

## Legislative Assembly of Alberta

Title: **Tuesday, May 31, 1994**

**8:00 p.m.**

Date: 94/05/31

[Mr. Deputy Speaker in the Chair]

MR. DEPUTY SPEAKER: Please be seated.

head: **Government Bills and Orders**

head: **Third Reading**

**Bill 20**

**Regional Health Authorities Act**

[Debate adjourned May 30: Mr. Collingwood speaking]

MR. DEPUTY SPEAKER: The hon. Member for Leduc.

MR. KIRKLAND: Thank you, Mr. Speaker. I'll start the debate this evening with my comments on Bill 20, and I'll reiterate some of the comments you've heard in this House before. The Liberal caucus and the Liberal Party some 10 years ago suggested regionalization. It was brought up in '86 and again in '89, if I recall correctly, and so the principle of the Bill certainly is something that we embrace in our heart.

I think the areas that we pointed out in our continuing and ongoing debates in the House here over the last little while have indicated that there are shortcomings within this Bill that cause concern to this side of the House. I know that the hon. Member for Rocky Mountain House indicated that from his perusal of the Bill and the understanding he had, there certainly were no user fees to be associated with this particular Bill. I don't share that particular concern. We look at a Bill that has a lot of gaps in it and a Bill that is left open to final determination of its destination by regulation, and I would suggest that in fact that is enough to cause this side of the House concern. We, I guess, as an opposition party certainly have to be suspicious. It becomes the nature of the game. As the side opposite is suspicious of Bills that we put forward, we share that same sort of suspicion when they put one forward.

This Bill, as I see it – I've read it, and it's been a while since I've reviewed it, Mr. Speaker. It would strike me that when we look at the regional authorities having the ability to charge for goods and services, therein lies the concern on this side. Goods and services are not defined in any of the clauses that I read. If in fact this was a good quality Bill and there was no intention to actually introduce those user fees, I would suggest it could have been addressed in the Bill and allayed the concerns of this particular side. The goods and services, as I see it, being handed down to the regional health authority – and I think the hon. Member for Edmonton-McClung has alluded to this on occasion – really enables the provincial government to escape the perusal and the charge of the Canada Health Act. It does not become a provincial responsibility at that particular point, and we have a concern that ultimately that is what will happen. We see ongoing downloading by the government of the day, certainly with the accountability and the responsibility. There are many areas of this Bill that have yet to be defined. That is one area that causes us a great deal of concern, Mr. Speaker.

I've not heard the Minister of Health or anyone else in the House confirm or explain how the provincial programs will interrelate or interreact. When I say the provincial programs, Mr. Speaker, I think of the kidney transplant unit, the heart transplant unit, the cancer clinic: those particular clinics. No one has

defined, as I have listened to the debates here, exactly how – and I always use my own health region as an example. The Evergreen region, as it is now called, interfaces with those provincial programs. Now that causes me a concern when we do not define the flow of dollars from the health region to something like the provincial program. That concern is caused because if I am a person being treated for cancer and I have to proceed into the Edmonton health region to secure those services, there are dollars associated with that. I have not seen where that flow of dollars is defined. It causes a concern. It may put municipal authorities such as the health board officials in a position of deciding whether they can or can't pay for a service that is required for somebody in their health unit or their health region. So that certainly causes me a concern.

The regulation, as I indicated in my opening comments, also causes concern to me. We have seen, I would say, a massive shift from a free and democratic government to a government that is off-loading most of the ultimate and final decisions to the minister's desk. I see that as circumventing the democratic process. I would say that in light of the record of the government of the day in not being as sensitive to Albertans as they possibly should have been. I have a concern in that situation that we will see inconsistency arise throughout the province as a result of regulations changing, from day to day in some cases. I can envision that happening. I would suggest that the strength of the lobby groups of some health regions will cause regulation to change, perhaps to the detriment of other health regions. These areas have not been clearly allayed in my mind with the debate I've listened to in the House.

Though we spoke to the principle many times and the fact that we endorse it, Bill 20 leaves a lot of gaps, as did the Municipal Government Act and the School Amendment Act. In my estimation, if it was quality legislation, those gaps would have been filled. It again raises the spectre in my mind of exactly why we couldn't take the time to put forth a very definitive Bill.

I've heard it stated that I would sooner deal with regulation than legislation, and there is some merit to that comment. I would suggest that when we look, as we have over the past 20 years, at some of the actions of the government – and I know we hear "That is then and this is now" – that causes me concern. Regulation, in my estimation, does not give the government the firm direction required for planning purposes for the administration of health units and also to those constituents who live within those health units.

So with those comments, Mr. Speaker, I'll open debate on Bill 20 tonight. I would ask that it show clearly that I was on record supporting the principle, but the Bill itself has large gaps in it. They do cause me concern. As I listened to the debate, I hoped that those concerns would be set aside. They were not. I daresay that there's no one in this House who can tell us where we will be in two years with health care in this province because there are so many undefined areas and so many areas that have yet to be defined. That has caused a very large concern in the minds of Albertans.

We can, I think, find testimony of that large concern with the 15,000 people who marched in protest of the Grey Nuns hospital potentially being closed as an acute care hospital. That to me is the tip of the iceberg. I would suggest that health care is paramount in everyone's mind in the province of Alberta. We have had an excellent health care system in this province. Certainly there are efficiencies to be gained within it. I would like to think regionalization should in fact capture that, though I'm not convinced as I stand here and debate today that that has happened.

Mr. Speaker, these will be my final comments on Bill 20, and I'll turn the floor over to one of the other members.

MR. DEPUTY SPEAKER: I wonder if the Assembly would give unanimous consent to the reversion of the Introduction of Guests? All those in favour?

HON. MEMBERS: Agreed.

MR. DEPUTY SPEAKER: The hon. Minister of Municipal Affairs.

head: **Introduction of Guests**

DR. WEST: Thank you very much, Mr. Speaker. It's my privilege tonight to introduce to you and to members of the Assembly a distinguished couple in the members' gallery, Mr. Rod Krips and his wife Ellen. Rod is the administrator of the Viking health care complex. I've known him for years. He's been a very capable individual and very dedicated and demonstrated the most professional approach to health care in this province. It's appropriate that they're both here to witness third reading of Bill 20. Although it's in my colleague for Vegreville-Viking's constituency, Vermilion-Viking was the constituency that I used to serve, and I had a close relationship with the Kripes. I would ask that they stand in the members' gallery and receive the warm welcome of this Assembly.

head: **Government Bills and Orders**  
head: **Third Reading**

**8:10** **Bill 20**  
**Regional Health Authorities Act**  
*(continued)*

MR. DEPUTY SPEAKER: The hon. Member for Edmonton-Gold Bar.

MRS. HEWES: Thank you, Mr. Speaker. I have a few comments to add. Just in adding my welcome to the visitors, there are many, many people in our health care system throughout our province who have served for years in the system. I think they have been very concerned at some of the drying up of resources to something that we've held dear and treasured over the years. I'm looking to them, and I'm hopeful that they are going to continue to show leadership as we reform the system.

Mr. Speaker, I'm certainly on record publicly and in this House in support of regionalization, and I have been since 1986 when I came into this House. I have talked at length about health care reform and the need for health care reform. I was pleased when the former minister took the plunge and said: yes, it isn't more money that we need in the system; we need to reform it. But I think it was clear that at the time the government changed, there were some political risks in that, and so the reform was put on ice until such a time as it was felt to be politically a potential to do it. In the meantime, the cuts had begun. There was a very severe cut of 3 percent across the board. Some institutions of the province able to sustain, others not.

Mr. Speaker, the reform process was stopped in its tracks, but the government continued to cut the budgets and the resources to the institutions and the programs of health care. Then the government demanded reform. What we saw then was forcing individual downsizing and change by reducing resources. We saw

closed beds; we saw staff terminated. All of this happened in advance of the new networks.

I think the Calgary scene is a good example where hospitals and other health care institutions had begun to get together, to work together to find economies of scale, and then suddenly they were thrust into the position where an analyst was sent in and recommendations were made. All this happened in advance of the health authority being named and being given the responsibility. So I say the government has gotten the process backwards.

In spite of all of this, in spite of the fact that we're trying to appoint regional health authorities, we don't have any real criteria for them that I've seen published as yet. We don't have any real detail on how they are to work, on exactly what their responsibilities are going to be, on what is expected of them, on what their budgets will be in the final analysis: all of their responsibility. Curiously, we're still building hospitals. We're still building them in spite of the fact that we're developing authorities on the one hand who are anticipated to form new networks and find new ways of working together and making a far more efficient system. We're still building hospitals in the old style and the old plan. So I simply do not understand the sense in that at all.

Mr. Speaker, I'm concerned that the model we have developed here can still end up being acute care institution driven. I think most thinking people in this province have now agreed that what we need is a health care system that is built on health, on helping people to be healthy, and healthy communities. Acute care is a part of that, as is extended care, home care, or community organizations of one kind and another. We need to roll in the potential for management of our environment: clean air, clean water, safe cities. We need to have networks that expand way beyond the treatment institutions that we have thought of as being health care in the past.

The community councils are most unclear to me. I'm not sure what the intention of the minister is in regard to creating these councils. I expect it's some sort of bridging mechanism between the existing institutions and boards of those institutions and the new authority, but I'd be more comfortable if I knew exactly what that relationship was intended to be and what the objectives were. I would also like to see terms of reference for those councils and for the board members of the authorities themselves.

The Bill no doubt leaves room for user fees, a source of great concern and worry to people across the province. The Bill seems to me to dictate the end of public health as we now know it without any real understanding of what is anticipated that it will become.

The Bill is silent on the relationship of the health care authorities to education, for instance, to social services, to justice. We do not have any direction in the Bill about that. The Bill is silent about the role of existing foundations, which almost every health care institution and most education ones as well in our province now have. We do not know, for instance, where the money goes that has accrued in a number of these foundations. Does that now go to the authority? Do they have command of it, or does it stay with the individual institution that raised it? Mr. Speaker, we don't know where the surpluses go.

Mr. Speaker, we've got appointed boards who have the capacity to tax but are not accountable in the sense that they are not elected. The Bill is open ended regarding many of the regulations that we believe should be far more specific. The Bill does not give us the real detail on what basic health services are; that is, what is insured and what is not insured. The Bill allows for a voucher system, and that still to many people in this province

remains a real mystery as to what that means and what's intended by that.

I feel that the government has been remiss in not filling in the blanks. My greatest fear is that they haven't got them filled in, that they don't know themselves, that we're creating the authorities and hoping that those authorities will be able to develop the networks in their regions and that somehow it will all tumble together. It seems to me that we have something far too important to leave to that kind of development. I would hope that the government has some more definitive plans in its back pocket, but if so, why haven't they revealed them? I believe the people of Alberta have been very supportive of their health care system, and they want and need to know exactly what they can expect from it.

Mr. Speaker, I had a letter today from a constituent on behalf of a parent who's going to be needing heart surgery very shortly, a very concerned family. They do not know how or when the parent will be able to get the surgery. They are deeply worried about the health and well-being of this parent and don't know where to turn, and I don't know where to turn. I don't know how we as members can reassure these people that in fact the health care system will be there to serve them and the needs of their family, because I have not personally had that reassurance.

Mr. Speaker, it seems to me that the whole thing is being driven by the deficit, and no one denies that we have to address the deficit. We have to get it in control. That has been a part of this caucus's commitment to the people of Alberta since the very beginning. Finally the government has come onside, but unfortunately their processes, their methodology to deal with it are not the methods that I would use, because it's being done in a punitive way and it is going to hurt people. This Bill, this health delivery system, this regionalization and restructuring of health delivery is being driven by a desire to reduce health care costs, not a bad objective but one that I think has to be handled with great, great care.

Mr. Speaker, if we do the regionalization correctly, as we had earlier envisioned it, I believe the quality of care can be maintained as we move to a restructured system and that over time the costs will be reduced. Unfortunately, I don't believe the system that's being chosen here or the process is one that will give us that kind of service in the very near future.

**8:20**

Mr. Speaker, just a few more comments, some specifics. I am concerned about the regional authority being given the power to charge fees for goods and services. It seems to me that we're going to have some considerable differences between regions as to what's essential and what's nonessential. I would like to have seen that far more definitive. The costs to individuals may be quite different from one part of the province to another. The notion of user fees, I believe, is one that brings great resistance from Albertans. We have been satisfied with our system as it is. We don't want to go to a two-tiered system. I've spoken already about the notion of who decides what is essential and what is nonessential, what are basic services. We have not seen any conclusions. I'm looking forward to seeing some from the committee, because that again – what is insured? – is something that troubles people.

Mr. Speaker, the public health units. Perhaps the minister can tell us tonight what the long-range plans are for public health units. These have served us well. I see public health as being the major driving force in a restructured health care system keeping our communities healthy. I see this Bill as being silent in that regard, and we have not had any clear answers.

I've already mentioned my concern about the co-ordination with health and social services. I have many times in this House expressed concern that our teachers in our education system with an integrated system, which I do support, Mr. Speaker, are now expected to provide certain health services to young pupils. I believe that does a disservice to both health care and education. I think that what we need to do is have a far more conclusive program that integrates health care with our school system. In years past we had public health nurses and dentists and social workers into our schools providing backup for the teacher who was the first line. That has been withdrawn because of lack of resources, and I would like to see us go back to that. I think the very least that a Bill of this kind, a regional health authority, could speak to is the idea that it should be there. The integration of education, social services, and health care should be somehow incorporated in this Bill so that it can be permitted to happen when resources are available. In the meantime, we abandon the children, we abandon the teachers in the schools and leave them to their own devices as to how to deal with health care needs in the education system, for which they are not trained, and I think many of them are uneasy about having to cope with it.

Mr. Speaker, the voucher system I have mentioned before. No one seems to know exactly how this is going to work. I don't know where this idea came from. I wish the minister would tell us where it has been tried and where there has been any empirical data that shows that this system is one that works and has served people. If it does, then tell me about it. Tell me where the research has been done that this is a good idea and that it works for people. Is it going to be universal? I expect so. Does it breach the Canada Health Act? Well, perhaps it does. We have to be reassured about that. We don't need any more lawsuits.

Mr. Speaker, I'm eager that we respond to our communities about their health care. If there's anything that people want to protect and anything that they treasure and that differentiates us from our good neighbours to the south, it's the provision of more than adequate health care. My own view was that as we move to restructure the system which, as I've said, I've always supported, and reform the system, we would maintain what we have as we moved into the other phases. That doesn't appear to be what's happening. We're going to end one and start another one, and I think the fallout will be very noticeable, not only in closed beds in hospitals where people are lined up waiting for surgery but in termination of trained people, health care professionals, throughout the province who will move out of Alberta perhaps never to return.

Mr. Speaker, I am also worried about the fallout where relocation and labour readjustment has not been planned for in this regionalization, and I have no evidence of it, if in fact it has. Somebody tell me. Show me the plan; show me the arrangement for it.

Mr. Speaker, I thank you for the opportunity to speak to third reading. I'm hopeful that as we move forward in health care reform those experienced professionals and community leaders will come together and will work as we've expected to bring about reform in a gradual manner that will not punish people who are ill and who are frightened.

My last comment, Mr. Speaker, is that I had hoped that mental health would be incorporated. I've now come to the conclusion that it's a good thing it hasn't been, because this Bill is so loose and open ended that I think mental health would have been swallowed up and perhaps never achieved any position at all. So I'm glad that it's not in this first go-round.

Mr. Speaker, there are too many question marks still in existence for this Bill, too many unanswered questions, too many

things left to regulations, too much up in the air. I'm sorry to say that I believe the Bill is badly flawed.

MR. DEPUTY SPEAKER: The hon. Member for Calgary-North West.

MR. BRUSEKER: Thank you, Mr. Speaker. I, too, would like to make a few comments on Bill 20, the Regional Health Authorities Act. I intend to vote in favour of the title, because I think it's a good concept, but as the hon. Member for Edmonton-Gold Bar concluded in her comments, I have to agree that there are simply too many things in the body of the Bill that leave me with some concerns.

I want to start in particular, Mr. Speaker, as a Calgarian speaking to the issue of the Hyndman report. The Hyndman report is something that is out there in the public domain. There have been numerous petitions presented in this Legislature by members actually from both sides of the House expressing concerns. I think probably the most common concern that I've heard is dealing with the Alberta Children's hospital in Calgary. That has a fine reputation. It is creating a lot of concern for the parents of children that unfortunately have found themselves in need of the services offered by the Alberta Children's hospital but having found themselves in need of that service are very pleased with what they find when they get there. [interjection] There are a great number of people who have signed petitions, that have written letters, that have called my constituency office, and I suspect a good number of the members opposite as well that come from the city of Calgary, hon. Member for Stony Plain. For example, I believe the Member for Lethbridge-West has tabled petitions here. The Member for Bow Valley has tabled petitions in the House expressing concerns about the potential closure.

When we have raised the issue about the closure, for example, of the Alberta Children's hospital, the response from the government side has always been: well, that's up to the local authority to make that decision. That indeed may well be the case, but that doesn't provide any satisfaction or any degree of comfort for the people that are raising the issue. So far as I can tell, the government has simply sidestepped the issue with respect to the Alberta Children's hospital. I have attended meetings at that hospital and listened to parents tell in often the most heartrending fashion their story of what it is and why it is they've had to discover what's there.

8:30

Mr. Speaker, I've been to the Bow Valley centre, formerly known as the General hospital in Calgary, and they have just a tremendous facility there for trauma care, people that have been involved in accidents. Similarly in the Hyndman report this is proposed for consideration of closure, and again the same response from the government with respect to the Bow Valley centre as has been forthcoming with respect to the Alberta Children's hospital, which is no clear sense of direction. That leaves certainly the practitioners that are involved with some concern. For the residents that live near the area served by that hospital, it leaves them with a concern that they will not be able to access the hospital care which they need.

Now, I understand that the concept is to turn over these decisions to the regional health authorities. Mr. Speaker, as I said from the outset, I think that's a good concept. Instead of having a number of hospital boards in the city of Calgary, we will get one large region. I want to talk about those regions, because when I look at the map that was produced by the government with

the news release announcing how these are going to be divided up, and I look at zone 4, which includes Calgary – and of course I represent a constituency in the city of Calgary – zone 4 will include all of the city of Calgary. It will include Cochrane. It will include Airdrie. I think it may include Irricana, which is another small bedroom community to the northeast. It probably in total represents somewhere in the neighbourhood of 800,000 persons living in zone 4, or what is proposed to become zone 4, I guess I should say.

By contrast, if I go up to the north end of the province and I look at zone 15, the only two centres that are shown on the map provided by the government – and obviously there's going to be some population outside of just these two centres – are the towns of High Level and Fort Vermilion . . .

AN HON. MEMBER: High Prairie.

MR. BRUSEKER: No. High Level.

. . . which are substantially smaller than what we have in the city of Calgary. So there's not even any consistency between one region and the other from the size of the population that is being served by the region's board.

Now, I recognize that certainly you've got a sparsity and distance factor, and this is similar, I guess, to the issue we had before in this House with respect to electoral boundaries, but it doesn't seem to me to be consistent in terms of making sure that there will be equal access to equal health care for all individuals across the province. I think that is a concern, and this Bill does not satisfy my concern as I read through it. For that reason, Mr. Speaker, I have difficulty in supporting the Bill.

One of the other issues with respect in particular to the issue of regions. I'd be remiss if I didn't mention the Member for Spruce Grove-Sturgeon-St. Albert, the Member for Redwater, and the Member for St. Albert having tabled petition after petition in this House requesting that the city of St. Albert be included in Sturgeon as opposed to included in the Edmonton hospital region. So far I've not heard that particular issue addressed by the Minister of Health or the Premier or the Deputy Premier in addressing this particular Bill.

Mr. Speaker, these members that I have referred to tabled those petitions on behalf of constituents who are expressing a concern and saying, "This is the way we would like our region to be set up." The regions are supposed to be representing and addressing the concerns of the people in that area. Those people in those areas have expressed their concern, I think very clearly, by signing petitions. I'm sure letters have gone to the Minister of Health. Certainly they've gone to the members that represent those areas. Yet so far that particular issue has not been addressed. I think this House would be remiss to pass this Bill without addressing that particular issue, because I know that the individuals, the people that live in those areas, have expressed that concern clearly.

So I think with respect to the issue of representation, with respect to the issue of where they will go to get their health care, of planning an overall approach for a region, which is what we're talking about in this Bill, if that's the way the residents would like it to be considered, then it makes sense that that's the way it should be. I quite frankly don't understand the government's reticence to shift St. Albert into the region where the residents have asked for it to be located.

Mr. Speaker, the hon. Member for Edmonton-Gold Bar raised the issue of user fees and touched briefly upon it and raised concerns with that. I share those concerns that were mentioned

earlier on. I guess my concern is that if we start opening the issue of user fees, how does that relate to the Canada Health Act? Will we see cuts in transfer payments to the province if physicians are now allowed to start charging user fees? If we start opening the door, if we start saying, "Well, for this procedure you can start charging a user fee," then are we going to see those user fees grow and grow and grow to the point where then people will start being restricted in their access to a physician?

On the other hand, if we open the door on procedure A, then what's to prevent procedure B from suddenly being considered for user fees, and then procedures C and D, et cetera, et cetera, et cetera. The possibilities almost become endless in terms of how many user fees and how much each individual user fee could grow to become. That is not addressed clearly in Bill 20 or in the – how many pages of amendments do we have? – 27 pages of amendments. I know we're not on the amendments, Mr. Speaker, but again there's the issue that if we have a Bill that's introduced and then the amendments that come out are lengthier than the original Bill, clearly there's a problem with the Bill. I would suggest that it would behoove the government to stop for a minute or a month or perhaps several months to say, "Gee, we should really look at this once again before we put this through, because there are a number of issues still of concern."

One of my concerns that I want to raise again, Mr. Speaker, is the issue of regulation. I think the Member for Edmonton-Gold Bar in her comments said that it leaves too much up in the air. As I read through this Bill, there are many, many places that refer to regulations. The Lieutenant Governor may make regulations. The minister may make regulations. The regulations shall do this. In fact, in some cases it simply says, "The Lieutenant Governor in Council may make regulations," so we don't even know if there will be regulations. Certainly if there will be regulations, we haven't seen them yet, because they've not been drafted. If they've been drafted, they haven't been introduced into this Legislative Assembly, and that to me is a concern, and I think it's a concern to all Albertans because they're not really sure where we're going.

On one hand I think most Albertans would agree with the general principle and the general philosophy of: let's regionalize hospital boards; let's reduce the overhead; let's streamline the administrative costs. I support that concept as well. But if we are asked to support a concept, I think it requires more detail and more information from the government as to how that process will in fact be implemented.

Mr. Speaker, one of the concerns that I have with the Bill deals with in fact the language of the Bill and two terms that sort of spring out: "health services" and "health related services." Well, I guess one way to interpret those would be the issue of: are these essential or nonessential services? Now, if that's the intent of those terms and similar terms like that, then I think it would be more instructive and more clear if the government simply used the terms "essential" and "nonessential."

In speaking to this Bill and in fact to many pieces of legislation before this House, I would encourage the Minister of Health in this particular Bill and in fact all cabinet ministers as they introduce Bills wherever possible to write the Bill in plain and simple English that every person can understand. If they so choose to do so, they can pick up the Bill, read it, and have some degree of understanding as to what it says. If we read through some of the clauses that are in the amendments or read through the clauses that are in the Bill itself, sometimes it requires two, three, and even four readings before one really grasps what it is

that that particular section is attempting to address. So I would encourage as a general policy for all pieces of legislation – and this one in particular because we're discussing Bill 20 at the moment – that plain English be used, that the sentences be shorter, that the sentences be clearer, and that the terminology be well outlined so that people know what it is they're dealing with.

Mr. Speaker, the level of authority for the regional boards on one hand and the Minister of Health on the other is still in my mind not yet clear. Despite the debate we had at second reading, despite the debate we had at the committee stage, I'm still not clear as to how responsibility is going to be delineated. As I discussed the Bill at second reading, I raised concerns about areas where the health regional board may choose to offer some service and then again they may choose not to do so. So you get some variation from one place to the other. You will get some variation from one region to another. Certainly, as I've already pointed out, because some of the regions are in fact different, you will see a different ability of those different regions to provide different health care.

#### 8:40

I'm still unclear and I suspect some of the people who will be applying for and will be interested in being on some of these regional health boards are not from area to area going to be clear as to what exactly it is they will be required or responsible to do. In the business world we see people getting on boards of directors and we see increasing responsibilities now of persons who find themselves as directors or in similar types of positions in corporations, and the issue comes back to what is the personal liability of that individual in a position of a director. Well, in this case we will have a similar sort of operation, where the regional health board will act like a board of directors. They will have increasing responsibility placed upon them. But what if they choose not to accept to provide service X, whatever that may be? That, too, I think is a concern.

Again speaking briefly to the issue of the map. Looking at the map of Alberta that has been provided, when one simply scans all of the proposed health regions, one can't help but wonder how some of those regions were arrived at. Some of the lines seem most peculiar. I have mentioned a couple, one being St. Albert, whether it should be in with Sturgeon or Edmonton. I've raised the issue with respect to Calgary and area. But there are a couple of others that just seem really peculiar. For example, in zone 2 a line separates Cereal and Oyen and puts those two into two different regions. You have to wonder why that would be the case. In zone 6 in Rocky Mountain House, for example, there's one little area that kind of pokes up near Drayton Valley. How come that little area pokes up near Drayton Valley?

MR. LUND: Nobody lives there. It's part of the municipality.

MR. BRUSEKER: Oh. Part of the municipality. Well, that's interesting. I didn't know that. Thank you, hon. member. I guess I would like to know why there are some little anomalies like that. Certainly the Member for Rocky Mountain House is going to be the expert in his own constituency, and I appreciate him sharing that information with the House.

I guess those concerns, Mr. Speaker, are some of the concerns that I still have with respect to this Bill, and I hope that when we get to the point where we're having closing comments by the minister, in fact she can address some of those issues. Not only for members on this side of the House but for all Albertans I think

it would increase the level of comfort that they need to have with this Bill.

As I said at the outset, I think most Albertans and certainly members of the Liberal caucus support the concept of regionalization. The question is: how is it being implemented? As I read through Bill 20 and the amendments to Bill 20 and listen to the discussion we've had on that Bill, I'm still unclear, and I suspect therefore many Albertans are also unclear.

Thank you, Mr. Speaker.

MR. DEPUTY SPEAKER: The hon. Member for Lethbridge-East.

DR. NICOL: Thank you, Mr. Speaker. I just have a few closing remarks on Bill 20 as well. Again, this is a Bill that takes on the characteristics that have become kind of the benchmark for legislation dealing with the major issues that have been brought forth in this session.

First of all, we have a concept here in terms of health care regionalization which is definitely worth supporting, definitely needed, and definitely a program which will work toward the achievement of the end result that all of us ran as the major part of our campaign in terms of fiscal responsibility and a degree of getting Alberta back into a position of financial responsibility. The process we had for bringing about the definition of the regions gave us a lot of input. It gave a lot of time for the people of the communities to react. But at that point basically the influence of the community, the influence of the people of Alberta was kind of put back into a secondary mode, and the end result was a set of regions that was defined by Alberta Health, and the regions now are basically responding to these. I think it would have been much more appropriate had the process been to go out to the communities as they were approached at the beginning and given them a program through a set of Bills or through a change in the methods of funding for Alberta Health that would allow them to combine on a voluntary basis.

We have seen in southwestern Alberta the upheaval that was caused by the change in the focus of the health care system when the St. Mike's system was changed from acute care to long-term care. The community got together through their own incentive, through their own initiatives and put together an advisory board that dealt with regional issues. This is now transferred into the regional boundaries that were brought together by the Barons-Eureka and the Warner health care units and the institutions that fall within those. This was community driven. It was really the process that the people were told at the beginning they would have the option of following. Then this all fell apart, and we ended up with kind of imposed regions on much of the rest of the province except for the main centres of population in Calgary and Edmonton. We also had basically a system where the communities now are left with a set of boundaries to define the regions which do require adjustment or do require a stretch of the imagination to bring about the rational use of those regions.

As some of the facilities that were conveniently allocated to one side or the other of a boundary depreciate and become outdated, will we have the option to relocate those facilities into a more appropriate position within a region and then adjust the boundaries of the region according to population and facility needs? There's no real mechanism within the structure of this Bill to deal with that so that we can possibly shift some of these little kinks in regions that are there now, as have been outlined by the Member for Calgary-North West. So this is kind of an adjustment process that needs to be brought into the idea of the regionalization. As

I've said, regionalization itself is a concept that I think all members in the House support. It's a method of reducing the administrative overhead costs of providing health care if we can reduce the number of boards, reduce the number of institutional administrative units. What we end up with, then, is really a lack of definition of how these institutions that exist today work together in the new framework. What we have now is no real definition within the Bill – hopefully this will come from the regulations – in terms of the relationship between local needs versus the regional needs versus the things that are helped with at a provincial level, the tertiary hospital focus. What we've got to deal with basically are the processes of transferring and co-ordinating those services.

I know we've heard lots of talk of the possibility of a regional authority being responsible for the total health care of their residents, and if you end up having to go to another region for your appropriate care, what you'll end up with is billing back and forth. What we've got to deal with here, then, is the possibility of a lot of administrative problems associated with transferring these dollars through identifying the patient with the region the patient comes from, the relative merits that have been placed on that particular treatment or preventive situation by each of the regional authorities, and how that corresponds. We don't see in the Bill any real definition of how this standardization co-ordination is going to come about. We have the potential, then, unless regulations are very well defined, to end up with kind of a patchwork health care system across the province as each of these authorities takes a different focus, takes a different initiative on their health care priority. They'll end up, then, with alternatives in the method of providing health care. So those are basically some of the concerns that we end up with, dealing with the regionalization part of this Bill.

#### 8:50

We then get into some of the operational characteristics of it when we start talking about some of the things that deal on the possibility of the application of user fees – this is a concern – how these are going to expand, if they will expand beyond the limited focus that's out there now. This is not clearly defined. It's going to again be left to the regulations, which will hopefully be brought about or implemented so that they become reasonably uniform so we don't have some areas where user fees are appropriate, where other parts of the province served by a different regional authority have a different set of restrictions or a different set of directions for what can be paid for directly or what has to be paid through user fees. We end up then with the possibility of again this potential for a patchwork system in terms of the essential services and the user-fee approach.

We've heard some of the other members this evening already speak about the public health concerns. This is one of the issues that has come up in the Lethbridge area, Lethbridge-East, on numerous occasions when I've had workshops, open houses, discussion groups. Even phone calls that have come into our constituency office say, "How is the function of the public health unit going to be built into the regional health authority?" Some of the amendments that were proposed during committee I think go a good way toward clarifying this, but they still leave out some of the incentives or the mechanisms that we need to provide the regional authority board members with a real commitment to the idea that prevention is better than having to deal with the cure. If we can prevent people from being sick, we're going to be dealing with them on a lot lower cost basis than we would be if we're dealing with them on an acute care recovery basis.

The other concern that still exists in the Lethbridge area, the Lethbridge-East constituency, concerning this Bill has to do with the lack of constraint that's put on the requisitioning power of the regional authority. This ties back into the boards. A lot of the concerns are with the initial appointment to the boards and the potential mix of elected versus appointed boards in the final allocation or the final definition of the boards as the process of replacing the boards gets synchronized with the municipal election process. This is the reason, we're being told, that the appointments are occurring now, because they want to bring it in line with the municipal elections. But we're also not told that all members would be elected. We're not told the criteria for representation between urban centres versus the rural population service centres, the small towns versus the farm communities. How will they look after their interests and their perceived needs for medical treatment within the framework of getting the bills put in place?

Then as these boards act to requisition – you know, the previous health care Bills have had requisitioning powers which have been really limited to the support services for the capital facilities. In this new Bill now we see that there's been a limitation on the requisitioning power to, quote, capital costs. Well, does that mean that within our constituency the southwest regional health authority could be creating a requisitioning program where nonelected members are going to be subjecting the members of the community to a tax burden that they don't have an option to deal with? This has to be taken into consideration as we move from the original appointed boards and roll this over to the final structure of the board, whether it be elected or elected/appointed or totally appointed. This is one of the areas where I think we need to have a little bit more clarification and a little more public consultation in terms of getting these regulations in line with the community and what the community sees as being their health care system.

[Mr. Clegg in the Chair]

I guess the other issue that has come up quite often – and I didn't see this clarified satisfactorily in the amendments and I still think we need to deal with more – is the role of some of the specialty professions within the health care system, some of the things like the physiotherapists or the radiologists. How are these going to be handled? There's a real fear here that these are going to be turned over to privatization. Some of the members in our community that look at the Bill and look at the options are quite excited if they can take off and become privatized and do direct billing, whereas others are really concerned about it. So I think this is one of the areas where I would hope the minister takes a lot of time to go back to the communities and really look at how the communities perceive these specialty services or ancillary services as part of the health care program, the health care process for the community and how they'll get built into dealing with them in terms of the whole mandate of the regional health authority.

Mr. Speaker, I'd just like to conclude my comments talking about Bill 20 and the regional health authorities. This Bill basically takes a couple of good steps forward in helping the mandate of financial responsibility that we set about. The Bill looks at an additional focus in terms of not only dealing with health care financial responsibility but the delivery, and we end up, then, with a change in focus of what our whole health care system is going to be about. I see this Bill basically coming down now to a mix of objectives. We've talked about the financial responsibility at length, but it also deals with part of the govern-

ment's mandate or the government's initiative toward privatization. There's a lot of room now within the interpretation of this Bill for privatization within the health care system, and this is something that we need to look at in terms of real evaluation and concern by the people of Alberta: whether or not this is the direction we should be going and whether or not it's consistent with the Canada Health Act.

Another issue that comes up in the context of this Bill is the transfer of power, first of all in terms of the focus between centralized control in the Department of Health in Edmonton versus the community's control. We end up now with Alberta Health and the minister, the executive setting a lot of the regulations. These then get implemented through Alberta Health, handed down to the authorities. They have to deal with them. Then we also end up with the community health councils and how they're going to fit together. What we've got effectively is a perception of downloading yet still a very heavy hand at the top through the power for nondebated, nonpublic input regulation control and regulation change. So what we've got is what seems to be a process of allowing the communities more power, but if they don't respond the way the central authority, Alberta Health, would like, there's that regulation hammer that they can use to basically change the way the community responds.

That leads me into the final focus that I'd like to take on that Bill: the very high concern that I have for this shift from legislative direction for Alberta to a change where we have regulation running Alberta. This basically puts together the four focuses of this Bill. I would suggest that in the long run the latter one is the most highly controversial of all of the issues and, from my perspective, one of the ones that makes it very difficult to support the Bill. What we've got is a Bill that has a focus that is going to help, but in the process of helping it creates a lot of concerns. From that basis, Mr. Speaker, I find that in the end, even on third reading, I'm going to have to vote against this and for those reasons.

Thank you.

9:00

MR. ACTING SPEAKER: The hon. Member for Lac La Biche-St. Paul.

MR. LANGEVIN: Thank you, Mr. Deputy Speaker. I rise this evening to speak to Bill 20. I believe that in the past few years all the political parties of this province have expressed support for regionalization. What has happened is that this time a Bill is proposed to do exactly that. There is some disagreement on how the process should work or how we should attain regionalization. I have some concern, but in general I believe the Bill is a good Bill.

I know that in region 12, where my constituency lies, the people are generally happy with the region that was formed because the trading area and the living areas were taken into consideration. When the first proposal was made, about three hospitals were not included, but because the people of these areas asked to be included, it was changed before the final proposal was made. I think it shows that there was an attempt to accommodate the people in that region.

I know there is one concern. We have a concern and I have a big concern about having the county of Strathcona in region 12, because most of the people who live in that county are residents of Sherwood Park, about 40,000 people. They're urban people and they have no ties with rural Alberta. I think they have demonstrated that. They have made demonstrations, they have

made petitions in regards to the Grey Nuns hospital here in Edmonton, and they have been very vocal as far as health is concerned in the city of Edmonton. That demonstrates that they have closer ties with the Edmonton hospital. I know that nobody from Sherwood Park will travel to Lac La Biche, Bonnyville, or St. Paul to get health services. If they are sick, they will immediately come to an Edmonton hospital. So I don't understand that reasoning.

It's the same with the people from St. Albert. They have presented in this House numerous petitions asking to be with the rural district, region 11. I know and everybody I think in that community would know that if they cannot get the proper services in their own hospital in the city of St. Albert, these people will by their own choice come to a city hospital, or if they're transferred by a physician, they will be transferred to a city hospital. You will not see these people going to Athabasca, Boyle, Barrhead, Westlock, or Mayerthorpe. I don't understand then why they would want to be with region 11 when we all know that they will be getting their services from the city hospitals.

I would hope the Minister of Health would look at that now that these regions will be formed, that in each rural region – and I can't talk for the city because I'm from rural Alberta – there should be one rural hospital which will specialize in giving some additional health care than is provided now in rural Alberta. This will alleviate the need for people from rural Alberta to travel to the city all the time when they need specialized health care. I think transfers to city hospitals should be done for organ transplants, heart bypasses, or some very serious surgeries. Most of the other procedures could be done in one rural hospital that would be designated in each region.

[Mr. Speaker in the Chair]

I support some user fee, and I support that by speaking from experience. When I was chairman of the hospital in my community, a town of 5,000, we experienced 26,000 visits to emergency in one year. I think this is extremely high. We made a survey on that and found out that 80 percent of these visits were clinical visits, not emergency visits. The total cost to the hospital board at that time was \$400,000 per year to look after all these clinical visits that came to the hospital. They came there because it was convenient, because they could get the doctor to look at them faster, and because of ease of access.

I think that if we at that time had looked at using some user fee to have a deterrent so that these people would go to the medical clinic, we could have saved the board \$400,000, because the people immediately, if there was a small user fee – and I say a small user fee – would have chosen to go to the clinic where there was no user fee. I think it would have been the proper use of health care. This system of seeing 26,000 visits a year in a small hospital like the one in my community is really an abuse of health care. It's abused because there is no charge for it. Whenever something is free, people just take advantage of it sometimes.

I would hope that the minister in the regulations would look at remuneration to board members and put some kind of guidelines on that. I again say that because I can see that many, many board members would be very reasonable and would not abuse that, but in some cases maybe there would be excessive remuneration paid to board members. I can only relate to rural counties. I know rural counties where the reeve will make \$20,000 to \$25,000, and in others it will go up to \$110,000 and more. I think if there are no guidelines, you don't know where you're going to end up paying remuneration to board members.

The requisition to the municipality was raised as a concern by several MLAs in this House. I don't see that as a big concern because it has always been a possibility for hospitals to requisition. I did it when I was chairman of the board in St. Paul. We did it twice. We requisitioned the municipalities that were involved in the funding of that hospital, and I think it's just a continuation of what we had before.

I have some concerns with the health units, because as we form the new regional health regions, as in region 12 which I represent, there will be four different health units operating within that region, and each health unit has its own boards and its own rules and regulations and ways of operating. I think it does not give equal service to all residents of a region. I would see at one time that health units should be coterminous with health regions and even the further possibility that we would dismantle the health unit completely and amalgamate all that service into the regional health authorities. I think that one authority would be more cost-efficient.

At this time what is being experienced in many hospitals in rural Alberta is the discharge of patients when they need to have home care for the transition time when they're recuperating at home. If you have to discharge a patient on the weekend from Friday noon till Monday noon, there's no way you can get the help or co-operation from the health units because they're working on a five-day work week. I think the hospitals should have control of the home care nurses. If you can discharge a certain percentage of your patients one or two days earlier, even on a weekend you'd save thousands and thousands of dollars to the health system in this province, and you'd give better health services to the patient who would need that service at home.

The ambulance service to me is another sore point. I know that in all regions now you're going to have different ambulance service, a different level of service, of competence, and maybe we should look in the future of having one ambulance service that would represent the whole region and be administered under the same board. Every resident of that region would have the same service from the same ambulance service.

I know the transition is not going to be painless. There's going to be some pain and adjustment to be made, but there will also be some benefits in the long run, and the centralization of service will be a payoff. The larger boards will increase the buying power, and they're going to save on supplies and medicines and whatever they need to buy for hospitals. There will be the reduced cost of administration, and that has already started. I know that the hospitals at Bonnyville and Elk Point starting tomorrow, June 1, will have one administrator instead of having one for each hospital. Just in that case there is a saving of \$110,000 for one position. There are many hospitals in my region which can join administrators and accounting services, and there will be quite a saving on that and a better use of existing facilities.

*9:10*

I know there've been some points made that we're still building new hospitals at this time, and I'd like to say that in region 12 there's only one hospital that was under construction during the last year. It was not for acute beds; it was for long-term beds. These long-term beds were needed very badly. The official opening was held in Elk Point last Friday. I attended that with the hon. Member for Vegreville-Viking. They're opening 20 long-term beds, and already there's a waiting list because of our aging population. I think that every time we see construction of a hospital in rural Alberta we have to ask ourselves: is this for acute care or for long-term care? When it's for long-term care,



I think we're looking after the senior citizens of our population, and I would support the long-term care beds when they're needed.

I would urge all the MLAs of this House to work closely with the Minister of Health in choosing the regional health board members, to make sure that we have people who serve on there of quality, good experience, and commitment because the first few years of transition will require people who have the knowledge of health care in this province, who will know what is needed to make our health care more efficient and to deliver better health care with fewer dollars. I think that's what we have to do, and we should not satisfy ourselves with just cutting the budget and trying to trim expenses. We have to satisfy ourselves that we can save some dollars and at the same time keep the quality that we have today or improve health care quality.

I would urge all members of this House to support this Bill in third reading and to co-operate with the region they represent to make sure that their transition is as smooth as possible and that we can look after the health care of Albertans.

Thank you, Mr. Speaker. That concludes my remarks.

MR. SPEAKER: The hon. Member for Edmonton-Meadowlark.

MS LEBOVICI: Thank you, Mr. Speaker. I wish I had the same faith the Member for Lac La Biche-St. Paul has with regards to this particular Bill, but my comments on this Bill can probably be summed up, in short, in two words: empty shell. That is what this Bill is.

On May 19, not more than five working days ago, this government brought in 27 pages of amendments, 27 pages of amendments to a Bill that was introduced. Now, is this good planning? Is this something that instills faith in either the loyal opposition or in the public of Alberta? I would like to submit that the answer is no, that if we were to have thought that there was a plan, perhaps Bill 20 should have been Bill 1. Perhaps Bill 20 would have been one of the first Bills introduced in this Legislative Assembly so that there could well have been, as there always are from this side of the Assembly, reasoned arguments and input from those affected by this Bill.

Now, the Regional Health Authorities Act is not just a Bill that deals with a matter that has no import to the public. When we are talking to our constituents and ask what is important to them, one of the first things they'll probably say is that it's their health. It doesn't matter how wealthy you are, it doesn't matter how happy you are in your family life, if you don't have your health, you have nothing, because that is one thing you cannot buy. So when we look at the impact of this particular Bill, we see that it is an impact that has grave consequences for the health of Albertans.

When I look at a Bill, I try and see what are the parameters that the Bill is built around and what are the reasons that I would look at voting for the Bill, and I listen to the arguments put forward by all members. I listened to the arguments that were put forward by the Minister of Municipal Affairs as well as the Minister of Health. They said a few things, one of which was that this is the right thing. Another thing that was said was: well, let's try it. Let's try it. We don't know if it will work. We don't know what the impact will be, but let's try it. A third, of course, was: trust me; I know this is the right way. As the Member for Edmonton-Meadowlark, what I'd like to put forward is that this may have been the right idea. The idea of regionalization might have been the right idea, but this is the wrong way to do it. In effect, this is too important to say let's try it, like we did with the ALCB. Didn't we do that? Overnight we said: Let's go sell all of our

stores. It doesn't matter if we lose a few million dollars. It doesn't matter if we put a few thousand people out of work. Let's try it. And that's what we're saying with this Act. Let's try it and see if it works. It doesn't matter if someone gets lost or dies in an ambulance on the way to a hospital that no longer exists; let's try it.

Then it's "trust me." I saw an example of that this afternoon with our Deputy Premier, who was looking at confidential telephone lists. What are we? Big Brother? What kind of dictatorship are we really in that telephone lists – yours, mine, the press gallery, anyone who makes a phone call out of the Assembly – are not confidential? Now, that's a reason for trust? I don't think so. I don't think it is at all. [interjections]

MR. MITCHELL: You rattled the cage.

MS LEBOVICI: Good. They're waking up, eh? I'm setting them up for you.

On second reading we put in a reasoned amendment. That amendment was that this is an important Bill and what we need to do is take this particular Bill and put it aside. We need to think about it, and we need to allow Albertans to have input into the Bill. The reasons for that are quite simple. We see fear in people. We see members on both sides of the legislation talking about it and talking with constituents who are afraid that their hospitals are going to close. We have the Children's hospital in Calgary, and we know that that is an issue of grave concern for the citizens in Calgary. We have the Grey Nuns and the potentiality of the Misericordia in Edmonton, and we know that those hospitals and the potential closures and changes to those hospitals are of grave, grave concern to the members, to the citizens in Edmonton.

So the reasoned amendment was a good amendment and one that we hoped would have made sense to the government. But, no, we're back to, "Trust me; it's the right thing," and "Let's try it," with no thought of the consequences. Have any of the hon. members taken a moment, just taken a moment out of your busy schedules – because I know you are all busy – and said, "What if I'm wrong?" Have any of the members sat back and said, "What if I'm wrong?" Has the Minister of Municipal Affairs asked that question to himself, and can he live with the consequences? Has the Minister of Energy? Has the deputy minister? Has the Minister of Education, who has a double question to ask, not only in Health but also in Education? And the same for the minister of advanced education: what if you are wrong? You can repair a road that you haven't fixed the potholes in for a year or two years or three years, but you can't give a child back an education that they're missing. You can't give a young adult back a career that they've not been able to gather. You can't give back someone's life that they have lost as a result of inadequate services. So the question is: what if you're wrong? Can you live with that? I know I on this side of the House can't live with the fact that I have not to my utmost attempted to show that there are problematic areas within this particular Bill and that these areas need to be addressed and looked at.

Now, again I had the opportunity on Saturday to spend some time with some young interns and residents who are looking at their futures within the province. I was told point-blank by one: "This is for the MLA. I've been given an offer of \$150,000 to go to Baton Rouge. On top of that, I will get my subsidies. What do I have left in this province to stay for? Do I have a health care system that truly cares about the health of Albertans?" I had another young doctor come up to me and say that he had

become an anti-Tory Tory. This is something that I've just got your attention on, and this is something that he said to me as a result of the actions of this government. Doctors can't get jobs in this province at this point in time. We have a government that says that they're a free enterprise government, yet what are you looking at doing? You're looking at putting a cap on the number of doctors in this province.

9:20

We have a number of issues that have yet to be addressed, particularly issues with respect to labour. I've heard over and over again the statement that it's not going to affect care, that we're not attacking the front-line workers, yet only six months after the CUPE locals in Calgary agreed to a 5 percent rollback, the employers are back asking for another 5 percent, and that doesn't take into account their wages that have been cut because of reduced hours. Then at the same time – and this is real planning – we see hospitals that are spending millions of dollars to get in ahead of the potentiality of regionalization. So we're asking the front line, the ones that are going to provide the care, to take another hit while the hospitals are spending dollars on capital expansion programs.

We see under the new amendments that have been brought forward that the hospitals that are currently under the Public Service Employee Relations Act are going to be amalgamated with the Labour Relations Code, and that is a good move. When the government has initiatives that are good, then I will be the first one to say that that is a good move. And that is a good move, but it would have been a lot better to go the extra move and give those hospitals the same right to strike as those under the Labour Relations Code.

When we look at, in terms of labour again, the work force adjustment strategies and the work force adjustment task force, the problem with that is that it's just too slow. There were dollars allocated in the budget. Those dollars have, to my understanding, now finally been moved over, but unfortunately there have been hundreds of people that have been put out of work, and the work force adjustment is just too late for them.

With regards to the regionalization, I wonder if the real cost of regionalization has been taken into account. When I talk about the costs, I talk about things like the severance packages, the total costs of severance packages. Have those been calculated? Have those been accounted for? When I talk about costs, I talk about things like: what happens in the case of a group like Caritas, where there might still be equity owing to the Grey Nuns, I believe, somewhere in the neighbourhood of \$15 million? What happens there? That hasn't been thought out.

Everyone seems to have their own interpretation of what is going to happen to the current boards. Who is the boss? Is it the local board? Is it the regional board? There seem to just be no real answers.

Again we go back to the point that we have a Bill that's an empty shell, that we have a Bill which has had 27 pages added to it in the last five days, yet we still don't know how it's going to work. We still don't have the regulations. We're still acting on blind faith. We still think that because of this Bill we're actually going to reduce the costs of Alberta Health as a result of the regionalization. Well, I would like to know what the projected decreases are in terms of Alberta Health. Are we just going to be growing 15 miniature Alberta Healths with these boards? Has there been any thought in terms of the costs and what those costs are? Those are some of the concerns that I have.

One of the other questions that comes to mind is in terms of who actually has advised on this particular Bill. When we looked at the Gimbel Bill, we saw that the high-ranking officials in the Department of Health did not have the authority to advise. When they tried to advise on Gimbel, they were told, "Well, you can't do that; it's not your place to advise the Legislative Assembly or a committee of the Legislative Assembly." So I'd like to know who has been advising the minister on this. It hasn't been the public. It hasn't been that there has been any hearing or caring or listening to all the petitions that have gone forward or to the reasoned arguments of the opposition, and, as well, there doesn't seem to be anyone in government that is listened to on this.

A great concern that I have is with regards to what happens after the original appointments in the health regions. Right now what it says is that the regional health authority can be either appointed or elected. We are seeing appointments that are going to occur in the first instance, and perhaps that's what needs to happen. But it would have been nice to have seen in the Bill some kind of outline that in effect these appointments would not be ongoing and that there would be elections. The reason I bring this up is that the Edmonton regional facilities planning committee had originally said that they were not looking at elections, that to have elections would mean you could have highjacking of health authorities by special interest groups like perhaps the public. It seems that the public has become a special interest group to this particular government. Again, I think that's a fundamental principle that should have been addressed in this Bill, that there needed to be the thereafter clause which indicated that within two years or three years these boards would be appointed.

Another fundamental flaw within the Bill is with regards to the provision of user fees. Although the Minister of Health has indicated that, no, this is not the case, and, no, user fees will not be charged for essential services, in effect the Act still talks about, quoting from 20(k):

to charge fees for goods or services they provide and respecting the amounts of the fees that may be charged for those goods and services.

Nowhere in it does it say that essential services will not be charged for. If that is the intent, then why not spell it out in plain English, like we saw with the Municipal Government Act? Spell it out if that's what the case is.

The other grave concern is with regards to the voucher system. We should not have a system within this province that allows for there to be any kind of discrimination against those who are not wealthy, those who are chronically ill, who may have a family history of disease, or the elderly. That's what may happen as a result of this particular Bill.

The Member for Lac La Biche-St. Paul said a couple of curious things that I wasn't quite sure what the meaning of was. He seemed to indicate that there is a rural and an urban population split with regards to health. If you live in the rural area, you should not be allowed into the urban area, and if you live in the urban area, you should not be allowed to use services in the rural area.

MR. LUND: That's not what he said.

MS LEIBOVICI: I would hope that is not what he said, but that is what my understanding was, and I would hope that we would never see that that is what might occur. Hospitals, no matter what part of the province that you live in, should be accessible to everyone. There should be no restriction on access, and that is why we are against a user fee of any kind.

The member had also indicated that perhaps if there was a small user fee for the hospital, then people would be forced to go to the clinics. Well, I didn't quite hear in the argument whether there was a reason for people not going to the clinics, such as that maybe clinics aren't open 24 hours or maybe the clinics don't provide the kind of care that the hospitals provide, and that's why people were going to the hospitals. I do not think that people willingly go to hospitals, that hospitals are a place to visit like one would go to a movie theatre, so I wonder about this whole notion of abuse, whether that is a notion that is valid.

I would like to challenge the minister, if this is a Bill that the minister is fully confident in, if this is a Bill that the minister feels there is full support for, if this is a Bill that the minister is not worried about with regards to the electorate, that she enact the provisions within the Hospitals Act which talk about plebiscites. It's section 3, where it indicates:

The Minister may require that a plebiscite be held under the Local Authorities Election Act in a district or proposed district by which the electors of the district may indicate their approval or disapproval to construct new facilities, disestablish existing facilities, amalgamate boards within the district or other matters pertaining to the provision or operation of hospital or nursing home facilities in the district.

Now, this is a government that has already indicated that they're willing to live by referendums, unless of course that's only referendums that are outside of their provincial jurisdiction, that they have no control and no say over. If this government is a government that is willing to live by referendums and plebiscites, then the challenge is clear to the minister. This is a clause that is an invitation to the minister to submit to the democratic process, to require that a plebiscite be held, and, if there are enough citizens within an area who wish to have these provisions enacted, that the minister call that plebiscite.

Again, if the government is so sure of their mandate, as they repeatedly like to let us know that they are, that a year ago they were elected to be government – if that is the mandate that they are sure of, that they are confident of, that in their travels around this province they have heard untold support for the kinds of changes that they are making to the health care system, then there should be no reason that the minister would not enact these provisions. These are good provisions; these are provisions that allow for input from the people who support the health care system through their taxes.

With those comments, I would like to indicate that I will not be supporting the Bill. I guess that comes as no surprise to the members on the opposite side. I think that I have made my position clear as to why I cannot support the Bill, and I would hope even at this late date that the members do sit back, do take a moment to reflect and say, "What if I'm wrong?"

Thank you.

9:30

MR. SPEAKER: The hon. Member for Edmonton-Rutherford.

MR. WICKMAN: Thank you, Mr. Speaker. I just want to speak relatively briefly. I view this Bill as a Bill that does take a step forward. It takes a step forward in the sense that it does talk in terms of regionalization. Regionalization is nothing new. In fact, it was in 1989 that this particular caucus, or the Liberal Party, went throughout the province and promoted regionalization, promoted rationalization of the health care system. Again in 1993 this party went throughout the province and advocated and supported regionalization and rationalization of the health care system, never advocating, as some members of the Conservative

Party put it at the time, the closure of rural hospitals. No, we didn't advocate the closure of rural hospitals. We advocated exactly what this Bill is doing: regionalization. Now, that is the one step forward, but even that step I don't call a gigantic step, because there are problems within that regionalization as to which hospitals are part of which region and so on and so forth. Even with that one step forward in the terms of the concept of regionalization, I then have to look at the faltering steps that the Bill takes in other directions. The good that comes from that one good principle of an aspect of regionalization is tremendously shot down by the negatives in the Bill.

I want to just dwell a bit on the negatives. I don't always like to dwell on negatives. The Minister of Municipal Affairs likes to accuse us of being negative, but we are not negative, Mr. Speaker. We simply try to point out where there's good, there's good; where there's bad, there's bad. Sometimes it's tough to find much good, and this is one of those Bills where we don't find too much good. Now, when I look at some of the negatives – and I've got to say that we do tend in this caucus at times to look at things with a degree of suspicion, and we do look for underlying motivation that may be there, but we do it with good cause.

The government has sent signals not only to us but to Albertans, signals to taxpayers that we're on a trail towards privatization. If anybody doubts the statement that I make that it's government pushing the health care system towards privatization, all one has to do is look at the Gimbel Bill that was in front of this Legislative Assembly as well as in front of Private Bills. Certainly it was in front of a committee. Nevertheless, the telling story to me of the privatization that the government seems to be intent on in all aspects of life, including health care, is when the Premier of this province even before hearings were held on that Bill got up in public and announced that he supported the Gimbel Bill because that concept of privatization was good. It was after that that all these representatives from the powerful groups throughout the province came one by one, dozens upon dozens, to the public hearings and spoke against the statements the Premier had made in terms of privatization. The fear was there. The fear had been implanted.

So it's not only us that tend to be a bit suspicious at times, Mr. Speaker. It's Albertans, Albertans that are in the know when we talk in terms of these special interests such as health care. You get representatives from groups that represent thousands of people throughout this province expressing similar concerns coming to our caucus and saying: "You've got to stop that government from doing what it's doing, because they're leading us to a two-tiered system. They're leading us to privatization. They're leading us to a system where the rich are going to afford a certain style of health care, and those that don't have the same resources are going to have a whole different level of health care, sort of what we see in the United States."

Now, I look at some of the principles that are in the Bill, some of the principles that can be led to in terms of actions on the part of the government. Even within this Assembly during question period very, very recently, I believe it was the Member for Calgary-Fish Creek that lambasted the Minister of Health for statements that she had made on the Children's hospital. What I interpreted her to sort of imply was that there is snookery, political motives involved in that whole proposed relocation. That member to her credit pointed out that there were statistics that questioned very seriously the intent of the government. I can even go to a statement that the Premier of the province made on April 15, 1994, where the Premier praised the Hyndman report,

which recommended the closure of three hospitals and the relocation of the Children's hospital. Mr. Speaker, that was of concern to myself, to this caucus, to Albertans, particularly to Calgarians that feared the closure of three hospitals in their city plus the relocation of the Children's hospital. Of course the same fear is here in Edmonton in terms of the Grey Nuns hospital, in terms of the Misericordia hospital, in terms of the uncertainty that has been created within the health care system. So you can understand . . .

**Point of Order  
Relevance**

MR. LUND: Point of order, Mr. Speaker.

MR. SPEAKER: Order please. The hon. Member for Rocky Mountain House is rising on a point of order.

MR. LUND: Under *Beauchesne* 459, relevance. Please spare us from this rambling.

MR. SPEAKER: The Chair presumes the hon. member is questioning the relevancy of the hon. member's comments to this Bill.

**Debate Continued**

MR. WICKMAN: I thank the member for standing up and giving me a chance to refuel with my glass of water. I was running out of steam there for a second.

Mr. Speaker, speaking to the Bill, the concerns that are expressed throughout the whole process – and it's been pointed out: the closures and the possible closures, the building of a new hospital in Barrhead, Westlock. Again, I want to refer to a statement that was made in *Hansard* as a matter of fact by the Minister of Transportation and Utilities: "I want to share with these members," referring to us, "that if there is no construction . . . in the minister's riding this year . . . there'll be no construction in any of their ridings." Well, it points out a certain style . . .

**Speaker's Ruling  
Relevance**

MR. SPEAKER: Order please. Perhaps the hon. member could sort of connect those comments to the objects of this Bill that we're presently discussing in third reading.

MR. WICKMAN: Mr. Speaker, the concern that I was trying to point out in this concept of regionalization was the concept, the principle that the government is leading towards in terms of health care. I'm trying to point out the inconsistencies, the decision-making process that we're into that can cause us a great deal of problem and causes us concern and points out why . . .

MR. SPEAKER: Order please. The Chair can certainly well understand concerns that various hon. members may have about the administration of the delivery of health services in our province, but that has to do with the general administration of the department perhaps, which is really not germane to the regionalization of health districts in our province, which is the subject of this Bill.

9:40

**Debate Continued**

MR. WICKMAN: Mr. Speaker, when I look at the actual structure of the proposed regional health boards that are to be

established throughout the province, that does pose a number of questions. It poses the question as to the process of placing the members on those particular regions, then the responsibilities of the regions in terms of redefining the region they're responsible for, redefining the possibility of mergers or shifting, whatever. So the regionalization aspect becomes very, very important from that point of view. That's been addressed by several members of our caucus, but there are two more points I want to make before I conclude and allow the Member for Edmonton-Whitemud to carry on with his wisdom.

The user fee. In the Bill that is in front of us, clearly it spells out the potential there is for the user fee concept. The Member for Rocky Mountain House shakes his head no, but it's there. It's been pointed out time and time again. The other aspect, Mr. Speaker, is the question of the vouchers. Now, again the member states flatly that there is no possibility of a voucher. It may not refer specifically to the term voucher, but it does make reference to the ability for individuals to receive payment to utilize health care services out there in the community. If that's not a voucher system, I'm not sure exactly what you'd call it.

That whole concept of vouchers, that whole concept of user fees leads to that final point of mine, and that is the taxation. Clearly in the Bill there is the ongoing authority to requisition. There's the authority to impose those user fees. No matter how you look at it, Mr. Speaker, when we talk in terms of taking dollars out of the pockets of Albertans, to me that's an increase in taxation. It's a form of taxation. Government members can say "No new taxes" all they want, but when we have Bills like this Bill in front of us, it does give us the message that in fact there are new taxes.

Mr. Speaker, on that note I'm going to conclude. I would very dearly love to be able to sit here and say that I'm going to support the Bill, but I can't. There are simply too many shortcomings.

MR. SPEAKER: Thank you.

The hon. Member for Edmonton-Whitemud.

DR. PERCY: Thank you, Mr. Speaker. I wish to add my comments at third reading of Bill 20. There are four points I want to make in my comments, and I shall be brief. The first point. This Bill is very much – and I'll use the glass of water: you can say it's either half full or half empty. On the issue of regionalization, as my hon. colleague from Edmonton-Rutherford has said, this regionalization makes a lot of sense in terms of trying to integrate health care delivery services and reduce costs. It certainly was a good idea that the Liberals had pushed in '89 without much success, I might add, and subsequently. The issue of regionalization certainly played a major role in the Conservative leadership race as well with the member that was really pushing it, the hon. Nancy Betkowski, not being particularly successful. She's no longer in the House. So the first point: I agree wholeheartedly with the move towards regionalization.

The second point is, though, that I have concerns regarding the structure of the boards. I had hoped that the amendments, the large number of amendments that the government had brought through would have dealt with some of these issues. Here there is the issue of the length of the transition of these boards. An amendment that we had attempted to bring through to put a two-year span on that was defeated, and I think that's regrettable.

A second point is that I think again in terms of ensuring accountability, elected hospital boards make a lot of sense. I really do regret that there are the provisions in there for appointment as well as election. I would much preferred to have seen elections on the Bill. That is of concern to me.

A third point tied in to this issue of appointment is in fact that there is no mechanism in here for ensuring how appointments are made to the board – and this issue has been brought up before – and no commitment to use the screening process for significant appointments, et cetera. I can readily understand how in the transition there is a need to ensure that there are knowledgeable individuals in place as we go through the consolidation phase. Again, in the absence of the commitment to ensure an arm's-length process where merit not political stripe determines who sits on these boards, it really does cause me concern.

A fourth point is the incremental move that is contained in this Bill towards user fees. This is an issue that in fact should be debated in the House in some detail: how we address the issue of universality versus equity, how we define access, whether or not we do want to move to a two tier. That increasingly seems to be the thrust of government moves, the emergence of a two-tiered health care system. These issues ought to be debated on their merits in this House, and I don't believe that they were debated to the extent they ought to have been certainly given the restructuring that is proposed by this Bill.

With those comments, Mr. Speaker, I will conclude.

MR. SPEAKER: The hon. Member for Edmonton-Centre.

MR. HENRY: Thank you, Mr. Speaker. I have a few comments that I'd like to make at third reading of Bill 20 as well. When we're talking about regionalization, there's broad support for the notion of regionalization and restructuring and reform of our health care system. However, I have a concern that what we will end up with if we don't know where we're going is simply a different system that has the same components juggled around rather than a truly reformed system that restructures the way we look at health in our province and the way we look at health care services and the way we deliver them.

It is very clear to me that in Bill 20 we run the danger of simply creating another level of bureaucracy, another level of governance within the system. What I am worried about, particularly in the Edmonton area and particularly in my constituency, is that we'll end up with councils or local boards that will essentially parallel the existing institutional and public health boards and then we'll have a superregional board on top of that. What we'll end up with is simply the same players in a different configuration with another layer on top of them all, not actually reforming the health care system.

What we need to do, if we're really interested in looking at health care reform and looking at improving the health of Albertans, is broaden the mandate in terms of what we describe as health and look more specifically at some of the environmental factors. As the hon. Member for Edmonton-Highlands-Beverly pointed out in her Standing Order 40 yesterday, there is a very clear connection between children growing up in poverty and incidences of poor health or of poorer than average health in childhood, adult years, and later. Very specifically, I don't see any move that would address the kinds of situations we have with low-income mothers, parents who aren't able to have adequate nourishment because the income level of support, whether it be through family or government or community agency or whatever, isn't there and we end up with underweight babies who require massive amounts of intervention simply to survive and be able to enter into the life cycle of poverty and despair.

9:50

I know we can't solve the whole world's problems, but I also want to point to the whole notion of health promotion. I think

this regionalization, in terms of reforming how we deliver health care, doesn't address that issue of looking at more preventive health care and looking at earlier interventions that allow us to not only save money in the long run but provide a healthier environment. I don't expect the Bill to have all those components that will outline that we need neonatal clinics, that we need early intervention nutrition for expectant mothers, but I would expect to see a system that would hopefully be closer to the community, that would be closer and be able to deliver those services and be able to identify what is necessary in each community and not simply in each municipality or in each grouping of municipalities.

What we know is that the health care needs of children and of families in Riverbend in Edmonton are very different from those in Boyle Street, which are very different from Riverdale, which are very different from the Oliver area or the Prince Rupert area, and those are very, very different from the promenade in the Grandin area in my constituency as well where we need different kinds of intervention. Sometimes we need more, and frankly, Mr. Speaker, sometimes we need to pull back and have less formal intrusive intervention and have more community support.

What we need is a system that will allow that decision-making at the local level. What are we getting in response to that need? What we're getting is a system where we're going to have a board that's appointed by the government, not elected by the people, not from the communities. We're going to have community councils, which seem in my view to be ill defined and seem to be more advisory in nature to the regional board. The danger here – and we all know that there are major players in any system, whether that be the health care system or any other major established system that have territories and have turf that they want to protect. Unfortunately, what we see in the regionalization is that those very people and those very institutions and those systems in place are now working very, very hard to guarantee their place in the new order rather than looking at a very, very different way of operating, of delivering services.

I'm glad to see that public health and public health concerns are included in the amendments, and I congratulate the minister for having brought forward the various amendments, including the one that includes public health. We often forget in our province that the very basis – and in my experience and prior, frankly, to my life experience public health was a primary care delivery system in our province. We can't continue to operate exactly like that, but the principles of public health, of early intervention, of prevention, of health promotion, and of dealing with family and community units are still very valid principles that we need to not exclude from the regional system but actually include. I'm glad the minister has done that, but I'm concerned that the whole regional system is not adopting that proactive community development mode.

It wasn't unusual for a public health nurse not too long ago in this province, Mr. Speaker, to work with a community, to help a community provide the kinds of supports that are needed for an elderly person living on their own or for expectant mothers when the fathers have to be away for employment purposes and otherwise. I've seen these kinds of things work. I've seen public health stimulate that kind of thing. I know there are many members here who have sat on public health unit boards, and I'm concerned that some of those principles are not driving what it is in terms of regionalization.

I also want to address the issue of user fees. I'm concerned that in our society in public health in our province we have accepted a certain amount of user fees, if I can put them that way,

or fees for services or goods based on the ability to pay. That's not what is at argument here. What is difficult here, Mr. Speaker, is that we have a Bill without regulations. We have a lot left up to the minister later on down the road when she feels like it and when they get around to it making various regulations that will govern the extent of those user fees.

If we're talking simply about some of the user fees that are in effect for auxiliary home support services on an ability-to-pay basis and if we're simply transferring that ability to the region, then I'm not sure we have a problem. But if we're talking about essentially moving towards a two-tiered system where there will be user fees that aren't based on ability to pay and there will be user fees that violate what I believe the principles of the Canada Health Act to be, then I'm going to have a problem with that. The difficulty in the Bill is that it is not defined as one or the other.

I want to also acknowledge and give credit to the minister for having more clearly defined the use of the municipal requisitioning power that the regional authorities will have to include only certain capital projects similar to what's in the Hospitals Act today, and I thank her for making that clear. I regret that she hasn't done that with the user fee section.

I want to make a couple of brief comments about the regions. Frankly I look and I think, well, perhaps we've seen the government develop regions on the basis of training areas or on the basis of existing medical training areas, if I can call them that, or medical usage areas and not by political or not by convenience principles. I look at the city of Edmonton and I look at region 10, I believe, and I wonder why the minister has ignored the recommendation from her own report, her own task force in the Edmonton region that indicated that there should be a region that would include all of the suburbs so that Sherwood Park would be connected with the same region as the Grey Nuns hospital, which is a large usage, as well as Leduc and other places. She's chosen to include St. Albert, and I'm not sure I understand why part of that recommendation was accepted and part of the recommendation wasn't accepted. If there's a rationale for having the entire city's municipal corporate boundaries in one region and all the suburbs connected to their rural areas, then let's be consistent about that. If you want to use an actual usage basis, most of those communities that are surrounding Edmonton, their primary usage of health care is in the city of Edmonton, and perhaps that should be in one region. We have a bit of a hodgepodge, and frankly I'm not sure what she's trying to do here.

I look at regions 6 and 7 and recognize that the Member for Lacombe-Stettler's constituency is in two regions. I'm sure she's raised this with the minister. It makes some sense to me as a former resident of Lacombe that Lacombe would be in the same region as Red Deer, because of course a lot of the services provided by the Red Deer regional hospital and the health unit board are used by Lacombe residents. Also the case can be made for Ponoka in the same way and certainly Eckville and Bentley and surrounding communities.

I go further northeast and I can't figure out why Bashaw is put into that region. In my experience – granted my experience is five to 10 years out of date now – in that community the major trading areas especially for medical services are Camrose and Stettler, yet it's in a different region than Camrose or Stettler. [interjection] Well, my experience is that most people and especially senior citizens who live in Bashaw have physicians in Stettler and Camrose, and when they enter a hospital not many enter into the region that they are now going to be a part of. I question that as well as some family and community support

services that are delivered through the Bashaw-Camrose connection not through the Lacombe connection. I question those boundaries. I also question why Grande Cache is in the northeast and not in the Yellowhead – if I can use those vernacular – in region 12 and region 8.

So I just question the whole development of those regions and why we got to that point. As well, Cereal and Oyen seems a pretty convenient boundary, and I'll acknowledge not knowing that part of the province as well. I simply have a question in my mind about that.

**10:00**

It's my understanding that some parts of the province will be allowed to elect their regional boards, and as a representative, if that is the case – I understand it to be the case, and the city of Edmonton has been told that their board will be appointed – I want to express on behalf of my constituents and the citizens of Edmonton profound disappointment and shock that the government would have two levels or two ways of treating Albertans. It seems to me that if the citizens can be trusted to elect their regional board in one part of the province, surely that can be the case in the other part of the province.

I look at some of the health care and other service deliveries in the city of Edmonton, and I look particularly at the Edmonton board of health historically and today. I look at hospital district 24, in the Edmonton region. These are elected or appointed by elected bodies, and these are very, very effective and efficient service delivery mechanisms. I look at the school boards in Edmonton, and I think we can be proud of them. Nobody, certainly, is perfect, and nobody has all the answers, but certainly we have elected bodies – we have our city council – who have provided good services, and why that can't happen on the regional basis for health care when it is being allowed to happen in other parts of the province, to me, is a two-tiered way of dealing with Albertans. I have to raise the question: are Edmontonians being punished for not voting appropriately in the last election?

AN HON. MEMBER: They did vote appropriately.

MR. HENRY: In my view, they did vote appropriately – and we won't get into that.

But that's what I'm hearing from my constituents: "Why can't we be electing our own regional board, and why can't we have our say? We can do that in conjunction with municipal elections and others." There are some very prominent Edmontonians who have a strong history of public service in our community and a strong history of community health and a strong level of respect in our community who I will be seeking out to apply to be on the regional board, but they should be able to go to their peers in the community and ask for acceptance that way, the way every member of this House has done. If any member of this House is prepared to say that electing the regional health boards will not give you good quality, then they question their very presence in this House and their very participation in the democratic process. Edmontonians must be allowed to elect their own regional health board.

In conclusion, I want to say that I am afraid this government has missed a golden opportunity in health care reform in our province. We have an opportunity to lead the world in our province. I want to point to one where I hope that we do lead the world. I think the minister is on the right direction in terms of mental health and her recent announcements, which I know is outside the regional boards, but where mental health will be

community based and community delivered. Having a long background of volunteering in that field, I want to express a hope on behalf of people in the community working in mental health that what we do is make sure we have all the resources available, not just government resources but community resources and people and communities ready to have people eventually moving out of institutions into community care. But we have to make sure that we simply don't dump people into the inner city – whether that be the inner city in Red Deer or in Edmonton – and leave them to fend for themselves, because whether we like it or not, some people need a minimal amount, sometimes, of ongoing support in our community. I believe that the minister shares my view that we will always need to have institutions for a certain level of care in terms of mental health.

I want to simply close by saying that this government keeps telling us that they're a new government, and I hope in that way they are a new government, because for the last 10 to 15 years in my experience in this province we've heard a lot of lip service paid to community mental health care, and what we've had is simply more dumping out of the institutions and minimal community consultation in getting – and I notice the Minister of Municipal Affairs agreeing with every word I say. This has to be a first in the history of the minister and myself, but I did want to record that. I know he will ensure that people who need ongoing support in the community are not simply dumped out of institutions and that we will end up with a better system.

In closing with the regional health system, I wish we had done better here. I wish we had real health care reform. What we're going to have is restructuring, and with budget cutbacks we're going to have less of exactly the same juggled around in a different way.

Thank you, Mr. Speaker.

MR. SPEAKER: The hon. Member for Edmonton-Roper.

MR. CHADI: Thank you, Mr. Speaker. I'm going to make it very brief. I'm going to speak on third reading of Bill 20. I think it's very important that every single member voice their concerns or their support, if that may be, on the third reading of these Bills, particularly the most contentious Bills that are before this House, like 19 and 20 and perhaps a couple of other ones.

Mr. Speaker, I can recall the Premier saying not long ago in the House when we were introducing all these Bills, particularly in the last three weeks to a month: we will introduce these Bills, and we'll make better Bills out of them because these are the Bills are before us today and let's see what we can do with them; let's work on them and introduce amendments and bring these amendments forward, not only from the government side but the opposition side, and let's make the best possible Bill. Well, that's noble and quite honourable, those words, but sometimes we find that it doesn't always happen that way. When the Bill that's before us now, Bill 20, came to the forefront – and I know we've heard this time and time again in the House – the Bill was 19 pages. When we looked at only the government amendments, there were 27 or 28 pages. I can't recall exactly, but something to that effect. In no time at all, that amount of amendments came forward to strengthen the Bill.

Well, in all this haste, could it be that we're moving just a little quickly here? I mean, 27 pages. My God. If we are going to introduce 27 pages of amendments and plow these things through to a 19-page Bill, then I would think we are doing something that may be wrong here. Perhaps if we waited another couple of weeks, there may be not 27 pages of amendments but 10 or 15

pages of amendments, Mr. Speaker. I'm wondering if we aren't moving too quickly on this, and I would like to see . . . There are things in this Bill that I support, and I think every member in this Assembly supports. There are some things that I think need tightening up.

#### Point of Order Questioning a Member

MR. DAY: Point of order.

MR. SPEAKER: Is the hon. Government House Leader rising on a point of order?

MR. DAY: I was wondering if the member opposite would entertain a brief question that would just require a yes or no answer?

MR. CHADI: Well, I don't see any reason why not. Go ahead.

#### Debate Continued

MR. DAY: In relation to the amount of debate time on this particular Bill, I wonder if the member is aware that we have already had over 66 speakers and close to 14 hours of debate. That's not counting all the months of consultation leading up to this. I was just wondering if he's aware of that.

MR. SPEAKER: The hon. Member for Edmonton-Roper.

MR. CHADI: Thank you, Mr. Speaker. The truth of the matter is that there may have been a fair amount of speakers, but I think those speakers are predominantly from this side of the House, the Liberals who have been trying to get a point across. Now, no matter how many hours we get up and speak, we are doing it on behalf of our constituents and on behalf of Albertans. It is because of the very fact that the members on this side of the House got up and said that this Bill is fundamentally flawed that brought this government, and particularly the Government House Leader, to come forward with 27 pages of amendments. [interjections] Well, whoever brought them. The fact of the matter is that we are trying collectively to put together a good Bill for Albertans because that is our collective goal here.

So following on what the Premier said – and I firmly believe that we should follow those wise words, those words that said: let's make the best Bill possible – we perhaps have moved a bit hastily here. And I want to say for the record, Mr. Speaker, that I think that everyone on this side of the House, including myself, would feel that medical care in the province of Alberta must be provided to every citizen equally regardless of their financial status whether they are living in Calgary or in High Level or in Assumption. For those who live in Beiseker, I'm sure they are entitled to the same health care. Equity in health care must be a major, major concern for all of us, for all members of this Legislature. That is the fundamental reason I stand up here today and speak to Bill 20, because I think there must be that equity in the health care system.

#### 10:10

Mr. Speaker, in Bill 20 there are some loopholes. There are some holes that I think we should have considered maybe tightening up somewhat, and when I speak about the haste, that's what I'm talking about. Why is it that we have to move so quickly that we can't clean up some of the areas that are of concern to members on this side of the House and in particular to the Albertans that have elected us all here? I'm not speaking just

on behalf of myself or my constituents, because there were petitions tabled not only from this side of the House and from my constituents but from all over the province. There were people that have come forward from within the Calgary and the southern Alberta area with massive amounts of signatures on petitions because they're afraid. They're concerned. Why are they concerned? They're concerned about some of the things in this Bill. There are some holes in Bill 20 that they feel threatened by.

So what do they do? They come out, and they start speaking. The way they speak is by signing a petition and bringing it forth. That is their voice. They're coming forward by way of these petitions. I know many members, members on the opposite side, government members brought forward petitions, many of them. Thousands and thousands and thousands of signatures have come forward in support of the Calgary Children's hospital. We've seen it time and time and time again in this Assembly. Yet what are we doing about it, Mr. Speaker? Do we care? Are we listening? Well, perhaps we're not, because we're not satisfying those concerns that are out there. If we were, we obviously wouldn't be getting all these petitions day in and day out, day in and day out in this Assembly.

We saw it with the Grey Nuns, Mr. Speaker, the Grey Nuns hospital in southeast Edmonton: massive amounts of signatures on petitions that kept coming forward into this Legislative Assembly. Why? Because those people are concerned. They're concerned. The Sturgeon general hospital is no exception. We've seen all of those come forward. They have come through time and time again, day in and day out. So if those petitions are coming in, goodness, we've got to realize that perhaps there is a flaw in the Bill. Maybe there is something we could do to tighten it up to alleviate some of the concerns that are out there.

So, Mr. Speaker, the part that concerns me when I talk about equity in health care, is in particular the area that allows for user fees in the Bill. I know that user fees are happening today in certain areas. I mean, we're being charged in certain areas of our health care system. But there are no limitations in this Bill; it's left to regulation. That's not good enough for me or my constituents, I would imagine. We've got to be able to tighten it up. I would have thought that a couple of words in section 20(k) would have done the trick. We would have said that there were certain limitations, that it all would allow user fees, and that's where it would end, that if we ever did get into the arena of user fees, it could be done by amendment to this Bill down the road. What has happened now is that it's left wide open. There are no limits whatsoever. That is a concern to me. It's a concern to me because I feel that down the road we're going to be faced with a backlash from our electorate. That's something that I think would go against what the Premier was saying: make the best Bill possible.

The consideration of taxation without representation was another area of some concern to me, Mr. Speaker. Once we voiced our concerns, section 13(a) was of course changed. It was changed because we said that this needed to be tightened up, that this was not right. It was changed to allow certain municipalities to make payments to the regional health authority for capital purposes only. That is, as far as I'm concerned, acceptable. It went on to say that they could "borrow money by temporary borrowings or debentures, without recourse to the proprietary electors or obtaining approval from them." Well, again, I'm a little bit concerned with that, but at the same time we may have had it before. Even if we did have it before, it doesn't mean that we have to leave it the way it is: "Well, we had it before. We don't

have to change it." Well, if we're changing the entire system, then change it so that it makes it better for everyone.

Section 13(c): "Accept requisitions on it for money required by the regional health authority and assess and levy taxes within the municipality." This area has no limits whatsoever, Mr. Speaker. Even Bill 19, the School Amendment Act, has a similar type of capability to requisition the municipality, but there's a limit on there, and that limit is 3 percent. Now, what's good for one sector of our society or one department of our government ought to be good for the other department. Now, what's wrong with implementing something like that in there so that we don't run into difficulty down the road, where we can say that we could accept requisitions on money required but to a maximum, to certain amounts like 3 percent, an equivalent amount to what is in the School Act? So that's a concern of mine that I think could have been addressed in this Bill and wasn't addressed. Again, could it be haste that makes waste?

Mr. Speaker, the Bill is region driven insomuch as there are regions within the Regional Health Authorities Act that are going to be richer, obviously, than others. A case in point would be, say, the area where we have health region 10, perhaps 12, region 4 versus 17, certainly 15, where there's Slave Lake, High Prairie, Wabasca and that entire area, particularly the northern areas. Now, those areas are going to be able to requisition funds from their municipalities and impose user fees in those areas which I think other areas may not have to. I would suspect that if we are going to have fairness and equity in our health care system, we may want to consider tightening that up somehow. Quite clearly, an area that has a much heavier or broader tax base is going to be in an easier position to provide health care than, for example, Fort Vermilion, High Level, or Assumption.

With those comments, Mr. Speaker, I would regretfully suggest to you that I will not support Bill 20. There are things in the Bill that I like, and I would think that we could have made this Bill better. I would look forward to making it better down the road, but for the time being I will not support it as it is written.

Thank you.

**10:20**

**MR. SPEAKER:** Is the hon. Member for Rocky Mountain House rising to conclude debate on this matter?

**MR. LUND:** That's right, Mr. Speaker. Thank you. It certainly is a great pleasure to finally be able to rise and close the debate on Bill 20 after all the debate. I want to thank hon. members for their participation tonight. Regrettably I must say, though, that it's almost all things that we've heard before.

I do want to start by really congratulating the hon. Member for Lac La Biche-St. Paul for his comments, because quite clearly it was refreshing to see what happens when you get out from underneath whatever is so oppressing over to my left here. The hon. member certainly did come out with some good, really constructive comments, and we will certainly be taking those forward, as I remember what he said.

While Edmonton-Roper did bring up one thing new – and certainly that issue will be covered under the regulations dealing with the amount of money – I must regretfully say that Edmonton-Rutherford for some reason is really coming off the wall tonight. It was regrettable that he was so far off target in his comments. I kept track, and anything new that was said, I got here, but I discovered that Edmonton-Whitemud and Edmonton-Centre had nothing new to say. It had all been said before.



Mr. Speaker, it is quite interesting how some of these things that I thought we had put to bed kept on coming up, like user fees, like vouchers, like requisitions. Well, as I was sitting here thinking of an analogy to what's going on, I couldn't help but think that maybe it was something like sacking cats. I'm sure that a number of our rural members know exactly what that's all about. If you've got half a dozen six-month old cats and you're trying to get them in the sack and you're alone, you know what it's like. Well, that's what it was like trying to take this Bill through. You think that you've got one thing put to bed, and lo and behold out it comes again. So that is the kind of feeling that I had.

They're hanging their hats, Mr. Speaker, on the idea of a voucher system. They're hanging their hats on 19(1)(i). Clearly that is something that is currently going on today. Then 20(k) is the one where they're hanging their hats on the user fee. Clearly that's not what that's about. The hon. Member for Edmonton-McClung said that there was no need for the minister to report to the Legislature. Well, I would urge him to look at section 12(3), because clearly there is. He forgot to mention the \$110 million that we're putting into home care over the next three years that deals with that issue.

I was at a total loss when the Member for Clover Bar-Fort Saskatchewan was talking about 15 regions. She had a problem with 15 of them, but two of them seemed to be okay. Someday I would like her to tell me which of the two are okay. I don't know whether she hasn't looked, but I don't know where the 15 come from. She talked about a problem in 15.

Mr. Speaker, I could go on and on through this. The issue about boards being elected or appointed. As I have said many times, this is enabling legislation. It enables certain things to happen. Nowhere in this Bill will you find that boards cannot be elected. That's not in the cards, and I don't know where Edmonton-Centre got that the Edmonton board is going to be appointed, because that decision has not been made. Yes, all of the boards are appointed to start with, but beyond that clearly, unless we follow the advice of the city of Edmonton council, there is a possibility that they will be elected. The city council is of course wanting to see the members appointed.

Mr. Speaker, in view of the hour and since there's really nothing new in what was said and I've answered them all before if they want to just take a look at *Hansard*, I would urge them to use some of that \$2 million in research to have their researchers go through *Hansard* and dig out the answers to their questions. If that doesn't do it, just give me a few dollars and I'll produce a video for you that will answer all your questions.

With that, Mr. Speaker, I would move third reading of Bill 20 and urge that the question be called.

[Motion carried; Bill 20 read a third time]

### Bill 22

#### Maintenance Enforcement Amendment Act, 1994

MR. SPEAKER: The hon. Member for Calgary-East.

MR. AMERY: Thank you, Mr. Speaker. It's really exciting to see this Bill in third reading and to know that the provisions of this Bill are so close to being implemented. Bill 22 will provide Alberta with the broadest range of enforcement tools across the country and will increase the powers and ability of the maintenance enforcement program to collect support payments for the children of this province.

The most talked about aspect of this Bill is that it will allow the director of maintenance enforcement to arrange for the renewal of a debtor's driver's licence to be withheld. Mr. Speaker, the driver's licence issue has been discussed at length in the House and has addressed concerns that this would prevent some debtors from being able to make their payments.

Besides this, Mr. Speaker, there are many other provisions in Bill 22. The Bill will enable creditors to garnishee joint bank accounts so debtors can no longer hide their money in joint bank accounts. The maintenance enforcement program will also have increased access to information contained in government data banks so that debtors can be located more easily. Government departments and agencies will be required to provide a debtor's social insurance number and telephone number as well as the name and address of a debtor's employer. All of these provisions will increase the ability of the maintenance enforcement program to collect from irresponsible debtors who do their best to avoid making the support payments they have been ordered to make.

Mr. Speaker, the whole purpose of the maintenance enforcement program is to ensure that children receive the payments that are owed to them and that parents take responsibility for providing for their children. Bill 22 is an extension of this original purpose and a step forward in terms of collection techniques and tools. Bill 22 will make a positive difference in the lives of the children of Alberta. I ask all members for their support to see this legislation through.

With that, Mr. Speaker, I move third reading of Bill 22.

MR. SPEAKER: The hon. Member for Calgary-Buffalo.

MR. DICKSON: Thanks very much, Mr. Speaker. It's interesting that in introducing the Bill at this stage this evening, the Member for Calgary-East uses the same kind of rhetoric he used when the Bill was first introduced on April 14 of 1994. At that point the Member for Calgary-East talked about:

This Bill will give the hardworking people at maintenance enforcement another tool in obtaining funds for the children affected. This Bill also reduces the burden on the taxpayers and puts the responsibility where it should lie: with the parents.

10:30

Then a moment ago we heard that same member talk about how this is now going to give Alberta and this jurisdiction the broadest range of remedies. Well, frankly, Mr. Speaker, if the issue is trying to count up the number of different things that the director may be able to do, yes, we certainly are getting towards that end of the spectrum. But if it is, as many, many single parents want it to be, a question of are we improving the recovery, are we going to be able to recover more support payments that currently are in arrears or are not being paid on a regular basis, the answer has to be no. This Bill is not going to remedy the mischief that the Member for Calgary-East attributes to it.

Let's be very clear in terms of what this Bill does not do. This Bill does not provide that on show-cause hearings the master in chambers who hears those now is going to have investigative facilities to be able to ensure that when somebody comes in on a show-cause hearing and gives evidence, there can be an intelligent cross-examination of that person. That's what the masters in chambers will tell you in Edmonton or Calgary. That's what's required to be able to make show-cause hearings work. What we've got in this Bill doesn't address that at all.

Members on this side have said repeatedly that if we want to get serious about making maintenance enforcement effective, then

what we have to look at is a different model. Instead of simply fiddling around with some remedies after the fact, remedies that aren't automatic, remedies that have to be initiated when somebody in the director of maintenance enforcement's office gets around to it – an office which seems to be underresourced, understaffed, and dealing with large delays and backlogs. Giving those people another arrow in the quiver, giving those people another tool, is not going to address the real backlog. One would have thought that after all the discussion at least the Member for Calgary-East, whom I respect a great deal, but I think he's given to some hyperbole when he speaks about what this Bill accomplishes – because I say, and I say this with respect, that the reality of what's in Bill 22 doesn't match up with the hype. There's a big gap. We talk about truth in advertising. Well, Mr. Speaker, what we need is truth in advertising and marketing this Bill because what it purports to do it simply doesn't do.

You know, I think I've indicated before in the House with respect to this Bill that there are some modest changes in here which are positive, so I don't intend to pan all of them. But I'd be much happier if it were not sold as a solution to the problems with maintenance enforcement in this program, if it were sold as what it is, a very, very modest, incremental tinkering of maintenance enforcement machinery. That's all it is.

AN HON. MEMBER: Timid Tory tinkering.

MR. DICKSON: One of my more creative colleagues suggests, "Timid Tory tinkering," and that's indeed apt, Mr. Speaker.

So I think that before the member opposite can legitimately claim legislation is going to make a real impact in terms of recovery of child support, what we're going to have to look for is not garnishees, but we're going to have to look for automatic deduction at source, the way they do it in Australia and the way they do it in other jurisdictions.

AN HON. MEMBER: It's not working, Gary.

MR. DICKSON: Well, I'm happy to meet with any member who thinks it isn't working, and I'll attempt to show you that in those jurisdictions it works a heck of a lot better than the system we've got in this jurisdiction, and that's what we're trying to achieve.

We're not after perfection on this Bill. What we simply want is a system that's going to make a difference to single parents in this province, a system that's going to make a difference to the children in this province, and Bill 22 isn't it and isn't going to do it. So let's dispense with the hyperbole, let's acknowledge that this Bill is at its very strongest a modest kind of tinkering, and let's hope that we get past this. I want to encourage the Member for Calgary-East, who does genuinely want to do a better job for single parents in this province, to embrace something that's going to be a more aggressive approach to dealing with support arrears.

Let's talk about something that is going to be comprehensive and that's going to make a substantial difference, not a minor difference, not a little modest incremental difference, but something that's going to make a major difference in collecting support in this province. When he does that, he's going to find he's got lots of support on this side, Mr. Speaker, not just from me but my colleagues, and I give him that invitation. Between now and the fall session I'm going to suggest a package of things we can do in terms of dealing with access enforcement, which unfortunately is often linked to this, and I'm going to suggest that maybe we can

bring in a Bill that's going to do the things I suggested have to be done in this jurisdiction.

Thanks very much, Mr. Speaker.

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

MRS. HEWES: Thanks, Mr. Speaker. I haven't had an opportunity to speak to this Bill before, so I'd just like a few minutes.

Mr. Speaker, I was pleased to see the title of this Bill and hopeful that it would in fact at this point, nine years after the original Bill was brought in, review in some depth the performance of not only the legislation but of the program of maintenance enforcement and make the necessary corrections. I do remember in '85 that this was one of the last provinces to develop maintenance enforcement legislation. There were a group of very active women who lobbied long and hard and were able to convince the government to institute the program. We've asked for reports, and they have been given willingly annually, but there have been increasing numbers of complaints that the program is not necessarily working. I want to emphasize that the department is a good one and hardworking, but they have not had all of the resources that they need, and they haven't had the appropriate legislation to enforce.

Mr. Speaker, I regret then that when the Bill appeared, as my colleague from Calgary-Buffalo indicates, it was what I considered to be a weak Bill. It did not contain the kinds of strong changes I thought had been demonstrated over and over as being necessary from the way the department was functioning. Unfortunately, as the Bill was written, it did not allow for the amendments from this caucus to be placed in the Bill. They were not compatible with the Bill as it was written, and so the kinds of things I had hoped for could not be added. Like the Member for Calgary-Buffalo I'm hopeful that by the fall session, if we work together, we can create another amendment to this particular piece of legislation and perhaps even another companion piece on noncustodial parents and the access they have been prohibited in many cases through mischief and other reasons.

Mr. Speaker, I'd just like to read in a number of things that I believe should be included in a maintenance enforcement Bill. This Bill does not contain any clear guidelines for continuing attachments. I believe it should. It doesn't have clear guidelines to deal with arrears. We heard a member describe a tragic situation where a noncustodial parent was, I think, a little over \$20,000 in arrears for an \$800 a month payment. He did not come forward. He went to court. Maintenance enforcement could not get the money. The court summarily and even without consulting the mother did a variance on the court order, changed the payments from \$800 to \$100 a month, and freed him of all arrears, leaving her in a very critical kind of circumstance and, of course, dependent upon the province for helping her. It's not an uncommon situation, where usually the father can go and apply for a variance to the court and get it. Arrears are frequently forgiven, and the arrears can be wiped out without what appears to be sufficient reason to the custodial parent and the children.

**10:40**

We need much better statistical information, a capacity to collect information about what is collected. The department says that it has an 81 percent success rate, but that simply means that 81 percent of the files had some payment. It doesn't mean that they got 81 percent of the payment or that they got 100 percent of the payment. It simply means that 81 percent of the files got some payment. It could be as little as a few cents. So we

certainly need some better way to collect the information and have some idea of the amount of arrears and so on.

The access to information. We've had a number of complaints about this, that people on maintenance enforcement are now limited as to the number of calls they can make to the department to get any answers on whether or not their cheque is forthcoming.

Mr. Speaker, one major flaw in the present legislation that this Bill does not address is that there are no firm guidelines for judgements on what the child support allocation should be. There is a tremendous inconsistency in the judgements in regard to this, and I think it logical after nine years of experience that we would have guidelines for use in these cases, depending upon the size of family and the income and so on.

Again, another omission in the Bill is that there's no way that the Bill deals with the capacity of the debtor to avoid hiding assets. This is frequently done. When the department goes after the errant parent, they find that he has developed other companies and so on and they cannot get the money: click, click. Right?

Mr. Speaker, the Member for Calgary-*Buffalo* has spoken about the Australia system. I suppose it can have some flaws, but I think we should learn from it. I think that's the kind of system we should go to, where the government collects at the source of income. It appears that it is a good working system and that they have consistent guidelines as to the amount of support.

Mr. Speaker, I am disappointed in this Bill. I was hopeful when I saw the title that we would in fact have some amendments to the Maintenance Enforcement Act that would provide better support and more consistent support to parents. Hopefully, we can develop such a Bill by working together, but this one doesn't accomplish what I wanted from it at all.

MR. SPEAKER: The hon. Member for Edmonton-Centre.

MR. HENRY: Thank you, Mr. Speaker. A few brief comments on the Bill. First, again, as I said in second reading, my congratulations to the Member for Calgary-*East* for bringing forward this Bill. This Bill, as the previous two speakers have said, goes perhaps a centimetre of the way in terms of where we need to go in maintenance enforcement. We need a complete review of maintenance enforcement in this province, and we need to make sure – and I've said it in this House before – that when people bring children into this world and they are able and capable of caring for those children and financially supporting those children, they should have to do so. We as legislators and the government have the responsibility to make sure that happens.

Very specifically with regard to the substance of this Bill, I like the notion that there is some consequence at least for a parent who refuses to pay the maintenance payments for their children which have been determined by the court. I want to echo the comments made by the members for Calgary-*Buffalo* and Edmonton-*Gold Bar* with regard to the problems in enforcement of the maintenance enforcement system as we have it now. The fact of the matter is that a great number of people, primarily women, are dependent upon the state and get the verbal abuse of some members in the House because they are on social assistance. Quite often that happens because we have a lax maintenance enforcement system that doesn't ensure that those women who are raising children have the support that our court justice system has said they should have from the noncustodial parent.

The consequence, obviously, in this piece of legislation is that they lose their licence. That is not as far as we need to go, but it is, again, a centimetre step, if I can put it that way, in the right

direction, because it does say that there is some consequence. There are a couple of problems, though, that I wanted to raise with the member, and I hope that he takes and the government takes seriously the comments from the members from Calgary-*Buffalo* and Edmonton-*Gold Bar* and take them in a positive mode to work together to try to look at improving this system. The two problems I see: number one, how do you enforce when somebody has had their licence taken away from them or not renewed, because that doesn't necessarily stop them from driving? Also, it can produce situations where the custodial parent, the receiver of the maintenance, may be put at risk because the individual who loses their licence becomes angry and blames that individual and also the children.

I raised those issues in second reading. A new issue has been brought to my attention – and I hope the member brings it to the attention of the Minister of Municipal Affairs the next time he appears – which is that now in our province the government has privatized the registries. Many registries operating in my constituency are concerned that if an individual comes in and finds that through this piece of legislation they cannot renew their licence because they've not made their maintenance payments, that individual may become very angry, may become even violent.

Registry owners and operators have said to me that when they bought into the registry system, when they opened the registries earlier this year and worked with the government towards the privatization of that system, the government did not tell them that they'd be bringing in Bill 22, so therefore they're not equipped to handle that kind of reaction. They are worried about the security of their staff, and they are worried about their own security. That's an issue that has come up since we discussed this at second reading, and I'd be interested to hear the sponsor of the Bill respond to that.

Certainly, it seems to me, if we had any sort of planning in this government, what we would see is that the Minister of Municipal Affairs, when he privatized the registry system, would have looked at all the other things that registries, when they're privatized, may have to deal with in the next three years as a result of changes in the government's plans. Surely to goodness in January of this year the Minister of Municipal Affairs, as a member of Executive Council, knew this government-sponsored Bill was coming up in February or March. Surely to goodness he should have had the foresight and, frankly, the upfrontness to be able to say to the registry operators, "If you are going to buy into this system and if you are going to operate a private registry, you must be prepared to deal with these kinds of circumstances." That would have aided them in their decisions in terms of how they would have structured and frankly the costs, because dealing with that security risk, as they see it, with regard to either the type of personnel you hire or the kind of security system you have or the physical space that you design, there are cost implications for that which may impact on the viability of that business. I would like the member to respond to that new concern that's been raised by a number of registry operators in my constituency.

Thank you very much, Mr. Speaker.

MR. SPEAKER: The hon. Member for *Leduc*.

MR. KIRKLAND: Thank you, Mr. Speaker. I'll add to the comments that have been made here this evening. I have commented on Bill 22 previously in the Assembly and indicated that I thought the Bill was lacking. I could stand in support of the Bill if the Member for Calgary-*East* had provided with the Bill

itself or in his arguments on the Bill that a study had been undertaken with the 80-some thousand people presently involved with the maintenance enforcement program in the province of Alberta, showing and outlining exactly how this might impact upon them.

**10:50**

The hon. Member for Calgary-East indicated that there was a concern expressed in this Legislature about the impact of removing a driving licence. It would actually work to the detriment of somebody that was previously capable of paying maintenance enforcement and now, being deprived of a licence, would not be able to make those payments. I certainly made that point in this Legislature.

As he is convinced that this is a good Bill, I'm convinced today that this Bill is lacking. I would suggest that it's a shot in the dark. The information is available to have a very good look and analyze those present individuals that are involved, and I think we can extrapolate from the present files of the maintenance enforcement people exactly how this would impact. That was not done nor completed. If those studies or that study had been advanced to this Legislature and there was clear indication that the removal of a driver's licence would not impact upon those presently paying maintenance enforcement or deprive them of the opportunity to continue to earn a living with their maintenance program, then I would support it. I don't think there's anyone in this House who does not realize that the ability to drive to and from work is an extremely important aspect when it comes to earning a living in Alberta or Edmonton, or anywhere for that matter. I have a very large concern that this will in fact aggravate the situation, a very large concern. That concern, Mr. Speaker, I predict will come to be the case here in the very near future once this Bill is enacted, and that's why I speak against it.

I commend the Member for Calgary-East because he indicated that it did expand some of the other tools associated with maintenance enforcement. One that I recall is access to joint bank accounts. It's a step in the right direction. We all know of individuals who are presently attempting to hide assets to avoid their responsibility for payment, so I would applaud that particular initiative. But the initiative to remove the driver's licence, thinking that we have one more hammer to force people into the situation of making their maintenance enforcement payments, is a shot in the dark, Mr. Speaker.

If we're going to move into a Bill such as this – and we're talking about the children of Alberta and we're talking about the single parents of Alberta – then in fact I think it's extremely important to spend some time and analyze it. Now, we know that planning is not one of the best attributes of the government opposite, so I guess I shouldn't be overly surprised by the lack of solid analysis on the impact prior to implementation of this Bill. Mr. Speaker, I think it's extremely important to assist the single parents of this province. I think it's extremely important to tend to the needs of the children of this province. If we are to give them a fighting chance in their life, I think we have to make it as commendable and easy for them as we possibly can.

This Bill, as I indicated – and I would tell you that I am as guilty for not providing a serious, scientific look at it. It's a gut feeling by this hon. member only, but knowing, as I indicated, that transportation is extremely important to earn a living in the province of Alberta, to get to or from your place of employment, this Bill will work to the detriment of the children and it will work to the detriment of the single parents in this province. For that reason I cannot support the Bill, Mr. Speaker.

[Mr. Deputy Speaker in the Chair]

HON. MEMBERS: Question.

[Motion carried; Bill 22 read a third time]

**Bill 30**  
**Environmental Protection and Enhancement**  
**Amendment Act, 1994**

MRS. BLACK: Mr. Speaker, on behalf of the hon. Minister of Environmental Protection I am pleased to move third reading of the Environmental Protection and Enhancement Amendment Act, 1994.

Mr. Speaker, there are four principles involved in this amendment, the first being the expansion of the scope of the environmental protection and enhancement fund, the second being the streamlining of procedures under the Environmental Protection and Enhancement Act. The third is addressing certain legal issues, and the fourth is providing a clarity of administration.

Mr. Speaker, I would ask that all members support this third reading.

HON. MEMBERS: Question.

MR. DEPUTY SPEAKER: Are you ready for the question?

[Motion carried; Bill 30 read a third time]

**Bill 33**  
**Fatal Accidents Amendment Act, 1994**

MR. BRASSARD: Mr. Speaker, we've had a full discussion of this Bill and, I think, reached a common consensus within this Legislature. I move third reading of this Bill.

MR. DEPUTY SPEAKER: Are you ready for the question?

HON. MEMBERS: Question.

[Motion carried; Bill 33 read a third time]

**Bill 34**  
**Alberta Housing Act**

MRS. LAING: Mr. Speaker, I would like to move third reading of Bill 34, the Alberta Housing Act.

MRS. HEWES: Mr. Speaker, I've expressed some concerns with this Bill, and I'd just like to reinforce them. As yet, we don't know how the income testing for this will take place. I'm assuming it's the same thresholds that are used in the Alberta seniors benefit program, but seniors, having had their information yesterday and the day before, are very confused about the ASB. This will add to the confusion, so I think seniors deserve some answers in regard to it.

The other problem with it, Mr. Speaker, is that we have here a very vulnerable constituency who are in social housing because they are not able to afford the market, and in this case we're going to deregulate that. As the minister has indicated, we're going to subsidize the individual seniors, but they are very fearful about complaining or speaking out where this housing is inappropriate or perhaps not managed in a way that is geared to the needs of frail, elderly people who need extra supports. I think seniors are fearful, and with good reason, because as we deregulate some of these social housing units, what's going to happen is that

people with special needs perhaps will not get attended to. Many of them don't have families and don't have people who can advocate for them, so I would hope that the minister will pay some special attention in the regulation to ensuring that the standards are there, that the monitoring is there for recreation, for social exchange, for nutrition in the social housing.

Another item I'd like to mention, Mr. Speaker, is that we should establish a principle that consumers of the service are represented within the management of the service. I hope, too, that the minister will look favourably on that necessity, because I think that would allay some of my fears as well as the consumers'.

Thank you, Mr. Speaker.

11:00

MR. KIRKLAND: Mr. Speaker, just a brief comment or two, if I might. When I look at Bill 34, one of the areas that caused me a large concern was the Good Samaritan clause. Now, that certainly sounds like almost a heartfelt clause that we should address, but if we are to examine it and analyze it, I would suggest that what it really does is provide protection for those presently in lodges that are administering medications that they're not qualified to do. I would suggest that this is much like closing the gate after the horses are out. We have people that are intervening in the lodges in this province by administering medications to our seniors that truly are not qualified to do such. So with this particular point I would suggest that we're going to protect our butt with that. There is a cleaning staff in this province that administers medicine in lodges, and if the hon. minister fails to believe it, then he's naive. So I have a concern that all we're doing at this particular point is protecting our butts, so to speak.

The one area, Mr. Speaker, that in fact may bring some credibility back to this or maybe some sound decision-making back to this might be a housing review committee which clearly evaluates the lodges throughout the province against a standard so we know and can ensure that the seniors of this province are receiving consistent care throughout the province. That committee would be very worth while, and I would believe that committee should be probably staffed by a good number of seniors in this province.

So those are two large concerns I have with the Bill. The Good Samaritan clause is certainly one that causes me a great deal of concern. In my estimation it is again removing and deskilling some of the professionals in this province and permitting people to operate without skills in the medicine world who should clearly not be there.

So thank you, Mr. Speaker.

MR. DEPUTY SPEAKER: The hon. Member for Edmonton-Centre.

MR. HENRY: Thank you, Mr. Speaker. I also rise to speak to Bill 34. I have a couple of concerns and particularly on behalf of my constituents in Edmonton-Centre. I've met with many senior citizens who live in various types of accommodation, both independent apartments and a lodge in my constituency. Seniors in my constituency are very disturbed, are very concerned about the way the government's gone about not only the Alberta seniors' benefit but Bill 34 with regard to housing, the Alberta Housing Act. They are concerned about deregulation of rents and what that will mean in the future. They've received little, if any, information that tells them what is going to happen in terms of their income and how much they're going to have to pay for housing in the future.

I believe we have signed a contract with senior citizens in our province where we have said to people who have retired: this is a particular level of support we as a province can afford to give you. I believe that in tough economic times – and I asked these questions at a series of meetings I had in my constituency. Are you willing to pay more? Are you willing to help with the deficit? Are you willing to look at cutbacks? Are there better ways of doing things? I'm not going to say that there was unanimity, but a vast majority agreed. I know the issue of moving from 25 percent of income to 30 percent of income in subsidized accommodation has been raised with the minister, but there was over 50 percent support in the meetings of actually a couple of thousand seniors that I visited in my constituency. There was a general level of support if that was in conjunction with an overall plan that did address our deficit problem.

However, one of the things that seniors told me – and not being a senior I guess I can only relay what they've told me; I can't verify that from personal experience – was that when they retired, the one thing they needed was security. The one thing they needed was to know what was going to happen in the next few years. At that time in life there are so many uncertainties that all of a sudden now to have a Bill thrust on without the explanation of what the income levels will be when the government deregulates the rents in lodges causes a lot of concern among a great deal of my constituents. It simply isn't fair, Mr. Speaker, to say to individuals, "Yes, move into this accommodation, and we will assure you of a certain level of care, and you'll be able to afford that, and you will have a bit of discretionary income to be able to look after the other things in life," and then once they're in there be able to pull the rug from underneath them and say, "A deal's not a deal; a contract's not a contract." I know the Minister of Municipal Affairs is sitting on the edge of his seat listening to every word, but what he needs to hear from my constituents is that it is not fair to change the rules halfway through. It is not fair to unilaterally say, "We're going to change your living situation with regards to deregulating the rents." Foremost and overall, it is not fair to play games with senior citizens and to not lay all the facts out on the table and to not tell them exactly what it is the plans are, what the income thresholds will be, what deregulated rents mean in terms of what the individual will pay. That's the message that my constituents have asked me to give to the Minister of Municipal Affairs, and I hope that when he comes back to the real world, he will read *Hansard* and be able to get that from the *Hansard*.

I also want to express some very significant concern about the Good Samaritan clause. I draw back to experience several years ago providing home support services to individuals who lived not only in their own homes but in lodges and subsidized apartments. One of the things I thought many years ago when I was first involved in that field: well, all you can do is get somebody who's a good person who means well; they can come and look after things, make sure the person's taking their medication and helping the person with their bath, if that's what they need, and provide other kinds of quasi-health services. Through experience and through some very good teaching by friends and colleagues and professionals in the Lacombe area as well as the Red Deer area, for the Member for Lacombe-Stettler, I learned very clearly that a little knowledge is a dangerous thing in situations like this, that what we need is appropriate training for specific kinds of skills and service delivery.

To have a clause that potentially certainly allows services to be provided in lodges that should be provided in nursing homes with

appropriate levels of professional care to me is unconscionable. [interjections] If the Minister of Municipal Affairs would like to enter into debate, I'm sure he'll have his moment in time. The minister has to know from my constituents that they are very concerned, and they have told me and they've asked me to convey to the Minister of Municipal Affairs, if he cares to listen, that very clearly they will not tolerate and they think it grossly unfair if it is a government plan simply to shift services that belong in nursing homes and other types of institutions into lodges and leave people in places where they can't provide the adequate care and they don't have adequate professional support there.

We know we've got an aging population. We know that this government has grossly mismanaged the health care system with regards to spending and building on the acute care side and not providing enough long-term care beds for the situation that anybody and everybody working in the field, anybody involved in the real world 10 years ago could have told you we would be in today. This situation is not the fault of the individuals who are living in lodges and other subsidized accommodation now. It is the fault of gross mismanagement and gross neglect by the government of the day and the government of today. This government should not put senior citizens' health and care at risk in order to avoid dealing with the situation that they have created.

With that, Mr. Speaker, I hope that the Minister of Municipal Affairs does take the concerns of my constituents back. I hope that the minister is able to provide a different way of operating than we've seen so far and provide the residents of my constituency, of the lodge, particularly of the Kiwanis lodge, and other places that may be deregulated – that they will know before the regulations are passed what the government's plans are specifically with regard to income levels and with regard to levels of deregulated rent prior to it being shoved down their throats, the way the government has done every other change to seniors' benefits.

Thank you.

### 11:10

MR. DEPUTY SPEAKER: The hon. Member for Edmonton-Meadowlark.

MS LEIBOVICI: Thank you, Mr. Speaker. I, too, have had the opportunity over the past few months to meet with my constituents in Edmonton-Meadowlark. They are also concerned and disturbed with regard to the impact of Bill 34, the Alberta Housing Act, and also Bill 35, the Seniors Benefit Act, about their standard of living and with regards to their expectations and the uncertainty that's been brought forward as a result of these two Bills and the manner in which they have been presented. The seniors in my constituency have now become unsure of their future. It's not good enough for the government members to say, as they have in this Assembly, that the seniors have learned how to budget so now they can use these skills and that two can live cheaper than one so that's why the thresholds can well be different. The majority of seniors are living on a fixed income, and that is something we need to remember. We as legislators need to respect our seniors and recognize that they have worked hard and have contributed to our society and that what they need now is the security and that they deserve that security.

Thank you, Mr. Speaker.

[Motion carried; Bill 34 read a third time]

[It was moved by the members indicated that the following Bills be read a third time, and the motions were carried]

No.	Title	Moved by
36	Teachers' Retirement Fund Amendment Act, 1994	Day (for Jonson)
37	Credit Union Amendment Act, 1994	Renner

### Bill 38

#### Professional Statutes Amendment Act, 1994

MR. DAY: Mr. Speaker, on behalf of the Member for Calgary-Varsity I move Bill 38, the Professional Statutes Amendment Act, 1994, for third reading.

MR. DEPUTY SPEAKER: The hon. Member for Edmonton-Meadowlark.

MS LEIBOVICI: Thank you, Mr. Speaker. I won't reiterate some of the comments that I've made with regards to Bill 38. The individuals who are interested can read *Hansard*. All I would like to do is put once more on the record my appreciation for the co-operative efforts that were put forward by the member.

Thank you.

HON. MEMBERS: Question.

[Motion carried; Bill 38 read a third time]

### Bill 39

#### Alberta Health Care Insurance Amendment Act, 1994

MRS. BLACK: Mr. Speaker, on behalf of the Member for Cypress-Medicine Hat I'm pleased to move third reading of the Alberta Health Care Insurance Amendment Act, 1994, Bill 39.

MR. DEPUTY SPEAKER: The hon. Member for Edmonton-Glenora.

MR. HAVELOCK: Oh, that silver-tongued devil.

MR. SAPERS: Yes, I'm back, Calgary-Shaw.

Mr. Speaker, there are many arguments on both sides of the issue of limiting the number of physicians who could practise in this province. Alberta might be seen as being squeezed because the number of physicians is being limited in British Columbia, Quebec, New Brunswick, Newfoundland, Ontario. As a matter of fact, 300 out-of-province physicians applied to the College of Physicians and Surgeons in the first three months of this year, mostly coming from those other jurisdictions. Between 1987 and 1991 new registrants averaged only about 270 per year. So you can see just how serious this situation is. Now the AMA has been in hot negotiations with the Minister of Health regarding the capping of fees, the deinsurance of services, and now, we understand, the number of physicians who will be allowed billing numbers. In the past physicians were automatically enrolled in the Alberta health care billing scheme. Now for the first time they will have to apply.

Mr. Speaker, now one of the difficulties is that this Bill, like so many Bills that have been brought forward by this government, leaves all the details to your imagination or should I say to regulation. This is more government by reg instead of government based on democratic debate. There is potential for decisions to be made at the ministerial level that will result in longer waiting times to receive treatment from some doctors. Now, this

government has already shown that they're not opposed to waiting lists, and in fact they even encourage them in some cases.

Although some members of the AMA are strongly in favour of this legislation, other members aren't. Their concerns include the following. New billing numbers will be granted only in specific areas. This is unfair to physicians who have a specialty in an area where there is a shortage. It's also unfair to physicians who do not wish to live in rural or more isolated areas of this province. The method by which the number of physicians is limited is unfair. The details should not be left to regulations. The process should be open. Of course, we like to see more accountability throughout government, and this would be a nice place to start. Now, the people involved – that is, the physicians themselves, not just their association – several are complaining that they want more of a chance to have input into the decision-making process that will lead to how their numbers will be capped and how their remuneration will in fact be paid out.

Mr. Speaker, it's clear, and it raises a concern on the part of physicians, that it will be up to the minister to determine whether or not there are enough physicians in this province. This is potentially very dangerous, and it's also an intrusion into the free market, the kind of market system that this government appears to be in favour of. Most physicians agree that the number of physicians should be limited in some way, but they don't specifically like this proposal. Several federal initiatives are under way to address the issue on a national basis, but it will be several years before any action is taken, and really we need to let that process unfold as it will. Now, a federal plan would be superior to each province, restricting the number of physicians from outside their own boundaries. This government has said they're in favour of reducing the number of trade barriers between provinces. So why would they be setting up something that is contrary to that position?

Mr. Speaker, there are some points, though, that we have to talk about that would be in favour of this proposal to limit the number of doctors. It is, in fact, an integral part of the proposed agreement between Alberta Health and the Alberta Medical Association. Mr. Speaker, this caucus is in favour of collective bargaining. The AMA is representing the physicians of this province, and they've worked out an agreement that they hope their members and the government will support. You know, it's sort of an analogy that if the AMA is seen as negotiating on the part of all physicians – as we would not want to interfere with a union negotiating on the part of its members with an employer, then maybe we shouldn't interfere here.

**11:20**

That leads me to another point, Mr. Speaker. That is that we're being asked to vote on this Bill at third reading before the membership of the AMA have had their voices heard within their own association. They're tabulating the count right now amongst their own members, yet we're being asked to bring this forward. This legislation is a little bit premature besides being incomplete. Nonetheless, we really should allow that process of negotiation to fully mature. We do not in fact have a free market system for physicians because of the medicare system in this province. Now, limiting the number of physicians is essential, some say, to controlling the cost of health care. However, this provincial initiative should only be a short-term measure until the supply of physicians can be addressed on a national basis and, I would daresay, a more coherent basis.

There are still many unresolved issues. Will we be moving to a capitation system? Will we be moving towards all general practitioners being put on salary? Will we unduly restrict

sabbatical leave and upgrading training for physicians? Will we unduly restrict specialists and subspecialists from coming to this province to train and to work and to retrain and to provide a standard of care? Many issues need to be resolved.

Mr. Speaker, this Bill would amend the Alberta Health Care Insurance Act in a way that at least in the short term may be beneficial but in the long term raises many, many more questions than it answers. It's only with the most cautious of support that I say that it could be that the government's on the right track at this time, talking about the number of physicians being limited, but once again they've taken an idea that may make some sense and turned it into something that we can't fully endorse because we're left to guess what those regulations will be. We're left to guess what will happen to specialist services. We're left to guess what will happen to the more isolated and rural parts of this province. We're left to guess what's in store for physicians in the years to come. We're left to guess what the relationship will be with foreign-trained doctors. We're left to guess what the relationship will be with doctors applying for licences from outside of this province. All in all, there's just too much guesswork for the likes of this opposition, I guess.

So, Mr. Speaker, I sure hope the government will find it within their power to get one of these health Bills right. I kind of expected that we might see this short Bill come back before us with a couple of dozen pages of amendments as well, as we saw with Bill 20. That might have even been an improvement, but no such luck. So we're left with all of these unanswered questions. Here we've got even the confounding problem of being asked to grant third reading to this Bill before the AMA have even decided whether or not they would support this proposed deal with Alberta Health.

**MR. DEPUTY SPEAKER:** The hon. Member for Clover Bar-Fort Saskatchewan.

**MRS. ABDURAHMAN:** Thank you, Mr. Speaker. I rise to speak against Bill 39. I cannot support the principles behind this Bill. I'm actually quite puzzled as to how a Conservative government could indeed bring in a Bill of this nature. I would suggest that if you truly believe in the free marketplace, doctors should have no greater right to protection than any other professional. We don't see the limitation of lawyers, accountants, dentists, or any other professional group within the province of Alberta. I believe that indeed if many of the issues had been addressed in a positive way, there would never have been a need for Bill 39.

The ways that you would have addressed the requirements for physicians within the province of Alberta should have been by doing a clear analysis of what the requirements were for medical schools not only in the province of Alberta but across Canada. It would have been clearly putting in place and attaching it to privileging outcome measurements. I have raised this before in this House that, for example, if a physician in an active treatment hospital indeed does not meet the requirements of the outcome measurements, the privileging criteria would not be met, and therefore it would limit and also measure the quality of service that physician is giving.

The one area that I feel very uncomfortable about within this Bill . . .

#### **Speaker's Ruling Decorum**

**MR. DEPUTY SPEAKER:** I hesitate to interrupt the hon. Member for Clover Bar-Fort Saskatchewan, but we do seem to have a growing number of voices adding to the evening. I

wonder if we could learn to speak in lower tones. [interjections] Order. The point is: please, let us hear Clover Bar-Fort Saskatchewan.

MRS. ABDURAHMAN: Thank you, Mr. Speaker.

#### Debate Continued

MRS. ABDURAHMAN: One area of this Bill creates a level of discomfort within me inasmuch as when you cap the numbers of physicians within the province of Alberta, you increase the value of that physician's practice. So indeed when a practice, for example, wishes to leave the province of Alberta or retire and a new physician wishes to come in and assume that practice, we will in essence see the same thing happening here in Alberta as happened in Britain: there would be an exaggerated value to that practice. I'll be quite frank with you; probably the timing is very nice for my own husband. Up until this point in time in the province of Alberta really when a doctor retires, the only asset there is the capital asset. What I'm saying is that because you've capped the number, Mr. Speaker, there will be a value attached to that. In essence, what you used to see within the British system was that if you in actual fact had a medical practice in a very desirable geographic location, that in itself put an added value to it. Indeed, depending on where your practice is in the province of Alberta – and we're trying to entice people into locations they don't want to go to – the value of that practice isn't the same as, say, for example, in Banff or Jasper, Alberta. I certainly have a level of discomfort with regards to that in this Bill.

We know, Mr. Speaker, that we've never been able to graduate the required number of psychiatrists for the province of Alberta. I know there are exceptions within this Bill, but the problem is that instead of truly dealing with the problem, we keep creating new legislation or exceptions. I would much rather have seen the free marketplace determining the number of physicians that are truly needed in the province of Alberta and putting outcome measurements and attaching that to privileging.

The other area, and it was discussed by Albertans during the Hyndman report, was indeed educating the consumers to be responsible users of the health care system. I'm disappointed that whether it be in Bill 21 or Bill 39, that's truly not being addressed.

Mr. Speaker, I'd like to take the opportunity – the hon. Member for Rocky Mountain House pointed out an error that I had made, which was that indeed I addressed 15 regions. I certainly stand to be corrected. There were 15 regions amended to 17, so I stand to be corrected on that point. With those few comments, I would not be supporting this Bill, Bill 39.

Thank you, Mr. Speaker.

11:30

MR. DEPUTY SPEAKER: The hon. Member for Redwater.

MR. N. TAYLOR: Oh, thank you very much, Mr. Speaker. I wanted to be on record with this Bill as being against it for two reasons. One, often the media quotes: "Taylor said this." "Limiting the doctors: Taylor." "Taylor said only a certain amount of doctors can be allowed to practise." "Taylor said that we're going to limit it to the number of graduates." Well, that's one of the main reasons, because as a rank free enterpriser, to be having my name hooked up with a socialist scheme like this invented by some prairie pounder is really . . . You know, I agree, we were both raised in the same country. But never, never, never had I heard anybody get up there and say they wanted to limit any profession – any profession.

The only thing I can think is that the hon. member must have been misbehaving and the Premier gave him this task as penance, because I know being part of the clan, he's a rugged free enterpriser. How you can say that you would limit any profession: teachers, doctors? That's right. I would hide too if I were you. Veterinarians: we even allow them in the Legislature. But, Mr. Speaker, to limit the numbers . . . This is the government that champions free trade.

One of the main causes – and that's the second thing. After I've cleared my name, I want to be on record as not being in any way associated with the other Taylor. He might have even been adopted for all I know, but, Mr. Speaker, I don't know how we could have the same blood running in our veins, and to say that we're going to limit – limit – any profession: plumbers, electricians.

AN HON. MEMBER: Hookers.

MR. N. TAYLOR: Yes, that's an idea. Yeah. [interjections] That's probably the next area the hon. member will be given charge of running a survey on.

No, the question is that I want it to be on record as I don't see how any self-respecting free enterprise society could want to limit the number, particularly when we're trying to move to freer trade, and one of those freer trades is the freedom for professions to move. The funny part is that if you're in west Europe, if you're a doctor or a lawyer and graduated in Italy, you can go and practise in England or in Holland. If you graduate in Saskatchewan, you can't even go to Hanna because no, no, no, the minister will say: "Get back across the line there. Get back there. You're not allowed over on this side."

So, Mr. Speaker, how they could even conceivably put it forward. Of all the years I've spent around this Legislature or anything else, I've never seen anything like this before. I've heard about leopards changing their spots, but I've never seen a Tory turn into a socialist so quickly as what's happening today. And they have the nerve to sit there. As the Premier . . . Well, I won't go into that. [interjections]

So, Mr. Speaker, I just want to register very strongly that I'm not related to the person who put forward the Bill, and secondly, I would never support a Bill that restricted the professions, any kind of profession, let alone the medical profession.

HON. MEMBERS: Question.

[Motion carried; Bill 39 read a third time]

26. Moved by Mr. Day:

Be it resolved that the debate on third reading of Bill 35, Seniors Benefit Act, shall not be further adjourned.

[Motion carried]

#### Bill 35 Seniors Benefit Act

[Adjourned debate May 30: Mr. Mar]

MR. DEPUTY SPEAKER: The hon. Member for Edmonton-Beverly-Belmont.

MR. YANKOWSKY: Thank you very much, Mr. Speaker, for allowing me this one last kick at the cat as they say, a last chance to speak to Bill 35, the Seniors Benefit Act.



Mr. Speaker, this debate was really a travesty of democracy. Approximately three hours of debate on second reading and then closure. Then five speakers and approximately 70 minutes of debate in Committee of the Whole and closure. Tonight we're in third reading, and we're going to have 20 minutes or 23 minutes of debate and then closure. Now, this is a very major Bill, and there are approximately 235,000 seniors whose lives will potentially be disrupted.

MR. HENRY: How many?

MR. YANKOWSKY: Two hundred and thirty five thousand whose lives will potentially be disrupted, whose lifestyles will be changed, and we have had roughly six hours of debate. This is shameful, despicable, and I hope seniors will never, never forget this.

Last night in Committee of the Whole one speaker from the government side, the Member for Calgary-Currie, spoke defending this bad Bill. I'd like to reply to some of her comments from last night. One of the comments that she made, and I quote:

the reason being that I think the hon. member has a concern that the government in trying to bring closure to the actual Bill is perhaps losing sight of their concern for seniors. I would like to assure the hon. member . . .

That's me.

. . . that that is certainly not the case.

Now, I ask the hon member: is approximately six hours of debate on a major seniors' Bill not losing sight of their concern for seniors? [interjections]

### Speaker's Ruling Decorum

MR. DEPUTY SPEAKER: Order. Hon. members, it is nearly midnight. Surely we can let the hon. Member for Edmonton-Beverly-Belmont speak and those other members who wish to enter the Assembly to do so without interruption or comment.

### Debate Continued

MR. YANKOWSKY: Thank you, Mr. Speaker. Then the hon. member went on to say:

It is encompassing a number of elements that reflect some of the thorough discussion that just generated from the consultation process and, in addition to that, stems back further to the issues raised at the roundtable in Red Deer.

Now, I don't see much encompassing of elements from discussions with seniors in this Bill. It's all regulation. Basically, this Bill addresses three things: eligibility for benefits, recovery of benefits if obtained fraudulently, and provision for the Lieutenant Governor in Council to make regulations or to take away regulations. Now, where is the detail of the encompassing elements? Where is the detail of the seniors' programs that could be affected? Again, the hon. member then said the need to address an umbrella way to accept some concerns was more important than the specifics at the time. In that, the hon. member – that's me –

is trying to predetermine and define exactly what should or should not be part of a regulation, specify it to a time restraint, which even the seniors themselves may have a need to deal with in a lengthier time frame.

I'm surprised that this particular amendment comes forward in this fashion, because I don't think it gives the real, true needs of seniors an opportunity to be addressed . . . then the hon. member is left feeling that the seniors have not been given the protection they need as we move forward with changes.

Well, I'm sorry. Seniors have spoken, and they have said what they need and what they want. All they get is a nonspecific shell Bill and are told that we need time to work it out. Give me a break. Yes, I too feel that seniors have not been given the protection they need.

11:40

The hon. member then continued with her assault on my second amendment, saying, and I quote:

However, the time frame of "one month in advance of the regulations coming into force" actually negates the role of the Legislature and the opportunity to debate some of those issues. As I say, I think it was prepared in haste following the defeat of the earlier amendments in order to ensure that seniors would have a way of being able to comment on, participate in, and respond to any proposed regulations.

I say yes, finally the hon. member was on track. That's exactly what I was trying to do, to ensure that seniors would have a way of being able to comment, to participate in, and respond to any proposed regulations. Amen I say.

The first amendment I moved called for a nonpartisan seniors committee to be set up. That was of course soundly defeated by this arrogant government. I then moved the second amendment, hoping to get some protection for seniors from this horrible Bill again. The government voted it down. All I can say to seniors is: "Dear Alberta seniors, I tried. I tried, but your government wouldn't listen. You are now at their mercy, and I wish you well."

The hon. member then went on to extol the virtues of her Seniors Advisory Council, saying:

Bill 1 from 1991, which is the Seniors Advisory Council for Alberta Act, has in it some specific requirements, and I think it's important to understand that the advisory council has as its primary function the need

to advise, report to and make recommendations to the Government on matters relating to senior citizens in Alberta, their well-being and their opportunities for full and equal participation in the life of the Province.

Well, I am not impressed, to say the least, with the Alberta seniors' council. I know it produces a costly annual report, and I have a sample here. It costs taxpayers hundreds of thousands of dollars to maintain every year, but do we hear much from it? Why, no. Did anyone hear anything from the Alberta seniors' council during the recent seniors' consultations? Why, no. Why not? Well, it's because it's composed of a bunch of government appointees who sing from the government's own hymnbook. They would recommend something contrary to the government's plan, but they are afraid. Other mostly voluntary seniors' organizations did get involved. They put in a great deal of work and truly spoke out for the seniors, so don't talk to me about the Alberta seniors' council. The best thing you could do with it is dismantle it and save Albertans a great deal of money.

It has been said that the government giveth and the government taketh away. This is exactly the position seniors find themselves in. Alberta's seniors' programs and benefits are under attack. Since 1991 seniors have lost numerous major programs and benefits. During the affluent late 1960s, 1970s, and early 1980s a total of some 31 seniors' programs and a myriad of benefits were brought in. Seniors did not lobby for these programs. Governments proposed and instituted them. Who were seniors to say no? With all these new programs and benefits, seniors planned their retirements. Now that we've crashed into the wall, who is taking the biggest hit as this government tries to balance the budget? Why, it's the seniors. While workers have taken a 5 percent cut only recently, seniors have lost much more since 1991.

Is it fair for this government to balance its books on the backs of the most vulnerable segment of our society? I think not. Good luck, seniors.

MR. DEPUTY SPEAKER: The hon. Minister of Community Development.

MR. MAR: Thank you, Mr. Speaker. I've listened carefully . . .

**Point of Order  
Speaking Twice in a Debate**

MR. BRUSEKER: Point of order.

MR. DEPUTY SPEAKER: The hon. Member for Calgary-North West. Yes.

MR. BRUSEKER: Will he not be closing debate if he speaks at this point? He's already spoken once. [interjections] Yes, last night; he started third reading.

MR. DEPUTY SPEAKER: Hon. members, the rules of closure are that the last speaker may speak for 20 minutes. Whoever is on the floor at 12 o'clock will not be able to speak longer than the full 20 minutes, and no further speeches will be allowed.

Does that answer your point of order?

MR. BRUSEKER: Mr. Speaker, just as clarification, the hon. minister opened the debate on third reading, and if he were to speak now, he would be closing debate. I don't know whether he wants to speak for one minute or two minutes or 20 minutes, but he would be closing debate. We have a speaker who has not yet spoken to it who would like to speak to it before the debate is closed.

MR. DEPUTY SPEAKER: In actual fact my record doesn't show that he opened debate.

The hon. Government House Leader on the question of the point of order.

MR. DAY: Mr. Speaker, we concur. It is on the record that the hon. minister has spoken at third reading, and we will acknowledge that the continued practice of a speaker on this side and a speaker on this side would continue. There have been a number of speakers on that side, there are other speakers standing on this side, so the minister indeed will not be speaking at this time.

MR. DEPUTY SPEAKER: The hon. Member for Calgary-Currie. [interjections] Are you going to speak on the point of order, Calgary-Currie? [interjections] Order. Calgary-Currie, are you rising to speak on the point of order?

MRS. BURGNER: Mr. Speaker, I am rising to speak on third reading of this.

MR. DEPUTY SPEAKER: Okay. But the Speaker has not yet made the ruling on the point of order.

MRS. BURGNER: Thank you, Mr. Speaker.

MR. DEPUTY SPEAKER: No further discussion on that. All right.

The Chair apologizes. On my record we've discovered that it is indeed limited, and it doesn't contain the name of the hon.

Minister of Community Development as having spoken. However, the more accurate and official records do show that indeed he has spoken on third reading, so this would in fact close debate. So the hon. Member for Calgary-North West's point is well taken.

Again, in the going back and forth, then, the Chair would rule that if there is someone on this side who wishes to speak, they would be recognized first and then go to the other side.

MR. HENRY: There wasn't anybody standing. [interjections] She was standing. They didn't have their act together; they're just stalling. [interjections]

**11:50**

MR. DEPUTY SPEAKER: Hon. members. [interjections] Order. [interjections] Order. We've ruled on the point of order by Calgary-North West. We have been trying to move one side to the other side. That's what debate is all about. The Chair recognized the hon. Minister of Community Development. He had a perfect right to speak, and it would end debate. Others want to debate, so he is not going to speak at this time. So still in going back and forth, the Member for Calgary-Currie.

If you want to raise a point of order, do so.

The hon. Member for Calgary-Currie in debate.

**Debate Continued**

MRS. BURGNER: Thank you, Mr. Speaker. I'm pleased to have the opportunity to speak on this Bill 35 at third reading. It's been appropriately raised that this is an issue, and I am very pleased in order to speak on this issue. [interjections] I am more than pleased to talk about this issue. [interjections]

MR. DEPUTY SPEAKER: Order. [interjections] Order, hon. members.

MR. DALLA-LONGA: That was an unfair ruling.

MR. DEPUTY SPEAKER: Order. Hon. member, calling the ruling an unfair ruling is a challenge to the Chair. Do you wish to substantiate that by making a point of order?

**Point of Order  
Challenging the Chair**

MR. BENIUK: What are the implications if we challenge the Chair? Does that mean we have a new election for a Deputy Speaker? [interjections] A clarification, please.

MR. DEPUTY SPEAKER: I'm sorry, hon. member; I can't hear you.

MR. BENIUK: I'll try again. [interjections]

MR. DEPUTY SPEAKER: Order. Let him make his point of order.

MR. BENIUK: A point of clarification: what is the implication if the answer was yes to your question? What is the implication? I would like to have a response.

MR. DEPUTY SPEAKER: The hon. Member for Edmonton-Norwood has raised a perfectly legitimate point: what is the outcome of a challenge to the Chair? The Chair then asks the House to either support or not support. If the House supports him, we go on. That's what I was saying.

The hon. Member for Calgary-Currie.

MRS. BURGNER: Thank you, Mr. Speaker. I'm more than delighted to continue the debate on Bill 35.

**Point of Order  
Speaking Order**

MS LEIBOVICI: A point of order.

MR. DEPUTY SPEAKER: Do you have a citation, hon. Member for Edmonton-Meadowlark?

MS LEIBOVICI: *Beauchesne* 319: "any Member is entitled, even bound, to bring to the Speaker's immediate notice any instance of a breach of order" at the proper moment. It is customary in this Legislative Assembly that what ends up happening is true, that the opposition has the ability to address an issue and then the government side has that ability. But throughout this whole sitting of the Legislative Assembly, both within 1994 and 1993, what has happened is that the government members do not stand up so that the opposition needs to carry the debate.

What has happened in this instance is that the Minister of Community Development stood up. There was not one other member of the government that stood up, whereas we had a member standing.

This is an important Bill that needs to be addressed, and what we do not need to hear is more arguments with regard to closure from the government side. Now, what has happened is, I believe, a breach in terms of order. What should have happened is that when the Minister of Community Development was ruled out of order because he has already spoken – he may not have been ruled out of order, but the ruling of the Chair was that he could not speak because he had already spoken. What then needed to happen was that the hon. Member for Edmonton-Gold Bar . . .

SOME HON. MEMBERS: Speech, speech, speech.

MR. DEPUTY SPEAKER: Order. The hon. Government House Leader on the point of order.

MR. DAY: Directly on the point of order, Mr. Speaker. In the last few days actually there's been quite a significant degree of co-operation between both sides of the House, as has been seen in agreements on procedure and acceptance on amendments in discussions between parties. I'd like to say, somewhat optimistically, that the degree of co-operation that has happened here has been to highlight the last few days.

Just to continue with that, on this particular Bill there have been 67 speakers. Fifty-one of those have been opposition members. Indeed, there's been considerable debate on this side. When the member who was ready and wanting to speak observed the minister standing, she deferred to the minister. When it was properly brought to the attention of the House that the minister had spoken before, the minister then agreed to defer, and the other member who was waiting to speak took her rightful place. You've ruled correctly on that, Mr. Speaker.

MR. DALLA-LONGA: That's too bad. She didn't stand up, Stock. That's too bad. You know that, Stock.

MR. DEPUTY SPEAKER: Order. I think we have to go back for a moment. The record, as you may wish to see, on this is that the minister had not spoken before – that's what the Speaker was running off of – in any event, rose to speak within the 20-minute

parameters allowed before midnight, when the vote could then be properly called. So really, if you look at it in that way, it didn't matter one way or the other. There was that possibility of running out the clock so that he was going to end debate one way or the other.

However, on the point of the order, then when the Table did direct to the Chair that indeed he had spoken once and this would be in conclusion, then there still is, as I was saying before – I have tried to rule whenever that we have a back and forth debate. Because of the objection – he could have ended debate because there were less than 20 minutes remaining, but he agreed to give it up. He'd not spoken, so there was Calgary-Currie.

So in the moment remaining, Calgary-Currie.

MRS. BURGNER: I appreciate the clarification of that point.

**Debate Continued**

MRS. BURGNER: Also, it's appropriate that I have a chance to speak on third reading, particularly considering . . .

**Point of Order  
Questioning a Member**

MR. WHITE: A point of order.

MR. DEPUTY SPEAKER: Do you have a citation, hon. Member for Edmonton-Mayfield?

MR. WHITE: *Beauchesne* 482. May this member ask that member a question? [interjections] Sorry; I didn't hear that.

SOME HON. MEMBERS: No.

MR. WHITE: No? Thank you.

**Debate Continued**

MRS. BURGNER: I would like to also respond to some of the comments that were made by the hon. member with respect to the issues we raised about seniors. This Bill – and I have had the opportunity to bring it to your attention before – is what we would call an umbrella Bill. It takes a number of the serious issues that were affecting seniors including streamlining of their programs, dealing with low-income seniors, and, in addition to that, making available the opportunity to access Alberta health care for those who are higher paid seniors who have more dollars in there. [interjections] Therefore, Mr. Speaker, I am very pleased with the fact that this particular Bill is now before us. [interjections]

Let's go back over the principles of this Bill, just to clarify on behalf of . . .

MR. DEPUTY SPEAKER: Hon. members, it is difficult to hear the hon. Member for Calgary-Currie. Could we offer her the courtesy of the House to let her speak.

MRS. BURGNER: I appreciate the enthusiasm the opposition has brought to this debate at this late hour, particularly considering their large numbers.

Mr. Speaker, the previous comments challenge quite seriously the effective role of the seniors advisory council in the preparation of this Bill, and I would like to add that there were three members of the advisory council who actually reviewed the consultation

process and brought forward some of the more firm recommendations that have been endorsed in this Bill. [interjections]

Mr. Speaker, I would like to bring to your attention that the Seniors Advisory Council has continued to have a very strong role in the enhancement of issues affecting seniors, particularly the concern about the threshold level. I'm very pleased that our council members were asked by the minister along with some very important seniors from the city of Calgary, Mrs. Betty McCreight and Tony Storcer of the Kerby Centre – who have a very, very important, responsible role on behalf of seniors in the community. It belittles their long-term commitment on behalf of seniors to discredit the work that they have done. I know the seniors who spoke and worked on the blue-ribbon panel would have loved to have access to \$85 million to take the envelope of program . . .

#### Point of Order Relevance

MR. DEPUTY SPEAKER: The hon. Member for Edmonton-Glenora is rising on a point of order.

12:00

MR. SAPERS: Yes, Mr. Speaker, thank you. Under *Beauchesne* 459, relevance. I'm wondering why it is the Member for Calgary-Currie is talking about the consultation process and the submissions from the seniors who were concerned about what this government was doing to them when the Bill has absolutely nothing to do with what seniors have told the government they're concerned about. What this Bill does is take away. What it does is limit their ability to get the benefits that they deserve. [interjections]

MR. DEPUTY SPEAKER: The Chair apologizes to the hon. Member for Edmonton-Glenora. I was unable to hear most of your point of order.

MR. SAPERS: Thank you, Mr. Speaker, and I know my colleagues will co-operate. I question the relevance of what the Member for Calgary-Currie is saying because she's talking of the consultation process and the submissions made by seniors and the role of the Seniors Advisory Council. From my reading of Bill 35, the submissions made by seniors and the concerns that seniors raised during the consultation process are absolutely ignored in Bill 35, so I'm wondering what the relevance is.

MR. DEPUTY SPEAKER: The hon. Member for Calgary-Currie on the point of order.

MRS. BURGNER: Yes, just to clarify. Perhaps the hon. member wasn't aware that the Seniors Advisory Council and the members that I was referring to formed a blue-ribbon panel which made the recommendations, the majority of which were accepted by government and formed the basis of the Bill. Mr. Speaker, I cannot understand why this hon. member doesn't . . .

MR. DEPUTY SPEAKER: The Chair would characterize this as a difference of opinion between hon. members and is not a true point of order. Relevance can be called ever so many times, as one knows.

Would the hon. Member for Calgary-Currie continue in her speech.

MRS. BURGNER: Thank you, Mr. Speaker. I am pleased to have that particular point clarified.

#### Debate Continued

MRS. BURGNER: Mr. Speaker, there's no doubt that this is not an easy Bill. I appreciate the comments and your concerns you've raised. However, we are going to go forward. This government is going to continue to work on the long-term goals and its objectives, and this is an important platform in that process.

I would move now third reading of Bill 35, Seniors Benefit Act.

MR. DEPUTY SPEAKER: Due to notice having been given by the hon. Government House Leader under Standing Order 21 and pursuant to Government Motion 26 agreed to this evening under Standing Order 21(2), which states that no member shall rise to speak after the hour of midnight if the adjourned debate has not been concluded and that all questions must be decided in order to conclude debate, I must now put the following question.

On the motion for third reading of Bill 35, the Seniors Benefit Act, as moved by the hon. Member for Calgary-Currie on behalf of the hon. Minister of Community Development, does the Assembly agree?

SOME HON. MEMBERS: Agreed.

MR. DEPUTY SPEAKER: Opposed?

SOME HON. MEMBERS: No.

MR. DEPUTY SPEAKER: The motion is carried. Call in the members.

[Several members rose calling for a division. The division bell was rung at 12:03 a.m.]

[Ten minutes having elapsed, the Assembly divided]

For the motion:

Ady	Forsyth	Mirosh
Amery	Gordon	Oberg
Black	Haley	Paszkowski
Brassard	Havelock	Pham
Burgener	Hierath	Renner
Calahasen	Jacques	Smith
Cardinal	Jonson	Sohal
Clegg	Laing	Stelmach
Coutts	Langevin	Taylor, L.
Day	Lund	Thurber
Doerksen	Magnus	West
Dunford	Mar	Woloshyn
Fischer	McFarland	

Against the motion:

Abdurahman	Dickson	Sekulic
Beniuk	Hanson	Soetaert
Bracko	Henry	Taylor, N.
Bruseker	Hewes	Van Binsbergen
Carlson	Kirkland	Vasseur
Chadi	Leibovici	White
Collingwood	Nicol	Wickman
Dalla Longa	Percy	Yankowsky
Decore	Sapers	Zwozdesky

Totals: For – 38 Against – 27

[Motion carried; Bill 35 read a third time]

MR. DEPUTY SPEAKER: The Chair would draw hon. members' attention to *Beauchesne* 461, and before you draw any conclusions on that, read 462 and *Erskine May* top of page 181, which may explain the activities that resulted in several points of order being raised on the matter.

Hon. Government House Leader.

MR. DAY: Mr. Speaker, I move the Assembly do stand adjourned for 13 and a quarter hours.

[At 12:19 a.m. on Wednesday the Assembly adjourned to 1:30 p.m.]

