to finally get a hold and a handle on that issue of physician supply is long overdue in Canada, I thought, but it's a difficult one and I think a measured one by virtue of this report and the minister's support of it.

The other side of it, of course, is the distribution of physicians and how to keep them from always wanting to congregate downtown or in the cities or, of course, in the suburbs, with all the nice hospitals we have there, and to get them into needy areas and into needy programs such as geriatrics and psychiatry, with not everybody wanting to practise pediatrics in a suburban setting. Just some update or some comments on that. As significant as it is in Canadian health history, I think it needs to be a continuing point of debate and discussion.

Another area I guess, just to throw out the buzzwords which are now throughout the entire health system in the U.S. and now in Canada, is the whole issue of quality of care, total quality management, and continuous quality improvement measures. This all stems from the American reawakening of the Deming management methods and approach to quality improvement, which had its day with the Japanese manufacturing sector but has now worked its way well into the service sector and into the health care sector. It poses some very interesting questions for us. I guess the minister might say, "Well, it's for hospitals to move as they will on that with their own accreditation standards, their own outcome measures, and whatever other kinds of quality improvement, quality management techniques they'd like to use."

On the other hand, it is, I think, an issue of public policy with respect to how to best gear that whole process. Certainly, as I've tried to argue in the past, by spending \$3 billion on health care, it's not just an industry which feeds on these billions and billions of dollars. We want to know what outcomes, what quality, what results we're getting as a result of all of that spending. We want to ensure that it's going to the right places and that we can in a measurable way know that in fact the care is of high quality and that the results and outcomes are measured to be the kinds of outcomes and results we want.

I've heard of some interesting developments in Alberta, where some hospitals are in fact merging both the division of nursing and the medical division into one patient care division within a hospital. For each patient they provide kind of what they call a care map for the care of that person, and in a sense the quality of care for the patient can be much more tangibly mapped out and followed and results measured from it. However it's foreseen, I think it's an issue that we need to help hospitals with and, in fact, the entire medical community and even the health units. Whenever health dollars are going, we want to know that they result in the kind of quality of care where we cannot just say, "Oh, yes; we have high quality," but find measurable ways of ensuring that.

4:50

Then a point-blank question which I think needs to be asked, though, is how such quality of care measures are factored into the hospital performance index. As I understand the HPI, it very much looks at a variety of cost efficiencies and other measurable

factors which have to do with the patient's severity of illness and other measurable ways of tracking the care, but quality measures in a sense are not factored into the HPI insofar that some hospitals then can score high on the HPI but score low on quality of care. I think this is a tendency which we have to be cautious about, that there isn't some level of cost shifting or that some hospitals just increase volumes because they're efficient but not efficiently delivering measurable standards of quality. I think it's an important issue to try to somehow get some numbers for it in a tangible way and to include it in the HPI measurement.

A third issue is the whole move to ambulatory care. As I understand it, at least 70 to 75 percent of all care in hospitals could probably be proceeded with on an ambulatory care basis, and there's a lot of room to move and to grow and to develop in Canada. We have very high rates of in-patient care, long patient stays, long lengths of stay in hospital. The whole ambulatory care side is underdeveloped, generally, in Canada and in Alberta, perhaps reflected by the fact, as I last have heard, that the HPI itself had not been developed to cover services provided in an ambulatory care setting. I'm sure there's been some progress on that, but I think it represents the fact that that's one of the key areas to move in, often before hospitals and those who might be comfortable with the status quo might be ready to move into it. Certainly, provide the proper incentives. Provide, as I say, the HPI around ambulatory care. Ensure that all kinds of medical and other health services that can be provided on an outpatient basis are done and that admission is really kind of a last resort. There's great underdevelopment there. An extension of that in some ways, as I think has been mentioned by the Member for Edmonton-Highlands, is the whole issue around mediclinics and walk-in clinics and private physicians' offices.

One thing that continues to amaze me in a contrast between Canadian and American systems is the degree to which Americans have moved to medical group practice, where they in a sense have a whole multispecialty group of doctors working in a clinic setting. I guess the Mayo Clinic is a prime example, but there are a number of other medical group practice models, the development of which we have few in Canada, but I think they probably are coming. As they come, I'd like to know how both the standards and the accreditation of those medical clinics, and again the quality issues and HPI measurements in terms of their efficiency, are factored in.

Then, for the record, just one concept I would like to throw out is what's termed "managed care." It's a program and a concept by which an individual patient or in fact a group of patients become enrollees in a certain health delivery system, whether it's through an ambulatory care centre or a hospital or a regional centre or, as in the U.S., a health maintenance organization. Managed care is a way which is dangerous in some respects because it curtails the freedom of choice of the individual or the resident, but on the other hand it guides and directs them into certain areas where their care can be guaranteed and provided for in a much more closely knit and integrated fashion. It's used in many ways for cost-containment measures in the U.S., although they also just use it for cost shifting. They take some into managed care programs who are easy to manage and then push the others into other systems.

I am trying to think through how such managed care systems might in fact be applied to the Canadian system. Perhaps after the regionalization, as is going on in all the provinces, takes deeper roots, maybe there's a way through that that individuals who are residents in that region become enrollees in that system and their care is much more carefully managed. At any rate, I think there are some interesting lessons to be learned there, and as I say, I'm

carefully myself trying to see how there might be some lessons there that we can learn from.

Then the fifth point is just around information systems. I don't know if this has been discussed. I'm sorry I haven't kept close attention, but my impression was that there was some really strong movement and leadership coming from the department on information systems and that the hospital medical records program at Wetaskiwin general hospital was kind of a pilot of how information systems could help hospitals know exactly what was going on and how it was going on. I was under the impression that that had moved and in a sense had been globalized to most other hospitals or that they had other compatible information systems, ways of measuring inputs, but I was told recently no, that's not, that Wetaskiwin is still really the pilot. There are some good things that have been learned there, but somehow it hasn't been globalized, and there are still a lot of bugs in the system.

Certainly there's a lot of money being spent with information systems, and I hope the data that's being generated is being put to good use. I've heard, for instance, that it's an area of great waste and mismanagement in other provinces, and I'm not sure exactly if the data that's being collected here is being put to good use. Certainly health care is really becoming an information sector, an information industry, and to have a top-rate, topflight information systems approach to it is imperative and must be done efficiently.

Then the last point that I just want an update on, because I think it's important, is the whole issue of setting health goals and targets, because again it gets back to this point of continuing to develop programs which draw funding. We continue to allocate through this committee billions and billions of dollars to health care, but I still don't know if the minister knows whether Albertans are any healthier this year than they were last year, whether there's any greater life expectancy, if the mortality and morbidity rates have gone down, where we are on cancer rates, for example, that continue to escalate, whether the injury rates among children are increasing or decreasing, whether low birth weight among newborns is increasing or decreasing: all of these epidemiological indicators.

It would seem to me that in any business, any industry, you'd like to know or have some indicators of how well you're meeting your targets or your goals. Maybe through the hospital vision and goal statements they've been saying that yes, we will take this on more aggressively. I know, of course, that the city of Edmonton, through the board of health and others, is working on setting healthy goals and targets for the city of Edmonton, but I think a lot more can be done in terms of really working with Albertans throughout the system to say yes, these are the areas we really need to move in to improve our health status and to see that after yet another year of spending \$3 billion, we've moved toward improving the health status of Albertans in this indicator or that indicator.

Those are six questions and concerns that I wanted to raise and just get on the record and hope for some response on. Certainly it's good in the health care world to know that there are concerned and committed people who throughout the sector and throughout the department continue in a dedicated fashion to be working for the good of Albertans and for the health that we and our children deserve in this province.

5:00

MR. CHAIRMAN: The hon. Member for Vegreville.

MR. FOX: Thank you, Mr. Chairman. I just briefly want to raise a concern with the minister. She knows that I've been a constant advocate, a consistent advocate for the aging population in the

Vegreville constituency. We've had some detailed conversations about the project there, the long-term care centre in Vegreville, and the need for additional space at that facility. I don't want to plough the same ground again, but I would like to ask the minister to provide for me some information that I asked her for some time ago about what kind of criteria the department uses to determine where these precious health care dollars should be allocated in terms of capital projects, especially long-term care projects.

I remember raising this in the House last year and talking about how the Department of Education seems to have some pretty clear and public and commonly understood guidelines about which schools get built when. It's likely a process that was set up during the former minister's reign as Minister of Education. Anyway, the criteria are clear. They're public. They're well understood about which facilities go ahead, and I'd like the minister to be able to provide that for me with respect to health care facilities so I can tell the people in Vegreville how the department assesses the needs in that community. If it's based on the number of people on a waiting list, there's no reason that facility's not been approved. If it's based on the demographics of the area, having the highest percentage of seniors in the province, there's no reason that facility's not being built. If it's based on patience, spelled in terms of being prepared to wait a long time for something to happen that was supposed to happen, we rate high. I'd just like to know: what are these criteria? Will the minister lay them out for us and let us know how these decisions are made?

MR. CHAIRMAN: The hon. minister.

MR. FOX: I should've gone on for 20 minutes.

MS BETKOWSKI: I know.

Well, Mr. Chairman, I'm very grateful for all of the helpful observations today, the second day that we've had a chance to consider the estimates of the Department of Health. I certainly share the interest. Certainly, even though the government members didn't speak, it was really to make sure that members of the opposition had an opportunity to express their concerns about the health system, because believe me, within our own caucus the discussions are often on many of the same topics. I think the commitment of this Legislature to the sustainability of the health system is one that I would like to recognize.

I think what I'll do is just talk about a few of the specifics that have been raised and then close off, if I may, with the macro plan, which I think needs some discussion beyond even what I can provide today. First of all, just to go through a few of the specific questions, and again I will respond completely in writing to those which I don't cover.

First of all, the Member for Edmonton-Highlands, the generic drug promotion issue. The federal government has basically told us that the big drug companies will move out if Canada doesn't provide the same kind of length for patent protection that is provided in basically the other OECD countries. As health ministers we don't want to see the loss of research and development in the drug area, and whether or not that is a threat in the eyes of the hon. Member for Edmonton-Highlands, I don't know. But certainly in terms of the GATT discussions, that was an issue the federal government made very clear when health ministers met in Banff in January.

The rural physician action plan of itself doesn't deal with the issue of nurse practitioner, but certainly our national physician action plan response does. I will be attending the first of the symposia on the national physician action plan in Ottawa on June 22. I will be able to provide a little more direction, perhaps,

which both the Member for Edmonton-Highlands and the Member for Edmonton-Centre asked for.

The Barer-Stoddart report was a real milestone. As health ministers we didn't want to lose the momentum on it. In answer to the question of distribution which the Member for Edmonton-Centre had, that is an issue we obviously have to be concerned about. Different practice roles for gender, different genders of medical practitioners: all of those issues say that we can't straight-line our projections on physicians. We know we're short of specialists, we know we have distribution problems, but we also know that a four times the rate of growth in physician manpower supply versus the general population is one that we can't afford to sustain. The question is what is an appropriate level of growth, which is why the symposia are taking off and why we're going to be dealing with them.

The issue of private labs is one that action is going to be decided on by the 1989 utilization committee report, which was chaired then by the retiring dean of the Faculty of Medicine at the University of Calgary, Dr. Moe Watanabe. That committee report did look at the issue of pathology labs, suggested that there was a defined role for each and that we were getting into a bit of a possible duplication of role amongst the labs. His report recommended that private labs deal in diagnostic services to nonhospital patients, that hospitals – regional, university, and urban – deal in diagnostic services to hospital inpatient and outpatient and blood transfusion services, that rural hospitals provide the diagnostic services to hospital inpatients and outpatients, and that the provincial labs deal with the public health services and the microbiology, which can't go on or doesn't go on in the other labs, and, finally, that the Red Cross blood transfusion service, which is also pathology related, deal with blood donor services and blood transfusion services.

What we've attempted to do through the utilization monitoring is define a role for each of those sectors. As far as private labs go, the member will know that we've placed a freeze on any new private labs being established in the province to ensure that before a new lab is created, they must go through a process of approval with the lab and diagnostic services committee. I think it goes a long way to address the concerns about private labs which the member enunciated.

American-style management was another comment the member made in her report on nurses, which I was pleased to get. I don't know if there was a difference of view between Edmonton-Centre and Edmonton-Highlands. My view is that we don't have all the answers in the Canadian health system. I think we should always be open to learning more, and it may well be that we can learn something from the quality management structures that the Americans have put in place. I don't ever advocate their system of health care. I believe very strongly in the five principles of our own. But I believe with their HMOs – although I don't accept the model in its totality, there may be better ways to measure quality in health care than we may have imagined in Canada. In terms of learning, which I happen to believe should be a lifelong goal of all of us, including our health system, there may well be something we can learn from the American system without compromising our own.

5:10

Let me get to the issue, then, of the questions raised by Edmonton-Gold Bar, but really underlying everybody else's questions, and that is: where are we going in the future? The documents I tabled in the Legislature today have taken a good deal of time, and the Minister of Health will accept some responsibility for being in a bit of denial, I guess, until we got to this point

where we're at now. I was in denial because I thought that Health can continue to get more resources and that we have to and can't possibly contemplate not giving it more and more resources. The more and more I looked at that, the more I was convinced that that would merely be a delay in real reform in health care as opposed to an impetus to create reform. I happen to believe that fundamental change and reform of the health system, as it's currently structured, comes down to our obligation to this and future generations of Canadians. Even if the fiscal circumstances at this moment in Alberta had us with an enormous amount of money to continue to put into the Heritage Savings Trust Fund, I believe I would still be advocating the fundamental reform today that I am, because it's not a fiscal issue of itself unless the status quo continues.

Reform has to occur. It seems to me that if we keep adding new resources, we won't get to that reform. I'm not an advocate for adding on to the existing system. I think the existing system needs a whole bunch of change. There is an increasing awareness not just in Alberta but throughout the Canadian health system that much of what we currently do in health has little or nothing to do with improving and maintaining the health of Canadians. We do probably 25 percent too many surgical procedures in this province and in this country with virtually no clinical benefit. So if we are going to start to reallocate some of those resources that we've traditionally put there, then we have to effect the reforms.

That's why I say, as a planning scenario, freeze the dollars. Don't add more dollars to the status quo, because if you do so, you merely perpetuate this notion that the status quo has to continue. In my view, the only way we can get to the fundamental reform is to hammer it and not give in to "Let's put a little more money here," because that merely continues on in the way we've been going. Reform of our health system must refocus our activities on those things which quantifiably improve the health of Canadians. So while it is a fiscal situation in Canada which provides, I would say, the discipline and the focus for the reform that we're doing now, it is our commitment to pass on a sustainable and effective health system to the next generation which provides our resolve, and it is the resolve that we need as legislators, as a health care system.

I believe that this minister is no longer in denial. The health system itself is no longer in denial. It is accepting its responsibility to get on with this change. Of course, I believe that all parties are part of this reform. It's not a partisan political issue; it's about all of us committing to the future. In terms of the member saying, "Is the Liberal Party part of it, and is the ND Party part of it," all Albertans are part of this. All Canadians are part of this. The regular reporting mechanism is one which we will be providing to all that ask for it, including the two Health critics from the two parties. That's the update on the role statement process, the HPI process, and the fundamental reform that has to occur.

Mr. Chairman, I believe I have to stop talking at this point.

Vote on Main Estimates

MR. CHAIRMAN: You're very close, hon. minister. The Chair is required pursuant to Standing Orders 58(1) and (2) to interrupt at 5:15, and it appears that the clock says 5:15. The Chair must now put the following question.

Those members in favour of each of the resolutions not yet voted upon relating to the main estimates of the government and the Legislative Assembly for 1992-93, including the supplementary estimates of expenditure and disbursements covered by special warrants for the fiscal year ended March 31, 1992, please say aye.

SOME HON. MEMBERS: Aye.

MR. CHAIRMAN: Opposed, please say no.

SOME HON. MEMBERS: No.

MR. CHAIRMAN: Carried.

MR. STEWART: Mr. Chairman, I move that the committee now rise and report progress.

[Motion carried]

[Mr. Deputy Speaker in the Chair]

MR. MOORE: Mr. Speaker, the Committee of Supply has had under consideration certain resolutions, reports as follows, and

requests leave to sit again.

Each of the resolutions not yet voted upon relating to the main estimates of the government and the Legislative Assembly for 1992-93, including the supplementary estimates of expenditure and disbursements covered by special warrants for the fiscal year ended March 31, 1992, have been approved.

Mr. Speaker, I wish to file a list of those resolutions voted upon by the Committee of Supply pursuant to Standing Order 58.

MR. DEPUTY SPEAKER: Order please. Does the Assembly concur in the report?

HON. MEMBERS: Agreed.

MR. DEPUTY SPEAKER: Opposed? So ordered.

[At 5:18 p.m. the Assembly adjourned to Thursday at 2:30 p.m.]